

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 Guidance | Summary of NICE guidance |
|---|---|
| CG189 (2014) | Weight management should be offered to those with increased BMI (>30kg/m ²), waist circumference (men >102cm, women >88cm) and those with obesity related co-morbidities. |
| NG7 (2015) | There should be clear communication of dietary habits combined with support in a gradual increase in exercise for at risk groups. |
| NG49 (2016) | NAFLD is more common in those with Type 2 Diabetes or metabolic syndrome. Consider the lifestyle interventions for people with NAFLD regardless of their BMI. |
| PH53 (2014) | Integrated weight management and lifestyle services should be offered to those with BMI >30kg/m ² or lower if from black or ethnic minority groups or those with co-morbidities such as Type 2 Diabetes. |
| Department Of Health weight management service (2013) | i) Participants who have attended at least 1 session of the intervention should achieve a mean weight loss of at least 3% of their initial weight, at the end of the intervention. ii) At least 30% of all participants should achieve a weight loss equal to or greater than 5% of their initial weight at the end of the intervention. |

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 Guidance | Summary of NICE guidance |
|---------------------------|--|
| QS24 (2012) | Recommend screening for malnutrition within the inpatient cohort to assess local prevalence. There should be continuity to support nutritional goals at discharge and regular intervals thereafter. |
| CG32 (2006, updated 2017) | Nutrition support should be considered in people with a BMI of less than 18.5 kg/m ² , unintentional weight loss greater than 10% within the last 3–6 months, a BMI of less than 20 kg/m ² and unintentional weight loss greater than 5% within the last 3–6 months. |

Aims

Through this review of local data we aim to examine:

- the outcome of our dedicated hepatology dietetic service for both weight reduction and nutritional support,
- 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.

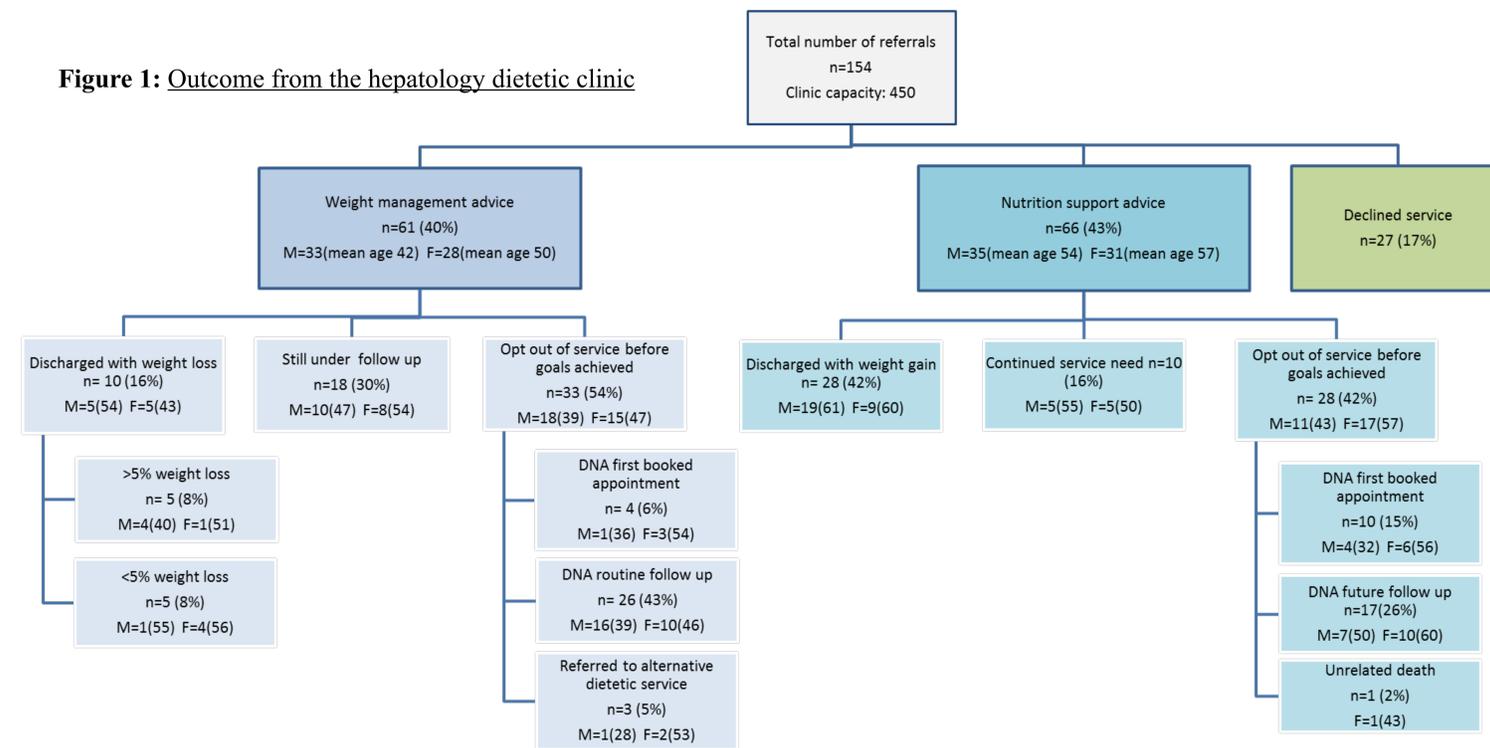
Results

There were 450 available hepatology dietician 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.

Presenter Declarations



This presenter has the following declarations of relationship with industry:

- NONE