

ELFT Nutrition and Dietetics Training

December 2022

Hannah Style RD

Professional Development Lead Dietitian

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ELFT Nutrition and Dietetics Training Topics

1) Nutrition Screening and Nutrition Care Planning

2) Refeeding Syndrome

3) Eating Disorder

4) Healthy Eating

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Topic 1:

Nutrition Screening and Nutrition Care Planning

Learning outcomes

- 1) Understand the role of nutrition in mental health
- 2) Be able to complete the trust Nutrition Screening Tool
- 3) Make appropriate referrals to the dietitian
- 4) Make a Nutrition Support Care Plan
- 5) Make a Healthy Eating Care Plan

Mode

Online/remote: 30minutes e-learning module essential training for all staff groups



In-person: 1hr group training to include:

- above training module and quiz together
- oral nutritional supplements tasting
- menu ordering
- case study

Ask your manager for details

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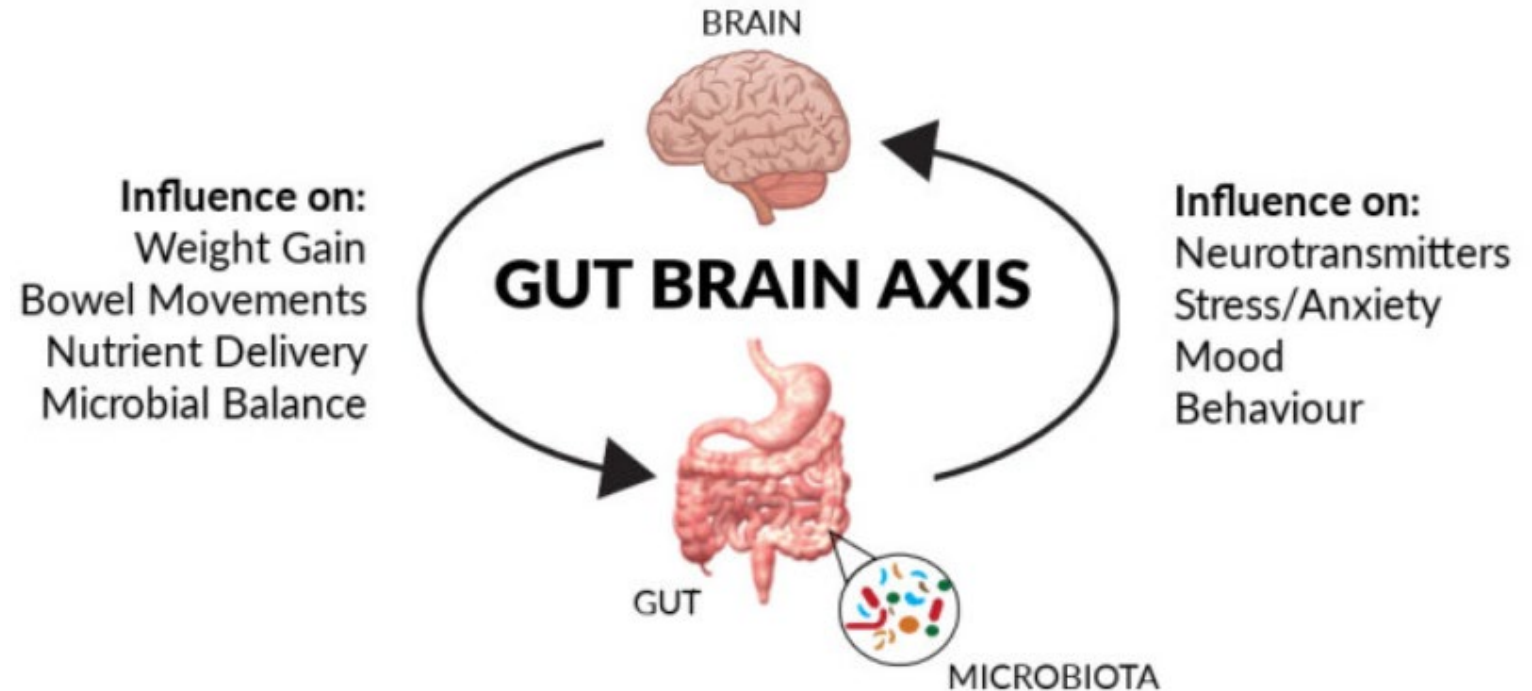
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Nutrition and Mental Health

Healthy diet is linked with reduced risk of depression*

Bidirectional and complex relationship**

Barriers to nutrition, such as financial and environmental, disproportionately impact people with mental ill health***



*Lassale C, Batty GD, Baghdadli A, et al. Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies. *Mol Psychiatry*2019;24:965-86. doi:10.1038/s41380-018-0237-8 pmid:30254236

**Firth J, Ganfwich J, Borsini A et al. Food and mood: how do diet and nutrition affect mental wellbeing? *BMJ* 2020; 369 doi: <https://doi.org/10.1136/bmj.m2382>

***Firth J, Siddiqi N, Koyanagi A, et al. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. *Lancet Psychiatry*2019;6:675-712. doi:10.1016/S2215-0366(19)30132-4 pmid:31324560

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**Name some mental
health conditions which
can impact diet
and nutrition status**

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Bipolar Disorder

Depression

Obsessive Compulsive
Disorder

Anxiety

Psychosis

Personality Disorder

**Mental health conditions
which impact diet
and nutrition status?**

Eating Disorder/Disordered
Eating

Alcohol and Drug Dependence

Cerebral Palsy

Schizophrenia

Autistic Spectrum Disorder

Chronic Fatigue Syndrome

Epilepsy

Post Natal Depression

Prader Willi Syndrome

Dementia

Downs Syndrome

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What is Nutrition Status?



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What is Nutrition Status?



*'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/body form (shape, size and composition) and function, and clinical outcome.'* WHO 2010

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What is Nutrition Status?



*'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/body form (shape, size and composition) and function, and clinical outcome.'* WHO 2010

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**RAISED NUTRITIONAL REQUIREMENTS /
INCREASED LOSSES**

PHYSICAL BARRIERS

**What causes
malnutrition in mental
health settings?**

PSYCHO-SOCIAL BARRIERS

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RAISED NUTRITIONAL REQUIREMENTS / INCREASED LOSSES

COPD

Stroke/MND/Parkinson's

Liver disease Endocrine disease

IBD and malabsorption

Diarrhoea

Cancer

Enteral Feeding

Acute disease, sepsis, trauma

Wounds and burns

PHYSICAL BARRIERS

Dysphagia

Hand tremor or poor dexterity

Difficulty maintaining
upright position

Poor saliva management

Poor oral hygiene

Taste change

GORD, nausea and vomiting

Inadequate nutritional intake

What causes malnutrition in mental health settings?

PSYCHO-SOCIAL BARRIERS

Unfamiliar food

Apathy

Lack of choice

Lack of education

Communication barrier

Financial restrictions

Unfamiliar environment

Social isolation

Impaired cognition

Distrust in services

Being homeless

Dependence to eat

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Complications of Malnutrition

Individual

- Risk infection
- Poorer outcomes
- Refeeding Syndrome
- Slower response to treatment
- Dependence on clinical services



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Population

- 1 in 3 patients admitted to hospital
- 1 in 3 patients in care settings
- Costs NHS £19b/yr, double cost of obesity (2016)



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Spot the signs of malnutrition



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Spot the signs of malnutrition

Protruding clavicles and temples

Sunken eyes

Thinning hair

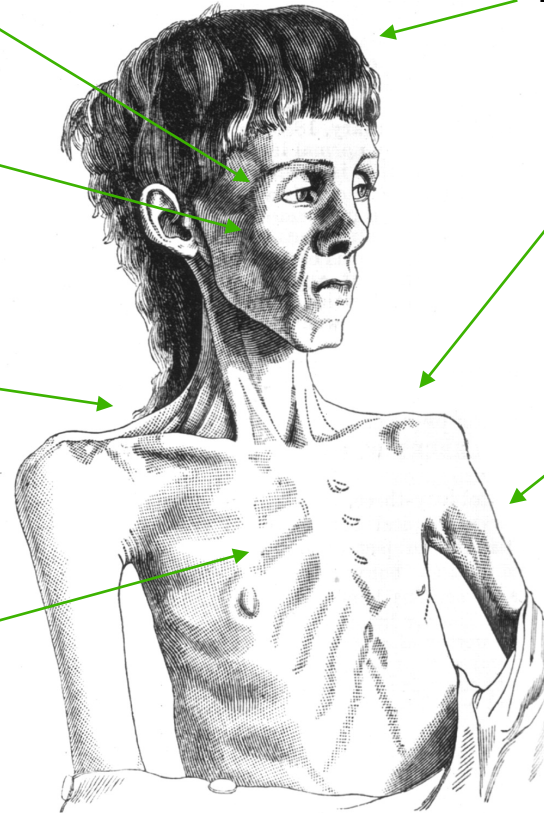
Pale skin compared with usual

Sagging /
excess skin

Muscle wastage

Protruding rib bones

Very small clothing size /
baggy clothing



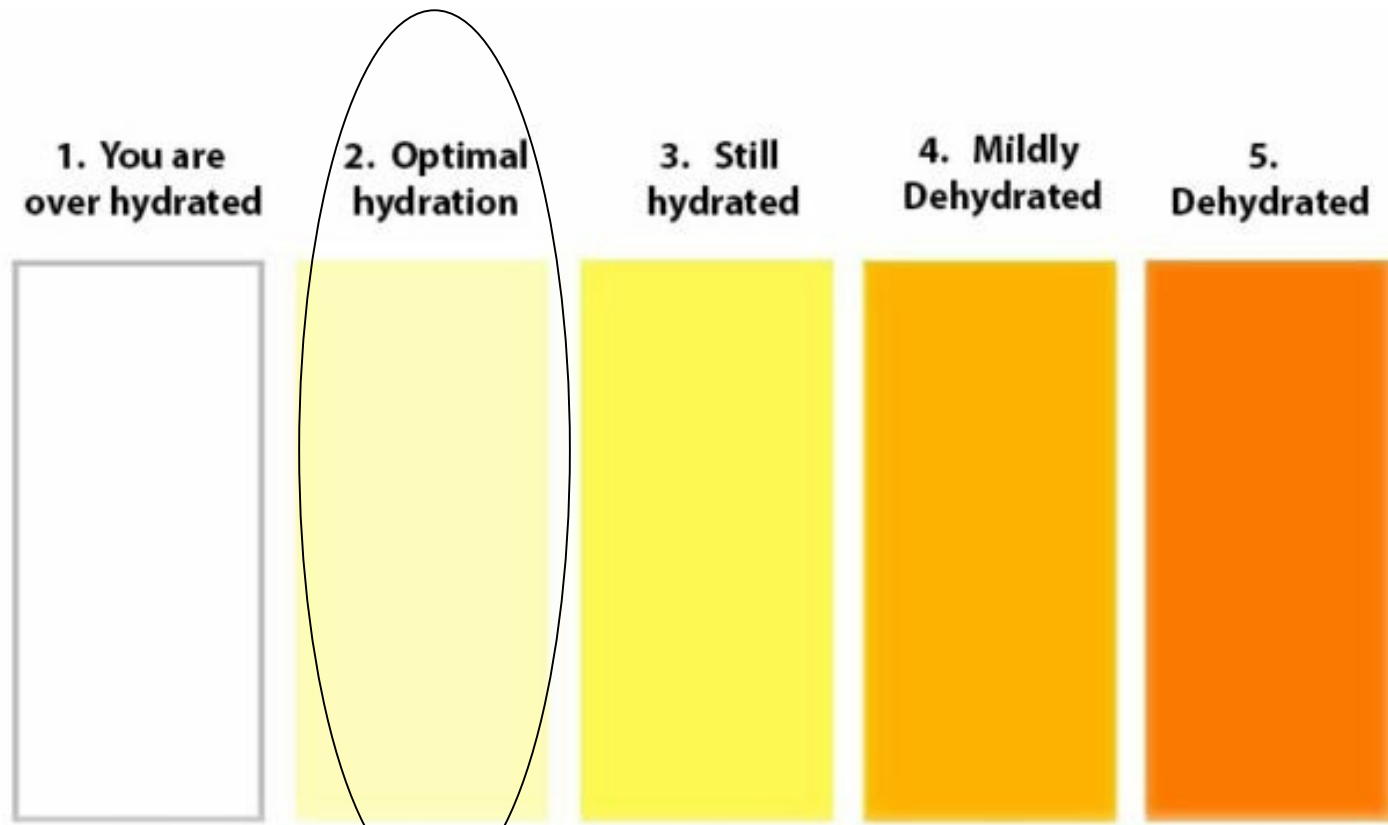
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Dehydration

If someone is malnourished, they are probably dehydrated too



Signs: dark urinary output, reduced urination volume and frequency, dry mouth, lips or eyes, non-elastic skin turgor, dizziness, fatigue

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Complications of Obesity



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Complications of Obesity

Premature death

Pain

Worsening mental health

Cancer

Low quality of life

Reduced mobility

Respiratory problems

Sleep apnoea

Osteoarthritis

Coronary heart disease

Type 2 diabetes

Stroke

High blood pressure (hypertension)

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Section Summary

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Screening for Nutrition Risk

How often should nutrition screening be completed?

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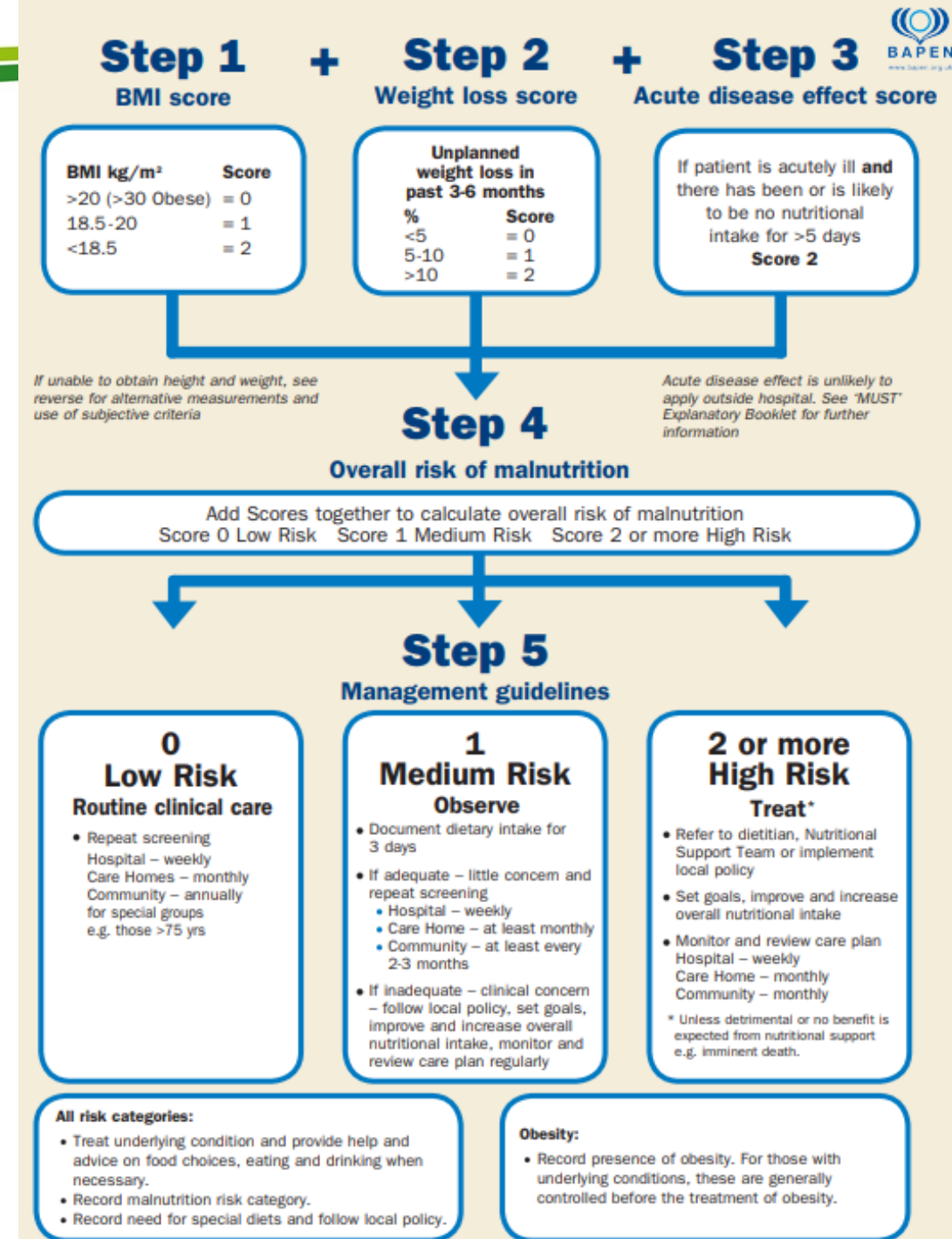
Screening for Nutrition Risk

Malnutrition Universal Screening Tool (MUST)

Validated in general population
Detects malnutrition
5 steps

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Screening for Nutrition Risk

St Andrew's Nutrition Screening Instrument (SANSI)

Validated in mental health inpatient settings
Detects malnutrition AND obesity risk
4 steps

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St Andrew's Healthcare Nutrition Screening Instrument (SANSI)

Patient Name _____ Ward _____

Completed by _____ Date _____

Check box if the service user is unable to be weighed and an estimate is being used ☐

Step 1 Current weight and BMI

Weight (kg) _____ Body Mass Index (BMI) _____

Height (m) _____ BMI Category _____

- BMI below 20 Underweight high risk – Refer to Dietitian
- BMI from 20 to 24.9 Healthy weight low risk – continue to weigh weekly and screen monthly
- BMI from 25 to 29.9 Overweight medium risk – offer first line weight management information
- BMI 30 and above Obese high risk – Refer to Dietitian

Step 2 Weight change in the last 3 months

Weight 3 months ago (self-reported if records not available) _____ kg Weight change _____ %

- Change of 0-5% weight – low risk – continue to weigh weekly and screen monthly
- Change of 5-10% weight – medium risk – alert clinical team to monitor intake, activity levels, weight
- Loss of 10% weight or more (unplanned) – high risk – Refer to Dietitian
- Gain of 10% weight or more (unplanned) – high risk – Refer to Dietitian

Step 3 Other significant dietary issues to consider;

If YES to any of the below, alert clinical team, care plan, and refer to dietitian if appropriate

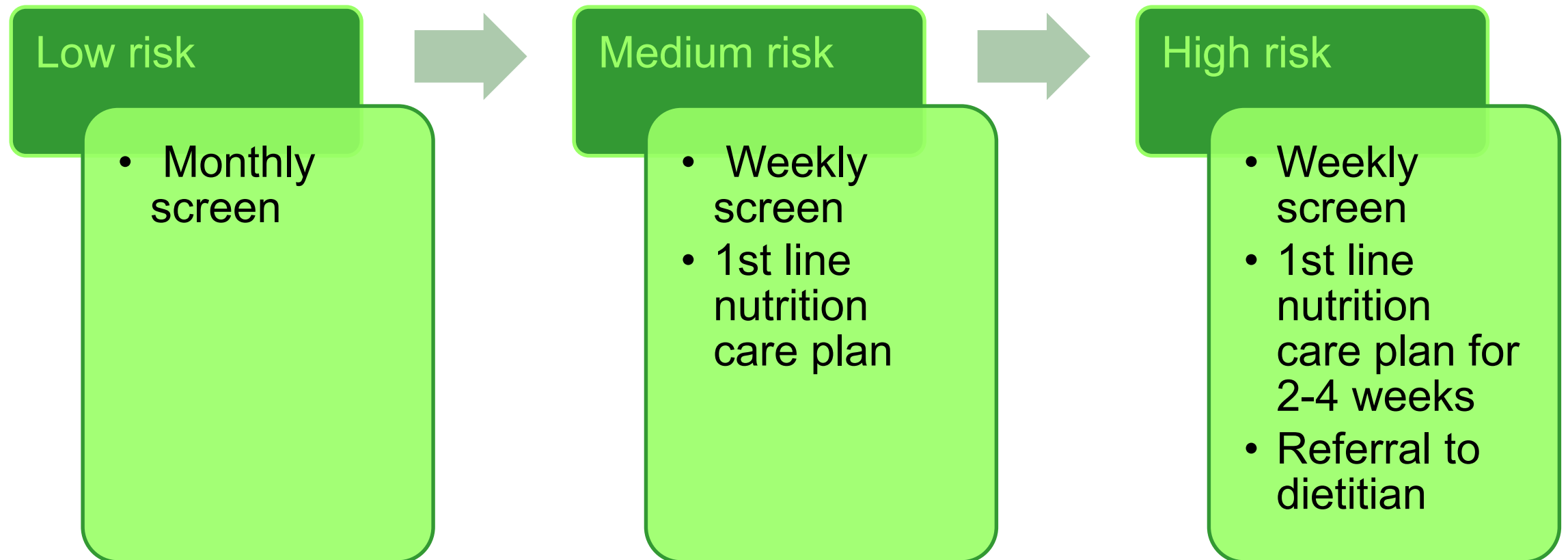
1 Does the patient have specific dietary requirements (e.g. diabetic, allergy)?	Yes / No
2 Is there a nasogastric or gastrostomy feeding tube in place?	Yes / No
3 Is the patient prescribed nutritional supplements?	Yes / No
4 Does the patient have a history of/been observed to have disordered eating?	Yes / No
5 Does the patient refuse or not attend 2 or more main meals a day?	Yes / No
6 Does the patient fail to eat at least half of their serving at most mealtimes?	Yes / No
7 Does the patient regularly refuse or not complete drinks?	Yes / No
8 Does the patient have any chewing or swallowing difficulties?	Yes / No
9 Does the patient suffer from nausea, involuntary vomiting or diarrhoea?	Yes / No
10 Are whole food groups (e.g. dairy products, fruit & vegetables) avoided?	Yes / No

Step 4 Action Plan / Comments

- No immediate action ☐
- Alert clinical team ☐
- Refer to Dietitian ☐

Comments

Identify risk and act at every stage



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SANSI STEP 1: Current weight and body mass index (BMI)*

Check box if the service user is unable to be weighed and an estimate is being used ☐

Step 1 Current weight and BMI

Weight (kg) _____

Body Mass Index (BMI) _____

Height (m) _____

BMI Category _____

- | | | |
|-----------------------|----------------|---|
| • BMI below 20 | Underweight | high risk – Refer to Dietitian |
| • BMI from 20 to 24.9 | Healthy weight | low risk – continue to weigh weekly and screen monthly |
| • BMI from 25 to 29.9 | Overweight | medium risk – offer first line weight management information |
| • BMI 30 and above | Obese | high risk – Refer to Dietitian |

*BMI = weight / height squared

'Refer to dietitian':

- need to demonstrate 1st-line nutrition care plan has been tried for 1 month
- consider the service user's capacity to consent, and the appropriateness of indirect dietetic intervention

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SANSI STEP 2: Weight change* in the last 3 months

Step 2 Weight change in the last 3 months

Weight 3 months ago (self-reported if records not available) _____kg Weight change _____%

- **Change of 0-5% weight – low risk** – *continue to weigh weekly and screen monthly*
- **Change of 5-10% weight – medium risk** – *alert clinical team to monitor intake, activity levels, weight*
- **Loss of 10% weight or more (unplanned) – high risk** – *Refer to Dietitian*
- **Gain of 10% weight or more (unplanned) – high risk** – *Refer to Dietitian*

*weight change (%) = (original weight – current weight) / original weight x 100

A negative percentage = weight loss

A positive percentage = weight gain

'Refer to dietitian':

- need to demonstrate 1st-line nutrition care plan has been tried for 1 month
- consider the service user's capacity to consent, and the appropriateness of indirect dietetic intervention

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SANSI STEP 3: Significant Dietary Issues

Step 3 Other significant dietary issues to consider;

*If **YES** to any of the below, alert clinical team, care plan, and refer to dietitian if appropriate*

- | | | |
|----|---|----------|
| 1 | Does the patient have specific dietary requirements (e.g. diabetic, allergy)? | Yes / No |
| 2 | Is there a nasogastric or gastrostomy feeding tube in place? | Yes / No |
| 3 | Is the patient prescribed nutritional supplements? | Yes / No |
| 4 | Does the patient have a history of/been observed to have disordered eating? | Yes / No |
| 5 | Does the patient refuse or not attend 2 or more main meals a day? | Yes / No |
| 6 | Does the patient fail to eat at least half of their serving at most mealtimes? | Yes / No |
| 7 | Does the patient regularly refuse or not complete drinks? | Yes / No |
| 8 | Does the patient have any chewing or swallowing difficulties? | Yes / No |
| 9 | Does the patient suffer from nausea, involuntary vomiting or diarrhoea? | Yes / No |
| 10 | Are whole food groups (e.g. dairy products, fruit & vegetables) avoided? | Yes / No |

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SANSI STEP 4: Action Plan and Comments

Step 4 Action Plan / Comments	Comments
<ul style="list-style-type: none"> • No immediate action <input type="checkbox"/> • Alert clinical team <input type="checkbox"/> • Refer to Dietitian <input type="checkbox"/> 	

'No Immediate Action': continue monthly screening

'Alert clinical team': start 1st-line nutrition care planning (for overweight/obesity or nutrition support)

'Refer to dietitian':

- need to demonstrate 1st-line nutrition care plan has been tried for 1 month
- consider the service user's capacity to consent, and the appropriateness of indirect dietetic intervention

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1st-Line Nutrition Care Planning

- 1) **Prevent Malnutrition:** 'Nutrition Support' / 'Build-up diet'*
- 2) **Prevent Dehydration:** Rehydration diet
- 3) **Prevent Obesity:** 'Weight Management' / 'Healthy Eating'

*Nutrition Support is appropriately incongruent with healthy eating guidelines

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Nutrition Support

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Nutrition Support

NUTRITIOUS SNACKS

high-protein
snacks



Sandwich-fillers
High protein yoghurt

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high-energy snacks



Add cream/custard
to desserts

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FOOD FORTIFICATION

Add calories to meals



Small portions of
high calorie meals

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Nourishing Drinks



Full fat milk/cream
Milk powder
Sugar and syrup

Nutrition Support

MEALTIME ENVIRONMENT

Social/Visitors



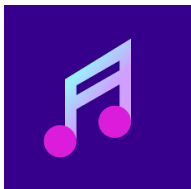
Protected mealtimes



Little and often



Music



High energy menu



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RECORDING, REVIEWING AND REFERRING

Food record charts

Food and Drink Record Chart Version 1

Please record all food and drink consumed. Try to give an idea of how much you are eating and drinking every day.
e.g. 2 slices bread & butter, 3 new potatoes, 2 full portions fruit, 2 glasses water etc.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Break-Fast							
Mid-morning							
Lunch							
Mid-afternoon							
Evening							
Bed-time							

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Vitamins and minerals prescription



Refer to community dietitians

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Weekly nutrition screen



Check dental hygiene



Regular Prompting



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Blood test



Discuss with the MDT eg SLT





Dehydration Prevention

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Dehydration Prevention

If someone is malnourished, they are probably dehydrated too

1st-line rehydration



Water
always
wins!



Avoid large quantities
of **sugary drinks**

Fluid-rich foods



Dilute
sugary
drinks
with
water

Rehydration Solution



Decaf hot drinks



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Healthy Eating

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Healthy Eating

Fruit and
veg at
each meal

Check capacity

Onward
referral

Reduce snacks,
portions, puddings
and sugary drinks

Healthy
menu
options

Weekly
nutrition
screen

Liaise with
MDT

Agree goals

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Case Study

Nutrition Support: to prevent malnutrition

- Woman admitted to inpatient unit with severe depression, aged 38
- Weight history: 70kg (today), 78kg (last month), 80kg (last year)
- Height: 1.73m
- Lives independently, has a carer who helps with shopping once per week
- Reports poor sleep pattern and feeling fatigued

Questions

What is her nutritional risk?

What else would you like to know to help you understand her nutritional risk?

What are the immediate strategies you would put in place?

What else would you do?

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Case Study

Nutrition Support: to prevent malnutrition

What is her nutritional risk?

<https://www.bapen.org.uk/screening-and-must/must-calculator> Use this online calculator to calculate BMI and weight history

BMI = 23.4kg/m² (healthy) (low risk)

Weight history = 10.3% loss in 1 month (significant) (high risk)

Nutritional complications = might be recently dependent for nutrition (poor motivation to prioritise nutrition) (high risk)

SANSI score = high risk, alert MDT, start nutrition care plan

What else would you like to know to help you understand her nutritional risk?

Dietary habits (meal pattern, favourite foods and drinks)

Social support to encourage nutrition

Other medications and diagnoses

What are the immediate strategies you would put in place?

High-energy high-protein menu options

Weekly weights

Food record charts

Prompting and encouragement with nutrition

What else would you do?

Refer to dietitian

Liaise with MDT

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Case Study

Healthy Eating: to prevent obesity

- Gentleman started on antipsychotics for bipolar during admission, age 55
- Weight history: 80kg (today), 75kg (last month)
- Height: 1.68m
- Going to be discharged soon back to community with once daily carer for support washing and dressing
- Noticed he asks for double portions of meals during his admission

Questions

- What is his nutritional risk?
- What else would you like to know to help you understand his nutritional risk?
- What are the immediate strategies you would put in place?
- What else would you do?

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Case Study

Nutrition Support: to prevent obesity

What is his nutritional risk?

<https://www.bapen.org.uk/screening-and-must/must-calculator> Use this online calculator to calculate BMI and weight history

BMI = 28.3kg/m² (overweight) (medium risk)

Weight history = 6.7% gain in 1 month (significant) (medium risk)

Nutritional complications = large appetite (medium risk)

SANSI overall score = medium risk, alert MDT, start nutrition care plan

What else would you like to know to help you understand his nutritional risk?

Risk of metabolic complications: blood test for HbA1c and lipids

Other medications and diagnoses

Motivation to change dietary behaviours

What else would you do?

Ask GP to monitor obesity risk

Refer to a local healthy eating programme

What are the immediate strategies you would put in place?

Healthy Eating menu options and snacks

Weekly weights and food record charts

Discussion with psychiatrist and pharmacy regarding optimised antipsychotics prescription for community

Liaise with OT re meaningful activities

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Summary Topic 1:

Nutrition Screening and Nutrition Care Planning

- Nutrition status and Mental Health are closely linked and impact health outcomes
- Nutrition Screening should be completed on admission to services and monthly thereafter
- Nutrition Screening calculates risk of malnutrition or obesity based on BMI, weight history, and nutritional considerations
- 1st-line Nutrition Care Planning can be implemented if nutritional risk is low, including menu adaptations and enhancing the eating environment.
- Staff should refer to the dietitian using the local referral form if nutritional risk is high.

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Thank you!

Any questions?

Looking forward to hearing from you

020 8356 5132 / 07971 450 307

@ELFT_Nutrition

hannah.style@nhs.net

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Quiz Questions

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Local Dietetics Services

Locality	Site/Team	Population	Contact Phone
Bedfordshire and Luton		Paediatrics Acute Paediatrics Community Adults Acute Adults Community	
City and Hackney (Homerton University Hospital Trust)	Homerton University Hospital (HUH) Hackney Ark	Paediatrics Acute Paediatrics Community	0208 510 5749 0207 014 7096
	Homerton University Hospital (HUH) Adult Community Rehabilitation Team (ACRT)	Adults Acute Adults Community	0208 510 5749 0207 683 4267
Newham (Barts Health NHS Trust)	Newham University Hospital (NUH) Appleby Road Health Centre	Paediatrics Acute Paediatrics Community	0207 363 8200 0203 738 7063
	Newham University Hospital (NUH) Newham University Hospital (NUH)	Adults Acute Adults Community	0207 363 8585 020 7363 9249
Tower Hamlets (Barts Health NHS Trust)	Royal London Hospital (RLH) Mile End Hospital (MEH)	Paediatrics Acute Paediatrics Community	0203 594 1532 0208 223 8749
	Royal London Hospital (RLH) Mile End Hospital (MEH)	Adults Acute Adults Community	0203 594 1129 0208 223 8937

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