

Prevalence of malnutrition in nursing and care homes in Walsall

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Malnutrition is common among older people in nursing and care homes. It is frequently unrecognised and is often under-treated in the UK⁽²⁾. Malnutrition costs an estimated £13 billion in the UK⁽³⁾. It is recommended that all patients admitted to a nursing or care home be screened for malnutrition⁽²⁾. Despite this, there remains little information on the prevalence of malnutrition in this population. Malnutrition has a negative impact on a patient's health, and in turn this has cost implications for the NHS. Therefore identifying and appropriately treating malnutrition can avoid knock-on health-care complications and inflated costs.

The aim of this study was to establish the prevalence of malnutrition in older people in nursing and care homes using the 'Malnutrition Universal Screening Tool' (MUST)⁽¹⁻³⁾. The study also aimed to determine how many residents were appropriately prescribed oral nutritional supplements (ONS), and by whom.

Two hundred and forty-nine residents (mean age 84; 73% female) from 6 nursing and care homes (5 nursing and 1 care home) were screened for malnutrition using 'MUST' from January 2010 to May 2010. The screening was carried out by the community dietitian and Nutricia Nurse, as well as staff trained on the use of MUST.

Fifty-eight percent (144 residents) were screened as being low risk, 19% (46 residents) were screened as medium risk and 23% (58 residents) were screened as high risk. The mean BMI for each risk group was as follows: low risk (26.0 kg/m²), medium risk (21.4 kg/m²) and high risk (17.8 kg/m²). (Please note: 1 resident was admitted to the hospital and no previous data were available as she was a new resident).

	Low risk	Medium risk	High risk
Hospital	2 (0.8%)	0 (0%)	5 (2.0%)
GP	8 (3.2%)	8 (3.2%)	6 (2.4%)
Dietitian	7 (2.8%)	7 (2.8%)	18 (7.3%)

From the table, only 13% (including ~7.0% at high risk of malnutrition) of residents in the care homes taking supplements were being monitored and reviewed by a dietitian. Ten low-risk and 8 medium-risk residents had been prescribed ONS either when discharged from hospital and from the GP. These residents were not been monitored. After the 'MUST' screening, these 18 residents who were on ONS were able to stop. Appropriate dietary advice was given to the staff on management of these residents, and also to re-screen according to care plans.

Malnutrition is common in the nursing and care homes studied: 18% of residents were at risk of malnutrition according to 'MUST' (6.0% medium risk, 12% high risk). Most of the residents with malnutrition did not receive ONS or dietetic input for oral nutritional support. Residents in the nursing and care homes studied were inappropriately prescribed ONS without further review (Table): 4.0% of low-risk residents on ONS prescribed by either the hospital or GP, 3.0% of medium-risk residents on ONS prescribed by the GP.

This study shows that malnutrition is common (18%) across nursing and care home settings. Without continued staff training and resident screening using 'MUST', malnutrition would have been unrecognised and untreated. The study also showed that identifying and appropriately treating malnutrition could potentially reduce health-care costs.



1. Elia M (2003) The 'MUST' Report. Nutritional Screening for Adults: A Multidisciplinary Responsibility. Redditch, UK: BAPEN.
2. NICE Guideline (2006) Nutrition Support in Adults. Clinical Guideline 32.
3. <http://www.bapen.org.uk>.