

Policy Position Paper

Nutrition and hydration (England)

April 2016

Good nutrition and hydration benefits older people. Well-nourished people are more likely to remain healthy and independent for longer

Key issues

Malnutrition (defined here as under-nutrition) affects three million people in the UK 1.3 million will be older people with the vast majority (93%) of those living in the community.ⁱ It is a serious health issue affecting the independence and well-being of older people and in most cases is preventable. Malnutrition is often overlooked by older people, health care professionals as well as society in general. The risk increases significantly as people age. Society generally incorrectly assumes that losing weight is a normal part of the ageing process. Rings falling off, dentures becoming loose, clothes that are too big and belts that need tightening are not normal. This is a clear indication that person is at risk of malnutrition.

Malnutrition can be associated with long term conditions, such as chronic obstructive pulmonary disease (COPD), cancer, dementia and swallowing problems (dysphagia) as well as physical and sensory disabilities. Social factors such as bereavement, loneliness and isolation, cognitive impairment, and living on a low income, combined with a reduction in appetite and relying on others for food or drink are the biggest risk indicators for someone living in the community.

Malnourished older people visit their GP twice as often,ⁱⁱ experience more hospital admissions and have longer lengths of stay.ⁱⁱⁱ There is an increased risk of infection and antibiotic use^{iv} and a longer recovery time from surgery and illness, with an increased risk of death^v.

Nearly one third (32%) of older people who are admitted to hospital or care homes from the community will be malnourished or at risk, as are half of patients admitted to hospital from care homes.

There are many reasons why older people lose weight. For example, they may be receiving confusing public health messages and advice around high obesity levels and diet. People who have been concerned about becoming overweight in middle age may not recognise that as they age they are becoming malnourished and need to change their eating habits. As we age it is common to experience physiological changes, develop a long-term condition, an acute or chronic illnesses, suffer from

poor oral health, or develop swallowing difficulties. We may experience new barriers to shopping and cooking.

Age UK is raising this issue through the Malnutrition Task Force, an independent group of experts from health, social care and local government who have united to address preventable malnutrition and dehydration in hospitals, care homes and in the community. Research by the Malnutrition Taskforce^{vi} reveals that only half (52 per cent) of health professionals thought malnutrition was a priority in their organisations and only 47 per cent felt confident that their knowledge and skills were sufficient enough to help people most at risk.^{vii} The survey 'Experiences of Patient Malnutrition' by Dods Research also shows that half (50 per cent) of professionals interviewed felt unsure about what services were available in the community.^{viii} Reports continue to indicate that some organisations are still failing to provide older people with food and drink and the help to eat and drink when they need it.

To ensure that malnutrition among older people does not continue to rise, organisations across sectors and settings must ensure that they have robust processes in place for raising awareness of risk, prevention, recognition, measuring, monitoring and treatment of malnourishment. This must include providing help and support with eating and drinking for people when they need it.

NHS England launched its Nutrition and Hydration Commissioning Guidance^{ix} in October 2015. The guidance outlines why commissioners should make nutrition and hydration a priority, how to tackle the problem, how to assess the impact of commissioned services and how commissioners have begun to tackle the problem via commissioning.

Public Policy proposals

- The development of successful co-ordinated care for people who are suffering or at risk of malnourishment and or dehydration must be undertaken in a holistic and coordinated way across all settings and sectors.
- Public Health England should develop a campaign to raise awareness of malnutrition in older people that supports self-screening and challenges the perception that it is normal to lose weight with age; as well as promoting the notion of a healthy weight and highlighting the importance of good hydration. They should work to identify national prevalence. This could be achieved by adding a weight loss question to the annual survey that is already used to identify body mass index (BMI).
- Local health and wellbeing boards must agree how malnutrition sits with competing local priorities and agree a set of nutrition and hydration indicators that meet the needs of the local community, with robust implementation plans.
- Commissioners should consider how to ensure that good hydration and healthy weight is promoted and measured in hospitals and care homes. This should include robust training of health professionals and health care assistants.
- Senior managers in hospitals and care homes have a personal duty to ensure that procedures and processes in their establishments ensure that older people within their care receive the correct nutrition and hydration to meet their needs.

This includes providing help and support for people to eat when it is required. Regulators must ensure that this happens.

- The NICE clinical guidelines on nutrition support in adults cover the care of patients with malnutrition or at risk of malnutrition, whether they are in hospital or at home. There should be robust implementation of the NICE Guidance across sectors and settings.
- NICE should consider producing a local government Public Health briefing on malnutrition based on their clinical guidance for nutritional support in adults.
- Local Health and Wellbeing Boards and Clinical Commissioning Groups should implement NICE recommendations for screening and early intervention as this is shown to be cost effective

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i Elia M, Russell C. Combating Malnutrition: Recommendations for Action. Report from the advisory group on malnutrition, led by BAPEN. 2009. http://www.bapen.org.uk/pdfs/improv_nut_care_report.pdf

ii Guest, J. F., Panca, M., Baeyens, J.P., de Man, F., Ljungqvist, O., Pichard, C., Wait, S & Wilson, L. (2011) 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, Volume 30, Issue 4, Pages 422-429, August 2011

iii *ibid*

iv Elia M, Stratton RJ, Russell C, Green C. & Pang F. (2005) 'The cost of disease related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults'. *Redditch: BAPEN*.

v Heismayr, M., Schindler, K., Pernicka, E. Schuh, C., Schoeniger-Hekele, A., Bauer, P., Laviano, A., Lovell, A.D.,

Mouhieddine, M., Schuetz, T., Schneider, S.M., Singer, P., Pichard, C., Howard, P., Jonkers, C., Grecu. I., Ljungqvist, O. & The Nutrition Day Audit Team. (2009) 'Decreased food intake is a risk factor for mortality in hospitalised patients: The Nutrition Day survey 2006', *Clinical Nutrition*, 28, pp 484-491.

vi *dodds*

vii Online survey of health and care professionals conducted by Dods Research, sample size 1518, fieldwork conducted between 9th and 18th December 2015

viii *ibid*

ix <http://www.malnutritiontaskforce.org.uk/nhs-england-launch-new-guidance-commissioning-excellent-nutrition-and-hydration/>