



Malnutrition Prevalence in the Community Data Briefing

Update January 2022 – September 2022



Scottish Government
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Introduction

This briefing provides an overview of Eat Well Age Well's community malnutrition prevalence data from January 2019 to September 2022. This briefing also includes a focus on the last 9 months of data from January 2022 to September 2022.

Benefits of screening and early intervention

It is estimated that 1 in 10 people over 65 living in the community are at risk of or are malnourished¹. Older adults are at higher risk of malnutrition due to a combination of factors including greater vulnerability to chronic diseases, higher use of medications, poorer oral health, adverse social factors leading to social isolation and loneliness, increased risk of poverty, mental health issues such as depression and dementia and problems with mobility²

It is known that Individuals who are malnourished will experience increased ill health, increased hospital admissions, increased risk of infection and greater antibiotic use, longer recovery time from surgery and illness and increased risk of mortality.³ It costs health and social care three times more to treat someone who is malnourished compared to someone who is well nourished.⁴

Having an optimal nutritional intake when aging can help to mediate all these factors therefore programmes that check the nutritional status of older people on a regular basis are of high importance.

Key Findings for Total Screening Figures

- During the period January 2019 to September 2022 the project in partnership with organisations working with older people living in the community screened **2716** older people for risk of malnutrition finding **456 (17%)** to be at risk (See Table 1)
- The project has promoted both the Salford Paperweight Armband and the Patients Association Nutrition Checklist. The Checklist has continued to be the preferred tool among stakeholders with only one person screened using the armband since June 2021. Focus is now solely on promoting the use of the Patients Association Nutrition Checklist.
- Partnership work with Scottish Borders has resulted in **286** older people screened with **18 (6%)** found to be at risk of malnutrition during the period January 2022 to September 2022

¹ Malnutrition Task Force, State of the Nation 2021, Malnutrition Task Force [website], <https://www.malnutritiontaskforce.org.uk/resources>, (accessed 3 October 2022)

² C de Morais et al, Nutritional risk of European elderly, *European Journal of Clinical Nutrition*, vol 67, 2013, p1215

³ See footnote 1

⁴ M. Elia, The cost of malnutrition in England and potential cost savings from nutritional interventions. A report from the Malnutrition Action Group of BAPEN and the NIHR Southampton Biomedical Research Centre, *BAPEN* [website], <https://www.bapen.org.uk/pdfs/economic-report-full.pdf>, (accessed 3 October 2022)

Malnutrition Screening Prevalence Data

Table 1 Total Screenings Carried out January 2019 to September 2022

Dates	No Screened	At Risk	% At Risk
Phase 1 (Jan '19 to May '21)	1742	310	18%
Phase 2 (Jun '21 to Sept '22)	974	146	15%
Total (Jan'19 to Sept '22)	2716	456	17%

Table 2 Total Screenings carried out January 2022 to September 2022

Tools	No Screened	At Risk	% At Risk
Overall	581	62	11%
Armband Only	0	0	0
PANC Only	581	62	11%

Table 3 Screening by Organisation January 2022 to September 2022

Organisation	No Screened	At Risk	% At Risk
Borders Carer Centre	3	1	33%
RVS Borders	78	17	22%
Red Cross Midlothian	195	21	11%
MAL	10	10	100%
Renfrewshire Sheltered Housing	65	12	18%
Borders Local Area Coordinators	188	0	0%
Food Train	25	1	4%
Eildon Borders	17	0	0
Total	581	62	11%

Key Findings for Period January 2022 to September 2022

- During this period the project in partnership with organisations working with older people living in the community screened 581 older people for risk of malnutrition finding 62 (11%) to be at

risk (See Table 2). The at risk percentage figure varied greatly with organisation (See Table 3) most probably due to the different types of population using each particular service.

- Our project work in the Scottish Borders has brought together health, social care, community and voluntary and housing teams to join forces to increase screening and identify older people at risk of malnutrition sooner. Scottish Borders Council and NHS Borders are among those working with us to increase conversations about nutrition and weight loss through the use of the Patients Association Nutrition Checklist. It has been embedded into 13 organisations and we have had screening data back from RVS Borders, Borders Local Area Coordinators, Eildon Housing Association and Borders Carer Centre showing 286 older people screened with 18 (6%) found to be at risk of malnutrition during the during this period.
- Currently this year the majority of screening data has been received from community based organisations rather than domiciliary care providers. Work is ongoing in this area with various Care at Home organisations in the Scottish Borders and Glasgow City Council Homecare implementing malnutrition screen in the very near future.

Conclusions

The project continues to build a picture of prevalence and risk of older age malnutrition in our communities raising awareness of the community based screening tool (Patients Association Nutrition Checklist) and the importance of eating well in older age and the benefits of early intervention in malnutrition through our training, communications and wider awareness raising.