

letters

TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and sent by email to: Clinicalmedicine@rcplondon.ac.uk

Editorial: 'Thousands starving in UK hospitals'; letter 1

Editor – Robert Allan's editorial about malnutrition in hospital (*Clin Med* October 2007 pp 429) gives the impression that little can be done about it, which goes against national and international policies eg from the Council of Europe,¹ National Institute for Health and Clinical Excellence,² and NHS Quality Improvement Scotland,³ and against the clinical evidence (detailed below). It also trivialises the problem by stating that special interests groups aim to raise their profile by calling the public's attention to the occasional patient whose malnutrition has been overlooked. The Royal College of Physicians' own report indicates that malnutrition is a major problem affecting up to 40% of patients in hospital,⁴ confirmed by a recent review⁵ and the UK Nutrition Screening Week. There is also considerable concern that the majority of malnutrition in hospitals is unrecognised and inadequately treated (not just in the occasional patient),^{6,7} and this has helped drive national policies, including the recent NHS report, *Improving nutritional care*.⁸ Malnutrition remains a major clinical and public health problem with costs comparable to obesity and overweight.⁹

The idea that there is little opportunity for nutritional interventions because of short length of stay is also rather simplistic for at least three reasons. First, identification of malnutrition in hospital is important because it can initiate treatment that continues in the community after hospital

discharge. Second, the length of hospital stay increases with age, the presence of malnutrition, and complications associated with malnutrition. This means that the time available for treating malnutrition in hospitalised older individuals could be weeks rather than days. Third, treatment provided over a short period of time can make a large difference to outcome. Inappropriate feeding can result in complications and sudden death from the re-feeding syndrome. The benefits of nutritional support should not just be measured in terms of changes in body composition, which may take considerable time to occur. Appropriate nutritional support and good metabolic control during key periods of an illness in hospital can not only improve the well-being and experience of patients during their hospital journey, but also favourably affect clinically important outcome measures, including mortality, complications and length of hospital stay.^{5,10}

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- 2 National Institute for Health and Clinical Excellence. *Nutrition support in adults*. Clinical Guideline 32. London: NICE, 2006.
- 3 NHS Quality Improvement Scotland. *Food, fluid and nutritional care*. Edinburgh: NHS QIS, 2003.
- 4 Royal College of Physicians. *Nutrition and patients: a doctor's responsibility*. A report of a working party of the Royal College of Physicians. London: RCP, 2002.
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- 6 McWhirter JP, Pennington CR. A comparison between oral and nasogastric nutritional supplements in malnourished patients. *Nutrition* 1996;12:502–6.
- 7 Elia M. The 'MUST' report. *Nutritional screening for adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults*. A report by the Malnutrition Advisory Group of the British Association for Parenteral and Enteral Nutrition. London: BAPEN, 2003:127.
- 8 Department of Health. *Improving nutritional care*. London: DH, 2007:80.
- 9 Elia M, Stratton R, Russell C, Green C, Pang F. *The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*. A report by the Health Economic Group of the British Association for Parenteral and Enteral Nutrition (BAPEN). London: BAPEN, 2005.
- 10 Stratton RJ, Green CJ, Elia M. *Disease-related malnutrition. An evidence-based approach to treatment*. Oxford: CABI Publishing, 2003.

Editorial: 'Thousands starving in UK hospitals'; letter 2

Editor – The recent editorial by Robert Allan is dismissive of the importance of undernutrition in UK hospitals and of those who strive to improve the nutritional status of their patients. They are described as 'belonging to specialist interest groups and keen to raise their own profile by calling the public's attention to the occasional patient whose malnutrition has been overlooked'.

It is difficult to comprehend what motivation might have led to this negative and damaging editorial. It flies in the face of evidence, national guidelines,¹ and government policies. Furthermore, the Royal College of Physicians (RCP) and its recent presidents have been particularly supportive of malnutrition as an under-recognised and under-treated problem with a