

Nutritional Screening by Dorset POPP using questions to identify risk of undernutrition: Evaluation Report

1.0 Project Background & Introduction

A project was carried out by the Dorset Partnership for Older People Programme (POPP)¹ and the Wessex AHSN to evaluate the potential effectiveness of Dorset POPP carrying out awareness raising for undernutrition using standard questions and the PaperWeight Armbands^{2,3} to determine recent unintentional weight loss and risk of being undernourished.

1.1 Context

The Wessex AHSN nutrition programme aims to improve and standardise nutritional care across the Wessex region, being a catalyst for implementation of NICE guideline CG32 Nutrition Support for Adults: oral nutrition support, enteral tube feeding and parenteral nutrition. The programme focusses on the identification and treatment of undernutrition in the older population of people (over 65 years old) living in the community.

This project evaluates an approach for raising awareness about undernutrition in older people by voluntary sector workers or care workers.

1.2 Aims and objectives

The aims of the project were to:

- 1) Evaluate the potential and effectiveness of Dorset POPP using standard questions and the PaperWeight Armbands to raise awareness of undernutrition in order to identify people experiencing recent unintentional weight loss and risk of undernourishment.
- 2) Evaluate the usability of the standard questions and the PaperWeight Armbands

2.0 Methods

Initial meetings were held with the Dorset POPP community development worker for access to food and nutrition (CDW) to agree the scope, project plan and associated paperwork. The paperwork included a flowchart which outlined the process and what advice to give depending on the results of the awareness discussion, and a data collection sheet (see appendix 1).

Training was not required as the CDW understood the issue of undernutrition in the older population, the aims of the project, and the primacy of the questions over use of the armbands.

1 <https://www.dorsetforyou.gov.uk/popp>

2 <http://www.ageuk.org.uk/salford/news--campaigns/malnutrition-prevention-pilot/>

3 *'The armband is a strip of paper that is wrapped around a person's bare upper arm. If the armband slides easily over the arm when fastened, the person can be given practical advice to help them to increase their calorie intake.'*
<http://www.trustech.org.uk/news/nutrition-aramband/>

2.1 Situation

The CDW held a stand at 13 Home Safety and Falls Prevention events organised by Dorset Early Help / POPP in partnership with Dorset & Wiltshire Fire & Rescue Service. The events took place across Dorset between September and November 2016 and were held during the daytime in public spaces such as town or church halls. Attendance at the events is usually good, attracting independent community-dwelling older people (aged 50 years and older) interested in remaining well in their own homes.

Dorset POPP provided the stand, posters, leaflets (see Appendix 2 for the complete list), and PaperWeight Armbands.

2.2 Procedure

Event attendees were encouraged to visit the Dorset POPP stand where the CDW carried out basic undernutrition awareness-raising using questions, and provided support to people as required.

The CDW began awareness-raising conversations by asking if the attendee had experienced any unexplained or unplanned weight loss in the last six months. The PaperWeight Armband was also available for use as a conversation-starter. If the answer to the weight loss question was 'yes' then the CDW used further questions (based on knowledge about the potential causes of undernutrition) to explore the possible reasons for this, see Table 1 in the results section for reasons given. The PaperWeight Armbands were available for use as a way of identifying anyone who was underweight if appropriate.

The support provided included signposting and provision of awareness leaflets and basic dietary advice from the resources available on the stand as listed in Appendix 2. Distribution of the signposting and leaflets at the events is summarised in Table 2 in the results section.

The data collection sheet (Appendix 1) was completed for each individual with whom a discussion was held.

In order to collect the views of the CDW on the use of the questions and the PaperWeight Armband, an informal interview was held by the Wessex AHSN programme manager and co-ordinator with the CDW. The interview was free-format, being led by the CDW's experiences and notes, enabling her to highlight the points she thought were most relevant to the project.

2.3 Evaluation

Evaluation of the project was carried out as follows:

- Review of the data. The data included location of screening, numbers screened, numbers of those found to have experienced recent weight loss, possible reasons for the weight loss and resulting actions.
- Collection and analysis of case studies and anecdotal evidence as recounted by the CDW.
- The CDW's views of the usability of the questions and PaperWeight Armbands at the Home safety and Falls prevention events.

3.0 Results

3.1 Awareness-raising

Across all the events the CDW discussed the risk of undernutrition with 634 people, male and female, all over 50 years old.

It had been planned to use the PaperWeight Armband to help initiate the conversations about weight loss, specifically with people who appeared to be underweight. It was found that the stand was sufficient as a conversation starter, and the PaperWeight Armband was therefore used on just four individuals, at least one of whom had a stable weight but asked to use the armband out of curiosity.

Of the 634 older people, 44 reported as having experienced unplanned weight loss in the preceding six months.

Table 1: The numbers of event attendees having experienced unplanned weight loss in the preceding six months, with reasons and current care provision, where disclosed:

Presumed reasons for unplanned weight loss	Care provision	N
Cancer	Specialist / dietitian	6
No reason suggested		10
Diabetes	GP	8
Undergoing tests	GP	6
Post-operative weight loss	(Assumed GP)	2
Illness	GP	4
Bereavement		1
COPD / Epileptic / Diabetic	GP	1
COPD	GP	1
Diverticulitis	GP / nurse	1
Recent Shingles	(Assumed GP)	1
Stress		1
Was a carer for her husband	(Assumed GP)	1
Weight loss at the same time as repeated falls	(Assumed GP)	1
Total number of those who had experienced unplanned weight loss in the preceding six months		44

Of those who had experienced recent unplanned weight loss, 32 individuals were already, or had been under the care of their GP for a range of pre-existing conditions such as cancer or diabetes, or stressful situations which may account for the unexplained weight loss. These approximate 73% of the total numbers who had experienced recent unplanned weight loss.

Of those who had experienced recent unplanned weight loss, 12 individuals were not already under the care of their GP for a potentially causative condition / situation. These approximate 27% of the total numbers who had experienced recent unplanned weight loss.

3.2 Information-giving and signposting

If applicable or required, signposting and/or information leaflets were provided. Table 2 shows the services that people were signposted to and the information given, along with the numbers for each.

Where persons are recorded as being under the care of a GP or medical specialist of any kind, they are recorded as having received signposting or information when it was in the form of

leaflets giving nutritional advice. They were not recorded as having received signposting if it was in the form of a referral to their GP.

Table 2: Signposting and information given by the CDW to reduce undernutrition

Services signposted and information given	Number of instances given
Nb. Some people were recipients of leaflets and signposting to more than 1 service therefore the numbers of instances do not represent the number of people	
Leaflets given:	
Build Yourself Up	18
Are you eating enough?	24
Signposting to:	
Lunch clubs or voluntary services	9
Meal delivery / shopping services	5
GP / nurse	13
Diverticulitis information	1
Bereavement advice	1
Local community transport	1
Total number of pieces of information or signposting given to older people	72
Total number of older people benefitting from further information or signposting	29

Information/signposting was given to nine of those people who had experienced recent unplanned weight loss and who were already, or had been under the care of their GP or a specialist (n=32), and was given to 10 of those who had experienced recent unplanned weight loss and who were not under the care of their GP or a specialist (n=12).

Information and signposting was also given to some people not recorded as having lost weight in the preceding six months. Each person received between two or three pieces of information.

3.3 Case studies and anecdotal evidence provided by the CDW

The CDW found that the attendees had misperceptions about weight loss as part of the ageing process as, demonstrated by her quote below.

‘It is still common belief that losing weight or appetite is a natural process of ageing and when challenging this perception it really raised people’s awareness and made them think of it as a more serious issue’

However of those who reported recent weight loss, most

‘... had sought some intervention’

Reasons for weight loss included the following:

- Already under consultant for another pre-existing medical condition
- Recently Bereaved
- One person had suffered from shingles
- One person under tremendous stress
- Getting over an recent illness or operation

The CDW was

'...surprised at the level of recently being diagnosed as a diabetic and many now attend special clinics for regular checks and support.'

Some of the event attendees:

'.....raised the issue of whether they were drinking enough and a few mentioned they disliked water'

In response the CDW reminded them of all the different liquids which went towards their total fluid intake, and made some suggestions for making drinks more interesting.

3.4 The views of the CDW on the use of the questions and the PaperWeight Armband

Situation - The CDW believed that the stand within the event made it easy for her to start discussions about undernutrition with event attendees. In a way the stand was a useful tool and removed the need for the PaperWeight Armband to be used as an introduction to the discussion. The CDW herself was knowledgeable and confident to discuss her subject.

Questions and the PaperWeight Armband - The CDW understood the primacy of the questions over use of the armband. She also commented that she did not think it appropriate to ask people to remove clothing in a cold hall to enable use of the armband, particularly once she had already initiated an awareness-raising conversation. The CDW found the questions on the data collection form easy to put to people as a way of exploring any potential unplanned weight loss, and explained that:

'No one refused any question and was very happy to share medical information.'

The CDW used the PaperWeight Armband on four people, none of whom were identified as underweight.

4.0 Discussion

It must be remembered when considering these results that those attending the Home Safety and Falls Prevention events were well enough and fit enough to be able to reach them. Also the age range of people attending the events was 50 years old and above and therefore younger than the age range on which the programme focuses (over 65years old).

Approximately 44 (7%) of the 'older people' with whom undernutrition was discussed were found to be potentially at risk; having experienced recent unplanned weight loss. Data found in published and quoted research, states that around 10% of the general population are at risk of being undernourished (BAPEN and ILCUK, 2006), and 14% of those over 65 years old living in their own homes were found to be 'at risk' (Elia & Stratton, 2005). The figure of 7% identified as possibly at risk of undernutrition among the event attendees is therefore compatible with this data.

The results showed that around 27% (n=12) of those who had experienced unplanned weight loss in the preceding six months were not, or had not been under the care of their GP for a condition which may be responsible for their weight loss.

However, as shown by responses to questions and the case studies most of those who had unintentionally lost weight recently were aware why they had lost weight and most had sought the intervention of a GP or consultant. The GPs or consultants made a diagnosis of the condition which had led to the unintended weight loss. The CDW did not ask the attendees if their GPs had given them nutritional advice to complement the diagnosis. One person believed that her GP had not taken her concerns about weight loss seriously.

The fact that most were still keen for any information the CDW was able to provide (as demonstrated by the figures in Table 1 above, ie each person received between two or three pieces of information), suggests that they thought they could learn and do more.

The older people with whom the CDW interacted seemed to believe that unplanned weight loss was a natural part of ageing. This indicates that there could be a greater portion still of the older community-dwelling older population (i.e. those not attending these events) experiencing unplanned weight loss and either believing this to be a normal part of ageing and/or not seeking help. It is also possible that some of the older people were not aware of recent weight loss or that some may have lost weight through sarcopenia but remain overweight, and so do not appear in these figures.

Some of the event attendees were aware of the importance of adequate hydration and the CDW was able to both reassure them and suggest ideas.

5.0 Conclusions

The CDW found it easy to use the questions to enquire about recent unplanned weight loss, and found people to be open and willing to discuss even medical conditions with her. She did suggest that the nature of the events and presence of her stand provided her with conversation-starting 'tools', facilitating the discussions. Because of this the PaperWeight Armband was not needed to start the conversations around weight loss. The CDW was also confident in enquiring about weight loss due to her role, background knowledge and understanding.

The PaperWeight Armband was used as described in the Procedure section above, on four attendees, none of whom were identified as underweight. Therefore when looking for recent weight loss the questions were more reliable than the PaperWeight Armband as a tool.

The data collection sheets were straightforward to use and were a useful way to collect data at an individual but anonymised level.

These factors came together to demonstrate that the questions were both a possible and effective way to identify recent unintentional weight loss, potential risk of undernourishment in community-dwelling older adults, and an opportunity to offer advice on appropriate nutrition or signposting to services and professionals with the aim of reducing the potential risk.

To extend this approach for use by volunteers and care workers, training would be needed to provide the required knowledge on causes of undernutrition, signs of undernutrition and how to recognise it, and the recommended advice and signposting to address the potential causes.

6.0 Lessons learned

There are a number of reasons why the project was successful:

- Nature of the events, where older people attending were interested in maintaining their wellbeing and were looking for information to this end.
- The CDW's understanding of the subject area and of the project's aims
- The CDW's ability to record the information requested onto the data collection forms.

The project also had shortcomings:

- Replication – The initial question asked by the CDW ('have you recently experienced unplanned or unexplained weight loss?') was based on the 'MUST' screening tool. Following that she used her experience and knowledge to frame further questions to collect the data. A standardised set of questions, along with appropriate training, would enable replication of the project by others whatever their experience.
- The PaperWeight Armbands were not needed to contribute towards the data collected in this project.

7.0 Key Recommendations

- **Training** – Ensure that any people carrying out the awareness raising undergo appropriate training so they have a good overview of undernutrition in the older population, starting a conversation about undernutrition and knowing where older people could go for further advice or help. Being equipped with knowledge and understanding will also increase confidence in starting a conversation about undernutrition.
- **Use of a tool** – Conversations about the risk of undernutrition appear to be easier to start when a tool of some kind is used to introduce the older person to the subject. A tool may also be used in partnership with the older person who would take part in their own assessment of the likelihood of being at risk of undernourishment.
- **Standardisation of Questions** – Developing a set of standard questions would enable replication of the results by people with appropriate training as above, in similar situations.
- **Muscle strength** – Investigate the practicality of including a tool to measure and report on deterioration of muscles and muscle strength.
- **Hydration** – Include a question on hydration to raise awareness of the importance of drinking enough.

8.0 References

- Malnutrition Task Force, *Malnutrition in Later Life: Prevention and Early Intervention*, 2013
- European Nutrition for Health Alliance, BAPEN and ILCUK, *Malnutrition in Older People in the Community: Policy Recommendations for Change*, 2006
- Elia M, Stratton R. *Geographical inequalities in nutrient status and risk of malnutrition among English people aged 65y and older*. *Nutrition* 2005; 21:1100-1106.

9.0 Appendices

Appendix 1: Copy of the flowchart and data collection sheet



Early Help-POPP
Assessment-Armbanc

Appendix 2: List of posters and leaflets available at the Dorset POPP stand

- The Malnutrition Task Force poster about losing weight
- The signs of malnutrition poster
- Build Yourself up Document (old Version as new one was not ready)
- Malnutrition task force “Are you eating enough” – advice for older people
- Malnutrition task force “Eating enough in later life” – advice for carers
- Twice as nice, and cheap as chips recipe booklet which was originally compiled by the Dorset Food & Health Trust
- POPP Lunch Club Directories
- POPP Meal Delivery Directory
- POPP Shopping Assistant Directory
- POPP Food Bank Directory
- Speech Bubbles with relevant phrases e.g. Do you hate eating alone?
- A display of statistics from the Malnutrition Task Force