

COVID 19; Malnutrition & Oral Nutritional Supplements (ONS)

Many patients with COVID-19 disease present to hospital with severe inflammation and disease-related anorexia leading to a major reduction in food intake¹. Some of these patients may have experienced symptoms at home for several days prior to admission.

Immunocompromised patients, the elderly, those with multiple co-morbidities, and malnourished individuals appear to have the worst outcomes and higher mortality from COVID-19 disease².

Patients in hospital with COVID-19 disease are likely to have increased energy and protein needs³. Due to the catabolic nature of the illness, patients may develop significant deficits in lean mass which will need to be replenished especially in the recovery phase.

Current Advice:

In light of all of this, identifying and treating malnutrition in the community (for those with and without a diagnosis of COVID-19) is more important than ever and essential in the treatment and management of the disease.

Our malnutrition screening tools for community and care homes can be found on the BSWformulary:

<http://bswformulary.nhs.uk/chaptersSub.asp?FormularySectionID=22>

The overall principles for appropriate prescribing of oral nutritional supplements have not changed although we may see increased numbers of patients coming out of hospital on prescribed oral nutritional supplements. All of these patients should be referred to the Community Dietitians.

The BSW oral nutritional formulary remains unchanged at present. Any prescribed nutritional supplements outside of the formulary should be under dietetic recommendations and review. Please see BSW oral nutritional supplement formulary <http://bswformulary.nhs.uk/chaptersSub.asp?FormularySectionID=22>

The Malnutrition Pathway have produced the following useful resources on **Nutrition & COVID 19** available on the British Dietetic Association website <https://www.bda.uk.com/resource/malnutrition-pathway-covid-19-leaflets.html>

COVID 19 & Vitamin D – Current Advice:

The spread of COVID-19 has attracted a huge interest in vitamin D with some claims online and on social media that vitamin D is a ‘magic-bullet’ “cure”.

There is insufficient evidence to supplement beyond 10micrograms (400iU) of vitamin D daily unless deficiency diagnosed. High vitamin D doses can be harmful.

Public Health England advise that everyone should take a vitamin D supplement of 10micrograms (400iU) during winter months and high risk groups all year round which can be purchased over the counter.

However, given that most people are spending much more time indoors they have extended this recommendation to all groups all year round during the COVID 19 outbreak.

The British Dietetic Association have this Vitamin D Fact Sheet which is useful and also includes information on the limited dietary sources; oily fish, egg yolk, meat, offal and milk, margarine, some breakfast cereals, infant formula milk <https://www.bda.uk.com/resource/vitamin-d.html>

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References:

1. Caccialanza R. et al. Early nutritional supplementation in non-critically ill patients hospitalized for the 2019 novel coronavirus disease (COVID-19): Rationale and feasibility of a shared pragmatic protocol, Nutrition 2020,

2. Barazzoni R, Bischoff SC, Krznaric Z, Pirlich M, Singer P, endorsed by the ESPEN Council. ESPEN expert statements and practical guidance for nutritional management of individuals with sars-cov-2 infection, Clinical Nutrition, 2020
3. Nutrition Management for Critically and Acutely Unwell Hospitalised Patients with COVID-19 in Australia and New Zealand [Internet]. Australasian Society of Parenteral and Enteral Nutrition; Accessed online 13.05.20
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