

Substance misuse and prescribing oral nutritional supplements

Drug and alcohol misuse is not a specific ACBS indication for prescribing oral nutritional supplements (ONS) even though substance misusers often present with a range of nutrition-related problems such as poor diet, weight loss, and poor appetite. Prescribing ONS in this situation is often inappropriate and costly. These guidelines have been developed to support primary care clinicians achieve better outcomes.

Reasons for nutrition-related problems may include:

- Poor appetite and a lack of interest in eating
- Poor dental hygiene
- Alcohol may be used as a substitute for food
- Gastrointestinal issues, such as gastritis, constipation
- Chaotic lifestyles and irregular eating habits
- Poor memory; alcohol-related cognitive issues
- Poor nutritional knowledge and skills
- Low income, exacerbated by increased spending on drugs and alcohol
- Homelessness or poor living accommodation, with poor cooking facilities or food storage
- Limited access to food
- Infectious diseases such as HIV or hepatitis B or C
- Eating disorders and mental health issues with co-existent substance misuse
- Physical health issues particularly respiratory illness

Issues which may be caused by prescribing ONS in substance misusers:

- It can be difficult to stop prescriptions of ONS once started
- ONS may be used as a meal replacement and therefore will provide no benefit
- The ONS may be given to other members of the family or friends
- ONS may be sold and used as a source of income
- Difficulty with monitoring nutritional status and assessment due to poor attendance at appointments
- Wastage may occur when ONS are prescribed on repeat issue as they are not always collected from the pharmacy
- Does not encourage seeking other community support, such as homelessness services, food provision and support

ONS should not *routinely* be prescribed in substance misusers unless **ALL** the following criteria are met (at clinician's discretion):

- Malnutrition is confirmed using either MUST score of 2 or more, **OR** NICE CG32 criteria (see box 1)
- * There is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria (e.g. disease-related malnutrition)
- [Eating well/ food fortification advice](#) has been offered and tried for 4 weeks
- Ideally, the patient is accessing substance misuse treatment services

*Please note: a history of substance misuse should **not** exclude a person from receiving ONS if there is a co-existing medical condition which meets ACBS criteria.

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| <ul style="list-style-type: none"> - A body mass index (BMI) of less than 18.5kg/m² - Unintentional weight loss greater than 10% within the last 3-6 months - A BMI of less than 20kg/m² and unintentional weight loss greater than 5% within the last 3-6 months |
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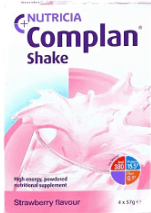
Box 1: NICE CG32 Definition of Malnutrition

Guidance if ONS are started:

Follow the [Oral Nutritional Supplement \(ONS\) prescribing guidelines for adults in primary care](#) for starting first line powder-style ONS (as for other patients requiring nutritional support).

Suggested dose: 2 x 57g sachets daily between meals - make up with 200ml whole milk – this will provide about 760 kcals and 31-38g protein per two sachets.

Please order a sample pack from the links below (registration/ log in required) to allow the person to try the product before prescribing.

Aymes Shake (AYMES)	Complan Shake (Nutricia)	Foodlink Complete (Nutra)
<i>Nutritional values when powder is made up with 200ml whole / full fat milk</i>		
 383kcal, 19g protein Presentation: 7 x 57g sachets OR 1.6kg tub (28 servings) Flavours: Strawberry, chocolate, banana, vanilla, ginger, neutral Aymes samples	 380kcal, 15.5g protein Presentation: 4 x 57g sachets Flavours: Strawberry, chocolate, banana, vanilla, original Nutricia samples	 383kcal, 19g protein Presentation: 7 x 57g sachets Flavours: Strawberry, chocolate, banana, vanilla, natural Nutra samples

- Avoid adding ONS prescriptions to the repeat template
- Prescribe ONS for a limited time (e.g. 1-3 months) and stop if there is non-attendance for two consecutive follow-ups
- ONS should be reduced and stopped if there is no change in weight after 3 months use
- If weight gain occurs, continue until the treatment goals are met (e.g. once the usual or healthy weight is reached) - then reduce and aim to stop the prescription
- Recommend over the counter preparations or [homemade nourishing drinks](#) if required once ONS prescribing has stopped
- Refer patient to a support worker and consider [local drug and alcohol support services](#) for food, meals and accommodation
- Offer support for mental and physical health management, and access to a dentist