



Malnutrition is often under-recognised and under-treated. It is mostly preventable and cost effective to treat.

Key Learning Points:

1. How common is malnutrition?
2. How are the effects of malnutrition?
3. How to identify malnutrition?
4. How to manage malnutrition?

Discussion Point: What goals to set in your ward/unit/centre to improve nutrition care?

1. How common is Malnutrition? The Facts.

Hospitals	27%
Care homes	21%
Mental health units	19%
Hospital out-patients	16-20%
GP practices	10%

Malnutrition is common across all care sites. The associated Irish healthcare costs are enormous, estimated at € 1.42 billion (11% of total annual healthcare budget), exceeding that of obesity.

2. How are the effects of Malnutrition?

Psychology—depression, apathy

Ventilation— loss of muscle & hypoxic responses

Liver fatty change

Impaired wound healing

Impaired gut integrity and immunity

Anorexia

Increased risk of infection

Decreased cardiac output

Loss of strength

Hypothermia

Renal function—loss of ability to excrete Na & H₂O

Inadequately nourished patients have more complications and poorer outcomes

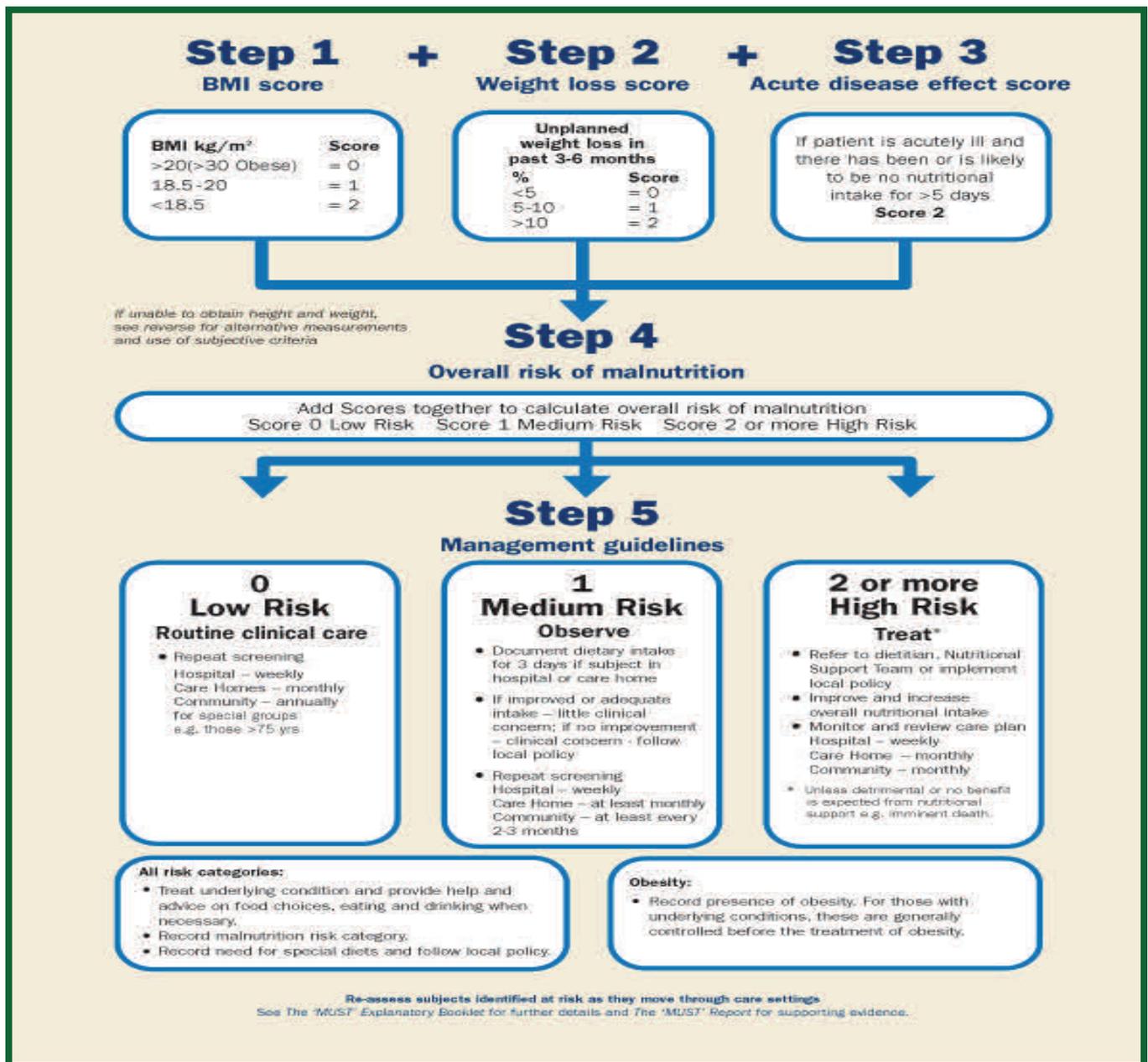
3. How to identify Malnutrition?

Malnutrition is common in certain conditions, for example, cancer, Inflammatory Bowel Disease (IBD), COPD and neurological conditions. Older people are at highest risk, particularly those living alone or with poor social circumstances. Malnutrition can be identified using a validated screening tool such as the “**Malnutrition Universal Screening Tool**” (MUST) (see overleaf for example). Screening must be linked to an action plan.

Do not just rely on observation. Obesity and overweight can mask malnutrition. Consider also unintentional weight loss, disease effect and social issues.

4. How to manage Malnutrition?

The “MUST” Screening Tool (further explanatory notes on www.bapen.org.uk)



Management options can include:

- protected mealtimes, assistance with eating, improving catering options, addressing social issues, and ensuring an individual's ability to shop.
- adopting a **‘FOOD FIRST’** approach: little and often; frequent snacks; offer milk and milky drinks choose protein rich foods at each meal (e.g. eggs, meat, chicken, fish)
- oral nutritional supplements may be advised in addition to diet.
- set realistic **goals** to assess the effectiveness of your management plan: e.g. prevent further weight loss, maintain nutritional status, healing of wounds, improved mobility and improved mood.
- revise the nutrition care plan and adjust accordingly within agreed time frames.

✓ **record risk** ✓ **agree goals of intervention** ✓ **monitor and revise**

Discussion Point: Reflect on your own practice to identify potential improvements in nutrition care with your patients.

Developed and approved by the Dietitian Managers from Connolly Hospital Blanchardstown; Cavan/Monaghan Hospital; Beaumont Hospital; Our Lady of Lourdes Drogheda and Primary Care Dublin North East.