Further Information on the prescribing of Oral Nutritional Supplements in adults

ONS Prescribing Guide	Quick Prescribing Guide to ONS

This guidance is in simple format by design for the use primarily of GP's in primary care.

Executive Summary

- Healthcare professionals are advised to follow national guidance on nutritional assessment and follow process according to the degree of malnutrition risk based on a MUST score
- If patients can eat normally, it is important to encourage 'food first' before starting supplements
- We recommend giving advice to fortify foods and the use of over-the-counter supplements. BAPEN Food First Advice Food First/Food Enrichment (bapen.org.uk)
- ONS should be used with higher risk patients and if indicated by the Advisory Committee on Borderline Substances (ACBS). ONS should be prescribed as per the Area Prescribing Committee Quick Prescribing Guide to ONS

- Patients discharged from hospital with ONS on prescription should only have these continued if the GP receives a documented care plan from the clinician following discharge. Patients should be reassessed by the GP Practice when discharged to their care
- GP Practices should not prescribe ONS for care home residents simply on request and should be provided with all the information to justify a safe and clinically appropriate prescription
- If a patient fails to attend a review of their ONS prescription without reason, ONS should be paused until the prescriber has spoken to the patient as per all NHS medications
- Patients with complex nutritional needs or MUST score 3 or 4 (i.e. renal disease stage 4 and above and gastrointestinal disorders) may require specialist products and should be referred to the appropriate Dietetic team
- Patients with swallowing problems should be referred to Speech and Language Therapy services (SALT) for assessment before ONS can be safely prescribed and before Dietetic input
- For patients with Diabetes, milk-based ONS are preferred. These offer a lower carbohydrate content compared to juice based ONS. The latter may be used alongside monitoring of blood glucose levels
- Care should be taken when prescribing supplements in substance misusers as once started, ONS can be difficult to stop. Supplements are often used inappropriately to replace meals and therefore can be of negligible clinical benefit. A clear treatment plan should be set for patients who meet the prescribing criteria
- It may be appropriate to recommend an over-the-counter multivitamin supplement e.g. Centrum® or Sanatogen® AZ once daily, instead of ONS, for patients with pressure ulcers who are eating well and not malnourished in order to encourage wound healing
- Not all ONS are kosher approved, halal certified, vegetarian, gluten free or lactose free. Individual ONS products should be checked for their suitability for these patients as well as those with specific food allergies or intolerances

Introduction

This further information document is written to support GP prescribers alongside the simple prescribing guide Quick Prescribing Guide to ONS on the appropriate prescribing of Oral Nutritional Supplements (ONS) for adults in the community in line with national guidance.

- Prevention of malnutrition is a complex process, best achieved through education, early intervention and food first approaches. ONS are commercially produced products to assist in the short-term treatment of malnutrition. They should be prescribed for patients who have been identified as being at Higher Risk of malnutrition following a Malnutrition Universal Screening Tool (MUST) score.
- ONS are expensive for the NHS and prescribing is sometimes deemed inappropriate, particularly when patients are on ONS prescriptions over long periods without adequate review. However, total exclusion or extreme restriction of ONS is equally not cost effective and limits optimal patient care for those who would benefit.
- The ONS listed within these guidelines are formulary products for the prescription by authorised healthcare professionals within the community. All other ONS products are restricted to Dietitian and specialist recommendation only and should not routinely be initiated in Primary Care.

Aims

The aim of the guideline is to support primary care healthcare professionals in the management of ONS in the community and ensure consistency of care across Nottinghamshire. The guideline aims to provide support with high quality, clinically safe and cost-effective prescribing to optimise medicines and patient care.

Limitations

- This guideline is to provide advice and support on the prescribing of ONS for adults within Primary Care in Nottingham and Nottinghamshire and excludes prescribing of ONS for children and enteral tube feeding. Special advice for the prescription of ONS for patients receiving end of life care or drug or alcohol problems is given at the end of the document.
- It is not the remit, nor would it be clinically appropriate for this guideline to cover all aspects of malnutrition.
- It is not the remit of this document to cover all aspects of Nutrition and Dietetics or go into detail on specific clinical conditions relating to patients at risk of malnutrition.
- This guide is not aimed at specialist secondary care Dietitians or for patients with rare or highly specialised conditions.

Development

Nottingham and Nottinghamshire ICB have updated these guidelines in accordance with the national evidence base alongside the involvement of our Consultants, GPs, Dietitians, Pharmacists and other healthcare professionals. The guideline has been reviewed by the Medicines Optimisation Team, MOGG clinical group, Senior Pharmacist Management Team, Area Prescribing Committee, Joint Formulary Group as well as national bodies in England. This includes wider medicines partnership with Pharmacy colleagues in Lincolnshire ICB and Derbyshire ICB.

Indications for ONS prescribing

The Advisory Committee on Borderline Substances (ACBS) advises that ONS may be regarded as medicines for prescribing for the following approved indications:

- Short-bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Proven inflammatory bowel disease.
- Following total gastrectomy
- Bowel fistulae
- Dysphagia
- Disease-related malnutrition

'Disease-related malnutrition' encompasses a wide range of conditions that may result in a requirement for nutritional support. The British National Formulary (BNF) definition of this includes cancer, neurological conditions, acute episodes of respiratory conditions, dysphagia, mental illness where all efforts to improve nutrition with diet manipulation have failed such as anorexia or dementia. The prescriber should therefore use their clinical judgement to determine when ONS is required and consider the individual circumstances of the patient.

Many supplements and food products are prescribable for those receiving continuous ambulatory peritoneal dialysis (CAPD) and haemodialysis or are specifically prescribable for individual conditions. These products would normally be requested by a Dietitian and should not be routinely started in primary care. Further details of these products can be found in the BNF.

Dysphagia

Patients presenting with dysphagia should be referred to a Speech and Language Therapist for specialist assessment and ongoing monitoring. The addition of commercial thickening powders to ONS can lead to unsuitable consistencies. Pre-thickened ONS may be recommended in this case if deemed safe by a Speech and Language Therapist.

Supplement initiation and referral

These guidelines recommend referral to a Dietitian at MUST Score 3 or 4, or on occasion MUST 2+ if clinically appropriate and there are no improvements after four weeks using first line interventions.

Patients already being treated for an underlying problem or a specialist condition by secondary care teams should be seen by the hospital Consultants and Dietitians.

Nutritional supplements should usually only be initiated after stages 1-4 have been completed by the GP Practice and nutritional intake is still inadequate.

1. Identification
2. Overall assessment
3. Goal setting
4. Initial treatment - 'Food First' and non-prescribable 'over the counter' (OTC)
5. Initiating prescribable ONS first or second line products: Quick Prescribing Guide to ONS
6. Review
7. Discontinuation of ONS
8. Follow up review

Referral for Dietetic intervention may be appropriate in any of the following circumstances:

- To assist in appropriate planning and goal setting for nutritional support for individual patients.
- To advise on nutritional supplementation strategies and their appropriateness of initiating ONS.
- Deterioration in nutritional status despite supplementation after excluding other contributory pathology.
- Cultural, social or religious influences affecting dietary intake.
- The presence of co-existing medical conditions such as Diabetes, Renal failure, Coeliac Disease or high cardiovascular risk.
- Where swallowing difficulties or other indications for modified food texture exist.
- Unexplained weight loss or wound healing issues.

Stage 1: Malnutrition Risk

Screening

The Malnutrition Universal Screening Tool (MUST) developed by BAPEN is a validated screening tool and is used throughout the NHS in Primary and Secondary care. This tool should be used to help identify the risk of malnutrition where possible. Management plans should then be put in place according to the degree of malnutrition risk identified.

MUST calculator MUST Online Calculator - Malnutrition Universal Screening Tool (bapen.org.uk)

As a minimum, the patient's BMI (kg/m^2) and recent weight loss should be calculated. Individuals in the following categories are likely to be at high risk of malnutrition and will require intervention:

- If BMI is less than 18.5
- If BMI is less than 20 with unintentional weight loss of more than 5% in the last 3-6 months
- If BMI is less than 20 with unintentional weight loss of more than 10% in the last 3-6 months

NICE recommends that all patients are screened for malnutrition when they are registered with a new GP.

Residents in care homes should be screened on admission and monthly thereafter. Screening should also occur on the transfer between care settings and an action plan and goal setting should be implemented in the new care environment.

Staff should look for concerning signs such as unintentional weight loss, damaged skin, poor wound healing, apathy, muscle wasting, poor appetite, altered taste sensation, impaired swallowing, changes in bowel habits, loose fitting clothes or prolonged illness.

Alternative measurements to work out a Risk Score

Use one of the alternative measurements to estimate height (ulna, knee height or demispan) if patient is unable to stand for a measure. Refer to the MUST Explanatory Booklet for further guidance:
http://www.bapen.org.uk/pdfs/must/must_explan.pdf

If weight cannot be measured, mid upper arm circumference (MUAC) may be used to estimate the BMI category and can be used to help support an overall impression of a patient's nutritional risk when an accurate BMI cannot be obtained. In this case, a patient maybe scored as low/high risk instead of being given a MUST score.

Risk Score	Subjective Indicators
Low	Not thinning, weight stable. No unplanned weight loss, no change to appetite
Medium	Appears frail as a result of disease/condition or history of unplanned weight loss in previous 3-6 months, loose fitting clothes, poor wound healing/ pressure ulcers, muscle wasting (sarcopenia including in overweight individuals), frequent falls & reduced physical function (particularly older people) reduced appetite and ability to eat
High	Significant weight loss/ muscle wasting in previous 3-6 months, no oral intake for up to 5 days, in the presence of acute disease or prolonged chronic illness & swallowing difficulty

Table adapted from Managing Adult Malnutrition in the Community (BAPEN, 2026)

Stage 2: Assessment

The European Society for Clinical Nutrition and Metabolism (Cederholm et al, 2024), provides additional considerations for establishing malnutrition risk and can be used alongside a MUST score. These include the following:

Phenotypic criteria

- 5% weight loss within the past 6 months or > 10% beyond 6 months
- Low BMI: < 20 if < 70 years or < 22 if > 70 years
- Reduced muscle mass

Etiological criteria: Patient meets one of these criteria

- Reduced food intake or assimilation: < 50% of energy intake for > 1 week or any reduction for > 2 weeks or any chronic GI condition that affects digestion and absorption.
- Presence of inflammation in acute or chronic disease.

The patient should meet at least one of each criterion for the diagnosis of malnutrition.

Once nutritional risk has been established, the underlying cause of malnutrition and treatment options should be assessed, and appropriate action taken.

Contributing factors:

- Ability to chew, issues with dentition and swallowing problems.
- Total food and drink intake
- Physical symptoms e.g. falls, muscle weakness, pain, vomiting, constipation, diarrhea, oral thrush, wound healing.
- Impact of medication (consider taste changes/any that may suppress appetite)
- Medical prognosis (appropriate intervention)
- Reduced strength or altered functional assessment including reduced walking speed, or reduced sit-to-stand strength
- Frailty score
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these factors and if needed make appropriate referrals.

Stage 3: Goal Setting

Clear treatment goals and a care plan should be agreed with patients. These should be documented on the patient record and should include the aim of the nutritional support, ACBS indication for ONS if required, timescale for intervention and reviews. Consider disease stage and treatment, e.g. for palliative care, cancer treatments and those in advance stages of illness and adjust goals of intervention accordingly.

Goals should be realistic and measurable and may include:

- Target weight or a target BMI range over a period of time
- Weight maintenance where weight gain is unrealistic or undesirable.
    - Reduced rate of weight loss where weight maintenance is not realistic (e.g. cancer cachexia, end of life)
    - Improvement in oral nutritional intake
- Optimising nutritional intake during acute illness
- Wound healing if relevant

Goals can also be set to biochemical, functional, psychological or behavioral symptoms e.g. improvement in strength, physical appearance, appetite, ability to perform activities of daily living.

Stage 4: Initial treatment using 'Food First' advice

Goals can often be achieved by fortification of the normal diet or addition of over the counter (OTC) nutritional supplements.

'Food First' advice

- Eat 'little and often'. Aim for three small nourishing meals and 2-3 additional snacks throughout the day. Aim to eat every 2-3 hours in the day.
- Consume 3 nourishing drinks per day. Fortify full fat milk with four heaped tablespoons of dried skimmed milk powder to one pint of full fat milk.
- Give advice on protein containing foods including eggs, lean meats, houmous, beans, pulses, nuts, nut butters, cheese, yoghurt. Encourage at least 3-4 portions of high protein foods daily.
- Consideration should be given to protein quality, and in particularly for people following a plant-based diet to advice on suitable plant-based proteins.
- If milk is not tolerated, try other calorific fluids e.g. fruit juice, carbonated drinks, soups.
- Add or increase amounts of high-energy foods such as full fat milk, cheese, butter, cream, sugar to maximise energy and protein intake.

Over the Counter (OTC) Supplements

Patients who have unplanned weight loss should be encouraged to increase their food intake by having regular meals and extra snacks as per 'Food First'. If there is no improvement after following this advice, the use of OTC may be considered.

These products may be useful provided they are not contraindicated by Diabetes, Renal Disease, milk allergy or a vegan diet. Patients with these specialist dietary requirements should be referred to a Dietitian.

OTC supplements are available to buy at pharmacies, convenience stores, larger supermarkets, as well as online retailers. Patients should be encouraged to check individual products for recommended servings/day, which range from 1-2 serves. Patients should consult their GP with any concerns.

Patients should be reviewed every 3 months after being offered first/second-line treatment. All dietary advice should be encouraged to continue with improvements and positive change towards meeting goals.

Stage 5: ONS Prescribing

If first line approaches have failed to achieve a positive change towards meeting goals after 3 months, consider prescribing of ONS in addition to the food first changes which should be maintained. The prescribing of ONS should not be considered for first line advice except when the patient is at higher risk of malnutrition (MUST 2+) as defined by screening or when an individual with COPD has a BMI less than 18.5kg/m^2. **Patients must meet at least one of the ACBS criteria to be eligible for prescribed ONS, see Quick ONS Prescribing Guide for prescribers flow chart and products to use:** Quick Prescribing Guide to ONS

Key Recommendations on starting ONS prescriptions:

- ONS should be advised between or after meals and not before meals or as a meal replacement. This helps to maximise effectiveness and not affect appetite for usual meals.
- To be clinically effective ONS should be prescribed as part of a wider plan to deliver calorie and protein intake that is sufficient to achieve weight gain.
- A one-week prescription or starter pack should be prescribed initially to avoid wastage, in case products are not well tolerated.
- ONS should not be added to a repeat prescription to ensure regular review, both in terms of nutritional status and compliance with products and flavours.
- ONS products will contain varying amounts of Vitamin K, alongside the amount already consumed within the diet. Possible interactions of ONS should be considered for Warfarin resistant patients. INR should be monitored, and treatment altered accordingly especially if ONS is commenced or changed after Warfarin is started.
- Modular ONS that provide only one or two nutrients e.g. Calogen, Fresubin Shot should be used under Dietetic supervision only.
- The patient should be reviewed in four weeks to monitor weight and check compliance to ONS.

Stage 6: How to review

- Weight, BMI, MUST, how have they been eating, level of appetite.

- Are they taking ONS as directed, is it the correct product? Quick Prescribing Guide to ONS How are they currently getting on with using their supplements?

- Ascertain if AYMES Retail / Complan over the counter were tried before the prescribed supplements. Promote self-care, Food First, discuss food fortification

- An assessment of the initial indication for the ONS and to see if this is still appropriate. Refer to ACBS indications.
  - Disease related malnutrition including
    - Head, neck and oesophageal tumors
    - Severe COPD – FEV<30% and MUST score of 2 or more.
    - Patients with a complex chronic condition requiring specialised feed.
  - Dysphagia related to Stroke, MND, MS
  - Pre-operative preparation of malnourished patients
  - Following total gastrectomy, intractable malabsorption, proven IBD, short bowel syndrome, bowel fistulae
  - Renal failure on CAPD or haemodialysis

- Recalculate the MUST score.
  - For patients with a MUST score of 0, 1 or 2 recommend OTC AYMES Retail / Complan with monitoring of overall dietary intake and usage of supplement.

- Review current eating habits and to reinforce 'little and often' advice.

- Review of / or set treatment goals such as

  - Prevent further weight loss.
  - Promote weight gain.
  - Improve nutritional status.
  - Promote wound healing.

Record the goals and set timescales for review and weight monitoring.

- Change the prescription to an acute or set a review date, to prompt regular reviews.

- Review if a switch to a first line powdered supplement is appropriate.

- Patients meeting the following criteria should be referred to the appropriate Dietetic team:
  - Patients scoring 2+ if there has been no improvement after four weeks of first line AYMES shake and serious concern
  - Patients scoring 3 or 4 on the MUST Tool
  - Patients with Stage 3-4 Pressure Ulcers
  - Any patient with a highly specialist condition who is not already under secondary care

Stage 7: Discontinuing ONS Prescriptions and Follow Up Review

ONS should be discontinued when treatment goals are met. Providing that an effective plan has been prepared at onset, it should be possible to clearly identify the point at which the prescription of supplements can be stopped, e.g. BMI within healthy range (18.5-25), patient has re-established a normal dietary intake (regular meals and snacks), appetite returned to normal, weight stabilised. The prescribing GP should end the prescription once goals are reached.

Prescriptions may need to be reduced prior to stopping depending on the amounts. Ideally, the patient should be reviewed 1-3 months after discontinuation to ensure there are no concerns. Consider relapsing remitting conditions e.g. COPD, IBD.
Rationale for stopping the ONS prescription should be documented on the patient record, together with any relevant monitoring information including weight/BMI/MUST/Risk Score and initial goal of treatment.

Follow up Review

Once goals are achieved, the patient should be reviewed again after three months to ensure there is no recurrence of the initial problem. If there are no further issues monitoring should continue as documented earlier in these guidelines. If there is future recurrence of malnutrition, the pathway should be re-started at stage 1.

Further notes

Palliative Care

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's state and their treatment plan. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

Patients may have many years to live and may be undergoing palliative treatment to improve quality of life. Therefore, if a patient's nutritional intake is compromised, ONS may be beneficial and may improve treatment outcomes.

Goals of End-of-Life intervention

- Nutritional support to help quality of life, comfort, symptom relief
- Maximising possible enjoyment of food if requesting and able
- Benefit to quality of life in later days
- As little disruption for the patient and most possible care as is possible

Intervention

- Provide reassurance and support to patient family that reduced appetite is a normal response.
- Consider treating reversible symptoms.
- Nourishing diet focusing on enjoyment of food, without pressure for patient to eat
- Little and often, small portions, slow eating
- ONS may be beneficial in some patients on psychological grounds
- If a patient is unlikely to consistently manage at least two ONS daily, they are unlikely to derive any significant benefit to their nutritional status
- Artificial feeding is only indicated when it is in the best interests and when achievable goals can be established
- Dietetics referral may not be appropriate, however the Dietitian from end-of-life team, oncology or community should be contacted if a healthcare professional or the patient has any queries

Treatment decisions about end-of-life nutrition are difficult and rarely based on evidence alone. Many considerations factor into the decisions that families and providers make about feeding, including provisions in advance directives or living wills, cultural, religious and ethical beliefs, legal and financial concerns. There is a role to engage in end-of-life discussions with the patient and family, to ensure that there are no unrealistic expectations associated with nutritional care.

Use of ONS in Substance Misuse

- Substance misuse is not a specified ACBS indication for ONS.
- Substance misusers may have a range of nutrition related problems such as poor appetite (particularly with opioid use), weight loss, nutritionally inadequate diet, constipation, poor dental hygiene, chaotic social circumstances and related medical conditions such as Hepatitis C or liver disease.
- Problems can be created by prescribing ONS e.g. once started on ONS it can be difficult to stop the individual having them. ONS may be taken instead of meals and therefore offer no additional benefit. They may be given to other members of the family and/or friends or sold and used as a source of income. Substance misusers can be poor clinic attendees, making it difficult to weigh them, monitor goals and re-assess need for ONS.

ONS should not routinely be prescribed in substance misuse unless all of the following criteria are met:

- BMI <18kg/m^2
- Evidence of significant weight loss (>10%)
- Co-existing medical condition which could affect weight or food intake.
- After nutritional advice has been given by a healthcare professional and tried by the patient.
- The patient is in a rehabilitation scheme e.g. methadone or alcohol programme.

Recommended monitoring if ONS is initiated:

- The patient should be weighed and measured. Usual nutritional goals set and monitored as per other patients and these guidelines.
- Maximum prescription should be for 600-800kcal/day e.g. a 300-400kcal ONS twice daily
- A first line ONS should be offered initially. These are cost effective, which the patient mixes with whole milk.
- Prescriptions should be on acute, not repeat prescriptions, to facilitate monitoring and review.
- If a patient fails to attend on two consecutive occasions, ONS should be paused
- If weight gain occurs, continue until usual weight or acceptable weight is reached and commence a withdrawal plan by reducing one supplement per day initially for one month, then discontinue ONS.

Preventing malnutrition at source is best achieved by raising awareness
Food first, making food count, fortified drinks: Food First/Food Enrichment (bapen.org.uk)
Malnutrition Universal Screening Tool online calculator: https://www.bapen.org.uk/screening-and-must/must-calculator
Food first leaflet Nottingham Community Dietitians: https://www.nottsapc.nhs.uk/media/xiaaaw2u/321-nutrition-leaflet_bw.pdf
Optimise Rx: Programmed safety "point of prescribing" alerts for GPs: record weight, BMI and MUST

Information for Health Care Professionals

- **Area Prescribing Committee** Quick Prescribers Guide to ONS with flow charts, first and second line products to use: Quick Prescribing Guide to ONS
- **BAPEN** British Association for Parental and Enteral Nutrition: www.bapen.org.uk. Key documents and reports 'MUST' toolkit, including 'MUST', explanatory booklet, e-learning and 'MUST' calculator.
- **BNF** British National Formulary: BNF
- **BDA** British Dietetic Association: www.bda.uk.com. Information on food first approach and other Fact Sheets https://www.bda.uk.com/foodfacts/home
- **British Lung Foundation** https://www.blf.org.uk/support-for-you/copd: Health information about living with COPD.
- **NICE** National Institute for Health and Care Excellence: www.nice.org.uk
  Refer to Clinical Guidance CG32: https://www.nice.org.uk/guidance/cg32 and associated QS24: https://www.nice.org.uk/guidance/qs24 for Nutrition Support in Adults. Also, CG101: https://www.nice.org.uk/guidance/CG101 for Chronic Obstructive Pulmonary Disease in over 16s
- **PrescQIPP** https://www.prescqipp.info/our-resources/webkits/nutrition/ Provides a Nutrition Webkit link for ONS Guidelines and other information on prescribing of Nutritional items. Including a resource; **'Fabulous Fortified Feasts'**, which is a collation of useful recipes, advice and ideas for increasing the calorie and protein intake of people with weight loss or people with or at risk of malnutrition.

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