

### Oral nutritional supplements (ONS) prescribing.

The use of oral nutritional supplements should **ONLY** be considered when the food first dietary approach, and when *the use of [over the counter nutritional supplements](#) has failed to improve the nutritional status* or achieve the treatment goals.

It is important to ensure that the patient's condition falls into one of the following ACBS criteria for prescribing ONS (1). These criteria are listed below:

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

In the first instance if ACBS criteria are met, and if the patient likes milk style drinks prescribe 2 sachets of **AYMES® Shake** per day to be made with full fat milk and **taken between meals** (383Kcal & 15.6g Protein each). Initially use the **AYMES® Shake starter pack** so that the patient can decide on their preferred flavour. The starter pack contains a shaker that will aid the mixing of the powder with the milk. Please provide the written information sheet: [Aymes® Shake instructions for use](#).

**AYMES® Complete** is a ready to drink ONS and could be prescribed if the patient experiences difficulties in preparing the AYMES® Shake.

(At the time of writing, **AYMES®** products are the most cost effective)

If the patient dislikes milk style drinks the fruit based ONS are the only alternative – At the time of writing, **Nualtra Altrajuce** is the most cost effective of the non milk based ones available. Prescribe two per day (provides 600Kcal 15.6g protein in total) to be **taken between meals**.

If patients require a non-milk alternative due to dietary restrictions (religious or allergy) then a referral to a dietitian is preferable. For care home patients, advice can be given by the care home team dietitian. (contact via [sheffieldccg.carehometeam@nhs.net](mailto:sheffieldccg.carehometeam@nhs.net) )

Provide the written information sheet: [Supplement drinks – supporting your food](#) when prescribing any ONS.

## **Substance misusers.**

Substance misuse is not a specified ACBS indication for oral nutritional supplement (ONS) prescription. ONS prescribing for substance misusers (alcohol and drugs) is of increasing concern, due to both the question of appropriateness and the cost.

Substance misusers may have a number of nutritional related problems, which include:

- Poor appetite and weight loss.
- Poor choice of foods consumed resulting in a nutritionally inadequate diet.
- Constipation, particularly in drug misusers.
- Dental decay, particularly in drug misusers.

**Nutrition related problems** can occur due to several reasons and may include:

- Drugs themselves can often cause poor appetite, constipation, craving sweet foods, reduce pH of saliva leading to dental problems and poor dental hygiene.
- Infection related to HIV, hepatitis B and C.
- Low income, worsened by increased spending on drugs and /or alcohol.
- Homelessness or poor living conditions.
- Chaotic living.
- Poor memory.
- Lack of interest in food and eating leading to irregular meals and eating.
- Poor knowledge of nutrition and food skills such as shopping for a variety of foods and drinks, food storage and food preparation and cooking.

## **Substance misusers already on ONS.**

A number of problems may have been created by inappropriate prescribing ONS

- Once started on ONS there may be dependence and it may be difficult to stop the prescription.
- The ONS are often taken instead of meals rather than taken between meals resulting in no benefit.
- ONS are often sold to supplement their income.
- ONS may be given to friends, family or pets.
- Often there is poor clinic attendance which makes review and monitoring difficult.

## **Guidance on appropriate prescribing of ONS for substance misusers.**

ONS should not be prescribed unless all of the following criteria have been met.

- Body mass index (BMI) is less than 18 (kg/m<sup>2</sup>) AND
- Evidence of significant weight loss of at least 10% AND

- Food first advice has been advised and reviewed AND
- The individual is in a rehabilitation programme, or on a waiting list to enter a programme AND
- Has an underlying condition which fulfils ACBS category for prescribing ONS.

**If ONS prescribing is then initiated:**

1. **It is important to note that Service users with poor nutritional intake are likely to be at risk of refeeding syndrome.** For this reason, a slow introduction of ONS (in accordance with NICE guidance 2006) is recommended that does not exceed 2 supplements per day. Monitoring in accordance with NICE guidance is recommended.
2. Food first advice should be reinforced.
3. Maximum prescription is for 2 sachets of Aymes Shake per day, or similar ONS. The ONS should be taken between meals.
4. Prescribed on a short term basis only - up to 3 months.
5. NO repeat prescriptions.
6. The patient is reviewed and monitored monthly (or more often if refeeding monitoring is needed). If the patient fails to attend on two consecutive clinics then the ONS should be DISCONTINUED.
7. If there is no increase in weight after 3 months the ONS should be reduced and then discontinued.
8. If weight gain occurs, continue until desirable weight achieved, and then negotiate reduction or discontinuation of ONS. Food first advice should be reinforced. At this stage if the patient insists on high energy supplements then OTC products or Nourishing drinks can be encouraged.

**Reference:**

1. Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care April 2017 B145. ONS guidelines 3.0 PrescQIPP  
<https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1512%2fb145-ons-guidelines-30.pdf>
2. National Institute for Clinical Excellence (NICE) clinical guideline 32: Nutritional support in adults: oral, enteral tube feeding and parenteral nutrition. February 2006 updated August 2017  
<https://www.nice.org.uk/guidance/cg32>