

A national survey of general practitioners understanding and awareness of malnutrition

W. B. Cook, A. L. Cawood and R. J. Stratton
Medical Affairs, Nutricia Ltd, Wiltshire BA14 0XQ, UK

It is estimated that more than 3 million people in the UK are either malnourished or at risk of malnutrition, most of whom live in the community (93%)⁽¹⁾ and are under the care of their general practitioner (GP)⁽²⁾. Although NICE nutrition support guidelines (CG32)⁽³⁾ are relevant in GP surgeries, there is little published information about the detection and management of malnutrition in general practice. This survey aimed at understanding GP awareness and the use of relevant nutrition support guidelines, including their approaches to the identification and management and malnutrition.

A national cross-sectional online survey, comprising seven questions about the prevalence of malnutrition, methods for the detection and management of malnutrition including the perceived benefits of ready-made oral nutritional supplements (ONS), and awareness of relevant nutrition guidelines, was conducted on 201 GP (121 male; 80 female, mean age 46 years) in June 2010. GP were representative of all ten Strategic Health Authorities in England (82%) plus Scotland (9%), Northern Ireland (4%) and Wales (5%).

Two-thirds of GP (67%) were unaware of the NICE Nutrition Support guidelines (CG32), and 70% of those who were aware had not implemented them into clinical practice. To identify malnutrition, GP reported using clinical judgement (48%), BMI (30%) or a screening tool (10%), of which 90% used the 'Malnutrition Universal Screening Tool' ('MUST'). Eight percent reported not actively identifying patients. GP estimated the prevalence of malnourished people attending their practice to be 4.8% on average (0–50%). Less than a third of GP reported having a local policy for malnutrition management (31%) but in most practices these were not implemented routinely (73%). Of those without a local policy for the management of malnutrition (69%), 34% felt one would be useful. Strategies that GP reported using for the management of malnutrition included: none (9%), referral to another health-care professional (42%) (most of which (95%) were dietetic referrals), providing a dietary advice sheet (6%); or prescribing supplements including ready-made ONS (41%). When asked to rank the clinical benefits of ONS, the GP main perceived benefits were: reductions in complications (18%); improvements in quality of life (17%) and reductions in mortality (15%). Other benefits were ranked to a lesser extent and included improvements in intake and weight (11 and 10%, respectively), and reductions in health-care use (readmissions 9% and length of stay 4%). Similar results were obtained irrespective of the age, sex or location of GP.

Despite malnutrition being a common and costly problem in the community, this survey suggests that there appears to be limited awareness and application of NICE guidelines for nutrition support with a lack of routine screening and local policies for the management of malnutrition in general practice. Further research is needed to understand the prevalence of malnutrition and the potential benefits of appropriate management in this setting.

1. Elia M & Russell C (2009) Combating Malnutrition: Recommendations for Action. Report from the Advisory Group on Malnutrition, led by BAPEN.
2. Nutrition and Patients. A Doctor's Responsibility. Report from a Working Party of the Royal College of Physicians. 2002.
3. NHS National Institute for health and Clinical Excellence (NICE) (2006) Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parental Nutrition (Clinical Guideline 32).