Evaluation of the effects of a new ready to drink, plant-based oral nutritional supplement (ONS) in adult community patients at risk of disease-related malnutrition (DRM).

Marta Delsoglio¹*, Corbin Griffen¹, Rakshan Syed², Tobias Cookson³, Hanorah Saliba³, Amanda Vowles³, Samuel Davies⁴, Nicola Willey⁴, Jennifer Thomas⁴, Nicola Millen⁵, Nour Odeh⁵, Jayne Longstaff⁵, Naomi Westran⁶, Mary Phillips⁶, Lindsey Allan⁶, Hannah Offer⁶, Chloe Howell⁶, Meg Sanders⁷, Kirsty Gaffigan⁷, Kirby Garrett⁷, Sally Foster⁶, Agnes Salt⁶, Emily Carter⁶, Sarah Moore⁶, Nick Bergin⁶, Jane Roper¹⁰, Joe Alvarez¹⁰, Christine Voss¹¹, Teresa Connolly¹¹, Clare MacDonald¹¹, Tracey Thrower¹¹, Darren Sills¹², Janet Baxter¹³, Rhonda Manning¹³, Lynsey Gray¹⁴, Karen Voas¹⁵, Scot Richardson¹⁶, Anne-Marie Hurren¹⁶, Daniel Murphy¹⁷, Susan Blake¹⁷, Paul McArdle¹⁶, Sinead Walsh¹⁶, Lucy Booth¹⁶, Louise Albrich¹ჼ, Sarah Ashley-Maguire¹ჼ, Joanna Allison¹ჼ, Jennifer McClorey²⁰, Sarah Brook²¹, Rebecca Capener¹, Gary P Hubbard¹, Rebecca J Stratton¹,²²²

¹Medical Affairs, Nutricia Ltd., White Horse Business Park, Trowbridge, BA14 0XQ, UK;² Preston Hill Surgery, Preston Hill, Harrow, HA3 9SN, UK; ³Trowbridge Health Centre, Hammersmith Fields, Trowbridge, Wiltshire, BA14 8LW, UK; 4West Walk Surgery, 21 West Walk, Yate, BS37 4AX, UK; 5Cowplain Family Practice, 26-30 London Road, Waterlooville, PO8 8DL, UK; ⁶Department of Nutrition and Dietetics, Royal Surrey NHS Foundation Trust, Royal Surrey County Hospital, Egerton Road, Guildford, Surrey, GU2 7XX, UK; ⁷Dietetic Department, Thorpe Health Centre, Norfolk Community Health and Care NHS Trust, Williams Loke, Thorpe St Andrew, Norwich, NR7 0AJ, UK; 8Nutrition and Dietetic Department, North Tyneside District General Hospital, Rake Lane, Tyne and Wear, NE29 8NH, UK; 9Department of Nutrition and Dietetics, Airedale General Hospital, Skipton Road, Keighley, West Yorkshire, BD20 6TD, UK; ¹⁰Warden Lodge Medical Practice, Glen Luce, Turners Hill, Waltham Cross, EN8 8NW, UK; ¹¹Rowden Medical Partnership, Rowden Hill, Chippenham, SN15 2SB, UK; ¹²Nutrition and Dietetics, Nottingham University Hospitals NHS Trust, City Hospital Campus, Hucknall Road, Nottingham, NG5 1PB, UK; ¹³Department Nutrition and Dietetics, Kings Cross Hospital, Clepington Road, Dundee, DD3 8EA, UK; ¹⁵Dietetic Department, Betsi Cadwaladr University Health Board, Ysbyty Glan Clwyd, Rhuddlan Road, Rhyl, LL18 3UJ, UK; ¹⁶James Alexander Family Practice, Bransholme South Health Centre, Goodhart Road, Hull, HU7 4DW, UK; ¹⁷Honiton Surgery, Marlpits Lane, Honiton, EX14 2NY, UK; ¹⁸Birmingham Community Nutrition, 3rd Floor, Priestley Wharf, Holt Street, Aston, Birmingham, B7 4BN, UK; ¹⁹Yeovil District Hospital, Higher Kingston, Yeovil BA21 4AT; ²⁰Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP, UK; ²¹Dietetics, Princess Royal Health Centre, Greenhead Road, Huddersfield, West Yorkshire, HD1 4EW, UK; ²²University of Southampton, University Road, Southampton, SO17 1BJ, UK

Rationale: The use of oral nutritional supplements (ONS) has been shown to be effective for managing disease-related malnutrition (DRM). The aim of this one-arm multi-centre intervention study was to evaluate the effects of a plant-based ONS in community adult patients at risk of DRM.

Methods: A ready to drink, plant-based, nutritionally complete ONS (300kcal, 12g protein: 1.5kcal/ml, Nutricia Ltd., UK), was prescribed (≥1/day) alongside dietary advice for 28days, to adult community-based patients with multiple diagnoses at risk of DRM. Body weight, BMI, 'MUST' score¹, dietary intake (24h dietary recall), and appetite (Simplified Nutritional Appetite Questionnaire (SNAQ)²) were assessed at baseline and intervention end. Intention to treat data analysis was performed.

Results: Twenty-four patients (age:59 \pm 18years; BMI:18.9 \pm 3.3kg/m²) were included. High risk of malnutrition¹ reduced from 20 to 16 patients (p=0.046) with a significant increase in body weight (\pm 0.6 \pm 1.2kg, p=0.02) and BMI (\pm 0.2 \pm 0.5kg/m², p=0.03) at intervention end. Total energy intake significantly increased (from 1204 \pm 575kcal/day to 1576 \pm 404kcal/day, \pm 371 \pm 457kcal/day, p=0.001), as well as protein intake (from 44 \pm 21g/day to 58 \pm 17g/day, \pm 14 \pm 39g/day, \pm 10.03). Appetite (from 11.3 \pm 3.0 to 11.9 \pm 3.5, \pm 10.13) and food-only energy intake (from 1078 \pm 368kcal/day to 1208 \pm 319kcal/day, \pm 130 \pm 325 kcal/day; \pm 20.43) were maintained throughout the study.

Conclusion: The intervention with a new ready to drink, plant-based ONS alongside dietary advice significantly improved clinical outcomes in community-based patients at risk of DRM. Further investigation is required to ascertain the clinical benefits of using a plant-based supplement in the management of patients with malnutrition.

^{1.}Frank M, Sivagnanaratnam A, Bernstein J Nutritional assessment in elderly care: a MUST! BMJ Open Quality 2015;4:u204810.w2031. doi: 10.1136/bmjquality.u204810.w2031

^{2.} Wilson MM, et al. Appetite assessment: simple appetite questionnaire predicts weight loss in community-dwelling adults and nursing home residents. American Journal of Clinical Nutrition. 2005;82(5):1074-81.