

## Nutritional supplements/SIP feeds

**'My wife is really enjoying those Ensure the hospital gave her, and I like them too, so could you run off a prescription for us both?'**

We are often asked to prescribe nutritional supplements (SIP feeds). Until recently, having little understanding of what I was doing, I diligently prescribed whatever was requested. However, our local prescribing team has been looking at the use of these products, and this has radically changed my approach to requests for such products.

### Why is this topic important?

Oxfordshire spends over £1.5 million a year on SIP feeds. And did you know that we often prescribe SIP feeds that are no richer in calories millilitre for millilitre than whole fat milk! Our local hospital (and yours too probably!) has negotiated to buy SIP feeds at a cost of 10p per box. However, in the community they are significantly more expensive. So here are a few top tips to target resources at those most in need...

#### **WARNING! READ THIS!**

*This information is based on a mixture of good practice consensus, local guidelines, practical hints and cost-effectiveness data. We cannot therefore reference it in the usual GP Update way. You need to see it as a practical approach to a topic that many GPs know little about, and accept it as based on good practice, which, in this case, can't be thoroughly referenced.*

*It is based on work done by Katie Hitchen, Primary Care Support Dietitian, Oxfordshire Medicine Management Team, and is used with her permission, and the Oxfordshire CCG May 2014 guidance.*

**Important:** Clearly if a patient has seen a dietitian who has recommended a particular product, then we would suggest you use that product. **What we have outlined below only applies to patients who have not seen a dietitian!**

*At each stage we have identified 'best buys' that are currently the cheapest product in the range offering the right calorie/protein mix.*

### When considering prescribing SIP feeds, assess risk

Use the MUST nutrition risk tool:

<b>1. Assess BMI.</b> If you can't measure BMI (e.g. housebound) you can use mid upper arm circumference (MUAC). Note that MUAC changes more slowly than BMI. If MUAC <23.5cm, BMI is likely to be <20.	BMI >20 BMI 18.5–20 BMI <18.5	0 points 1 point 2 points
<b>2. Note percentage unplanned weight loss in last 3–6 months.</b>	<5% 5–10% >10%	0 points 1 point 2 points

(There are additional points for effects of acute disease but these are rarely needed in a community setting) **Total**

**MUST score:**

- 0 points = low risk
- 1 point = moderate risk
- ≥2 points = high risk

Those with a score of 1 or more are considered to be at risk and should be offered advice, based on the 'Food first' approach, described below.

For all patients at risk, you must monitor progress. Set an aim for treatment (a target BMI or weight) and monitor to ensure progress towards this target.

### The 'Food first' approach (for those with a MUST score of 1 or more)

#### 1. Food is better than supplements.

Food is much better than supplements: it is nutritionally complete (contains proteins, carbohydrates, fats and all the vitamins and minerals we need), offers much greater variety and tastes nicer. Never use supplements as a sole source of nutrition. Patients must

Username	Chapter	Topic
	<b>Gastroenterology</b>	<b>Nutritional supplements SIP feeds</b>

be eating food too!

## 2. Enrich the food they are already eating: forget about healthy eating!

Patients should be eating foods high in calories, fats and proteins.

Encourage them to enrich the foods they are already eating by:

- Switching from skimmed or semi-skimmed milk to full cream.
- Full cream milk = 400kcal/pint, 20g of protein – skimmed milk contains 200kcal/pt and 20g of protein.
- Enrich milk further by adding 4 tbsp skimmed milk powder (adds 150kcal & 22g protein).
- Add cream to soups and other recipes.
- Use butter instead of low fat margarines when cooking. Sprinkle sugar on to fruit/puddings.
- Whip ice cream into smoothies or add it to a pudding.

## 3. Encourage frequent small meals rather than 3 larger meals/day.

## 4. Check dentures fit, control pain/nausea, treat constipation, etc.

## 5. Monitor progress toward target BMI/weight.

If progress is not made towards target BMI/weight with the 'food first' approach, recommend over the counter (OTC) supplementation, and continue to monitor towards target BMI/weight.

## Over the counter supplementation

The best buys are (by best buy we mean the product that is currently the cheapest one offering the right mix of calories/protein):

**Complan milkshake** (£3.19 for 4 sachets):

Made up with 200mls full cream milk = 380kcal, 16g of protein, plus vitamins and minerals.

Apparently the chocolate and vanilla taste 'just like McDonald's' (!), but the banana tastes artificial.

**Savory alternative: Complan soups.** Similar price.

Made up with water and lower in calories (made up with 200mls water contains 250kcal and 8g of protein).

An alternative that can be added to food and drink is **Build-up Original powder** (40g serving=144kcal and 10g of protein).

**REMEMBER: Many patients' dietary intake falls on starting supplementation!** – make sure you discuss this with them and explain supplements must be used *in addition to dietary intake*, not instead of.

## If you do need to prescribe supplementation...

For those who are very high risk, or who are not progressing to target BMI/weight with the 'food first' approach AND over the counter supplementation, OR those who have been recommended supplementation by a dietitian, then prescribe SIP feeds:

**Set an aim of treatment** (e.g. target weight/BMI). Monitor progress towards set aims.

**Write clear instructions on the packets:** 'Take one (or two) a day BETWEEN meals' (remember they are not a substitute for food but a 'top up').

**Only ever prescribe ones that are 1.5kcal/ml** (remember if you prescribe products that are 1kcal/ml you might as well prescribe full cream milk!). 2kcal/ml supplements are available BUT should really only be used by the dietitians. For advice on which products are currently the best buys, see below.

**Use milk-based ones in preference to juice-based ones** as juice-based ones contain less protein and fewer calories, so only use them if lactose intolerance or if can't tolerate milk-based ones.

**There are special products for those with difficulty swallowing but these should be accessed through a dietitian/speech therapist** (e.g. Resource Dessert energy, Ensure Plus Creme, Forticreme).

**REMEMBER: Many patients' dietary intake falls on starting supplementation!** – make sure you explain supplements must be used *in addition to dietary intake*, not instead of.

## But which SIP feed?

**Clearly, if a dietitian has recommended a specific SIP feed, use that, but for everyone else, here are the best buys** (cheapest one offering the right mix of calories/protein):

**First line = Aymes Shake** (57g sachet, to be made up with 200ml fresh full cream milk; *note that 1 sachet gives you 384 kcal and 16g protein*). 1 box = 7 sachets, at 78p/serving. (Note that Ensure Plus = £1.85/serving and contains fewer calories and less protein). DO NOT use shakes in CKD 4/5 (high sodium load to make them soluble). Available in banana, strawberry, chocolate, vanilla and neutral flavours (can be added to soups and sauces). Start with the sample pack which contains one of each, then

prescribe flavours according to patient preference.

**Second line** (for those who can't make up their own drinks) = **Fresubin Energy** (similar to Aymes Shake, but £1.48/serving).

**For those who are lactose intolerant/can't tolerate milk: Resource Fruit** (remember this contains fewer calories & less protein than those recommended as first and second line products, so use only in those who can't take the products outlined above.

### How much? How often? For how long?

Use 1/day in the first instance. Consider increasing to 2/d after 1m if not making progress towards target (weight, BMI).

Patients must use them every day or not at all. They are not there for occasional use!

Give one week's supply of mixed flavours in the first instance. Then issue no more than 4w supply each time, specifying flavour according to patient choice.

Stop when aim of treatment is reached (target BMI/weight). Monitor for 3m afterwards.

### A few don'ts!

Don't use Pro Cal, Calogen and Maxijul: they have limited value because they lack minerals and vitamins. Don't use fibre-containing products.

## Nutritional supplements/SIP feeds

This is an area where we may be wasting lots of money.

If SIP feeds are requested, assess risk using the MUST tool. If score 1 or more, then the patient is at risk.

### Always take the 'food first' approach: food is much better than supplements and is nutritionally complete.

Supplements, if used, should be just that: supplements. They should never be used as a substitute for food.

Encourage patients to forget healthy eating and to enrich the food they are already eating by adding sugar, butter or cream to meals and using full fat milk.

Recommend over the counter supplementation before moving to prescribed supplements.

If you do need to prescribe supplements:

Make sure you set clear aims for treatment and monitor progress against these aims.

Only ever use products containing 1.5kcal/ml, and never 1kcal/ml.

Use milk-based products rather than juice-based products.

The best buys for over the counter and prescribed supplements are given above.

