

Lincolnshire Prescribing and Clinical Effectiveness Bulletin

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GUIDANCE ON THE PRESCRIBING OF ORAL NUTRITIONAL SUPPLEMENTS (SECOND EDITION)

Key Points

Screening for Malnutrition

- Nutritional screening utilizing the Malnutrition Universal Screening Tool (MUST) should be undertaken in all patients considered to be at risk of malnutrition; this includes the elderly and those with chronic diseases or in a community hospital or residential care home. The patient's weight or Body Mass Index or both should be recorded in their notes along with the results of the MUST assessment. MUST can be accessed electronically from www.bapen.org.uk.
- Patients will emerge from MUST screening with a score which signifies their overall risk of malnutrition as follows: Low Risk (score 0); Medium Risk (1); and High Risk (2 or more). For patients at Medium or High Risk, first line treatment should be dietary advice and information to increase nutritional intake utilising food first, fortified if necessary.

Dietary Advice

- There is usually no role for prescribed Oral Nutritional Supplements (ONS) first line. Patients should be urged to: (1) have nourishing snacks and drinks between meals and a snack supper before bed; (2) drink more milk based drinks; (3) consume at least one pint of full fat milk each day; (4) avoid low fat, low sugar products; (5) enrich food and drinks, such as cereals, milk puddings, canned fruit, potatoes, soups and vegetables, with cream, evaporated milk, condensed milk, sugar, cheese, unsaturated margarines and oils; (6) consider purchasing proprietary food supplement products such as *Complan* or *Build-Up* used between meals to increase nutritional intake.
- Detailed dietary advice and an updated version of the patient leaflet entitled *Eat Well Feel Well* are included in this Bulletin.

Prescribing ONS

- Patients classified as Medium Risk by MUST should usually be reassessed and weighed after four weeks of dietary intervention. Those at High Risk will need to be reassessed and weighed weekly or more frequently as clinically indicated. Where there is no improvement, dietary advice will need to be reinforced and the introduction of oral nutritional supplements (ONS) considered.
- ONS should not be prescribed unless a MUST assessment has been done and a management plan for the individual patient is in place based on their MUST score and risk of malnutrition.

- ONS is usually meant to supplement not to replace a normal diet; where ONS is used as the sole source of nutrition or as a meal replacement this should only be done under the supervision of a dietitian.
- ONS should only be prescribed for patient's suffering from conditions approved by the Advisory Committee on Borderline Substances (ACBS). The 'disease related malnutrition' category is often a useful catch-all term that covers many of the patients under consideration, although malnutrition status will need to be assessed using the MUST tool.
- In most cases that require ONS, a milk based complete sip feed containing 1.5kcal/ml should be used first line, unless a dietitian specifically advises otherwise or the patient has an aversion to milk based drinks. This *Bulletin* provides information on the range of 1.5kcal/ml feeds available.
- *Fresubin Energy Drink* 200ml carton is significantly lower in cost than virtually all other milk based complete sip feeds and should be used first line where a 1.5kcal/ml supplement is indicated and a milk based complete feed is considered appropriate. Existing patients currently receiving regular prescriptions for alternative 1.5kcal/ml milk based complete feeds should be reviewed and considered for switch to *Fresubin Energy Drink*. In most instances comparable flavours are available.
- Initially, two standard supplements per day of at least 1.5kcal/ml should be prescribed in addition to a normal diet; a small number of patients who are unable to eat normal food in sufficient quantities or who have high nutritional requirements may require more. Avoid once a day dosage; twice a day is preferable in most patients.
- The patient or carer should be given clear instructions on how the ONS should be taken.
- Unless supplements have already been tried and patient preferences established, the initial prescription should be for a 1 week supply only and marked 'mixed flavours' (endorsed ACBS). This enables the community pharmacist/ dispenser to dispense a selection of flavours for the patient to sample. Once the patient's tastes have been confirmed, this information can be used to inform future prescribing.
- Avoid putting ONS prescriptions on automatic repeat as regular review is crucial.
- Once the patient's preferred choice of product has been established, prescriptions should generally be given for no more than four week's supply at a usual dose of 2 sip feeds per day.
- Patients receiving sip feeds should be monitored using MUST on a weekly to monthly basis (depending on the level of risk previously identified) to assess whether the aim of therapy is being met.
- When the agreed target weight or aim of therapy is achieved, supplements should be gradually reduced and monitoring continued for at least 3 months after stopping.
- Products containing 1 kcal/ml, such as *Ensure*, *Fortimel Regular*, *Fresubin Original*, *Nutrison* and *Osmolite*, do not have a high enough energy content and should only be used on the advice of a dietitian. Existing patients should be reviewed at their next scheduled appointment to confirm that the product is still indicated and to ensure that it meets the nutritional needs of the patient. None of these products are recommended for routine use.
- Further guidance is given in the text on the role of Fibre Containing Milkshake Style Supplements, Powdered Milkshake-Style Supplements, Fibre Containing Sip Feeds, Yoghurt Style Sip Feeds, Fruit Juice Style Sip Feeds, High Protein Sip Feeds and High Protein High Energy Sip Feeds. A product selection algorithm is also provided.
- There may be a need for short-term ONS in those who have been acutely ill or recently hospitalized. This will result in some patients being discharged from hospital on ONS. Within this context, ONS should be prescribed for 4 to 6 weeks and then reviewed. This is important to avoid inappropriate long term continuation of a short-term course of ONS initiated in secondary care.
- This *Bulletin* does not specifically cover dysphagia and the role of food thickeners, although further guidance is in preparation. It must be emphasized that food thickeners such as *Multi-thick*, *Nutlis Powder*, *Resource Thickenup* and *Thick and Easy* should only

be prescribed following an individual patient assessment by an appropriately trained person (e.g. Speech & Language Therapist).

Introduction

It has been estimated that up to 75% of the oral nutritional supplements (ONS or sip-feeds) prescribed in primary care are unnecessary or inappropriate. In this second edition of our guidance on the prescribing of ONS, we provide updated guidance on the treatment of under-nutrition in primary care. This *Bulletin* has been produced in association with the Dietetics Team at United Lincolnshire Hospitals NHS Trust.

Malnutrition is 'a state in which a deficiency of nutrients, protein, vitamins and minerals causes measurable adverse effects on body composition, function and clinical outcome'. It is estimated to affect at least 3 million adults in the UK and can increase mortality, morbidity, length of hospital stay and frequency of hospital admission. The NICE Clinical Guideline on *Nutrition Support in Adults* (February 2006) raised the profile nationally of the importance of nutritional screening in those at risk and offered guidance on the most appropriate and effective interventions. The NICE Quality Standard 24: Quality Standard for Nutritional Support in Adults (November 2012) reiterated the requirement for nutritional screening for malnutrition in care settings. It also included the need for a management care plan that aims to meet nutritional requirements. *Managing Adult Malnutrition in the Community* (including a pathway for the appropriate use of ONS) produced by a multi-professional consensus panel (May 2012) also indicated the need for clear goals of the intervention and a monitoring plan. Goals should be set to assess the effectiveness of the intervention (e.g. prevent further weight loss, maintain nutritional status, optimise nutrient intake during acute illness, healing of wounds or pressure ulcers, improved mobility). As part of the assessment of the patient, disease stage and treatment should be considered and goals of the intervention adjusted accordingly. For example, nutritional interventions in some groups such as palliative care, patients undergoing cancer treatment, progressive neurological conditions and those in advanced stages of illness may not result in improvements in nutritional status, but may provide valuable support to slow decline in weight and function

It is the purpose of this *Bulletin* to ensure that:

- (1) Appropriate nutritional screening is undertaken in all people at risk of malnutrition.
- (2) Those identified at Medium or High Risk of malnutrition are able to follow a pathway that begins with dietary advice and food first, fortified if necessary.
- (3) Standard *Eat Well Feel Well* materials are available to all clinicians, practice, care home and community staff and patients to ensure that practical advice is readily available on the use of food and approaches to fortification.
- (4) A clear pathway is defined whereby food is used first line, fortified food second line (incorporating guidance on *Complan* and *Build Up*) and ONS is reserved for third line use.
- (5) Guidance is given to ensure that where ONS is prescribed, the appropriate product is selected, for the appropriate duration and with appropriate supportive care.

Importance of Nutritional Screening

There is evidence that malnourished patients:

- have increased morbidity and mortality.
- have greater frequency of hospital admissions.
- have longer periods in hospital.
- have impaired wound healing.
- have a poorer quality of life.

The Malnutrition Universal Screening Tool (MUST)

MUST is a five step screening tool used to identify adults who are malnourished or at risk of malnutrition (under-nutrition) (even if they are obese). Further details on MUST and a copy of the screening tool can be found on the British Association for Parenteral and Enteral Nutrition website at www.bapen.org.uk.

Ideally, the patient's height and weight should be known, although MUST can still be used for those in whom height and weight are difficult to obtain as a range of alternative measures and subjective criteria are available to enable calculation of Body Mass Index (BMI) by alternative means.

Patients will emerge from MUST screening with a score which signifies their overall risk of malnutrition as follows: Low Risk (score 0); Medium Risk (1); and High Risk (2 or more). For patients at Medium or High Risk, first line treatment should be dietary advice and information to increase nutritional intake utilising food first, fortified if necessary. A management care plan that aims to meet nutritional requirements will need to be in place for each individual including clear goals and a monitoring plan.

NICE recommend that nutritional screening should be carried out in all groups at risk of malnutrition (e.g. patients in community hospitals and residential care homes, patients with chronic diseases and the elderly). Nutritional screening should be undertaken using the MUST tool; MUST can be accessed electronically from www.bapen.org.uk.

PACEF Recommendation:

Nutritional screening utilizing MUST should be undertaken in all patients considered to be at risk of malnutrition; this includes the elderly and those with chronic diseases or in a community hospital or residential care home. The patient's weight or Body Mass Index or both should be recorded in their notes along with the results of the MUST assessment.

First Line: Food First, Fortified if Necessary

PACEF Recommendation:

Following MUST assessment, patients identified as being at Medium or High Risk should be advised to increase nutritional intake utilizing food first, fortified if necessary.

Dietary counselling to encourage the use of energy and protein rich foods is recommended first line in most circumstances. **There is usually no role for prescribed ONS at this stage.** Patients should be urged to take the following advice:

- Have nourishing snacks and drinks between meals and a snack before bed.
- Drink more milk based drinks (e.g. milky coffee, malted milk, hot chocolate and milkshakes).
- Consume at least one pint of full fat milk each day.
- Avoid low fat, low sugar products – look for full-fat, high-sugar varieties to provide more calories.
- Enrich food and drinks such as cereals, milk puddings, canned fruit, potatoes, soups and vegetables with cream, evaporated milk, condensed milk, sugar, cheese, unsaturated margarines and oils.
- Consider purchasing proprietary food supplement products, such as *Complan* or *Build-Up*; these products can be used between meals to increase nutritional intake.

Some patients may be reluctant to eat high-fat, high-sugar foods, so it is important to reinforce the message that the dietary needs of the under-nourished are different to that of the healthy population (i.e. general healthy eating messages do not apply to this group). Patients should be advised on the aim of their therapy (i.e. to improve their nutritional status, to reach or maintain an agreed weight or to slow the rate of weight loss).

PACEF Recommendation:

If normal meals and snacks are insufficient to meet individual requirements, then food can be fortified to increase the energy/protein content. Detailed dietary advice and an updated version of the patient leaflet entitled *Eat Well, Feel Well* are enclosed. If this is insufficient then over the counter nutritional supplements (e.g. *Complan* or *Build-Up*) should be considered before ONS. In most cases oral nutritional supplements (ONS) should not be seen as a replacement for food.

PACEF Recommendation:

Patients classified as Medium Risk by MUST should usually be reassessed and weighed after four weeks of dietary advice as outlined above. Those at High Risk will need to be reassessed and weighed weekly or as clinically indicated. Where there is no improvement in nutritional status, dietary advice will need to be reinforced and the introduction of ONS considered.

Second Line: Prescribing ONS

Prescribing guidance

- ONS should only be prescribed when first-line dietary measures have failed to improve nutritional intake or status.
- ONS should only be prescribed for patient's suffering from conditions approved by the Advisory Committee on Borderline Substances (ACBS). The 'disease related malnutrition' category is often a useful catch-all term that covers many of the patients under consideration, although malnutrition status will need to be assessed using the MUST tool (see above).
- Initially two standard supplements per day of at least 1.5kcal/ml should be prescribed in addition to a normal diet; a small number of patients who are unable to eat normal food in sufficient quantities or who have a high nutritional requirement may require more. If this is the case long-term, a referral to a dietitian for further assessment should be considered.
- In most cases that require an ONS, a milk based complete sip feed containing 1.5kcal/ml should be used first line, unless a dietitian specifically advises otherwise or the patient has an aversion to milk based drinks. *Fresubin Energy Drink* 200ml carton is significantly lower in cost than virtually all other milk based complete feeds and should be used first line where a 1.5kcal/ml supplement is indicated and a milk based complete feed is considered appropriate.
- Avoid once a day prescriptions.
- ONS should not be seen as a replacement for food and patients should be given clear instructions on how to take them.
- Unless supplements have already been tried and patient preferences established, **the initial prescription should be for a 1 week supply only and marked 'mixed flavours' (endorsed ACBS)**. This enables the community pharmacist/ dispenser to dispense a selection of flavours for the patient to sample. The manufacturers' of ONS often have a sample service. Determining the patient's tastes in this way will avoid potential waste resulting from the patient being issued with large stocks of a product that they do not like and will not take. Once the patient's tastes have been confirmed, this information can be used to inform future prescribing. Patients may get flavour fatigue and wish to try new flavours or styles of sip feed; to overcome this, feeds can be mixed and matched (e.g. one milkshake style and one juice style each day).
- Avoid putting ONS prescriptions on automatic repeat as regular review is crucial.
- Avoid prescribing 1.0kcal/ml products such as *Ensure*, *Fortimel Regular*, *Fresubin Original*, *Nutrison* and *Osmolite*.
- Where supplements are prescribed, products containing at least 1.5kcal/ml should be preferred.
- Once the patient's preferred choice of product has been established, prescriptions should generally be given for no more than four week's supply at a usual dose of 2 sip feeds per day.
- Patients receiving sip feeds should be monitored using MUST on a weekly to monthly basis (depending on the level of risk previously identified) to assess whether the aim of therapy is

being met. The management plan should be recorded in the patient's notes with the following specific issues recorded:

1. weight/BMI/alternative measurements (use appropriate record chart);
 2. changes in dietary intake following the advice given;
 3. compliance with supplements.
- When the agreed target weight or aim of therapy is achieved, supplements should be gradually reduced and monitoring continued for at least 3 months after stopping.

PACEF Recommendation:

ONS should only be prescribed within ACBS approved indications. For many patients, this equates to 'disease-related malnutrition'. Other approved indications include: short bowel syndrome, intractable malabsorption, pre-operative preparation of undernourished patients, inflammatory bowel disease, total gastrectomy, dysphagia, bowel fistulae, haemodialysis and continuous ambulatory peritoneal dialysis.

Which Oral Nutritional Supplement?

The following information, used in conjunction with the Treatment Algorithm and Supplement Selection Tables should help to facilitate clinical decision making and product selection within this notoriously difficult and confusing area.

Milk Based Complete Sip Feeds (Milkshake-style)

Product name	Protein content	Energy content	Pack size	Flavours	Cost	Comments
<i>Nutriplen (Nutra)</i>	12g	300kcal 2.4kcal/ml	125ml bottle	Vanilla, Strawberry	£1.45	Gluten-Free Lactose-Free
<i>Fresubin Energy Drink (Fresenius Kabi)</i>	11.2g	300kcal in 200ml 1.5kcal/ml	200 ml carton	Vanilla, Strawberry, Chocolate, Cappuccino, Tropical Fruit, Blackcurrant, Neutral, Banana, Lemon.	£1.48 per 200ml pack	Lactose Free Gluten Free
<i>Resource Energy (Nestle)</i>	11.2 g	300 kcal 1.5kcal/ml	200ml bottle	Strawberry-Raspberry, Vanilla, Banana, Chocolate, Coffee, Apricot	£1.92 per 200 ml bottle	Gluten Free Low Lactose
<i>Ensure Plus Milkshake Style (Abbott)</i>	13.75 g	330 Kcal 1.5kcal/ml	220 ml carton	Vanilla, Banana, Strawberry, Orange, Neutral, Blackcurrant, Raspberry, Chocolate, Caramel, Fruits of the Forest, Peach, Coffee	£2.02 per 220ml Bottle	Gluten Free, Clinically Lactose Free.
<i>Ensure Plus Savoury (Abbott)</i>	13.75g	330 Kcal 1.5kcal/ml	220ml bottle	Chicken, Mushroom	£2.02 per 220 ml bottle	Gluten free
<i>Fortisip Compact (Nutricia)</i>	12g	300kcal 2.4kcal/ml	125ml bottle	Vanilla, Strawberry, Banana, Mocha, Apricot, Forest Fruit, Chocolate	£2.02	Gluten Free
<i>Fortisip Bottle (Nutricia)</i>	12 g	300 kcal 1.5kcal/ml	200ml bottle	Vanilla, Banana, Caramel, Chocolate, Orange, Toffee, Strawberry, Tropical Fruits, Neutral	£2.06 per 200ml bottle	Gluten Free Clinically Lactose Free
<i>Fortisip Compact (Nutricia)</i>	12g	300kcal 2.4kcal/ml	125ml bottle	Vanilla, Strawberry, Banana, Mocha, Apricot, Forest Fruit, Chocolate	£2.02	Gluten Free
<i>Fortisip Compact</i>	11.75g	300kcal	125ml bottle	Vanilla, Strawberry or Mocha	£2.09	Gluten Free

Fibre (Nutricia)		2.4kcal/ml				
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These milkshake-style supplements all contain 1.5kcal/ml of energy in addition to protein, vitamins and minerals. In most cases that require an ONS, a milk based complete sip feed containing 1.5kcal/ml should be used first line, unless a dietitian specifically advises otherwise or the patient has an aversion to milk based drinks. The usual frequency of use is 2 cartons a day with a maximum frequency of 6 to 7 cartons per day.

The table illustrates that they are all broadly comparable in terms of price, pack size, range of flavours, protein and energy content. A cost comparison reveals the recent price reduction of *Fresubin Energy Drink* 200ml carton which is now significantly lower in cost than major competitors.

PACEF Recommendation:

***Fresubin Energy Drink* 200ml carton is significantly lower in cost than virtually all other milk based complete feeds and should be used first line where a 1.5kcal/ml supplement is indicated and a milk based complete feed is considered appropriate. Existing patients currently receiving regular prescriptions for an alternative 1.5kcal/ml milk based complete feed should be reviewed and considered for switch to *Fresubin Energy Drink*. In most instances comparable flavours are available.**

Products containing 1 kcal/ml, such as *Ensure*, *Fortimel Regular*, *Fresubin Original*, *Nutrison* and *Osmolite* do not have a high enough energy content and should only be used on the advice of a dietitian. Existing patients should be reviewed at their next scheduled appointment to confirm that the product is still indicated and to ensure that it meets the nutritional needs of the patient.

PACEF Recommendation:

Practices are urged to review all prescribing of ONS products containing 1kcal/ml (e.g. *Ensure*, *Fortimel Regular*, *Fresubin Original*, *Nutrison* and *Osmolite*) to ensure that these products are only used exceptionally on the advice of a dietitian. None of these products are appropriate for first line use.

Powdered Milkshake-Style Supplements

Product name	Protein content	Energy content	Pack size	Flavours	Cost	Comments
<i>Foodlink Complete</i> (Foodlink)	12.5g	249kcal	57g	Banana, Chocolate, Neutral, Strawberry	42p	Make up with water
<i>AYMES Shake</i> (AYMES)	8.8 to 9.2g	248 to 253 kcal per serving	57g sachet	Neutral Vanilla Strawberry	78p per 57g sachet	
<i>Fresubin Powder Extra</i> (Fresenius Kabi)	10.8g	260kcal	62g sachet	Chocolate, Neutral, Strawberry, Vanilla	80p	Make up with 200ml whole milk
<i>Complan Shake</i> (Complan)	8.8-8.9g	246 to 251kcal	57g sachet	Banana, Chocolate, Original, Strawberry, Vanilla	95p per 57g sachet	Gluten free Make up with 200ml whole milk
<i>Vitasavoury</i> (Vitaflo)	cup - 4g sachet – 6g	cup-206kcal sachet-309kcal	33g cup	Chicken, Leek and Potato, Mushroom, Vegetable	Cup-£1.21 Sachet-£1.77	Make up with hot water
<i>Calshake</i> (Fresenius Kabi)	3.74g per serving	430 kcal per serving	87g sachet	Strawberry, Banana, Vanilla, Neutral, Chocolate	£2.23 per 87g sachet	Gluten Free Make up with 240mls whole milk
<i>Enshake</i>	8.4g per	450 kcal	100g	Banana,	£2.16	Gluten free

(Abbott)	serving	per serving	sachet	Chocolate, Strawberry, Vanilla	per sachet	Make up with 240ml of whole milk
<i>Scandishake Mix</i> (Nutricia)	4g per serving	425 kcal per serving	85 g sachet	Banana, Caramel, Chocolate, Strawberry, Unflavoured	£2.27 per 85g sachet	Make up with 240mls of whole milk

Powdered Milkshake-Style Supplements are a potential alternative to Milk Based Complete Sip Feeds, can be lower in cost, but are not nutritionally complete. They are made up with whole milk or water and are only appropriate where the patient or carer can make up the reconstituted product for themselves. Because they are not nutritionally complete, they should only be considered for people with a higher dietary intake. The higher calorie products, such as *Calshake Powder*, *Enshake* and *Scandishake Mix*, are broadly comparable in terms of price, pack size, range of flavours, protein and energy content. Selection should be made on the basis of availability and patient preference. The patient should be advised to take one per day and not to exceed two without dietetic advice. A savoury product called *Vitasavoury* is now available. This product is lower in energy than the sweet flavoured products.

A range of lower cost products with lower energy content are now available (e.g. *AYMES Shake*, *Complan Shake*, *Fresubin Powder Extra* and *Foodlink*). These products are not suitable for patients with a low dietary intake as they are not nutritionally complete. The usual dosage frequency is 1 or 2 per day; do not exceed two per day without specialist dietetic advice.

Fibre Containing Sip Feeds

Product name	Protein content	Energy content	Pack size	Flavours	Cost	Comments
<i>Fresubin Energy Fibre</i> (Fresenius Kabi)	11.2g	300kcal 1.5kcal/ml	200ml bottle	Strawberry, Chocolate, Caramel, Cherry, Vanilla, Banana	£1.98 per 200ml bottle	Lactose Free Gluten Free Contains fish gelatin
<i>Ensure Plus Fibre</i> (Abbott)	12.5g	310kcal 1.55kcal/ml	200ml bottle	Banana, Strawberry, Chocolate, Raspberry, Vanilla	£2.02 per 200ml pack	Gluten Free Clinically Lactose free.
<i>Fortisip Multi Fibre</i> (Nutricia)	12g	300 kcal 1.5kcal/ml	200ml bottle	Vanilla	£2.09 per 200ml bottle	Gluten Free Clinically Lactose free

Fibre Containing Sip Feeds can be useful as an aid to the prevention of constipation in patients with a fibre deficient diet or in patients that are already constipated. They are comparable to their milk-based equivalents, but with additional fibre. The three products listed are all comparable in terms of price, pack size, range of flavours, protein and energy content (1.5kcal/ml); selection should be made on the basis of availability and patient preference. The usual frequency is 2 cartons per day; do not exceed two per day without specialist dietetic advice.

Yoghurt Style Sip Feeds

Product name	Protein content	Energy content	Pack size	Flavours	Cost	Comments
<i>Ensure Plus Yoghurt</i> (Abbott)	13.8 g	330 kcal 1.5kcal/ml	220ml Bottle	Orchard Peach, Strawberry Swirl	£2.02per 220ml pack	Gluten Free Clinically Lactose Free
<i>Fortisip Yoghurt Style</i> (Nutricia)	12 g	300 Kcal 1.5kcal/ml	200ml Bottle	Vanilla & Lemon, Peach & Orange, Raspberry	£2.02 per 200ml pack	Gluten Free

A yoghurt-style sip feed should be considered if the patient likes yoghurt or suffers from flavour fatigue with milkshake-style products. Both of the examples quoted contain 1.5kcal/ml and are broadly

comparable in terms of price, pack size, range of flavours, protein and energy content. Selection should be made on the basis of availability and patient preference. The usual frequency is 2 cartons per day with a maximum daily frequency of 6 to 7; do not exceed two per day without specialist dietetic advice.

Fruit Juice Style Sip Feeds

Product name	Protein content	Energy content	Pack size	Flavours	Cost	Comments
<i>Fresubin Jucy Drink</i> (Fresenius Kabi)	8 g	300 kcal 1.5kcal/ml	200ml bottle	Apple, Pineapple, Cherry, Blackcurrant, Orange	£1.82 per 200 ml bottle	Gluten Free Clinically Lactose Free Fat Free Fibre free
<i>Resource Fruit</i> (Nestle)	8 g	250 kcal 1.25kcal/ml	200ml bottle	Apple, Orange, Pear-Cherry, Raspberry-Blackcurrant	£1.84 per 200ml bottle	Fat Free Gluten Free, Low Lactose
<i>Ensure Plus Juce</i> (Abbott)	10.6 g	330 kcal 1.5kcal/ml	220ml bottle	Apple, Fruit Punch, Lemon & Lime, Peach, Strawberry, Orange	£1.97 per 220ml bottle	Fat Free Gluten Free Clinically Lactose free
<i>Fortijuce</i> (Nutricia Clinical)	8 g	300 kcal 1.5kcal/ml	200 ml bottle	Lemon, Apple, Orange, Strawberry, Tropical, Blackcurrant, Forest Fruits	£2.02 per 200ml bottle	Fat Free Gluten Free Clinically Lactose free.

Fruit Juice Style Sip-Feeds can be useful for patients who do not like milk or cannot tolerate milk and are unable to take milk-based products. These products are lacking in fat and essential fatty acids and are not nutritionally complete. They should be used with caution in patients with diabetes. They are broadly comparable in terms of pack size and range of flavours, although energy content varies. *Fresubin Jucy Drink* and *Ensure Plus Juce* are lower in price than *Fortijuce* and are preferred; *Resource Fruit Drink* is also lower cost, but does not have the same energy content as competitors (1.25kcal/ml). Do not exceed 3 cartons per day unless advised by a dietitian.

High Protein Sip Feeds

Product name	Protein content	Energy Content	Pack size	Flavours	Cost	Comments
<i>Nutriplen Protein</i> (Nualtra)	20g	300kcal 1.5kcal/ml	200ml	Strawberry Vanilla	£1.45 per 200ml bottle	Gluten-free Lactose-free
<i>Resource Protein</i> (Nestle)	18.8g	250kcal 1.25kcal/ml	200ml bottle	Apricot Chocolate Strawberry, Forest Fruits, Vanilla	£1.59 per 200ml bottle	Gluten free
<i>Fresubin Protein Energy</i> (Fresenius Kabi)	20g	300kcal 1.5kcal/ml	200ml bottle	Strawberry, Cappuccino, Chocolate, Tropical Fruits, Vanilla	£1.97 per 200ml bottle	Gluten free Clinically lactose free Fish gelatin
<i>Fortisip Extra</i> (Nutricia)	20g	320kcal 1.6kcal/ml	200ml bottle	Chocolate, Forest Fruits, Mocha, Strawberry, Vanilla	£2.02 per 200ml bottle	Gluten-free

Lowest cost product is highlighted in bold.

High Protein Sip Feeds are useful in patient with increased protein requirements, but not especially high energy requirements (e.g. those with pressure ulcers or impaired wound healing). *Nutriplen Protein*, *Fresubin Protein Energy*, and *Fortisip Extra* all contain 1.5 kcal/ml or more and are broadly comparable in terms of pack size, range of flavours and protein content; selection should be made on the basis of availability, patient preference and cost. *Resource Protein* is lower cost, but has a lower energy content; *Nutriplen Protein* is currently the lowest cost product available in this range and should be considered

preferentially. The usual frequency is 2 cartons per day, with a maximum frequency of 3 to 4 cartons per day subject to dietetics advice. Particular risks exist around the use of these products in the elderly, those with lower protein requirements (i.e. those with lower body weight) and those with renal impairment.

High Energy High Protein Sip Feeds

Product Name	Protein content	Energy content	Pack Size	Flavours	Cost	Comments
Fresubin 2kcal Drink (Fresenius Kabi)	20g	400kcal	200ml	Vanilla, Apricot-peach, Cappuccino, Neutral, Forest Fruits, Toffee	£1.85 per 200ml bottle	Lactose Free Gluten Free
Fresubin 2kcal Fibre Drink (Fresenius Kabi)	20g	400kcal	200ml	Chocolate, Apricot-peach, Cappuccino, Lemon, Neutral, Vanilla	£1.85 per 200ml pack	Lactose Free Gluten Free
Resource 2.0 Fibre (Nestle)	18g	400kcal	200ml	Apricot, Coffee, Neutral, Strawberry, Summer fruits, Vanilla	£1.88 per 200ml bottle	Gluten free Low lactose
<i>Ensure TwoCal</i> (Abbott)	16.8g	400kcal	200ml	Banana, Neutral, Strawberry, Vanilla	£2.22 per bottle	Gluten free Lactose free
<i>Fortisip Compact Protein</i> (Nutricia)	18g	300kcal	125ml	Banana, Mocha, Strawberry, Vanilla	£1.94 per 125ml bottle	Gluten free Clinically lactose free
<i>Fortisip Compact</i> (Nutricia)	12g	300kcal	125ml	Apricot, Banana, Chocolate, Forest fruits, Mocha, Strawberry, Vanilla	£2.02 per 125ml bottle	Clinically lactose free Gluten free
<i>Fortisip Compact Fibre</i> (Nutricia)	11.75g	300kcal	125ml	Mocha, Strawberry, banana	£2.09 per 125ml bottle	Gluten free Clinically lactose free

These products have similar protein content to the High Protein Sip Feeds listed above, but have significantly higher energy content. Particular risks exist around the use of these products in the elderly, those with lower protein requirements (i.e. those with low body weight) and those with renal impairment. The usual frequency is 2 cartons per day; higher amounts should only be given under dietetic supervision.

Dessert-Style Semi-Solid Supplements

Product Name	Protein content	Energy content	Flavours	Cost	Comments
Nutricrem (Nualtra)	12.5g	225kcal	Strawberry Vanilla	£1.40 per 125g pot	Gluten free Lactose free
<i>Resource Dessert Energy (Nestle)</i>	6g	200kcal	Caramel, Chocolate, Vanilla	£1.59 per 125g pot	Gluten free
<i>Resource Dessert Fruit (Nestle)</i>	6.25g	200kcal	Apple, Apple/peach, Apple/strawberry	£1.59 per 125g pot	Gluten free
<i>Fresubin Creme (Fresenius Kabi)</i>	12.5g	225kcal	Cappuccino, Caramel, Chocolate, Praline, Strawberry, Vanilla	£1.87per 125g pot	Lactose free Gluten free
<i>Fresubin YoCreme (Fresenius Kabi)</i>	9.4g	187.5kcal	Apricot-peach, Biscuit, Lemon, Raspberry	£1.87per 125g pot	Gluten free
<i>Clinutren Dessert (Nestle)</i>	12g	156kcal	Caramel, Chocolate, Peach, Vanilla	£1.47 per 125g pot	Gluten free
Ensure Plus Crème (Abbott)	7.1g	175kcal	Banana, Chocolate, Neutral, Vanilla	£1.88 per 125g	Gluten free Lactose free Contains soya
Forticreme Complete (Nutricia)	12g	200kcal	Vanilla, Chocolate, Banana, Forest Fruits	£1.96 per 125g pot	Gluten free
Fortisip Fruit Dessert (Nutricia)	10.5g	200kcal	Apple, Strawberry	£2.16 per 150g pot	Residual lactose Gluten free

Dessert-Style Semi-Solid Supplements are useful in patients with swallowing difficulties. There are a large number of products on the market which are broadly comparable in terms of energy and protein content, range of flavours and price (see table). Cost comparison reveals that *Nutricrem* is currently the lowest cost product and should be considered preferentially. These are the only supplements that are appropriate for patients requiring ‘custard thick fluids’ as advised by Speech and Language Therapists.

Energy/Protein Supplements

Product name	Protein content	Energy Content	Pack size	Flavours	Dose	Cost
<i>Calogen Liquid (SHS)</i>	0g	See flavours	200ml or 500 ml	Unflavoured (450kcal per 100ml), Banana (468kcal per100ml), Strawberry (467kcal per100ml),	30mls three times daily	£4.36 per 200 ml £10.72 per 500 ml
<i>Fresubin 5kcal Shot Drink (Fresenius Kabi)</i>	0g	600kcal	120ml	Neutral Lemon		£2.65 per 120ml bottle
<i>Pro-Cal Powder (Vitaflor)</i>	2g per 15g sachet	100kcal per 15g sachet	15 g sachets 510g, 1.5kg, 12.5kg, 25kg tubs	Unflavoured	15g four times daily added to food or drink	25 x 15g sachets = £14.79 (59p per sachet)
<i>Pro-Cal Shot (Vitaflor)</i>	6.7g per 100ml	334 kcal per 100ml	250ml	Neutral Banana Strawberry	30mls three times daily	6 x 250ml bottles £28.75 (£4.79 each)

These are useful if the patient needs additional calories with or without protein. For those who do not tolerate sip feeds, they can be added to food or drink. These products do not contain vitamins or minerals and should only be used under the supervision of a dietitian.

Protein Supplements

The following products should only be used with dietetic supervision:

ProSource (Nutrinovo)
Pro-Cal (Vitaflo)
Casilan 90 (Heinz)
Protifar (Nutricia)
Vitapro (Vitaflo)

Carbohydrate Supplements

The following products must be taken in large amounts to be effective and have no vitamin, mineral or protein content. They should be used under dietetic supervision.

Caloreen (Nestle)
Vitajoule (Vitaflo)
Maxijul (SHS)
Polycal (Nutricia)
Duocal (SHS)

All product information is taken from *British National Formulary* 65 March - September 2013 and *MIMS* March to May 2014.

A sip feed selection algorithm is provided as an Appendix to this *Bulletin* to help with prescribing decisions.

References:

Creighton, S., *Optimisation of Prescribing Practice for Adult Oral Nutritional Supplements Across London*, Pharmacy Management, Volume 30 Issue 1 (2014)
NICE Clinical Guideline 32, *Nutrition Support in Adults* (February 2006)
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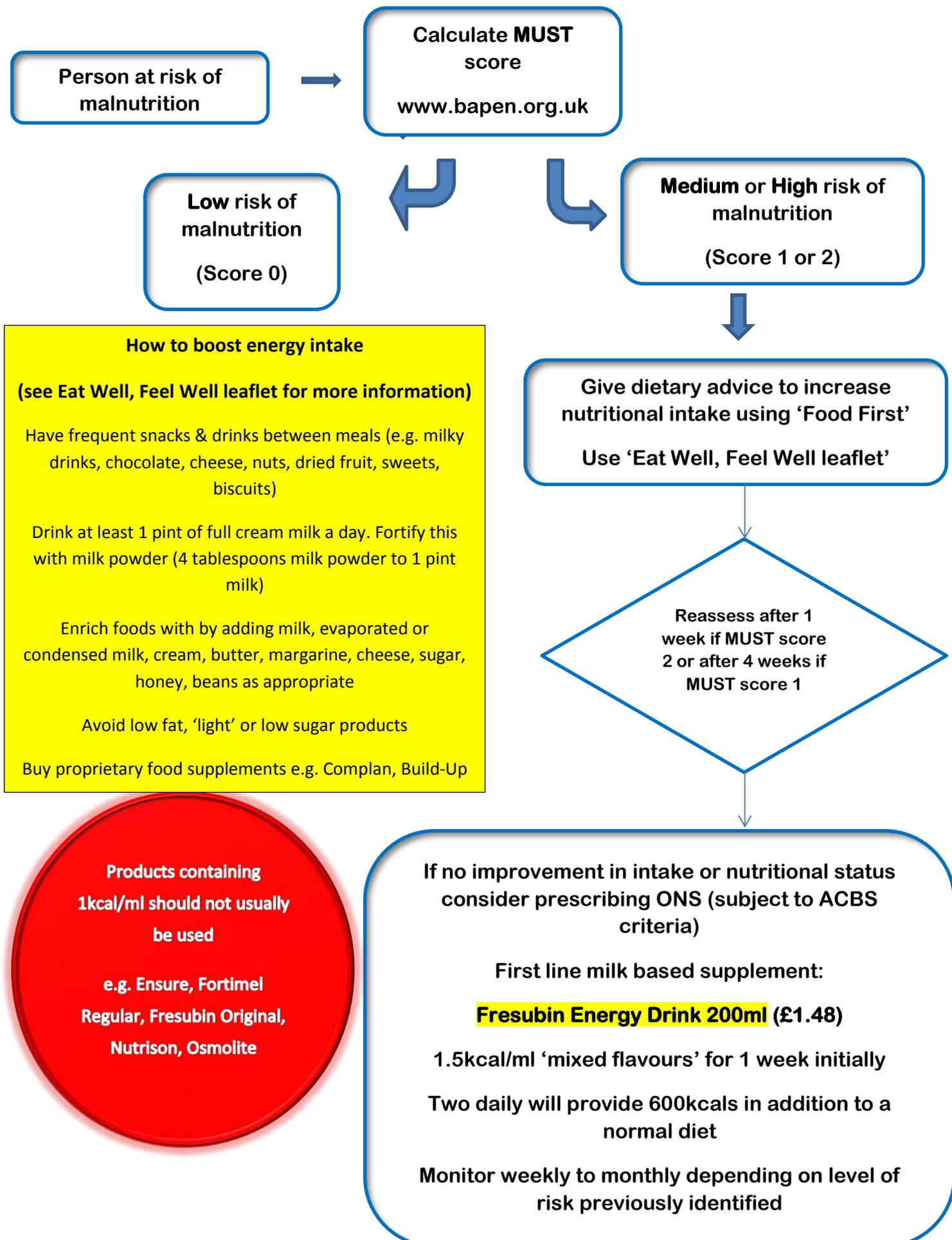
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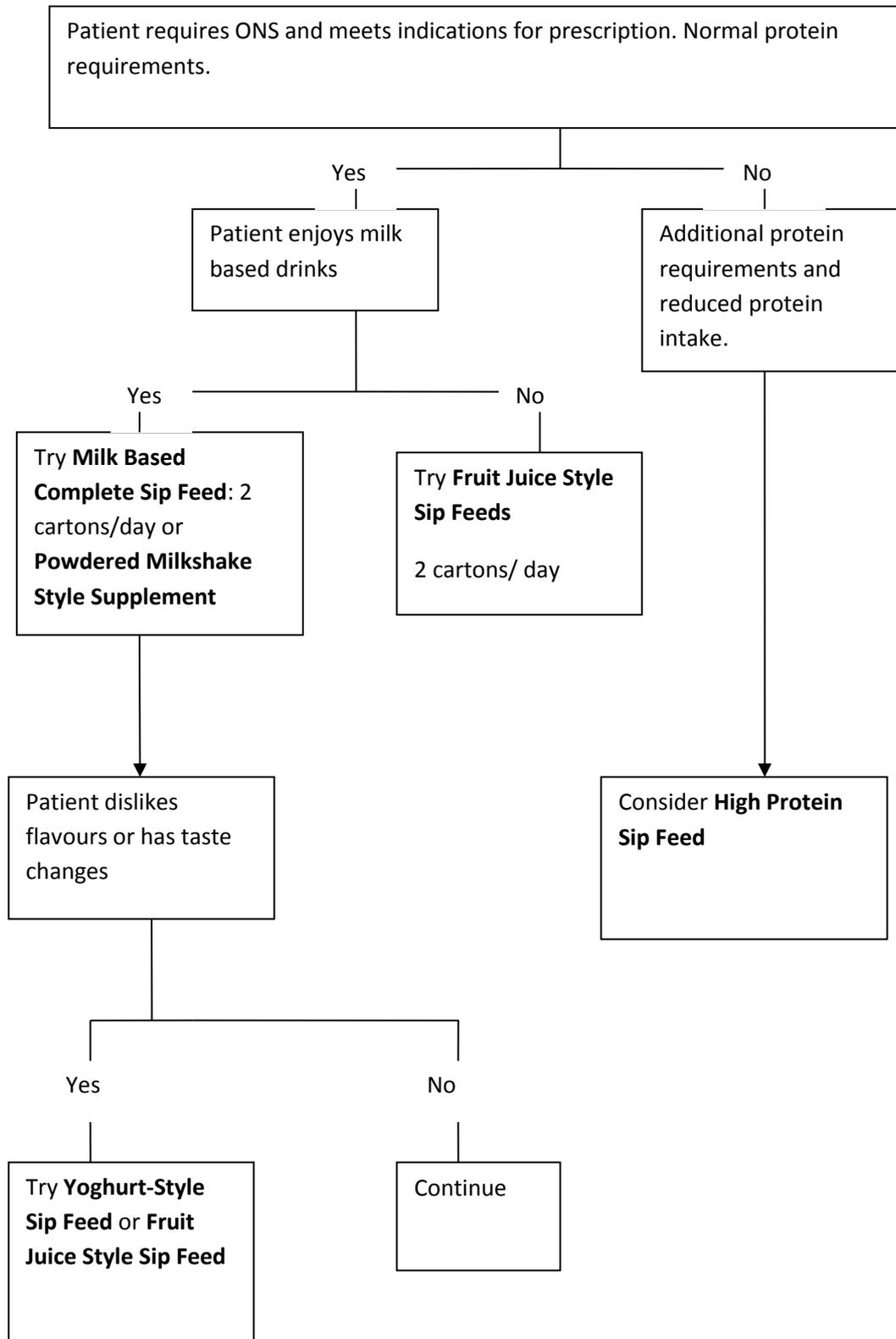
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INITIAL PRESCRIBING OF ORAL NUTRITIONAL SUPPLEMENTS (ONS)





A **Fibre Containing Sip Feed** may be useful, particularly with constipation.

EAT WELL FEEL WELL

How To Boost Your Food and Energy Intake

This leaflet provides ideas on how you can increase your food and energy intake if you have lost your appetite or are losing weight.

Why Do I Need To Eat Well?

The body needs to be well nourished in order to fight infection and recover from illness. Normally it has stores of some nutrients which will cover your needs for a short while if you are not able to eat properly, but they will eventually run out.

What Should I Eat?

To make sure you have all the nutrients you need, eat a variety of foods and try to have a least 2 foods from each of the following groups every day;

1. Bread, cereals, porridge, potatoes, rice, pasta.
2. Meat, poultry, fish, eggs, cheese, beans, lentils, nuts.
3. Milk, yoghurt, cheese
4. Vegetables, fruit, including juices, salad.

How Can I Boost My Energy (Calorie) Intake?

Your body needs at least 3 meals a day, but if your appetite is poor you may find it better to have 5-6 small meals per day.

We can often eat more if we have two course meals. Have a break between courses if you prefer.

Enrich your food using the following tips;

- Try to have a pint of full cream milk a day. Better still, fortify the milk by using one of the recipes overleaf and use it in hot and cold drinks, soups, sauces, custard, jellies, milk puddings and on breakfast cereal.
- Grate cheese into sauces, mashed potato, soup, vegetables, pasta and fish.
- Put melted butter/margarine on vegetables, into sauces and milk puddings. Spread generously on toast, crumpets, teacakes and scones.
- Have mayonnaise or salad cream in sandwiches and on salads and potatoes.
- Add cream to soups, sauces, desserts, porridge and breakfast cereals.
- Add extra sugar or honey to drinks, cereals, porridge, desserts or stewed fruit.
- Casseroles and soups are often easy to eat. Make sure you add meat, beans, lentils or cheese to ensure they are high in protein.

- Keep nutritious snacks close by you so you can eat them regularly e.g. chocolate, cheese, nuts, dried fruit, cakes, crisps, biscuits, pastries and sweets. Ice cream and creamy yoghurts make good snacks.
- Avoid low fat and low sugar food and drinks.

Drinks

- Try to have milky drinks between meals (e.g. milky coffee, cocoa, malted milk, milk shakes with added ice cream).
- *Build Up* and *Complan* are examples of enriched drinks sold in chemists and supermarkets. Sweet and savoury flavours are available. They are helpful as between meal drinks as they contain a range of nutrients.
- Fresh fruit juice is a good source of vitamins. Alternatively use a fortified squash (e.g. *Hi juices* or *Ribena*).
- Alcohol in small amounts can boost your appetite. Check with your Doctor to see if a small drink before a meal is appropriate for you.

Fortified Milk Recipe

1 Pint full cream milk + 4 tablespoons milk powder

Add a small amount of milk to the powder and mix to a paste. Gradually add the remaining milk.

Or

1 Pint full cream milk + 1 small tin evaporated milk mixed together.

Meal Ideas

- Make your meals as easy as possible. Ready made meals can be just as nutritious as home cooked. There are many prepared sauces in jars, tins and packets. Buy frozen roast potatoes or instant mashed potato and add butter. Check if you are entitled to receive delivered meals.
- All day cooked breakfast
- Corned beef hash
- Fish fingers with creamy mashed potatoes and baked beans.
- Toast or jacket potatoes with cheese, beans, pilchards, sardines, tuna, pate, coleslaw
- Pasta with cheese sauce and tomatoes.
- Fish in parsley or cheese sauce with mashed potatoes and peas. (Use fortified milk).
- Condensed soup made up with fortified milk.
- Sandwiches filled with cold meat, bacon, lettuce and tomato, tuna with mayonnaise, egg, cheese, peanut butter. Add interest with pickles, relish and sauces.
- *Angel Delight* made with fortified milk, bread and butter pudding, treacle pudding and custard, mousses and crème caramel.