

# Improving Detection of Malnutrition in the Community: Tools used by Meals on Wheels and the Emergency Medical Services.

Theme: Prevention and Early Detection

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# Why Malnutrition?

- 3 million people in the UK at risk of malnutrition<sup>1</sup>
- Around 35% are over the age of 65 – 93% in their own home<sup>1</sup>
- 1 in 4 older adults since the pandemic report limited access to food!<sup>2</sup>
- See and treat 30% - Hear and treat 5%<sup>3</sup>

Common for falls!!



# Systematic Review

## Team

Myself

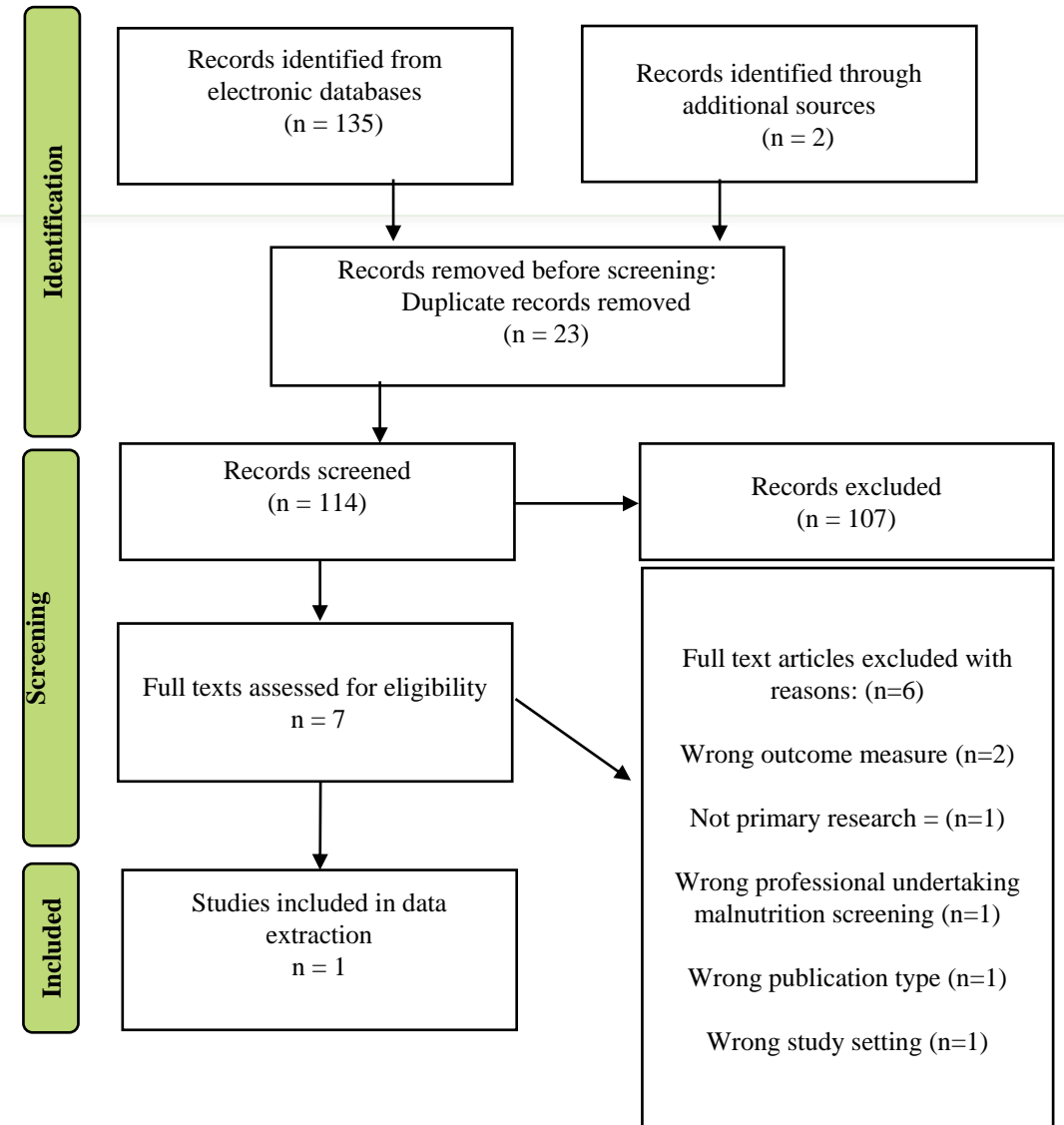
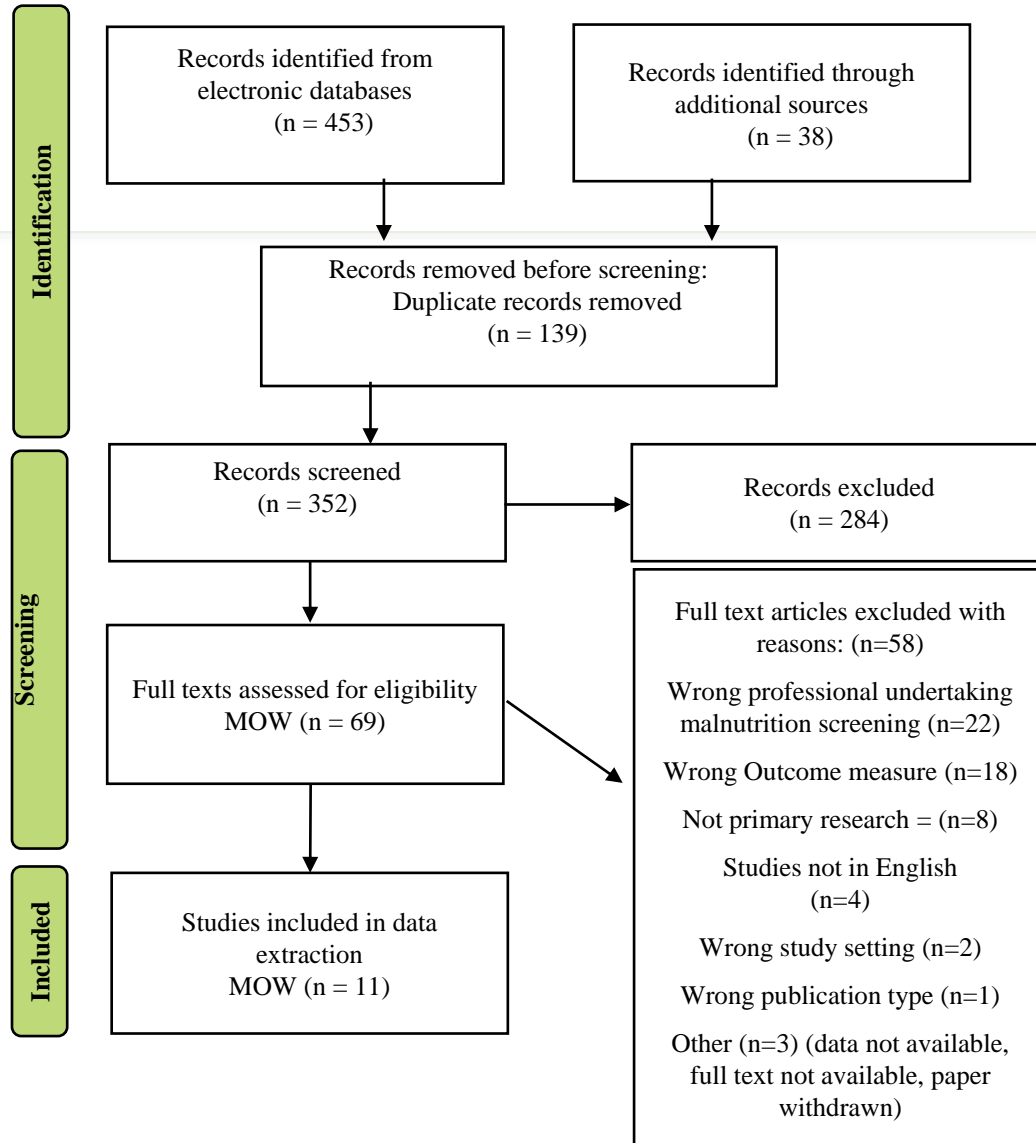
Dr Angela Dickinson

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Ellice Parkinson, UEA

1. What (if any) are the current malnutrition screening processes used by (i) community meals on wheels services or (i) emergency medical services?

2. What (if any) nutritional screening tool(s) have been used by (i) meals on wheels services or (ii) emergency medical services to identify malnutrition?

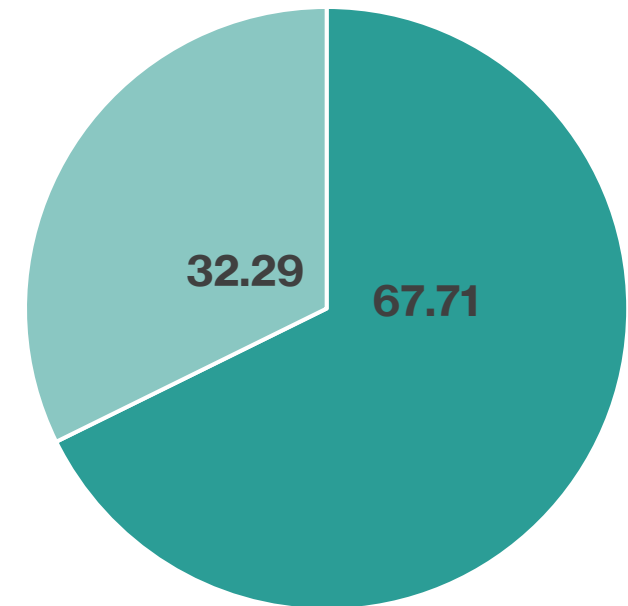


# Meals on Wheels “MORE THAN A MEAL”



Percentage of participants at high malnutrition risk, using DETERMINE – NSI malnutrition screening tool

		Tool Elements					Tool Scoring
	Description	Unintentional weight loss	Appetite	Body Mass Index	Illness or medication	Access to food	
<b>Determine Nutrition Screening Initiative (NSI)</b>	Anthropometric measures, illness and social measures. Setting - community Older adults All professionals	X	X		X	X	0–2 = Good 3 – 5 = Moderate Nutritional Risk >6 = High Nutritional Risk
<b>Mini Nutritional Assessment Short Form (MNA-SF)</b>	Anthropometric measures, illness and social measures. Older adults Setting – inpatient, community and care settings. All professionals	X	X	X	X		12-14 = Normal nutritional status 8-11 = At nutritional risk 0-7 = Malnutrition
<b>Mini Nutritional Assessment (MNA)</b>	Anthropometric measures, illness, dietary intake and social measures. Older adults Setting – inpatient, community and care settings. All professionals	X	X	X	X		>23.5 = well nourished 17-23.5 = at risk of malnutrition <17 – malnourished
<b>Malnutrition Universal Screening Tool (MUST)</b>	Anthropometric measures and acute disease score. Adults Setting – inpatient, community and care settings. All care professionals	X		X	X		0 = No risk of malnutrition 1 = Medium risk of malnutrition >2 = High risk of malnutrition



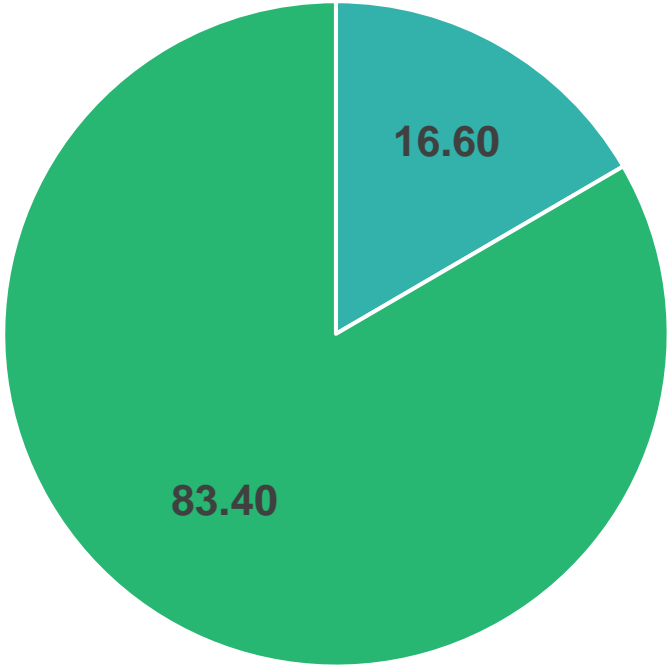
■ High Risk ■ Low/Med Risk

# Emergency Medical Services

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		Tool Elements					Tool Scoring
	Description	Unintentional weight loss	Appetite	Body Mass Index	Illness or medication	Access to food	
Nutrition Risk Screening 2002 (NRS-2002)	Anthropometric measures and disease severity. Setting – inpatient Adults All care professionals	X	X	X	X		3/3 = severely undernourished + severely ill 2/2 = moderately undernourished + moderately ill 1/1 = mildly undernourished + mildly ill



■ At risk of malnutrition ■ No risk

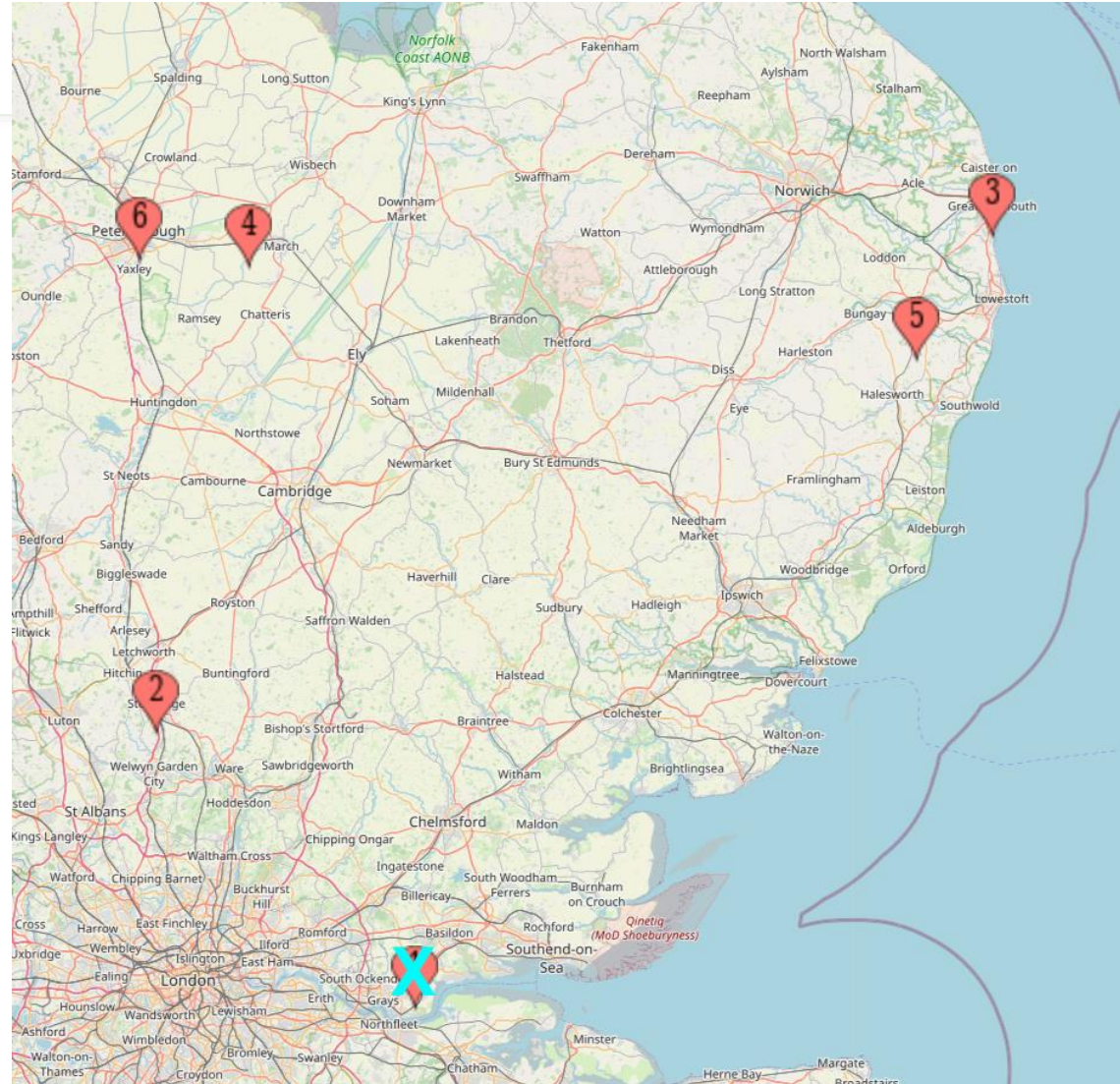
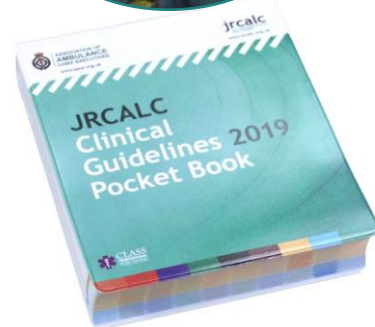


# Moving Forward

- Series of focus groups/interviews with:

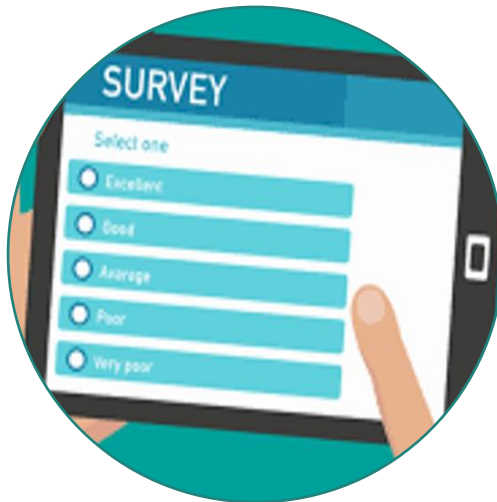


- Content Analysis
- Academic survey



# What we know so far ...

- **Where is nutrition included in your curricula?**



Nutrition is briefly covered in year one anatomy and physiology under the gastrointestinal system.

It isn't

Not taught yet, but would like to say included in care of the elderly

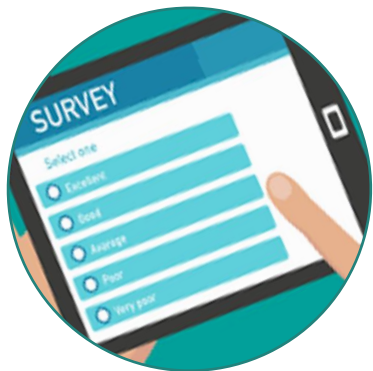
In biomedical sciences module year 1. we do digestive system, healthy nutrition and balanced diet.

Not explicit however covered within a module psychosocial aspects of paramedicine where well being is explored.



# What we know so far ...

**What do you think is the role of nutrition education in the paramedic curriculum?**



Needed - particularly to support decision-making process as many service users/patients are now being managed within the community

In light of the changing role of the paramedic to advanced practice and urgent care this is really important.

This is an element that could be included, however the curriculum is already crowded

I think it should be bigger.

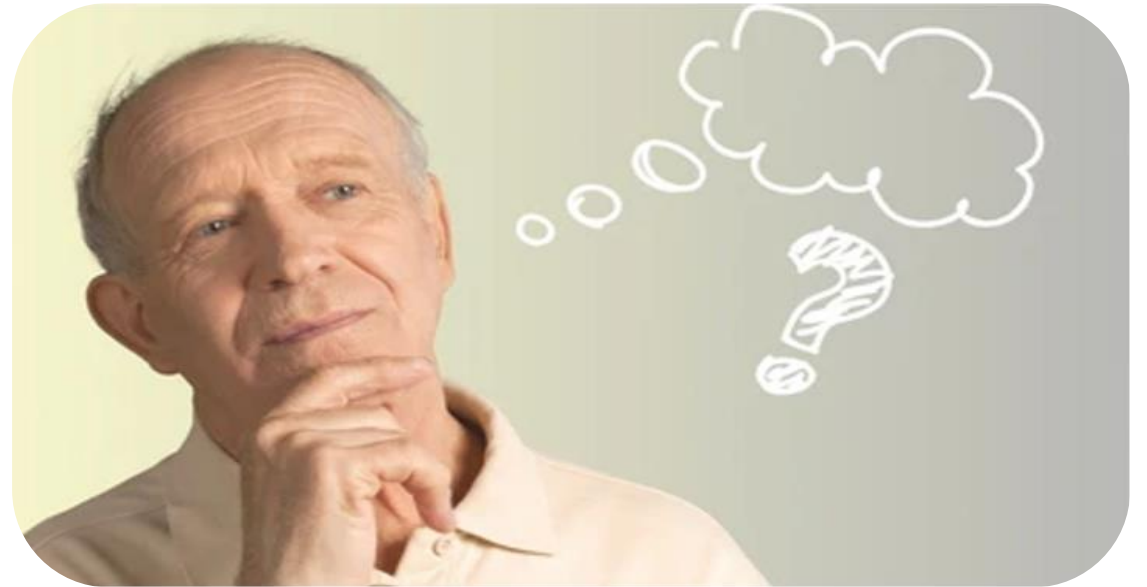
I am giving it greater consideration as I am replying to your research questions.

# References

1. Elia, M. & Russell, C. A. (2008). *Output of a meeting of the Advisory Group on Malnutrition Combating Malnutrition: Recommendations For Action REPORT FROM THE ADVISORY GROUP ON MALNUTRITION, LED BY BAPEN Report From The Advisory Group On Malnutrition, Led By BAPEN.*
2. *Loneliness and Covid 19.* (2021). Age UK. <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/health--wellbeing/loneliness-and-covid-19---december-2021.pdf>
3. Proctor, A. (2019). Home visits from paramedic practitioners in general practice: patient perceptions. *Journal of Paramedic Practice*, 11(3), 115–121.
4. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* , 372, n71.

# Questions?

Thank you!



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