



With a little  
help from  
my friends

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# HCA NATIONAL LEADERSHIP AND DEVELOPMENT FORUM 2016

14 - 15 APRIL 2016 | ACC LIVERPOOL



# Nutrition- more protein, more calories

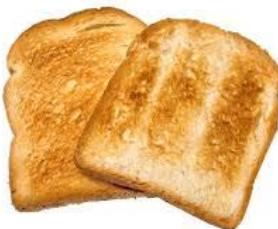
Deepa Kariyawasam

Senior Renal Dietitian - King's College Hospital





# How pleased would you be if your patient ate all this food?





- 
- Malnutrition incidence
  - Risks of malnutrition
  - Requirements
  - How able are chronic disease patients to meet these requirements from the standard menu.





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**1 in 10** older people\*



are suffering from or are at risk of  
**malnutrition**



[www.smallappetite.org.uk](http://www.smallappetite.org.uk)

\*over 65 in England and Wales (2009)





**1 in 3 people  
aged 65+**

are at risk of malnutrition

 **on admission to  
hospital**

 **MALNUTRITION  
TASK FORCE**

[www.smallappetite.org.uk](http://www.smallappetite.org.uk)

\*In England and Wales (2007-11). Nutrition Screening Surveys in Hospitals in England 2007-11, Bapen, 2014

- 29% at moderate or high risk of malnutrition based on MUST screening when assessed during national Nutrition screening week (BAPEN 2007-11)
  - England 30%
  - Scotland 24%

Age= mean age of those admitted to hospital was  $64.5 \pm 19.3$  years (BAPEN 2007-11)



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- New guidelines:
  - Bauer et al 2013: PROT-AGE study:
    - ‘Most older adults who have acute or chronic diseases need even more dietary protein (i.e. 1.2–1.5 g/kg body weight/d).’
    - Deutz et al (2014) also suggested the above
  - For a person of 70kg this is 84-105g protein.



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- Reduced mobility
  - Increased risk of infections
  - Poor wound healing
  - Pressure sores
  - Greater antibiotic use
  - Longer recovery time
- *Severely malnourished patients identified in general practice incur additional health care costs of £1,449 per patient in the year following diagnosis*



# How easy is it to meet these requirements when there are demands for healthy eating?



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## Hitting sixty? Why concerns over malnutrition mean it's often healthier to be PLUMP, rather than skinny

[Site Web](#)  [Search](#)

- New evidence shows millions of Britons suffer from 'silent' malnutrition
- Older people are particularly at risk because they've lost interest in food or are unable to prepare it
- Symptoms include low energy and mood, while the condition can lead to loss of muscle mass, poor immunity and greater chance of infections

By JANE FEINMANN FOR MAILONLINE

PUBLISHED: 21:58, 1 February 2016 | UPDATED: 19:15, 5 February 2016



View comments

MALNUTRITION is more often associated with the Third World. But worrying new evidence shows millions of Britons suffer from it — with older people, in particular, falling victim to a 'silent epidemic', because they're making the wrong choices in their diet, have lost interest in food or are unable to prepare it for themselves.

Take 78-year-old Hazel Evans. After her husband Bill died, she moved from Wales to a neat, three-room bungalow in Cannock, Staffordshire, to be near relatives.

THE TIMES

## Health News

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### Welcome to your preview of The Times

## Hospital patients fed unhealthy food



Kat Lay Health Correspondent  
Published at 12:01AM, August 10 2015

It is ironic and sad that hospital patients are being fed unhealthy food such as burgers, crisps, chocolates and sugary drinks, which may have contributed to their admission in the first place, health experts have said.

A panel of researchers said that "much of the UK population has lost its way around what a healthy diet looks like", and urged action to

Hospital patients are being fed the same unhealthy foods that may have contributed to their admission, experts say  
Getty Images

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# Reasons why patients may struggle to meet nutritional requirements

- Poor appetite
- High nutritional requirements due to their medical condition/not enough food
- Difficulties in feeding themselves
- Off ward for procedures during mealtimes





# Are patients hungry on the wards?

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- 25 out of 48 patients
- **Hospital inpatients' experiences of access to food: a qualitative interview and observational study**
- Smriti Naithani BSc MSc<sup>1</sup>, Kevin Whelan BSc MSc PhD<sup>2</sup>, Jane Thomas BSc MMedSci<sup>3</sup>, Martin C Gulliford MA FRCP FFPH<sup>4</sup> and Myfanwy Morgan BA MA PhD FFPH<sup>5</sup>
- [Health Expect.](#) 2008 Sep;11(3):294-303



When I came here on this ward they said I had to wait and see a doctor, we waited for ages I didn't get to sleep till 12 and all that time we waited I didn't have anything to eat. I was hungry. I asked the nurse for a cup of tea and she gave me one but I didn't have anything to eat.

(Care of the Elderly ward – female, 69 years)

I do get hungry around 8 or 9 o'clock, that's because they serve dinner too early. That's when I get really hungry. They do give us a cup of tea and some biscuits but that isn't enough really. I'm still hungry.

(Stroke ward – male, 81 years)

They didn't offer me anything, they didn't check on me and see if I was hungry, if I wanted anything to eat.... I'm glad I had something before I came because I didn't have anything after that, nothing come to think of that.... I was hungry; I didn't sleep that night.

(Surgical ward – female, 51 years)



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The solution for some patients was for family members to bring food in for them. For three patients, outside meals were regarded as the main meal of the day.

Always evening meal, my wife can only visit in the evenings. She will bring me a variety of things, from M&S sandwiches, cold meat and cooked dinners, like casseroles, pies. I never go hungry. She brings that every day so I don't have to worry about going hungry.

(Surgical ward – male, 56 years)



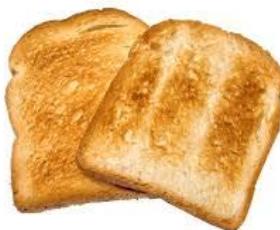
## Audit

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- Assessed all renal patients on the ward and calculated their nutritional requirements based on weight, stress factor and activity factor.
- How well does the average diet on the ward meet the patients requirements?



**What % of ward patients will meet protein and energy requirements with this selection of food?**





- 
- % meeting energy requirements with the pictured foods (multiple choice- show of hands)
    - 3%
    - 32%
    - 82%



- 
- % meeting energy requirements with the pictured foods (multiple choice- show of hands)
    - 3%
    - **32%**
    - 82%



- 
- % meeting protein requirements with the pictured foods (multiple choice- show of hands)
    - Less than 2%
    - 20%
    - 70%



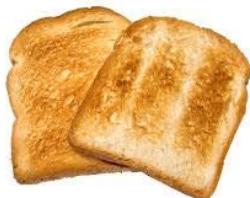
- 
- % meeting protein requirements with the pictured foods (multiple choice- show of hands)
    - **Less than 2%**
    - 20%
    - 70%



# How many of our ward patients will meet requirements with this?



350kcals and 8g protein



150kcals and 2g protein



54kcals and 1g protein



34kcals and 2g protein



93kcals and 1.7g protein



375kcals and 15g protein



153kcals and 4.4g protein



167kcals and 2g protein



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Average main meal kcals = 400kcals and 19.7g protein

Average ethnic meal= 511kcals and 25g protein

Average pudding= 156kcals and 2.8g protein including fruit

Average snack= 200kcals and 2.2g protein

Cereal and 2sl toast= 350kcals and 8g protein

Total provision (average):

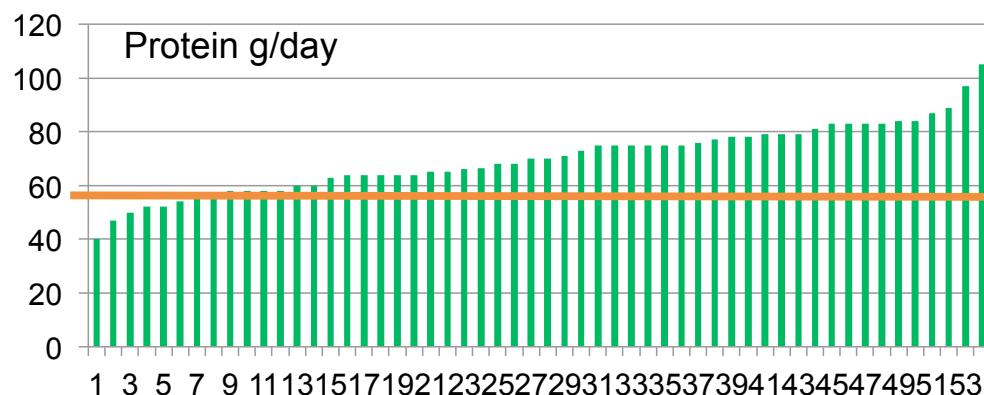
1862kcals and 58g protein from standard  
menu or

2082kcals and 68g protein from ethnic  
menu

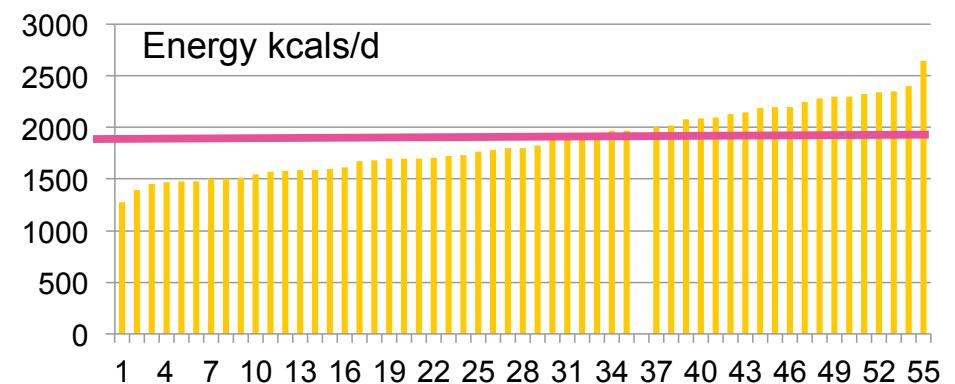


If all meals/snacks are eaten, will requirements be met?

Protein requirements

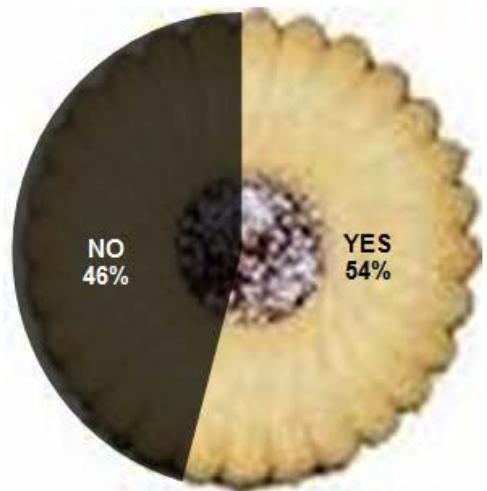


Energy requirements

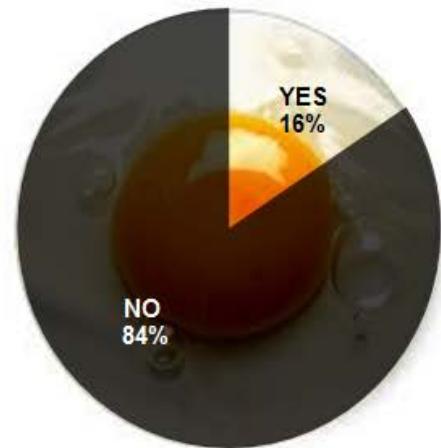




#### Ability to meet energy requirements from the standard menu



#### Ability to meet protein requirements from the standard menu

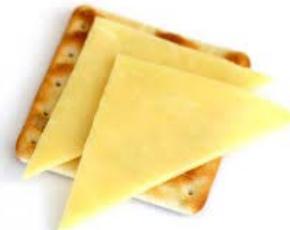
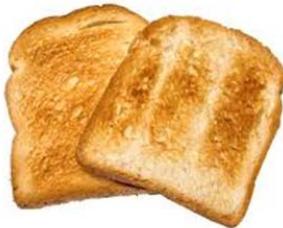


84% of patients unable to meet requirements from hospital menu alone if all meals eaten

Average nutrient provision on the ward: **1862kcal**s and **58g** protein based on cereal, 2 slices of bread, butter, 2 'average' meals, 2 'average' puddings and 2 'average' snacks.



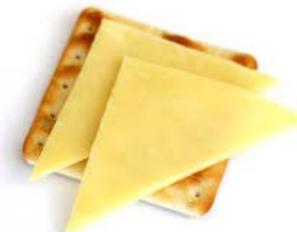
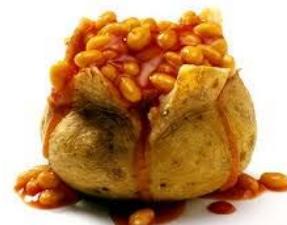
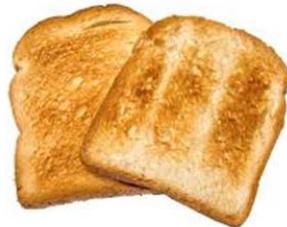
# How do I get 68g of protein from the menu? (median)





# How do I get 84g of protein from the menu?

(20% of patients needed 84g or more)





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- Protein requirements for renal dialysis patients are approx 1.1g/kg, if all elderly patients are being recommended 1.2g/kg, an even larger proportion of patients in hospital will struggle to meet requirements.
  - Ways to meet higher protein needs with the standard hospital menu needs to be considered.



# How can protein be increased?

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- Consider cooked breakfasts or scrambled eggs.
- Long-life yoghurts, custard pots, rice puddings to be considered as ambient high protein snacks.
- High protein starters e.g. humous and pitta



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- Have menus with just the higher calorie and protein options on display with less emphasis on salads and low kcal meals for those ward areas with high energy/protein needs.
  - Vegetarian options with high protein (to include options other than cheese)
  - Fortified milk in cereals and drinks (2 tblsp milk powder in 1pt milk)



- 
- Encourage patients to choose snacks
  - Patients may need to be reminded that standard 'healthy eating' e.g. low fat, low calorie may not apply whilst in hospital.
  - Allowing patients time to look at the menu.
  - Could fruit be allowed as well as a higher cal/protein pudding to allow for adequate micronutrients?



## Summary

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- The majority of patients will struggle to meet protein requirements from the menu. New guidelines for the elderly recommends high protein intakes.
- Extra high protein snacks need to be available and consideration of high protein sources at breakfast to help meet this deficit.
- Need to ensure that the majority of patients meet nutritional requirements from the menu and need a large number of nutrient dense options to cater for this



**Any questions?**

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