

Managing Malnutrition with Oral Nutritional Supplements (ONS) - advice for healthcare professionals

Why Manage Malnutrition?

- The cost of malnutrition is estimated to exceed £19 billion in England alone (based on 2012 figures). It is estimated that the health and social care costs for a malnourished individual are 3-4 times greater than that for a non-malnourished individual
- More than 90% of cases of malnutrition occur in the community setting; this includes patients' own homes, care homes and sheltered housing
- There is extensive evidence, across all health care settings and patient groups, that supports the use of ONS in the management of malnutrition
- ONS improve nutritional, clinical, and economic outcomes including; improved weight, hand grip strength, energy and protein intakes and reduced hospital admissions, readmissions and complications
- NICE CG32 (Nutrition Support) has shown substantial cost savings can result from identifying and treating malnutrition. Implementation of CG32 and supporting QS24 have been shown to be high impact with respect to cost savings

What are Oral Nutritional Supplements (ONS)?

- ONS are prescribable and classified as Food For Special Medical Purposes
- ONS are typically used in addition to the normal diet, when diet alone is insufficient to meet daily nutritional requirements
- ONS not only increase total energy and protein intake, but also the intake of micronutrients
- Evidence shows that ONS do not reduce intake of normal food over a 12 week period

ACBS indications for prescribing ONS include:

| | |
|------------------------------------------------------|-----------------------------------------|
| Disease related malnutrition | Proven Inflammatory bowel disease (IBD) |
| Short bowel syndrome | Following total gastrectomy |
| Intractable malabsorption | Dysphagia |
| Pre-operative preparation of undernourished patients | Bowel Fistulae |

What types of oral nutritional supplements are available?

ONS come in a range of styles (milk, juice, yogurt, dessert, savoury), formats (liquid, powder, pudding, pre-thickened), types (high protein, fibre containing, low volume), energy densities (1-2.4kcal/ml) and flavours. They provide energy along with other essential macronutrients and micronutrients. Most people requiring ONS can be managed using standard ONS (1.5-2.4kcal/ml). ONS are often used for people who are frail, elderly or with diagnoses of dementia, COPD and cancer.

Most standard ONS provide – 300kcal, 12g of protein and a full range of vitamins and minerals per serving.

There are a number of different ONS which may be of benefit in specific groups:

- **High protein ONS** are suitable for individuals with COPD, wounds, post-operative patients, some types of cancer, and the elderly
- **Fibre-containing ONS** are useful for those with GI disturbances (not suitable for those requiring a fibre-free diet)
- **Pre-thickened ONS** and puddings are available for individuals with dysphagia or an impaired swallow
- **Low volume high energy ONS** may aid compliance[#] and may be better tolerated by patients who cannot consume larger volumes e.g. those with COPD

Who requires ONS?

ONS in addition to food should be considered for patients at high risk of malnutrition. Screening is recommended to identify risk. With the 'Malnutrition Universal Screening Tool' ('MUST') (the most frequently used nutritional screening tool) a score of 2 or more represents high risk. An individual at high risk will have one of the following: a) BMI <18.5 kg/m², with or without unplanned weight loss, b) >10% unplanned weight loss over the last 3 - 6 months regardless of BMI or, c) 5-10% unplanned weight loss over the last 3-6 months and a BMI <20 kg/m². When ONS are prescribed, regular monitoring is needed to ensure nutritional requirements are being met, that the products are being taken and that the management is still appropriate. Consider local formularies.

| Supplement Style | Additional Features | Available Products (kcal per serving*) | Flavour Variety | Suitable for Malnourished Individuals with Insufficient Oral Intake... |
|------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Milkshake | Standard | <ul style="list-style-type: none"> Fortisip Bottle (300kcal) Resource Energy (300kcal) Fresubin Energy (300kcal) Ensure Plus (330kcal) AYMES Complete (300kcal) Supressi 1.28kcal Complete (256kcal) | 8 6 9 10 4 2 | to meet basic energy and nutrient requirements and a preference for milk-based drinks |
| | Containing Fibre | <ul style="list-style-type: none"> Ensure Plus Fibre (310kcal) Resource 2.0 Fibre (400kcal) Fresubin Energy Fibre (300kcal) Fresubin 2kcal Fibre Drink (400kcal) | 5 6 6 6 | with increased fibre requirements e.g. individuals suffering from constipation (Not suitable for a fibre free diet) |
| | High Protein | <ul style="list-style-type: none"> Fortisip Extra (320kcal) Fortisip 2kcal (400kcal) Fresubin Protein Energy (300kcal) Fresubin 2kcal Drink (400kcal) Fresubin 2kcal Fibre Drink (400kcal) Altraplen Protein (300kcal) Ensure Plus Advance (330kcal) | 2 2 5 6 6 2 5 | with increased protein requirements e.g. elderly, wounds, post-operations, cancer |
| | Low Volume | <ul style="list-style-type: none"> Fortisip Compact (300kcal) Ensure Compact (300kcal) Altraplen Compact (300kcal) | 8 4 4 | who cannot consume large volumes, may aid compliance and suitable for the majority of patients |
| | Low Volume / High Protein | <ul style="list-style-type: none"> Fortisip Compact Protein (300kcal) | 6 | |
| | Low Volume / Fibre | <ul style="list-style-type: none"> Fortisip Compact Fibre (300kcal) | 3 | |
| | Powdered (to make up with milk) | <ul style="list-style-type: none"> Complan Shake (380kcal)¹ Scandishake Mix (587kcal)² Calshake powder (596kcal)² Ensure Shake (389kcal)¹ Enshake (600kcal)² Fresubin Powder Extra (397kcal)¹ Foodlink Complete (399kcal)¹ AYMES Shake (387kcal)¹ | 5 6 5 4 4 4 5 5 | for those who are able to make up their own drinks, consume large volumes and purchase milk (NB: not all powdered supplements contain a full range of vitamins and minerals) |
| | 2kcal/ml | <ul style="list-style-type: none"> Fortisip 2kcal (400kcal) Ensure TwoCal (400kcal) Fresubin 2kcal Drink (400kcal) Fresubin 2kcal fibre drink (400kcal) Resource 2.0 Fibre (400kcal) | 2 4 6 6 6 | who require a more energy dense ONS |
| Juice | Standard | <ul style="list-style-type: none"> Fortijuice (300kcal) Ensure Plus Juice (330kcal) Resource Fruit (250kcal) Fresubin Jucy (300kcal) | 7 6 4 5 | with a preference for juice based drinks. Are also suitable for low fat diets and patients with taste fatigue (Not suitable for diabetics) |
| Yogurt | Standard | <ul style="list-style-type: none"> Fortisip Yogurt Style (300kcal) Ensure Plus Yoghurt (300kcal) Fresubin YOcreme (187kcal) | 3 2 4 | with a preference for yogurt style ONS |
| Dessert | Milk Based | <ul style="list-style-type: none"> Forticreme Complete (200kcal) Ensure Plus Crème (175kcal) Fresubin 2kcal Crème (250kcal) Nutricrem (225kcal) | 4 4 5 3 | with a preference for cream style desserts |
| Soup | | <ul style="list-style-type: none"> Ensure Plus Savoury (330kcal) Vitasavoury 300 (375kcal)³ AYMES Savoury (251kcal) | 1 4 1 | with a preference for savoury flavours |

*kcal per serving based on vanilla flavoured supplements. ¹Made with 200ml whole milk ²Made with 240ml whole milk ³Made with 100ml whole milk

A wider range of more specialised supplements including thickening powders and pre-thickened drinks are also available and may require advice from a Dietitian or other HCP. All information correct at time of printing according to MIMS online December 2017.



#For further information on malnutrition and references please visit: www.malnutritionpathway.co.uk

Developed by a multi-professional group of healthcare professionals

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