A review of specialist hepatology dietetics service – limitations of weight management programmes respecting NICE guidance

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Background

Specialist dietetics support is an essential component in hepatology clinics for weight reduction in obese patients with non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH) as shown through the following NICE guidelines.

Weight management

NICE guidelines also support the use of specialist input for those with increased risk of malnutrition through low BMI (<18kg/m²), MUST score >1 or poor oral intake for 5 days or more.

Malnutrition

NICE guidelines also support the use of specialist input for those with increased risk of malnutrition through low BMI (<18kg/m²), MUST score >1 or poor oral intake for 5 days or more.

Aims

a) the outcome of our dedicated hepatology dietetic service for both weight reduction and nutritional support,
b) patient motivation and commitment to the service.

Methods

For the period December 2015 - April 2017, using our electronic databases we recorded demographics, weight and BMI at first meeting. We recorded the number of clinic appointments, failure to attend rates, discharge weight and reason for leaving the intervention.

Results

There were 450 available hepatology dietitian slots during the study period to which 154 patients were referred. 18% (27 patients) subsequently declined an appointment. The results are shown in Figure 1.

In the weight reduction group of 61 patients, approximately half (n=33:M18, F15) opted out before achieving their goals. Only 16% (n=10:M5, F5) have been discharged so far having lost some weight, only 8% (n=5:M4, F1) achieving the desired ≥5% target.

In the nutritional support group 42% (n=28:M19, F9) successfully gained weight. A significant proportion, 41% (n=27:M11, F16), failed to engage and left the service early. There was 1 unrelated death.

Figure 1: Outcome from the hepatology dietetic clinic

Conclusion

A multidisciplinary approach to nutritional support is recommended by NICE and DOH. Our study highlights the difficulty of engaging patients in the process long term, with failure to attend rates increasing after the initial assessment. We can see that there is a positive impact in patients who are motivated to achieve their goals. As the one-to-one approach had limited impact we will be exploring group sessions to encourage participation and commitment to the service. We have promoted the availability of a specialist dietetic clinic locally with the aim of facilitating referral to the service. By targeting patients more frequently through hepatology clinics to use the service we hope to encourage patients to achieve their target weights. Financially, 296 unfilled appointments accounted for £16,796 (£52/appointment) potential loss in income.