Many patients ignorant about malnutrition, survey finds

Screening should be made mandatory in all settings, says the Patients Association. Amy Taylor reports

MORE THAN three million people in the UK are either malnourished or at risk of malnutrition, but patient understanding of the problem is low, according to the Patients Association. In a new report, it warns that malnutrition is endemic in community and hospital settings, particularly among older people, many of whom do not know the signs of or treatments for the condition.

The association surveyed 5,018 people, including 1,136 aged over 65 years and 1,511 with a close friend or relative in a residential care or nursing home. It is the largest survey of its kind in the UK. It found that while 60 per cent of older people identify good nutrition as eating a balanced diet, only 8 per cent associate it with maintaining a regular weight. This suggests that many older people do not see monitoring their weight regularly as a tool to check they are adequately nourished, the report says. Of 1,690 carer responses, 84 per cent did not weigh the person they cared for.

Other findings include that only 40 per cent of older people associate malnutrition with delayed recovery from illness and 20 per cent with impaired wound healing, when it can have a significant effect in both cases.

Sue Hill, a district nurse who works with the British Association for Parenteral and Enteral Nutrition (BAPEN), says that despite the well-established links between weight and malnutrition, training for community health staff on the condition and the services to tackle malnutrition are often lacking.

"Dietetic services in the community are often woefully inadequate and training received by many community staff does not come close to providing the necessary skills required to consider individual nutritional needs in depth," she says.

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Ms Hill says nurses and other health and care professionals should use the Malnutrition Universal Screening Tool (MUST), developed by BAPEN, to check the nutritional status of patients in the community and recognise cases earlier.

More screening

Chair of the National Nurses Nutrition Group Liz Evans agrees that nurses must screen at-risk older patients and says that the lack of awareness about malnutrition among older people is worrying.

BAPEN’s screening weeks have shown that one in three people admitted to hospital are malnourished when it’s something we should be picking up on in the community," she says.

Ms Evans explains that as well as screening there are a number of telltale signs of malnutrition that nurses should look for. These include patients who are getting thinner, have lacklustre skin, lose rings, dry hair or are evasive about eating.

Along with their lack of knowledge about the signs of malnutrition, the survey found that 16 per cent of older people were also unaware of basic treatments for the condition, such as dietary advice and changing meal structures.

Although three quarters of older people wanted to know more about the condition for themselves or to help another person, the findings show not enough tailored information on local services is available. Older people were found to ask healthcare professionals, including nurses, about malnutrition more than other patients and to use the internet less to find information about malnutrition.

RCN older people’s adviser Nicky Hayes says that it is essential that nurses are able to offer current and relevant nutritional advice and apply the MUST tool, but that they can only do this when it has been built into their roles. ‘The concern I have is whether nurses have that remit, particularly practice nurses and community nurses, because it needs to be commissioned for,’ Ms Hayes says. ‘Although they can provide those services they can only do so if they have got the time and the remit.’
The report’s findings on hospital inpatients also paint a bleak picture - only 31 per cent of the 1,311 surveyed recalled being asked questions about their diet and weight. Of those who were in hospital for one or two nights, 26 per cent were asked screening questions. Of 247 inpatients aged over 50, 30 per cent were asked if they were able to cook their own food.

The report calls for the Department of Health to make nutritional screening mandatory across all health and social care settings and for healthcare staff to be trained to ask about social risk factors in nutritional screening questions.

Frail older people returning home from hospital are most at risk of malnutrition, says Ms Evans. The survey confirms this, reporting that many say that once they have been discharged they feel abandoned without adequate community support for the condition. Ms Evans says that nurses need to ensure hospital patients have an individualised care plan throughout their stay that follows them into the community to prevent this. She points out that BAPEN has developed management guidelines that nurses can use to help draw up these plans.

‘If someone comes into hospital and they are identified as being at risk they need to be given a nutrition care plan that’s maintained. I think that is what’s going wrong,’ she says.

In response to the report, the Patients Association has published a leaflet to help patients recognise malnutrition and the steps they can take to treat it. It wants GPs and healthcare professionals to give the leaflet to at-risk patients and carers.

Amy Taylor is a freelance writer

Diluted staff mix prompts concerns about care quality and dignity

Nicky Hayes, who is leading an RCN project to increase nursing numbers on older people’s wards, is seeking examples of good practice to improve care.

Carol Davis reports

THE RCN has launched a UK-wide project to increase the number of nurses on older people’s wards in the light of concerns about patient care.

Better nursing staff levels are crucial, says the college. Evidence from its 2010 member survey showed that older people’s wards have a more diluted staffing mix than children’s and general wards: the proportion of registered nurses is just 48 per cent on older people’s wards, compared with 83 per cent on children’s wards and 62 per cent on adult general wards.

Poor care of older people has been highlighted in several reports from the Care Quality Commission (CQC). A health service ombudsman report in February featured cases where staff failed to treat older people with dignity.

‘Many concerns relate to older people’s right to be treated with respect, and to have fundamentals of care met such as comfort at the end of life, communication, assistance with food and drink, use of the toilet and maintaining safety,’ says RCN older people’s adviser Nicky Hayes (pictured), who is leading the project.

Many of these issues relate to nursing care, and to whether wards are staffed adequately to provide the quality of care that patients and the public expect, and that nurses themselves wish to deliver,’ Ms Hayes explains. Using the results of this year’s member survey, as well as evidence from service users, will make it easier to match nursing skills accurately to patients’ sometimes complex needs, she points out.

At a meeting last month the project drew together interested parties including Age UK, the Alzheimer’s Society, the Patients Association, Department of Health, NHS Confederation and CQC.

An RCN position statement on safe staffing will be developed, and the RCN Principles of Nursing Practice will be applied to care of older people. The principles are a set of eight statements that describe the quality of nursing care that people can expect. ‘One of the underpinning issues that we need to examine is what good quality care for older people looks like,’ says Ms Hayes. The principles provide a framework for exploring this. ‘We will use input from expert nurses who can help to map the principles onto the care of older people, thus showing what staffing levels are needed to deliver it.’

Chair of the RCN older people forum Hazel Heath welcomed the initiative. ‘The complex needs of older people in acute settings are not always appreciated,’ she says. ‘Hopefully we can achieve something that will really make a difference.’

‘We want to ensure that older people have confidence that they will be treated with dignity in hospital, and that nurses will have time to care for them,’ says Ms Hayes. ‘The RCN also wants to reassure nurses that it supports them in caring for people with complex needs. We must grasp this opportunity to identify the priority areas for older people to ensure good quality nursing for the future.’

As part of the project, Ms Hayes is calling on nursing teams to provide examples of best practice. They can be sent to nicky.hayes@rcn.org.uk or sandra.hall@rcn.org.uk

Carol Davis is a freelance writer

Join the debate online

Is there adequate community support for malnourished frail older patients?
Vote at www.nursingolderpeople.co.uk

Find out more

The Patients Association report Mainnutrition in the Community and Hospital Setting and the leaflet are available at www.patients-association.com/News/457

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