Glasgow Addiction Services Nutrition Scoping Exercise

Helen Bennewith R.D.

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GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow CITY COUNCIL

NHS Greater Glasgow and Clyde

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Results continued

Introduction
Why consider nutrition?

The role of Food and Nutrition in Health

- **Food is something that most of us take for granted, often forgetting the major role it plays in our lives. Food not only provides us with sustenance – for many of us its also about enjoyment, including the social aspects of sharing meals with family and friends. Food impacts on the way we live and helps structure and enrich our lives.**

- **Nutrition is essential to our wellbeing and has a vital role to play in maintaining both physical and mental health. The benefits of good nutrition throughout life are well recognized and may be an important factor in protecting against a range of diseases such as coronary heart disease, stroke, diabetes, mellitus, obesity and certain cancers.[1.2.] This has led to the development of national guidelines which emphasise the importance of a varied and balanced diet throughout life. Current U.K health policy aims to support the general population in making the necessary dietary changes that may help reduce their risk of such diseases.[3. 4.]**

Nutrition throughout life

Whilst good nutrition is beneficial throughout life there are particular times when nutrition becomes vitally important.[5.] For example :

- **Adequate nutritional intake Is vital to support a successful pregnancy and may impact not only on the growth and development of the foetus but also influence the future health outcomes of both mother and baby. Adequate folate intake is particularly vital in the prevention of foetal neural tube defects.**

- **In children and young adults energy demands are high due to continuing growth and development. A good dietary intake helps support this successfully and may have a positive effect on future health outcomes.**

- **Elderly people and particularly those who live alone, in institutions, or have chronic health problems, may also be at higher risk of poor nutritional intake. Elderly males who have poor cooking skills may be at particularly high risk**

- **For those with chronic health problems good nutrition is vital to recovery and helps support bodily functions such as the immune and respiratory systems**

The influence of social factors on diet

Socioeconomic and lifestyle factors have been shown to impact on dietary intake and nutritional status. Factors such as poverty, homelessness, unemployment, low education level and poor use of healthcare services have been associated with increase risk of poor dietary intake and malnutrition. [4.6.] In a recent survey of low income households the Foods Standards Agency found that :

- 39% of households reported that in the last year they had occasions when they were worried that food would run out before thy could get more.
- 36% felt that they could not afford balanced meals
- 22% reported missing or skipping meals and 5% not eating for full days at a time due to lack of funds.[7.]

This may be a particular problem for parents and especially women, who will often put the needs of their children and family before their own. Ensuring that the family do not go hungry may be a first priority for parents rather than considering whether food is highly nutritious.

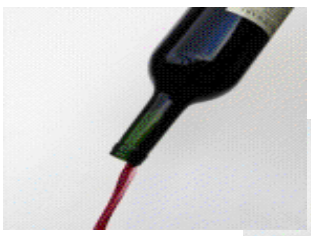
Nutrition and Addiction

- **Whilst national dietary aims should apply equally to those who experience drug or alcohol dependency, it must be recognized that there are a number of barriers that may make these aims difficult to achieve, and that those with drug or alcohol dependency may therefore be at increased risk of malnutrition. 1.6.7.**
- **Whilst more research is required in this area, there is evidence to suggest that drug and alcohol dependency is associated with additional health and social problems that may impact on diet and nutritional status. Drug use has been associated with poor health outcomes, including increased levels of infections such as HIV, Hepatitis B, and C – all of which are known to impact on nutritional status. Alcohol dependency is associated with a range of physical and mental health problems such as alcoholic liver disease, gastro-intestinal conditions and Wernicke's Encephalopathy.These problems may be further exacerbated by a range of lifestyle factors as discussed on the following pages.**

The impact of alcohol dependency on nutritional status and dietary intake

- ***The impact of alcohol dependency on nutritional status***

  High alcohol intake may have a detrimental impact on the gastrointestinal and hepatic systems and may lead to malabsorption and altered metabolism of nutrients[8.] It has also been associated with many nutritional problems including poor dietary intake, low body weight, obesity and both macronutrient and micronutrient deficiencies [6.9.]. Food intake in those consuming large amounts of alcohol intakes may be erratic, with food often being substituted by alcohol. Whilst weight may be maintained or even increase, micronutrient and protein status may be poor, leading to deficiency states [4,9]. The presence of alcoholic liver disease may further exacerbate these problems. Of particular concern is the higher risk of Wernicke-Korsakoff Syndrome due to acute thiamine deficiency, known to occur more frequently in those with alcohol dependency.[10.] The financial consequences of supporting alcohol dependency may mean that money available for food is severely restricted and may have a nutritional impact not only for the sufferer, but their family as a whole.



The impact of drug dependency on nutritional status and dietary intake

There is limited research on nutritional status and dietary intake in drug misuse. Studies do however suggest that illicit drug users may have increased risk of nutritional problems when compared to the general population. This includes a wide range of factors such as:

- Low bodyweight / low Body Mass Index
- Lower body skin-fold measurements (fat mass)
- Lower albumin and micronutrient status

Dietary intake may be erratic and of poor quality, with a tendency to high intakes of fatty, sugary and refined foods. [4.6.9.] As with alcohol dependency, money spent on drugs may detract from and take priority over that spent on food. Those who are detoxifying may initially find that their appetites are poor and whilst strong scientific evidence is lacking, cravings for sweet foods in particular, are reported anecdotally. Unwanted weight gain has also been noted following detoxification. Other adverse physical and mental health effects associated with drug use may also impact on dietary intake and nutritional status, further compromising nutritional risk.

Nutrition & Hepatitis C

- **Recent clinical guidelines have highlighted the importance of considering nutritional care within the management of Hepatitis C[11.] Protein energy malnutrition and associated weight loss is common in chronic liver disease conditions. This can be distressing for the sufferer and impact on both physical and mental health.**

  In chronic Hepatitis C, both macronutrient and micronutrient demands may be increased due to decreased efficiency in the absorption and utilisation of nutrients. An increase in metabolic rate may also be common, leading to increased energy demands. At the same time, dietary intake may be reduced not only due to the condition itself but, as a side effect of medication, further compromising nutritional status.

  Current guidelines emphasis the importance of identifying those with Hepatitis C who are at nutritional risk and the promotion of optimal nutritional care, including the need for appropriate levels of nutritional support for those with advanced liver disease.

Why worry about Malnutrition?

- **Whilst recognising that malnutrition may be a problem for some of our service users it is important that we understand why we should be concerned about it. Malnutrition may impact on physical function, psycho-social wellbeing and the outcome of disease [6]. Some examples of the impact of malnutrition are provided below :**
- Impaired immune responses
- Reduced muscle strength
- Fatigue
- Vitamin, mineral / trace element deficiencies which may have other specific consequences
- Reduced respiratory muscle function
- Impaired wound heading
- Water and electrolyte disturbances
- Impaired psycho-social function including impacting on mood and concentration
- Impaired thermoregulation
- Inactivity especially in bed-bound patients

The Nutrition Scoping Exercise – Aims & Methods

The key aim of this Nutrition Scoping Report is to provide an overview of the extent and type of nutritional care provided within Glasgow Addiction Services. The report:

- Provides information on the type of nutritional issues experienced by our service users via feedback from staff working with service users on a regular basis
- Looks at the type of nutritional assessment and advice staff are providing on a regular basis
- Looks at current levels of nutritional training within the service in order to determine whether it is adequate to meet staff needs
- Asks staff to identify any barriers that may prevent them from providing appropriate levels of nutritional care and advice to service users.

Methods

- **Data was collected via two methods – a Centre Questionnaire which was sent to Nurse Team Leaders and a Personal Questionnaire that was given to individual staff members. In both cases forms were completed anonymously however staff were invited to provide basic details of their position (for example Senior Addiction Nurse). Forms were sent to all Community Addiction Teams, 3 Secondary Service units and the Alcohol Related Brain Damage Team. Analysis was completed using SPSS, including use of 2 independent sample t-tests and Mann Whitney U tests, with a p value <0.05 being considered significant.**

Study Results – An Overview of participating centres

PARTICIPATING CENTRES:

- **12 Centres participated in the study** (67% return)

This included :

- 3 Secondary Services Units
- 8 Community Addiction Teams
- 1 Alcohol Related Brain Damage Team

INDIVIDUAL PARTICIPATION:

- **112 individual questionnaires were returned** (~25% return)

This included:

- 45 Health Staff (40% of respondents) including representation from nurses, psychologists, psychiatrists and other Allied Health professionals
- 60 Social Care Staff across a variety of grades (54% of respondents)
- 7 staff in unspecified roles (6%)

Results Section 1 Nutritional Assessment

Existing protocols or standard procedures- a centre overview

Nurse Team Leaders at each centre were asked if there were any protocols or standard procedures in place for carrying out nutritional assessment or identifying nutritional risk at their centre.

- All 3 Secondary Services reported having some form of standard procedure in place for assessing nutritional risk. This included measurement of BMI on admission in all 3 centres, use of a Nutrition Screening Tool in 2 centres, in addition to a range of various other nutritional indicators that were routinely collected as apart of assessment procedures. One centre reported that BMI was routinely measured on a weekly basis and that criteria for referral to a Dietitian was in place. This service has its own dedicated dietetic service one day per week.
- The 9 other participating centres reported that they did not have any standard procedures for monitoring nutritional status.

Reviewer Comments:

Whilst Secondary Services centres have established some standardised procedures for assessment of nutritional risk, procedures vary across the service at present. There was a noticeable difference between Community and Secondary Services, with Community Care Services having no standard procedures in place at the time of completion.

Results Section 1 Nutritional Assessment

This section reports on the type of nutrition related information being routinely collected during assessment procedures

CENTRE OVERVIEW:

NTLs at each centre were asked to provide information on the type of nutrition related information that is routinely collected during assessment.

The following results were reported by NTLs :

- Only the 3 Secondary Service NTLs reported routine measurement of height
- All centres reported routinely measuring weight
- Whilst all 3 Secondary Service units reported routine measurement of BMI , only 22% of participating Community Addiction Teams measured BMI as a matter of routine.

The following indicators were reported as being routinely recorded during assessment at all 12 Centres:

- Recent weight loss
- Appearance (Thin / heavy)
- Appetite
- Alcohol intake
- Drug use

Other reported indicators included:

- Information on poor dietary intake (50% of centres)
- Noting special dietary needs (83% of centres)
- Problems with Constipation, Vomiting or Diarrhoea (75% of centres)
- Information on dental health (42% of centres)
- Presence of eating disorders (25% of centres)
- Blood (Thiamine; Glucose) (17% of centres)

Results Section 1 Nutritional Assessment

Information from Individual staff questionnaires

Staff were asked to provide details of any nutrition related assessment activities they complete on a regular basis. This included a range of anthropometrical measurements, blood biochemistry measures, and collection of any background information from clients that could be classed as a potential nutritional indicator. Key results were as follows:

Anthropometrical measurements

- 20% of staff reported measuring height, with health staff being significantly more likely to complete this task. An additional 7% of staff said they asked for self reported heights form service users
- 38% of staff reported that they regularly measured clients weight, with health staff being significantly more likely to perform this task. An additional 13% of staff reported asking informally about clients weight.
- 20% of staff reported measuring BMI, with health staff being significantly more likely to perform this task.

Other physical/ physiological assessments

- 79% of staff reported that they would note either thin or obese appearance, with a further 15% saying they would discuss it informally with clients
- 53% of staff reported asking about problems with Constipation, whilst 55%, discussed Vomiting and Diarrhoea, with health staff being significantly more likely to undertake this task. 32% of staff also reported discussing these factors informally with clients
- 16% of staff reported being involved in measurement of blood glucose and 12% in measuring blood thiamine levels

Results Section 1 Nutritional Assessment

Information from Individual Staff Questionnaires

Food & drink related assessment

- 75% of staff reported recording information about food intake or appetite, with a further 19.5% saying that they would discuss it informally with clients
- 42% of staff reported asking about special dietary needs with healthcare staff being significantly more likely to complete this task. An additional 34% of staff said that they might discuss this informally with clients
- 89% of staff reported recording information about alcohol and drug use with a further 9% saying that they would discuss it informally with clients
- 35% of staff reported recording details of swallowing difficulties, with healthcare staff being significantly more like to complete this task

Reviewer Comments:

A wide range of potential nutritional indicators are being recorded by staff. In some cases these may be discussed on an informal basis and not therefore noted in files. Health staff were significantly more likely to be involved in completion of physical and biochemical measurements including Height, Weight, BMI and Blood measurements. They were also more likely to ask about more complex dietary needs including special dietary problems. More subjective indicators such as appetite, recent weight loss, and physical appearance were equally likely to be recorded by both social care and health staff. The most frequently recorded indicators were thin appearance, recent weight loss, information on food intake/ appetite and drug or alcohol intake.

Consideration should be given as to whether current procedures are adequate; if appropriate staff are completing assessment procedures and whether staff have the appropriate skills to complete these tasks.

Results Section 1 Nutritional Assessment

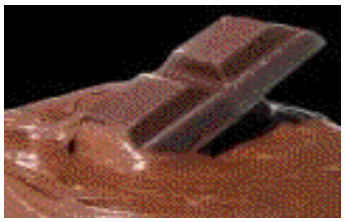
Staff comments on nutritional assessment:

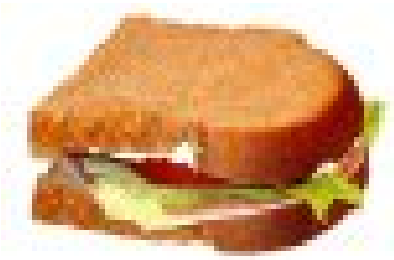
Healthcare staff

- ‘Not sure what should be doing’ - nurse
- ‘Would like to see these assessment measures being carried out with my patients’ – Consultant Psychiatrist
- ‘We should be doing more’ – Senior Addiction Nurse

Social support staff

- ‘Not sure if its appropriate for us to do it’
- ‘Don’t have the knowledge to complete these tasks confidently’
- ‘Would like more guidance on this’





Results Section 2 Nutritional assessment – Parameters used to identify those at nutritional risk

Centre Overview - NTLs were asked to provide details of any specific parameters or indicators used at their centres to identify those who were at nutritional risk

- 2 (16.7%) centres reported using specific parameters relating to BMI measurements to identify nutritional risk, (both being Secondary Services)

- 10 (83.3%) of services said they did not use any specific parameters to identify nutritional risk.

NTLs identified the following as being the main measures they would consider as being indicative of nutritional risk:

- Low BMI
- Low bodyweight
- Poor appetite
- Need for a special diet
- Drug / alcohol dependency
- Abnormal biochemical indicators
- Persistent gastrointestinal problems

However despite the collection of useful information, often, no specific guidance exists on how to interpret this information as a measure of nutritional risk. NTLs generally reported that information they collected would be discussed on a case by case basis during normal review procedures. Decisions on any actions to be taken for follow-on care would be based on the overall picture for each service user.

Reviewer Comments:

Guidelines on methodology and procedures to identify those at nutritional risk should be developed along with guidance on appropriate actions for follow-on care.

Results Section 2 - Monitoring those at nutritional risk and arrangements for follow-on / specialist care

Centre Overview –

NTLs were asked to identify any routine procedures for monitoring those at nutritional risk and provision of follow-on care.

- 11 NTLs reported that they had no standard procedures for follow-on care, however results from indicators collected during assessment would be discussed as part of normal care planning and appropriate action for follow-on care taken
- NTLs in CATS reported that those considered at risk would initially be seen by clinical staff within the service, then referred on to their G.P where this was felt to be necessary. CAT Teams have no direct access to Community Dietetic Services and must therefore request this service via the individuals G.P.

- Secondary Services Units differed in that they have the facility to refer directly to a Dietitian when necessary. The need for Dietetic input was again decided on a case by case basis in 2 of the centres. Dietetic input to these 2 units is accessed via Community Mental Health Dietetics and is fairly minimal at present with an average of 2 – 3 referrals per month from each unit, (however note comments on following page). Staff at these 2 units report only referring when they feel very concerned about a patients nutritional status. The remaining Secondary Services unit, has a dedicated Dietitian 1 day per week and in conjunction with the Dietitian have developed criteria for appropriate Dietetic referral.

Results Section 2 - Monitoring of those at nutritional risk and arrangements for follow-on / specialist care - Reviewer Comments

Reviewer Comments:

Guidelines for appropriate monitoring of nutritional status and procedures for follow-on care should be developed and put in place across the service, however the differing needs of Secondary and Primary Care Services should be considered. This should include guidance on appropriate referral to a G.P, Dietitian or other AHP.

It should be noted that whilst funding for Community Mental Health Dietetic input to the 2 Secondary Services discussed earlier is limited to current input, they have agreed to a temporary funded increase in their service at Eriskay House, (2.5 hours per week), for a period of 3 months in order to facilitate the pilot of the Malnutrition Universal Screening Tool,(MUST) and the accompanying education modules. This pilot should not only provide us with useful information regarding the number of in-patients who are identified as being at nutritional risk but also provide us with a better indicator of the number who require dietetic input. As the MUST Tool is to be adopted across NHSGG&C it may give us some indication of the impact this could potentially have on the service. Initially MUST will be adopted across Acute and Secondary Services however we await guidance on the position in Community.

Results Section 3 Staff roles in nutritional care

Centre overview:

NTLs were asked to provide an overview of their current perception of G.A.S staff roles in nutritional care :

- **Health staff were thought to be more likely to be carrying out nutritional assessment and providing dietary advice to those who were identified as being at nutritional risk, (reported by 9 (75% of) centres). This is likely to reflect the fact that healthcare staff are more likely to be carrying out anthropometrical and health assessments.**

- **NTLs also felt that healthcare staff were more likely to be giving advice on special dietary requirements such as diabetes, thiamine, dysphagia and dental health. 5 (42% of), service NTLs however reported that both social and health care staff may be providing advice or care for these conditions**

- **9 (75% of) centres reported that health and social care staff were thought to be more likely to be providing advice and care on broader dietary issues such as inadequate dietary intake, advice re unwanted weight loss, or for underweight patients; 6 (50% of), centres also felt that both health and social care staff may discuss or advise on issues such as vomiting, and diarrhoea, and alcohol intake.**

Results Section 3
Staff roles in Nutritional care - Dietary advice provided by staff – result from individual staff questionnaires

Staff were asked to provide information on the various types of dietary advice they provide to service users. 94% of staff reported providing dietary advice on a wide range of issues, however a large number of staff also reported discussing dietary issues informally with clients, which may indicate that this is not always documented. An overview of the most common types of dietary advice being provided by staff is shown on page 24. On page 25 those who report discussing dietary issues informally have also been included to provide an overall picture of the types of advice being provided by G.A.S. staff.

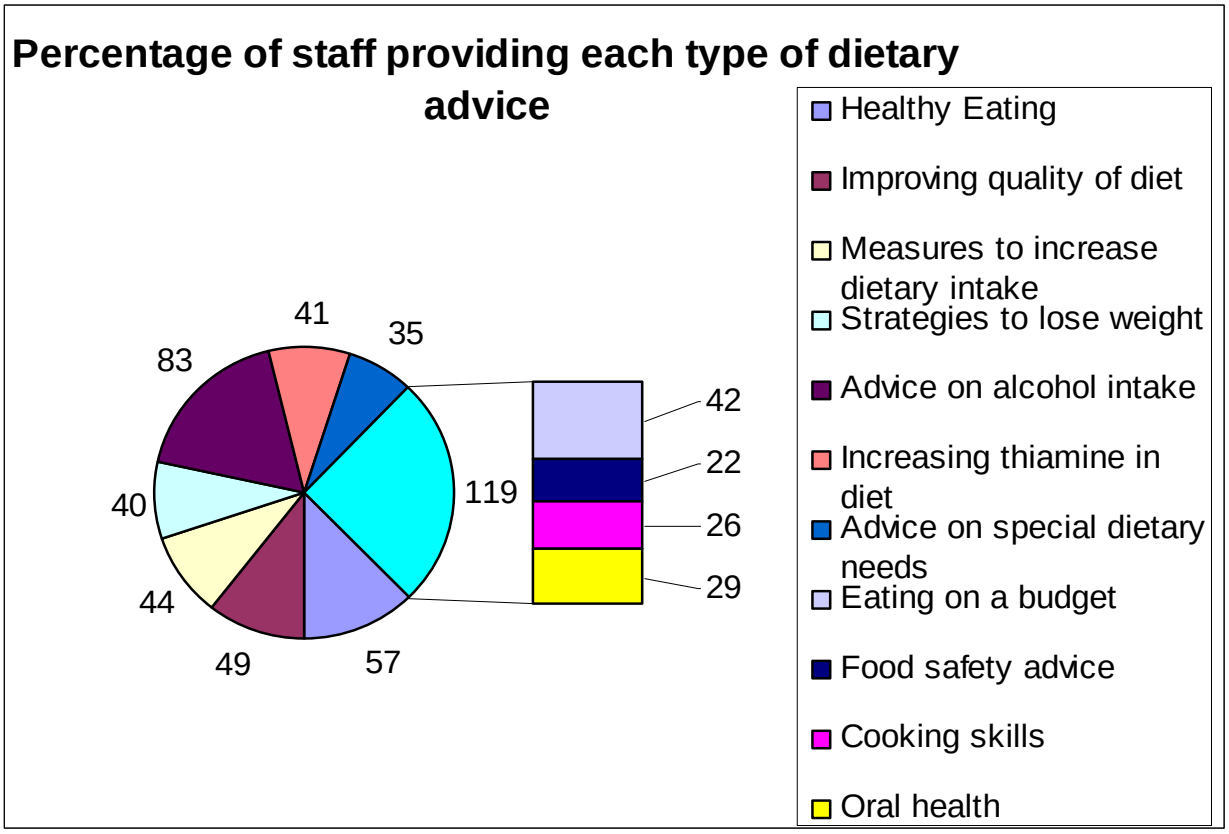
- Advice on alcohol intake was provided by 83% of staff with a further 8% of staff saying that they would discuss it informally with clients

- The most commonly provided dietary advice was on a balanced / healthy diet, provided by 57% of staff, with a further 35% of staff saying that they discuss this informally with service users. Overall however it should be noted that the majority of staff feel that they provide dietary advice to service users.

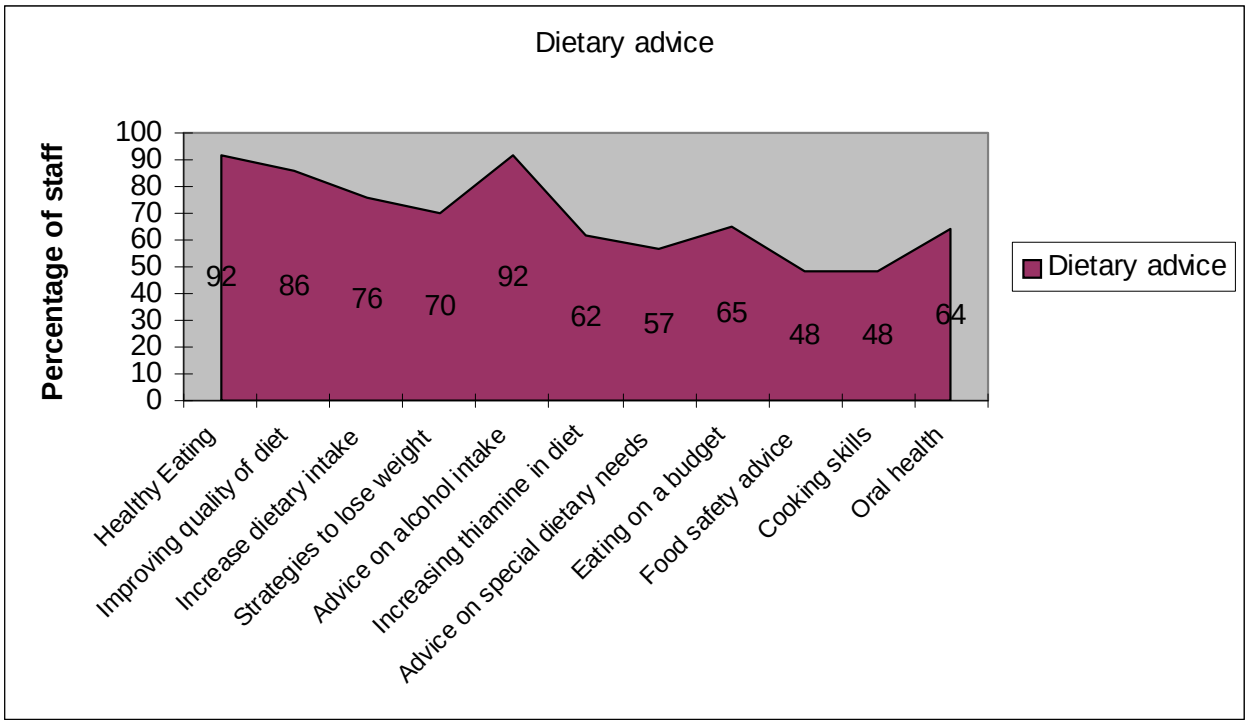
- Both social and healthcare staff reported that they provide a wide range of dietary advice however health staff were significantly more likely to provide advice on more specialist dietary issues such as special dietary needs and thiamine deficiency, confirming the views expressed by NTL.

Results - Section 3
Staff roles in Nutritional care - Dietary advice provided by staff – results from individual staff questionnaires

The chart below shows the percentage of staff who have reported providing various types of dietary advice. As would be expected 83% of staff reported providing advice on alcohol. As the chart shows, many staff are providing advice on a range of dietary issues. When those who discuss these issues informally with service users are included, (as shown on the next page), this confirms that the vast majority of participating staff provide dietary advice to service users.



Results Section 3
Staff roles in Nutritional care – Overview of dietary advice being provided by staff, including on an informal basis



Reviewer Comments:

Staff are currently providing dietary advice on a wide range of issues. Whilst this is to be commended, there is some question as to whether all staff have appropriate levels of nutritional knowledge to provide evidenced based advice to service users. The need for training and resources to support staff in providing this advice should be discussed. It is also important that staff have the knowledge to identify cases where more specialist dietary input is required and are aware of the mechanisms for onward referral.

Results Section 4
Staff perceptions of the importance of nutritional care

Staff were provided with a Leikart scale as shown below and asked to rate how important they felt it was for us to provide nutritional care and education to our service users

1……2……3……4……5

Definitely unimportant	Slightly unimportant	Undecided	Important	Very Important

107 staff (95%), completed this part of the individual staff questionnaire. Results were as follows:

- 1 staff member said that providing nutritional care and education was definitely unimportant (1%)
- 1 staff member said that they were undecided as to its imporatance (1%)
- 31 staff felt that providing nutritional care and education was important (29%)
- 74 staff felt that providing nutritional care and eduaction was very important (69%)

Reviewer Comments : The majority of participating staff support the view that the provision of nutritional care and advice is important for our service users with 105 (98%) of those who completed this section classing nutritional care and advice as important.

Results Section 5
Nutritional problems of service users

Staff were asked to identify the nutritional problems that they encounter on a regular basis when working with service users. Staff were asked to limit their answers to a maximum of 5 different nutritional problems, according to frequency of occurrence.

A wide range of problems were identified, that either related directly to dietary intake or to other factors that may impact on nutritional status or dietary intake of service users. These problems have been classified into 4 broad categories for the purposes of this study:

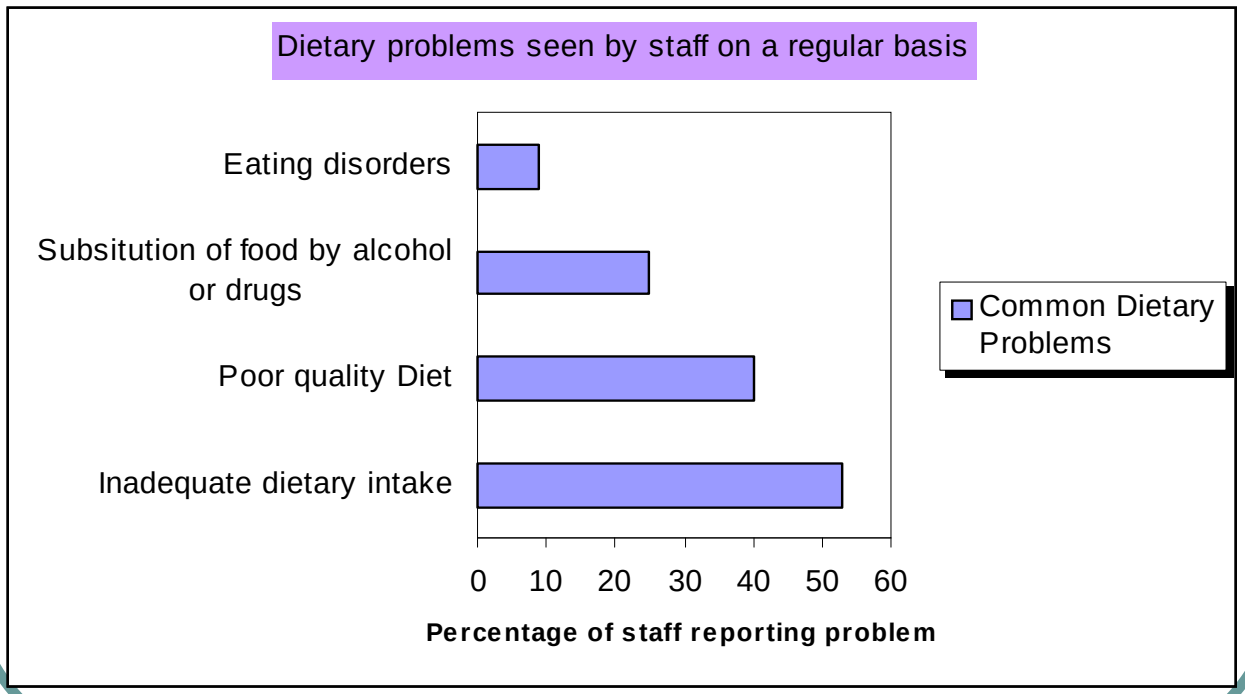
- Dietary Problems
- Other food related issues
- Clinical or health related problems
- Social and lifestyle factors

Overall, 109 (97.3%) of respondents reported regularly seeing clients with nutritional problems. Information and discussion on the types of problems encountered are provided on pages 28 To 36.

Results Section 5
Nutritional problems of service users – Dietary Problems

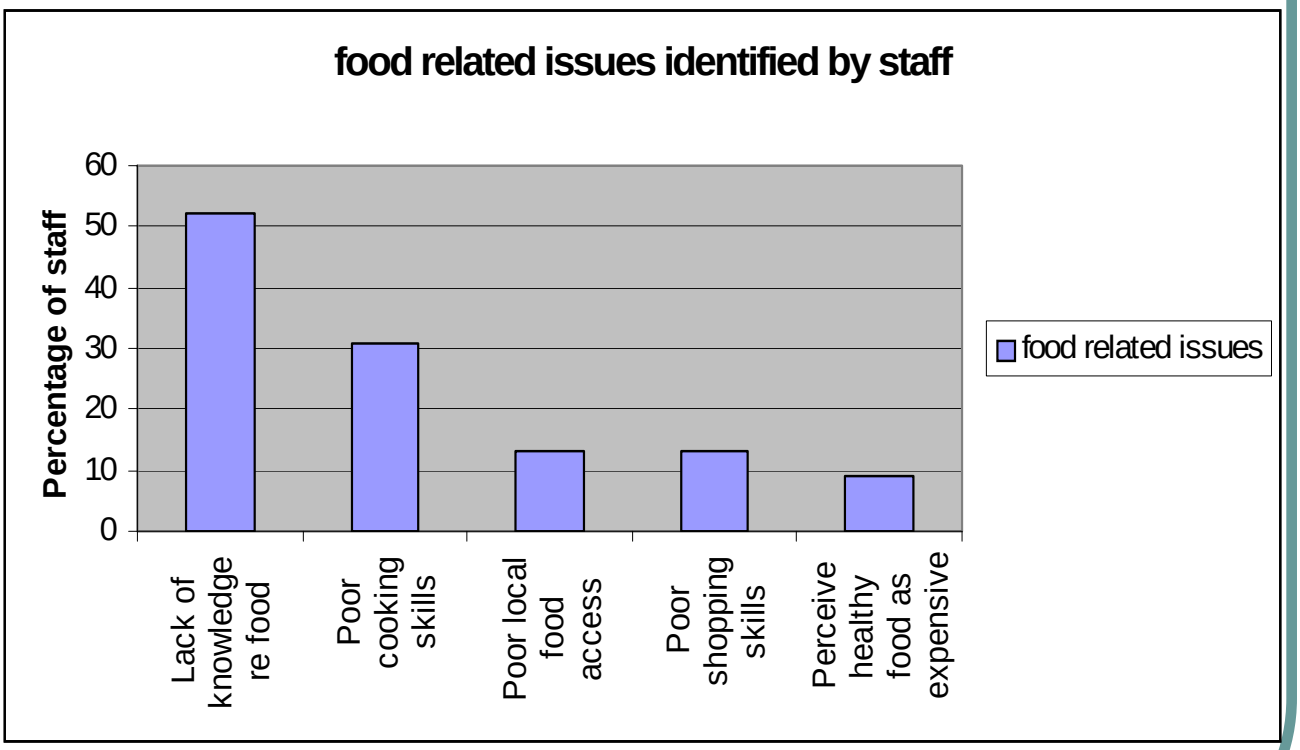
Staff reported seeing a wide range of dietary problems on a regular basis, when working with service users.The most widely reported problem was 'inadequate dietary intake,' (also described as poor appetite), reported by 53% of staff. Poor quality diet was also highly noted, being reported by 40% of staff. The following are a sample of comments from staff:

- **'Eating patterns are erratic'**
- **'Diets are high in fatty, sugary and convenience foods'**
- **'Spend money on alcohol and drugs before food all the time – so don't eat'**
- **'Clients eat lots of convenience foods and carryout meals– expensive and poor quality'**



Results Section 5
Nutritional problems of service users – Other food related issues

Staff reported a range of other food related factors that may impact on the dietary intake and nutritional status of our service users, as shown below. Indeed the second most widely reported nutrition related problem fell within this category – 'clients lack of knowledge relating to food and nutrition'. This was reported as a regular occurrence by 52% of staff. Lack of cooking skills was also found to be widely prevalent amongst our service users (sited by 32%of staff).



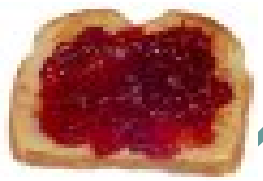
Results Section 5
Nutritional problems of service users – Other food related issues – staff comments

A sample of staff comments :

- **'People don't understand how important food and diet is to their health – but that goes for staff too'**
- **'They don't understand the effects of not eating'**
- **'They have not been shown how to cook which limits what they can eat'**
- **'Access to healthy food is limited and expensive for many clients'**

Reviewer Comments:

A large number of staff reported that service users commonly suffer from a range of dietary and food related problems. Staff also reported that service users had poor knowledge about the importance of food and nutrition. These factors accompanied by other issues such as poor cooking and shopping skills, are likely to increase risk of poor dietary intake and risk of malnutrition. These findings suggest that there is a need for nutrition and food related education amongst our services users, and that this should include practical aspects such as cooking, shopping and budgeting skills.



Results Section 5
Nutritional problems of service users – Physical and Clinical Factors

Staff reported dealing with a range of physical and clinical factors that related either directly to nutritional status or alternatively, could have a compromising effect on nutritional status.

The most commonly reported conditions are summarised on page 32. The most frequently reported physical problem amongst clients was them 'being underweight / having unwanted weight loss' (sited by 34% and 30% of staff respectively). Many staff also reported providing dietary advice to help overcome these problems. (See Section 3).

REVIEWER COMMENTS

A surprisingly low number of staff reported the presence of conditions such as Alcoholic Liver Disease and Hepatitis C as factors that may impact on nutritional status, despite the fact that these conditions may affect a large number of our service users. This may be due to staff reporting only 'symptoms' such as weight loss, but could also reflect poor levels of staff knowledge relating to the impact these conditions may have on nutritional status. The need for additional training to highlight the nutritional consequences of such conditions should be considered.

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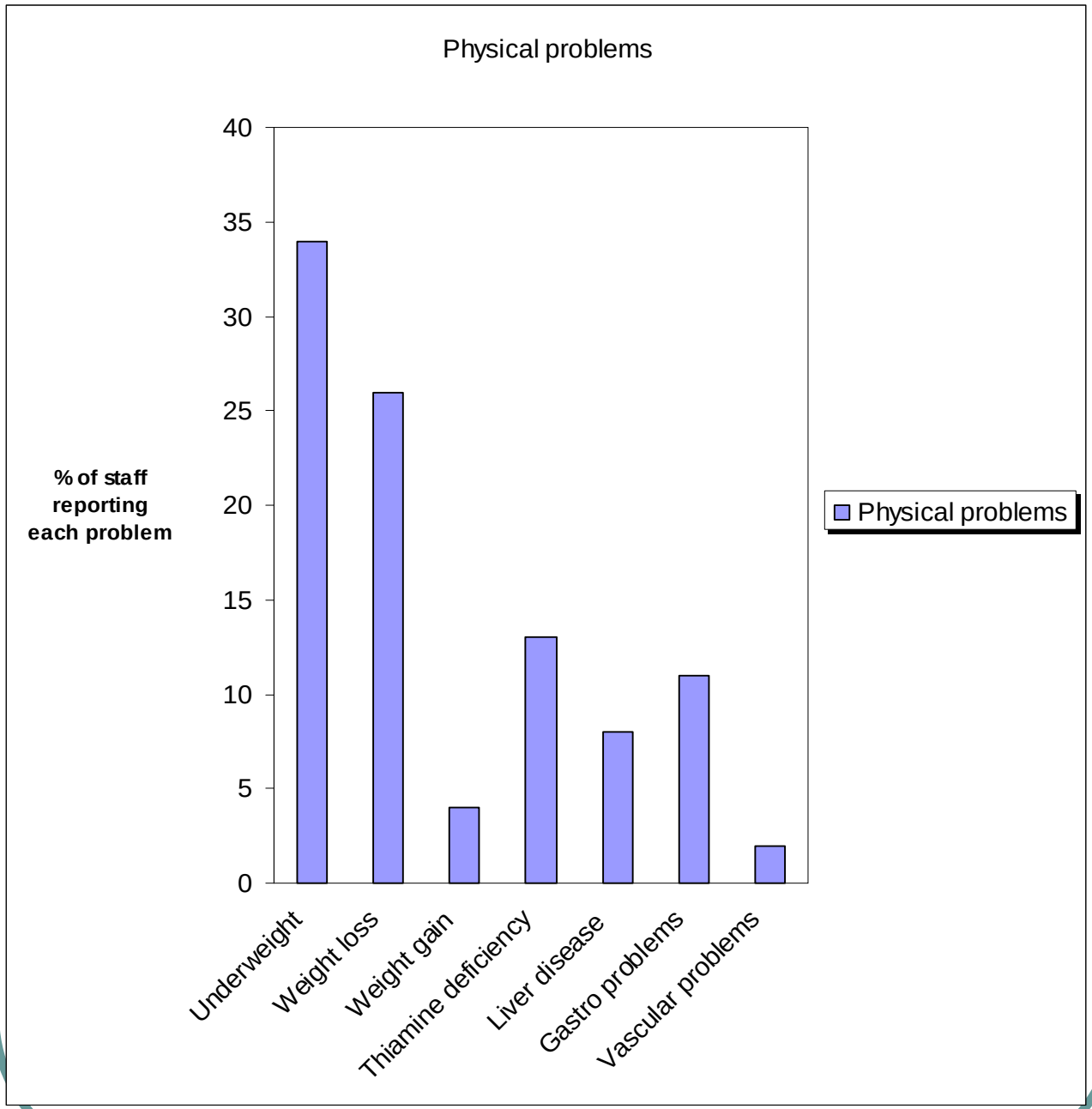
Results Section 5
Nutritional problems of service users –Physical and Clinical Factors



Results Section 5
Nutritional problems of service users Physical and Clinical Factors – Staff comments

‘ Poor general health and poor self care inevitably impact on nutritional status’

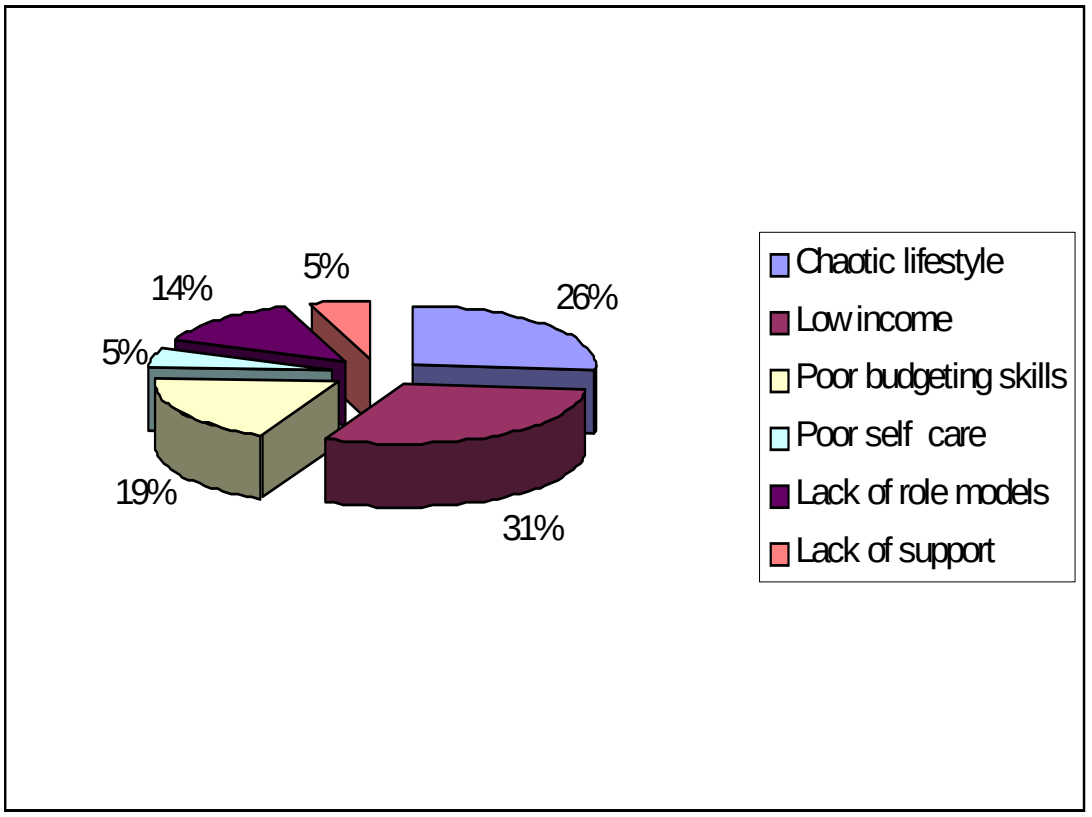
‘ Clients have poor physical and mental health both of which can affect their diet’

‘Conditions like Hep C and Alcoholic Liver Disease affect dietary intake of many clients – but at the same time make a good diet even more important for them!

‘Service users have many complex health problems and would benefit greatly from good nutrition’

Results Section 5
Nutritional problems of service users – Social and Lifestyle factors

Staff highlighted a range of social and lifestyle factors that may be common amongst service users, and which they felt were likely to have a significant impact on dietary intake. The chart below shows the most frequently encountered problems, along with the percentage of staff reporting them. Staff cited low income and chaotic lifestyle as the most commonly encountered problems however practical issues such as poor budgeting skills were also highlighted.



Results Section 5
Nutritional problems of service users - Social and Lifestyle factors – A selection of staff comments…….

‘ Many service users are malnourished and don’t eat for days at a time because of their lifestyle’

‘Lots of service users don’t have any role models to teach them how to cook or shop’

‘Eating is not always a priority for our client group due to a chaotic lifestyle’

‘ Poor cooking skills, low income and lack of facilities all contribute to nutritional difficulties’

‘Lack of motivation and support means that service users either don’t know how to cook or can’t be bothered cooking

Results Section 5
Reviewers Comments relating to nutritional problems of service users

- **96% of participating staff reported seeing nutrition related problems amongst service users on a regular basis. This suggests that our service users may have high levels of nutritional problems and are likely to experience barriers that may impact on their nutritional status**
- **Problems encountered included not only dietary problems themselves, but a wide range of physical, social and lifestyle factors that place our service users at increased nutritional risk. Recent clinical guidelines have emphasised that those with drug or alcohol addiction issues and conditions such as Hepatitis C are likely to be at higher risk of malnutrition, and that nutritional care should be considered as an integral part of their treatment and care. There is a need for the service to consider the adoption of strategies to help identify those at nutritional risk and to develop procedures for appropriate monitoring and follow-up care, whilst noting the differing needs of those in Secondary and Community Care Services.**

Results Section 6 –

Staff perceptions of barriers to providing nutritional assessment and care

Staff were asked to identify any barriers that they felt prevented them from carrying out nutritional assessment and care. 75% of participating staff cited a variety of barriers as shown below.Lack of nutrition knowledge proved to be the most widely sited barrier - noted by 28% of staff; this was followed by time restrictions, noted by 17% of staff.

- Inadequate nutrition knowledge / training (28%)
- Time restrictions (17%)
- Lack of equipment / access to equipment (14%)
- Lack of appropriate nutrition related resources (6%)
- If identify problems – no-one to refer to (3%)
- Not seen as a priority – 2%
- Not sure if appropriate – 2%
- Poor health of clients prohibits 2%
- Importance not emphasised enough – 1%
- Clients may prefer this to be done elsewhere – 1%
- Problematic for home assessments – 1%

Reviewer Comments:

The development of strategies to help overcome perceived barriers should be considered in order to support staff in the provision of appropriate nutritional care.

Results Section 6
Barriers to providing nutritional care – Staff comments ….. …

‘This is an important aspect of holistic care but there are currently limited awareness and resources to meet the needs of nutritional care’

‘Time is a big factor in a busy clinic’

‘Don’t have access to equipment or have appropriate training’

‘Would need training and support resources – neither available at present

‘Other issues take over sometimes….’

‘We don’t have equipment to measure height or BMI or use a nutrition screening tool’

Results Section 7 –
Staff Nutrition Knowledge – training received

Centre Overview:

Centres were asked to provide details of any nutrition training that their staff had received:

- 2 centres reported that some staff had received thiamine related training via the Alcohol Related Brain Damage Team (17%)
- 8 centres reported that their staff had no nutrition training (66%)
- 2 centres did not answer this section (17%)

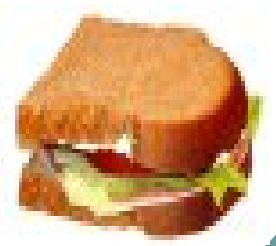
NTLs were asked if they felt that staff required nutrition training :

- 12 NTL (100%) said that they thought staff should receive nutrition training
- 7 (58%) specified that they thought broad nutritional education plus Addictions specific education should be provided
- 5 (42%) did not specify the type of education that should be provided

Results Section 7
Staff Nutrition Knowledge – training received – results from individual staff questionnaires

Only 12 staff (11%) reported having some form of nutrition training, coming from a variety of sources.

- **1 (1%) member of staff had received ward based nutrition training in the past but no details were available**
- **3 (3% of) staff reported training via ARBD**
- **5 (4% of) staff reported completion of a Food Hygiene Certificates**
- **3 (3% of staff)reported completing individual short courses at various levels and settings**



Results Section 7 –
Staff Nutrition Knowledge – staff perceptions of requirement for nutrition training – results from individual staff questionnaires

- **Staff were asked if they felt that they needed nutrition training The results were as follows:**

- 88 staff (79%) felt that they needed nutrition training
- 4 staff (4%) felt that they did not require nutrition training
- 19 (16%) did not complete this section
- 1 member of staff (1%) said that they were unsure about the need for nutrition training

Staff comments:

'Don't feel confident about providing dietary advice at present – but try to help. Training would give me confidence'

'More focus needs to be given to mental and physical health in relation to diet – training might help'

'Training would make me feel more confident in carrying out this important part of assessment'

Results Section 7
Staff Nutrition Knowledge – staff perceptions of type of training required

Staff were asked for their opinion on the type of nutritional training that was required:

55 (63%) of staff who said that they required training felt that it should include general nutritional awareness plus addictions specific issues such as appropriate diet for Hepatitis C and Liver disease. 32 (29%) of staff who would like nutrition training felt that they needed more general nutrition training only, focusing on a balanced diet. 1 person did not specify the type of training required. Staff also said that they would like more information relating to the following:

- Eating well on a budget
- The importance of dietary intake
- Eating disorders
- Diabetes
- Thiamine rich diets
- Diet and alcoholic liver disease

Results Section 7
Reviewer comments in relation to Nutrition training needs

At present no nutrition training programme exists for G.A.S. staff and the majority of responding staff reported that they had not received nutrition training. Whilst ARBD training was reported by 3 staff members, it is likely that many more staff have attended ARBD Training but do not perceive it as nutrition related.

Given the levels of dietary and nutritional advice that appears to be routinely provided by staff, on both a formal and informal basis, there is a need for a structured staff nutrition training programme in order to facilitate the provision of evidenced based dietary advice. This training is also a key element in allowing staff to recognise when the level of advice and support required is beyond their remit and requires referral to more specialised services .

NHS GG&C are currently developing a programme of nutrition screening and nutrition education modules in order to meet NHS QIS standards for Food Fluid and Nutritional Care for inpatients. G.A.S are represented on the FFN Nutritional Care Group who are facilitating this work and on the Education Module Subgroup. Whilst in the initial phase the modules are being developed for acute and secondary services, it is possible that there may be an opportunity for these modules to be adapted to meet the needs of Community Services and this should be explored further. More specialist information relating to nutrition and addiction would however have to be developed.

Cont/.

Results Section 7
Reviewer comments in relation to Nutrition training needs continued.

Overall, the majority of participating staff felt that they required nutrition training with 83% of those who completed this section saying that they would benefit from receiving such training. This equated to 79% of all participating staff.

Appropriate training is likely to include both basic nutritional knowledge relating to a balanced diet and more specialist aspects that relate specifically to our service users. Training needs may depend on the role of the individual member of staff. For those staff involved is assessment procedures training should also include information on measures to identify those at nutritional risk and appropriate mechanisms for follow-on care.

Section 8
Summary of key findings – Nutritional assessment & care (Section 1 & 2)

- **Centres and staff report collecting a wide range of information that could potentially be used as indicators of nutritional status. This includes anthropometrical measurements, dietary or food related information and information relating to social and lifestyle factors. This information may be collected during routine assessment or follow-on care. Several of these potential nutritional indicators are already included within baseline or G.A.S comprehensive assessment paperwork. However, there is currently no standardisation across the service in terms of the nutritional information actually being collected. The appropriateness of content and layout of nutritional information within current assessment forms should be considered.**

- **At present there is no guidance on how staff should interpret collected nutritional information in order to identify those at nutritional risk or, any guidance on actions to be taken on identifying those at risk.**

- **There are notable differences between Secondary and Community Services with Secondary Services being more likely to to have some form of nutritional assessment procedures in place.**

Section 8
Summary of key recommendations- Nutritional assessment and care (Section 1 & 2)

NUTRITIONAL ASSESSMENT, MONITORING & CARE

There is a need for some standardisation of procedures in relation to:

- **Carrying out nutritional assessment**
- **Methods and criteria used in the identification of those at nutritional risk**
- **Appropriate monitoring and follow-on care procedures**

The development of guidelines in relation to nutritional assessment and care procedures should be considered, whilst bearing in mind the differing needs of both Secondary and Community Services.

Staff would benefit from clear guidance on how and when they should measure nutritional status, how to interpret the information they collect, and actions they should take for appropriate follow-on care. At present, whilst staff acknowledge that nutritional care is important, there appears to be an element of confusion as to what this should involve and the role they should take in the provision of this type of care.

Section 8
Summary of key findings and recommendations – Staff roles in nutritional care (Section 3)

- **Whist health care staff were significantly more likely to be carrying out nutritional assessment and providing more specialist dietary advice, both health and social care staff were found to be offering advice on a broad range of dietary issues.**

- **Advice on alcohol intake was provided by the majority of participating staff, however advice on a balanced diet was the most widely reported food related intervention. It should be noted however that staff reported offering advice on a range of issues including practical aspects such as cooking skills and food safety. In some cases staff report providing advice on more specialist situations such as Diabetes, Thiamine deficiency or swallowing difficulties.**

- **There is a need for training and resources to ensure that staff are providing evidenced based dietary advice, and referring to specialist services when appropriate . This is supported by the findings in Section 7 where both NTLs' and the majority of participating staff feel that there is a need for nutrition training. This should be complemented by guidance on nutritional assessment and procedures for follow-on care as discussed in previous sections of this report.**

Section 8
Summary of key findings – Nutritional problems of service users (Section 5)

Nutritional problems appear to be highly prevalent amongst service users with over 97% of staff reporting that they encounter a range of nutrition related problems on a regular basis. The most widely cited problems include not only dietary or food related issues, but a range of health related problems and social and lifestyle factor that may impact on nutritional status.

Staff felt that the most prevalent food related problems amongst service users included lack of knowledge or understanding of food and nutrition, inadequate dietary intake and a poor quality diet.

Health related problems included low body-weight, unwanted weight loss and a range of clinical conditions that could impact on nutritional status. These factors when combined with social and lifestyle factors such as low income, poor cooking skills and a chaotic lifestyle, suggest that service users may be at greater risk of malnutrition than the general population.

Section 8
Summary of key recommendations – Nutritional problems of service users (Section 5)

- **The findings of this scoping exercise suggest that service users may experience high levels of nutritional problems and may therefore be at higher than expected risk of malnutrition. Service users may experience a range of barriers which may inhibit their ability to maintain a healthy diet or achieve optimal nutritional status.**

  These findings underlie the need for the development of strategies to help identify those at nutritional risk, along with the development of procedures for appropriate monitoring and follow-on care. If staff are encountering these problems on a regular basis the development of training and resources to support staff in dealing with these issues should also be considered. Further comments in relation to the advice staff provide and the training needs of staff have been discussed elsewhere within the report.

Section 8 - Summary of key findings and recommendations – Staff perceptions of barriers to nutritional assessment & care (Section 6)

75% of responding staff noted barriers that impacted on nutritional assessment and care. The most significantly reported barriers were as follows:

- **Inadequate nutrition knowledge / training proved to be the most significant barrier, noted by 28% of staff**
- **This was followed by time restrictions, notes by 17% of respondents and lack of equipment or access to equipment noted by 14% of staff.**
- **The remainder of sited barriers comprised a range of issues noted by smaller numbers of staff**

Whilst some of these factors relate to practical issues that may be resolved, issues such as time limitations in busy clinics are likely to remain an ongoing problem.

Recommendations:

The development of strategies to help overcome perceived barriers should be implemented in order to support staff in the provision of nutritional care.

Section 8
Summary of key findings and recommendations – Staff Nutrition knowledge (Section 7)

Whilst NTL from all 12 participating centres thought that their staff should receive nutrition training, only 11% of staff reported receiving any form of nutrition training. This included several staff who had undertaken training via ARBD, Food Hygiene Certificates and various short courses in a variety of settings.

Whilst training on basic nutrition was felt to be a priority, over half of responding NTL felt that additional information on dietary issues relating more specifically to Addiction should be included – this option was also supported by 63% of staff. Overall, 79% of staff felt that they required nutrition training and this requirement is supported by the findings in this report, which suggest that many of our staff are providing nutritional care and advice on a regular basis.

Given the level of dietary care and advice being provided, there is a need to ensure that staff are providing evidenced based care and advice. The development of a nutrition training programme should be considered in order to support this aim.

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