

# Malnutrition among Older People in the Community

*Policy  
Recommendations  
for Change*

A UK policy report by:



The European  
Nutrition for Health Alliance



**BAPEN**  
British Association for Parenteral and Enteral Nutrition



International Longevity Centre - UK

In collaboration with the Associate Parliamentary Food & Health Forum



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The Associate Parliamentary Food & Health Forum

**About this report:** This report is based on discussions at a workshop held on March 21<sup>st</sup> 2006 at the House of Lords and follow-up consultation. A full list of participants is contained in the Appendix.

## Foreword

Malnutrition in our society does not receive the attention it deserves, and is all too often overshadowed by the problem of obesity. Away from the clinical sphere, malnutrition in the community is particularly under-recognised. The risk and prevalence of malnutrition increases with age. Solving the problem of malnutrition among older people is not only a public health imperative; it could also yield important economic benefits.

Finding solutions in the community is more complex than within a 'closed' hospital or clinical setting - it requires gathering a broad array of stakeholders, getting different professionals to work together and speak the same language. As this report conveys, malnutrition is a prime candidate for such joint thinking: its roots are social as well as clinical, and addressing it requires solutions that span across the social and health fields. The critical and growing role played by the voluntary sector, community service providers, and informal carers must also be taken into consideration in any proposed solutions.

We are grateful to all the individuals (listed in the Appendix) who gathered together to try to build a platform for discussing this critical topic. Treatable malnutrition is unacceptable in our wealthy societies. It is only through true partnerships and committed resources that we will be able to prevent malnutrition and treat it effectively.

**Professor Jean-Pierre Baeyens**  
Chair, European Nutrition for Health Alliance

**Professor Marinos Elia**  
Chair, BAPEN

**Baroness Sally Greengross**  
Chief Executive, International Longevity Centre - UK

**Lord Nicolas Rea**  
Chair, Associate Parliamentary Food and Health Forum

## **Executive Summary: Recommendations for Policymakers**

### **Malnutrition must be incorporated into the public health agenda**

- Malnutrition is a significant, and neglected, public health problem. It affects over 10% of people over the age of 65.
- Malnutrition costs more than £7.3 billion per year, and over half of these costs are expended on people over the age of 65.
- The causes of malnutrition are both social and clinical: they include underlying disease, decreased mobility, limited transport to local shops, social isolation and poverty.
- Malnutrition is an important marker for inequalities in health, social care and housing, between regions and within localities.

### **Addressing malnutrition in older people in the community requires an inter-sectoral approach**

- Malnutrition among older people in the community is too complex a problem to be addressed by the NHS alone, or even government alone.
- The government must lead in tackling malnutrition by appointing a government tsar on nutrition, preferably within the Department for Local Government and Communities.
- Tackling malnutrition must involve an effective delivery chain that cuts across the domains of multiple national and local public agencies, the private, and the non-profit sector.

### **Raise awareness of malnutrition amongst older people, their families and the public at large**

- The Department of Health must lead an awareness campaign to dispel the myth that becoming thinner is a natural part of the ageing process.

- Older people, their carers and families must be informed about the markers for malnutrition, its causes, effects and consequences within the context of good nutrition in later life.
- Public agencies must utilise all available contact points (sheltered housing, healthy living centres, supermarkets and local shops), to empower older people and their close contacts to seek out better nutrition and prevent the root causes of malnutrition.
- Communication efforts should involve older people in the design and dissemination of information on good nutrition to ensure that the appropriate formats and channels are used.

### **Ensure that access to nutritional food is incorporated into local and community planning**

- The Department for Communities and Local Government must set up a dedicated programme that ensures that local authority planners build upon initiatives such as community food mapping, and incorporate access to nutritional food into community planning.
- Local communities should work together to encourage the strengthening of the social context in which people are most likely to take an interest in good nutrition.
- Best practice examples of initiatives that raise awareness of nutrition should be disseminated to encourage improved access to good nutrition by older people themselves, their family and carers.

### **Develop adapted and accredited training in nutrition for all health, social care professionals and associated personnel**

- Raise awareness among all those working with older people in the community of the signs, symptoms and consequences of malnutrition and its prevention.
- Map the gaps and needs for training of different professional groups in nutrition.
- Establish professional accreditation and qualification standards in nutrition and relate these to the education, training and skills development frameworks that are emerging nationally for different health and social care personnel (e.g. National Qualifications Framework, UK Credit Frameworks, Skills Escalators).
- Appoint a specific co-ordinating role within government to lead on nutrition in liaising with Royal Colleges & Universities that provide accreditation and qualification.
- Differentiate levels of training to be adapted to different levels of staff (health and social care assistants, qualified professionals, specialists vs. generalists etc).

- Include in training all those involved in the provision of services to older people, including informal carers.
- Require every organisation regularly involved in providing health, care, support and housing services to older people in the community to have a Champion at national level and Advocates at local level to complete this training and lead its cascade through their organisation.

### **Embed the practice of screening for malnutrition in the community by health, social care and community service providers and professionals**

- The Department of Health must oversee and fund research to determine the appropriateness of different malnutrition screening tools in the community by different professional/care providers, in particular the *Malnutrition Universal Screening Tool* ('MUST').
- Develop appropriate training support for all individuals who may be required to screen for malnutrition in their older clients.
- Adapt this training to make it available to individuals providing informal care.
- Ensure appropriateness of use at every stage and continued support for those receiving training.

### **Define standards and pathways of care for preventing and treating malnutrition in the community**

- Develop, publish and make widely known the agreed 'pathway' for the prevention and treatment of malnutrition through the development of a *National Service Framework*.
- Devolve resources to communities to ensure that older people, once identified as malnourished or at risk of malnutrition, are helped to access information, support and appropriate treatment for malnutrition.
- Ensure that all proposed pathways for care are person-centred and engage older people and their families in the course of care.

# Introduction

This report puts forward a set of policy recommendations for addressing the problem of malnutrition among older people in the community.

## *What is malnutrition?*

Malnutrition is a state of nutrition in which a deficiency, excess or imbalance of energy, protein, and other nutrients causes measurable adverse effects on tissue and body form (body shape, size, and composition), body function and clinical outcomes.<sup>1</sup>

Malnutrition is a significant clinical and public health problem. It adversely affects physical and psycho-social well being by predisposing to disease, adversely affecting its outcome, and reducing the likelihood of independence. Malnutrition is both a cause and a consequence of disease.

The cost of malnutrition to society is enormous. It is estimated that disease-related malnutrition costs more than £7.3 billion per year.

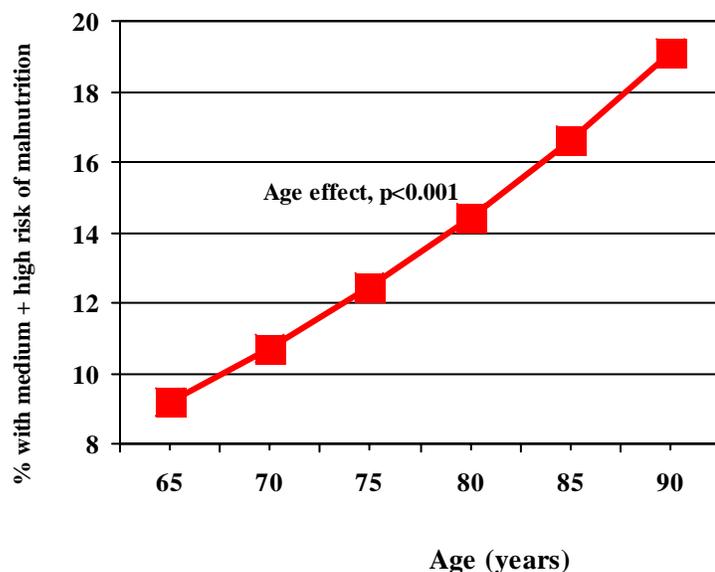
## *Why focus on older people?*

\* The prevalence of malnutrition is particularly high in older people: it affects over 10% of the population aged 65 years and above.

\* Over half the costs of malnutrition are expended on people aged 65 and over.

\* Older people are less likely to recover from malnutrition.

*Risk of Malnutrition across Older Age Range*<sup>i</sup>



<sup>i</sup> Source: Based on a secondary analysis (M. Elia) of the National Diet and Nutrition Survey for people aged 65 years and over (\*) using 'MUST' type criteria.<sup>7</sup>

\* Many of the social and economic causes of malnutrition, such as poverty, poor mobility, depression and social isolation, are more prevalent among older people.

### *The need to tackle malnutrition in the community*

Several national guidelines for detecting and managing malnutrition are available, such as NICE guidelines (2006)<sup>2</sup>, NHS Quality Improvement Scotland (2003)<sup>3</sup>, the Council of Europe resolution (2003)<sup>4</sup>, and the Department of Health's Care Homes for Older People National Minimum Standards (2003)<sup>5</sup>.

However to be effective, these guidelines need to be implemented, and this is not currently the case in many parts of the UK.

Of these existing guidelines, only those by NICE extend to the community as well as hospital settings. Yet even these cannot adequately deal with the problem of malnutrition in older people.

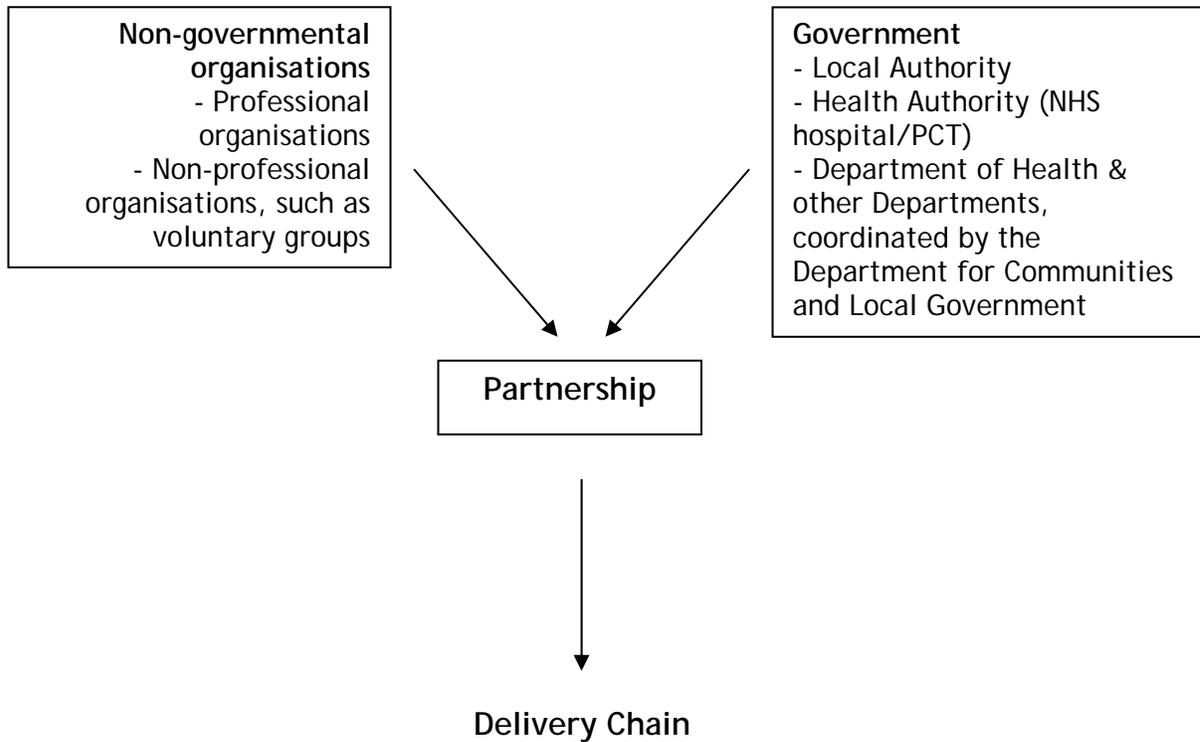
Why?

- The guidelines are primarily directed towards NHS employees, although a range of other service providers (e.g., social care providers, relatives, voluntary organisations) interact frequently with older people suffering from malnutrition.
- They do not adequately address the fact that the causes of malnutrition in older people can be social as well as clinical. For example, poverty, social isolation and poor transport.
- They give little attention to broader societal issues<sup>6</sup>, such as the major inequalities in malnutrition that exist between the North and South of England<sup>7</sup> or inequalities associated with deprivation<sup>8</sup>.
- Some individuals do not access the NHS, or access it only at a late stage in the course of suffering disease-related malnutrition.

### *The need for an integrated approach*

Malnutrition among older people in the community is too complex a problem to be addressed by the NHS or government alone.

Addressing malnutrition requires an effective delivery chain<sup>9</sup> that cuts across the domains of multiple national and local public agencies, the private, and the non-profit sector. Partnerships between different organisations are essential.



This report therefore proposes a broad integrated framework for establishing a delivery chain to address the problem of malnutrition among older people in the community.

We divide our recommendations into two themes:

- Preventing malnutrition and promoting good nutrition.
- Detecting and treating malnutrition in the community.

# Promoting good nutrition and preventing malnutrition among older people in the community

## 1. RAISING AWARENESS: OLDER PEOPLE

*Older people need to be better informed about the importance of good nutrition and the risks of malnutrition.*

Older people in the community are an extremely diverse group, both across the age-range, and across society. There is no single 'point of contact' for providing information to older people.

*Public agencies must utilise all available contact points* for informing older people in the community about malnutrition using appropriate formats and communication tools.

Contact points that may be further exploited include:

- *Sheltered housing schemes* - over half a million people live in sheltered housing, which is more than the number resident in care homes.
- *Supermarkets and local shops* - for many older people, visits to the supermarket are a regular activity, and therefore a potential venue to inform older people about good nutrition.
- *Healthy living centres* - many 'healthy living centres', which were created to provide access to activities that encourage healthy lifestyles, either cater for, or directly target, older people, and these Centres are therefore a useful potential venue to engage older people in good nutrition particularly for more disadvantaged and diverse communities.

## CALL TO ACTION:

### *Government:*

Take leadership in raising awareness of nutrition. Appoint a government lead, within the Department for Communities and Local Government to take overall responsibility for nutrition and the prevention of

malnutrition. The infrastructure should involve a partnership with non-governmental organisations (professional and voluntary organisations).

***Department of Health:***

Create an *awareness campaign* on nutrition and the risks of malnutrition specifically targeting older people. Ensure that it is culturally-sensitive.

Channel communications materials through local community centres, sheltered housing networks, and local agencies. Involve older people themselves in the development of communications materials, as this is likely to make them more usable.

***Public health agencies:***

Proactively disseminate information to all older clients.

***Stakeholders to involve:***

- Sheltered housing network
- Healthy Living Centres and the Healthy Living Alliance
- Public health agencies
- GP surgeries
- Supermarkets and local shops
- Local community centres
- Leisure centres, libraries
- Help the Aged, AgeConcern
- Women's Royal Voluntary Service (WRVS).

## **2. BETTER INFORMATION: FAMILIES AND THE PUBLIC**

*Society needs to be informed about the risks of malnutrition in older age.* This will ensure that the families and friends of older people are better able to monitor nutrition of older people and prevent malnutrition from occurring.

The public needs to understand the range of causes of malnutrition among older people in the community, such as functional limitations or poor access to transport. Particular attention needs to be paid to the risk of loss of appetite and will to eat that may follow a 'trigger' event, such as a bad fall, illness or loss of spouse.

Critical issues are:

- Many people, including older people and their families, mistakenly believe that becoming thinner is a natural part of the ageing process.

- As a result, the families, friends and peers of older people do not take appropriate action when older people become thinner, such as referring them to a GP.
- GPs do not diagnose malnutrition or advise on how to improve nutrition.
- Even if they are aware of it, many families may fail to report concerns of malnutrition in older people to health professionals, because of the *stigma* associated with malnutrition.

An *integrated* response is needed, which involves older people and their families, the NHS, social care, local authorities, voluntary organisations and the media - the entire community.

#### CALL TO ACTION:

##### *Department of Health:*

Launch an *awareness campaign* that corrects the widespread belief that becoming thinner is a natural part of ageing. Inform the public of the multiple causes of malnutrition in older people and encourage individuals to act on their concerns by providing clear routes to information, support and care.

##### *All stakeholders:*

All stakeholders - including the media - have a role to play in raising awareness of the importance of good nutrition and the risks of malnutrition. All may help to remove the stigma of malnutrition as a condition and ensure that the appropriate community responses are put into place to help those affected.

##### *Stakeholders to involve:*

- Local older people's groups (HelptheAged, AgeConcern)
- Residents and relatives associations
- Healthy Living Centres and the Healthy Living Alliance
- Sheltered housing
- Primary care workers e.g. community matrons
- Primary care trusts and GP surgeries
- Community newspapers, local and national media.

### 3. AWARENESS AND TRAINING: PROFESSIONALS AND SERVICE PROVIDERS

Awareness of malnutrition in older people remains insufficient not only amongst the general public and older people, but amongst many healthcare professionals as well.

There have been several calls for dedicated training of health and social care professionals in nutrition<sup>ii</sup>. However, putting training into practice is complex. Why?

- Time is required to allow for staff to engage in training outside of busy work schedules.
- Training cannot be restricted to health professionals, as they are not always the first point of contact for older people in the community. Voluntary care staff, community service providers, social workers, district nurses - all need to be given the skills to recognise malnutrition and promote good nutrition in their older clients.
- Training must be adapted to the needs of each profession and fit into the requirements and career paths of each profession. The Royal Colleges overseeing education in each profession must be involved in any curriculum development. Universities also have an important role in undergraduate and postgraduate training of individuals involved or likely to be involved in health care.
- Different training activities need to be co-ordinated by an overseeing body to ensure consistency.
- Accreditations and qualifications should be tailored to different levels of professional training (e.g. specialist training vs. more 'basic' level training).

Training should also be supported by a web-based resource that can be regularly updated, is interactive and provides printable versions of relevant tools such as screening tools, dietary variety scores and healthy eating advice sheets.

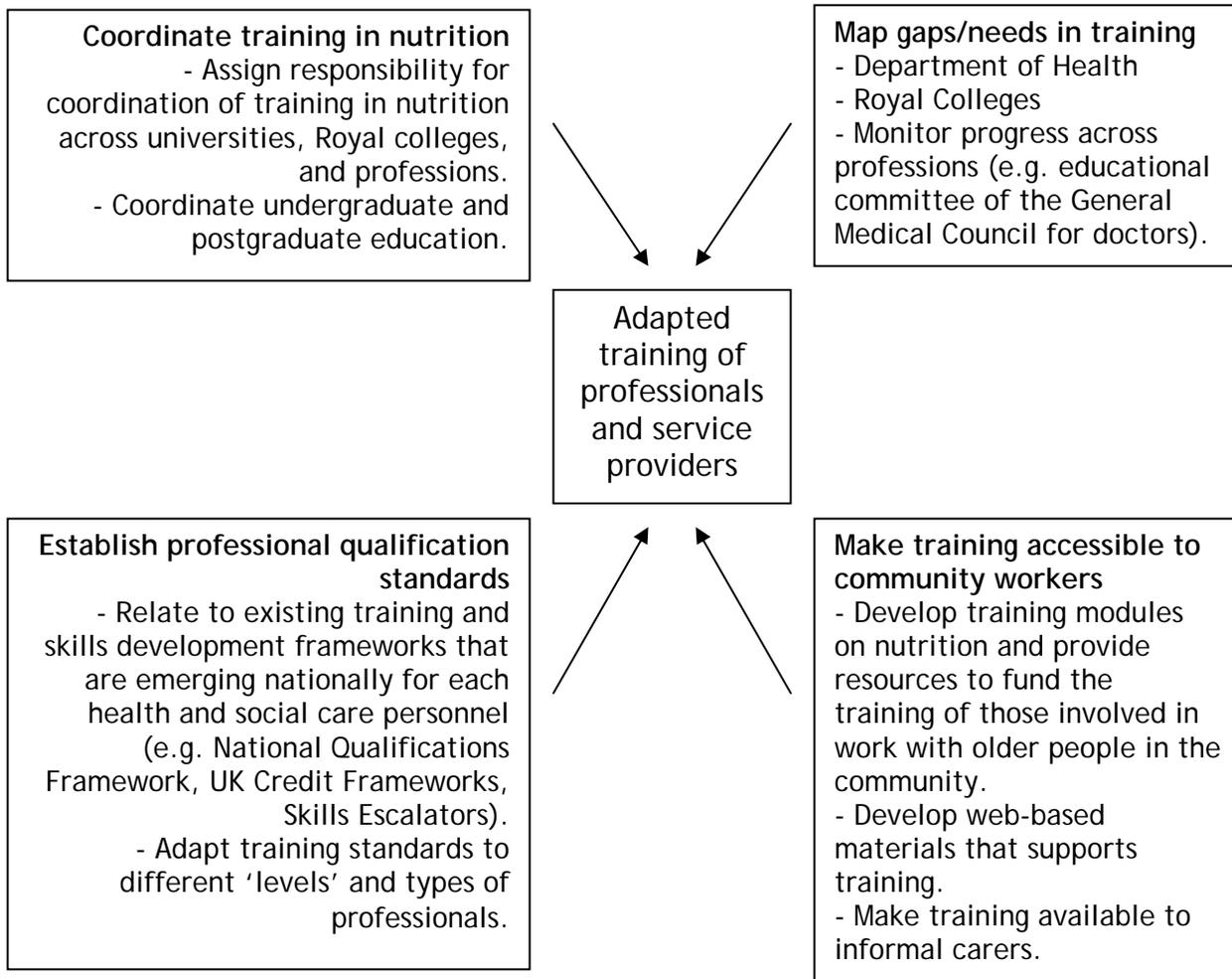
It should also provide advice on care pathways and actions to be taken in case of detection of malnutrition.

#### *What is a viable solution?*

A cross-governmental, integrated approach is needed that allows for adapted and modular training targeted at the different professional and other groups.

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<sup>ii</sup> In 1994, the Department of health established a 'core curriculum' on nutrition aimed at different professionals<sup>11,12</sup>. The 'Nutrition Task Force Project Team on Nutrition Education and Training' of the MUST working group recommended training for a range of health professionals, including doctors, nurses, dentists, pharmacists, physiotherapists, speech and language therapists and other health promotion specialists<sup>13</sup>.



**CALL TO ACTION:**

*All stakeholders:*

Every organisation regularly involved in providing care or support to older people in the community should have at least one member of staff that has completed appropriate training. Trained staff should be held responsible to 'cascade down' and share their knowledge within their respective organisations. Qualifications should also be made available to all informal carers of older people who volunteer to receive the training.

*Department of Health:*

Work together with the Department for Communities and Local Government to nominate a government lead to coordinate the different training programmes in nutrition that are developed by individual health and social care professions.

### *Stakeholders to involve:*

- The Royal Colleges of Nursing, Dieticians, Physicians (and others)
- Regulators, such as the General Medical Council, Healthcare Commission, General Social Care Council and the Commission for Social Care Inspection, to oversee implementation
- BAPEN
- Royal Institute of Public Health
- The Food Standards Agency
- Schemes such as Skills for Care - which have introduced knowledge sets, which could influence the development of a 'malnutrition knowledge set'.<sup>iii</sup>

## 4. ACCESS TO GOOD NUTRITION

Ensuring access to good nutrition means breaking the causes of malnutrition among older people in the community. What are these causes?

|   |  |   |  |
|---|--|---|--|
| <b>Poverty</b> <ul style="list-style-type: none"><li>- Inability to access good food</li><li>- Inability to afford good food.</li></ul> | <b>Functional constraints</b> <ul style="list-style-type: none"><li>- Inability to prepare food<ul style="list-style-type: none"><li>- Poor dental health</li><li>- Difficulty using food containers</li></ul></li><li>- Difficulty reading food labels.</li></ul> | <b>Mobility</b> <ul style="list-style-type: none"><li>- Poor mobility</li><li>- Disability</li><li>- Poor transport links</li><li>- Difficulty accessing local shops.</li></ul> | <b>Psychological factors</b> <ul style="list-style-type: none"><li>- Isolation and loneliness</li><li>- Confusion</li><li>- Depression</li><li>- Anxiety</li><li>- Dementia</li><li>- Bereavement.</li></ul> |
|---|--|---|--|

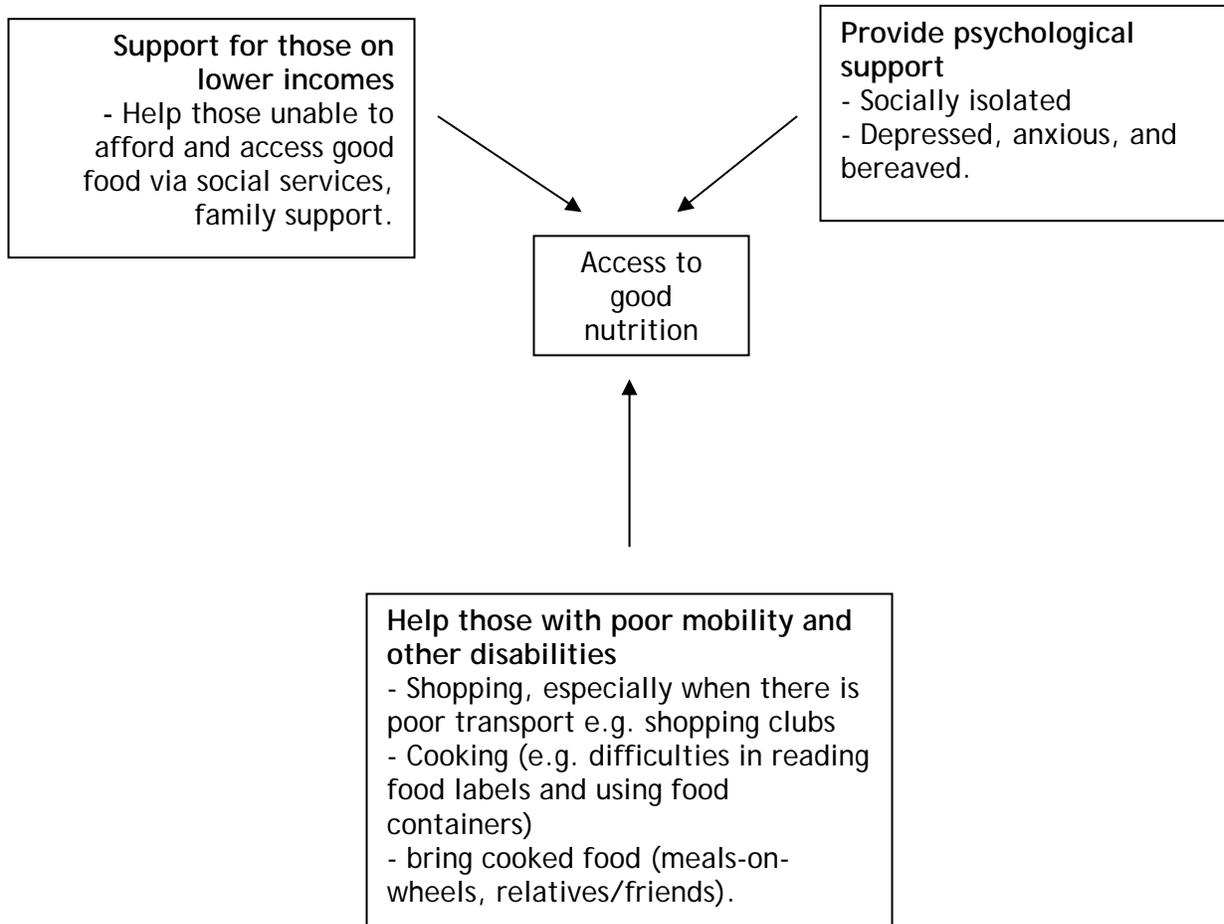
To tackle these multiple causes, professionals and individuals regularly in contact with older people need to be given the tools to review the access of older people to good nutrition against the social context of individuals. For professionals, this review must be part of standardised assessment processes for older people in the community (for example, the *Single Assessment Process*).

Other agents at a local level, such as local authority planners, can also play a role by incorporating access to food, particularly in deprived or isolated communities, into local and community planning. The creation of 'food deserts' by the closure of local shops is worrying in many rural communities.

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<sup>iii</sup> [www.skillsforcare.org.uk/view.asp?id=701](http://www.skillsforcare.org.uk/view.asp?id=701)

Schemes such as *community food mapping* provide a model that can put individual older people at the centre of the review process.



#### CALL TO ACTION:

##### Department for Communities and Local Government:

Coordinate actors at the local level to ensure that reviews of access to good nutrition take place, and are followed up by action. Set up a dedicated programme that evaluates and expands upon existing initiatives as appropriate, such as '*community food-mapping*', to ensure that local authority planners and other bodies identify problems in obtaining and accessing good nutrition.

##### *Stakeholders to involve:*

- Local/community planning
- Social services

- Voluntary organisations (Age Concern, HelpTheAged)
- Residents and Relatives associations
- Family/friends.

## 5. RESEARCH INTO MODELS OF GOOD NUTRITION IN THE COMMUNITY

Many ongoing models and schemes exist which are designed to encourage good nutrition among older people in the community. These models can provide the *trigger* or *motivation* for good nutrition in older age, for example, by restoring the social networks that are associated with good nutrition. These models include luncheon clubs and shopping clubs.

Evaluation and research into these existing models is required to identify the most effective schemes and establish best practice. On this basis, the most effective models should be disseminated widely.

### CALL TO ACTION:

#### Department for Communities and Local Government:

Undertake research into effective models, including providing funding for pilot initiatives, and coordinate the dissemination of best practice.

#### Department of Health:

Through the *Partnerships for Older People Projects* scheme and others, fund pilot schemes aimed at improving access to nutrition for older people in the community.

#### *Stakeholders to involve:*

- Public health agencies
- Older people's organisations (Age Concern, HelpTheAged)
- Healthy Living Centres and the Healthy Living Alliance
- Research community
- Women's Royal Voluntary Service
- Local authorities.

# Detecting and treating malnutrition among older people in the community

## 1. SCREENING FOR MALNUTRITION

One of the critical components of raising awareness of the risks of malnutrition in the community is to ensure that the means to detect and treat malnutrition are in place and are properly communicated to all stakeholders in the community.

Detecting malnutrition requires a screening tool. The *Malnutrition Universal Screening Tool* (MUST) has been advocated for use in the community - and it has been tested for use by health professionals in all care settings, including in the community.

*However, detection of malnutrition cannot solely be the responsibility of GPs and health professionals.*

Research is urgently required to evaluate the use of MUST and other possible screening tools by a wide range of health and social care professionals and community service workers in the community setting.

Research must also look at whether this tool, a modified version, or another tool is most appropriate for *self-assessment* by individuals or by their informal carers.

*Who could screen for malnutrition?*

*Social workers, community health and all paid staff involved in the care or provision of meals to older people should undertake screening for malnutrition at a regular frequency to allow for early detection and treatment.*

*Managers of sheltered housing schemes should be required to undertake screening for malnutrition when an individual is assessed upon joining a scheme, and regularly thereafter.*

*Training in the use of a malnutrition screening tool should be made available to all informal carers of older people who volunteer to receive the training.*

Example:

The *Malnutrition Universal Screening Tool* (MUST), can be downloaded from the Web, is user-friendly, and has been found to be valid and reliable in a variety of clinical settings.

[www.bapen.org.uk/the-must.htm](http://www.bapen.org.uk/the-must.htm)

For anyone using a screening tool, the appropriate training and support must be put into place.

Research and pilot projects must focus on how and when detection is undertaken, and how individuals may respond to a diagnosis of malnutrition outside of the health system and link into the system.

#### **CALL TO ACTION:**

##### *Department of Health:*

Oversee and fund research to determine the appropriateness of different malnutrition screening tools for use by different professionals and community service providers in the community setting.

##### *The Department of Health and the Department for Communities and Local Government:*

As part of the proposed co-ordinating role on training in nutrition for older people co-ordinated by these two departments, training in the administration of screening tools in different settings must be included. Consideration for how training may be tailored to different groups/professionals who are implementing screening must be given.

##### *Research community:*

Research is needed to understand how individuals may respond to a diagnosis of malnutrition if delivered outside of the traditional community setting and what responses individuals may have to such a diagnosis.

##### *Stakeholders to involve:*

- The National Institute for Health and Clinical Excellence
- Social scientists, nutrition research departments
- BAPEN.

## **2. DETECTION INTO TREATMENT**

Detection must be followed up by appropriate treatment and action.

The NICE guidelines and other existing guidelines have made important inroads into establishing standardised patterns of care for the treatment of malnutrition. These care pathways need to extend fully to the community setting and include social and community care as well as informal carers in proposed pathways.

Co-ordination between health and social care professionals (as well as other community workers) is needed to ensure that information about an individual's nutritional status is not lost in the chain of care. Resources are also needed to ensure the sustainability and coordination of new *integrated pathways* of care in the community.

#### CALL TO ACTION:

##### *Department of Health:*

The prevention and treatment of malnutrition among older people in the community must be addressed in a National Service Framework, which prescribes to all actors across health and social care what is required. This NSF must also take into account the essential role played by community service workers who fall outside of the NHS, as well as informal carers.

All proposed approaches must be person-centred and aim to involve and engage older people and their families in the course of care.

To ensure that standards of care are adopted at primary care level, criteria relating to malnutrition and screening among older people in the community must be included in the *Quality and Outcomes Framework*.

##### *Department for Local Government and Communities*

Devolve resources to communities to ensure that older people, once identified as malnourished or at risk of malnutrition, are helped to access information, support and appropriate treatment for malnutrition.

##### *Stakeholders to involve:*

- National Institute for Health and Clinical Excellence
- Primary Care Trusts
- Royal Colleges
- Local authorities.



## Summary Conclusions:

Malnutrition must be incorporated into the public health agenda

Addressing malnutrition in older people in the community requires an inter-sectoral approach

Raise awareness of malnutrition amongst older people, their families and the public at large

Ensure that access to nutritional food is incorporated into local and community planning

Develop adapted and accredited training in nutrition for all health, social care professionals and associated personnel

Embed the practice of screening for malnutrition in the community by health, social care and community service providers and professionals

Define standards and pathways of care for preventing and treating malnutrition in the community

# Appendix I

- 1) This report is based in part on discussion at a workshop held on March 21<sup>st</sup> 2006 at 2 Millbank, SW1, and follow up consultation with the following participants:

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## Appendix II – References

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