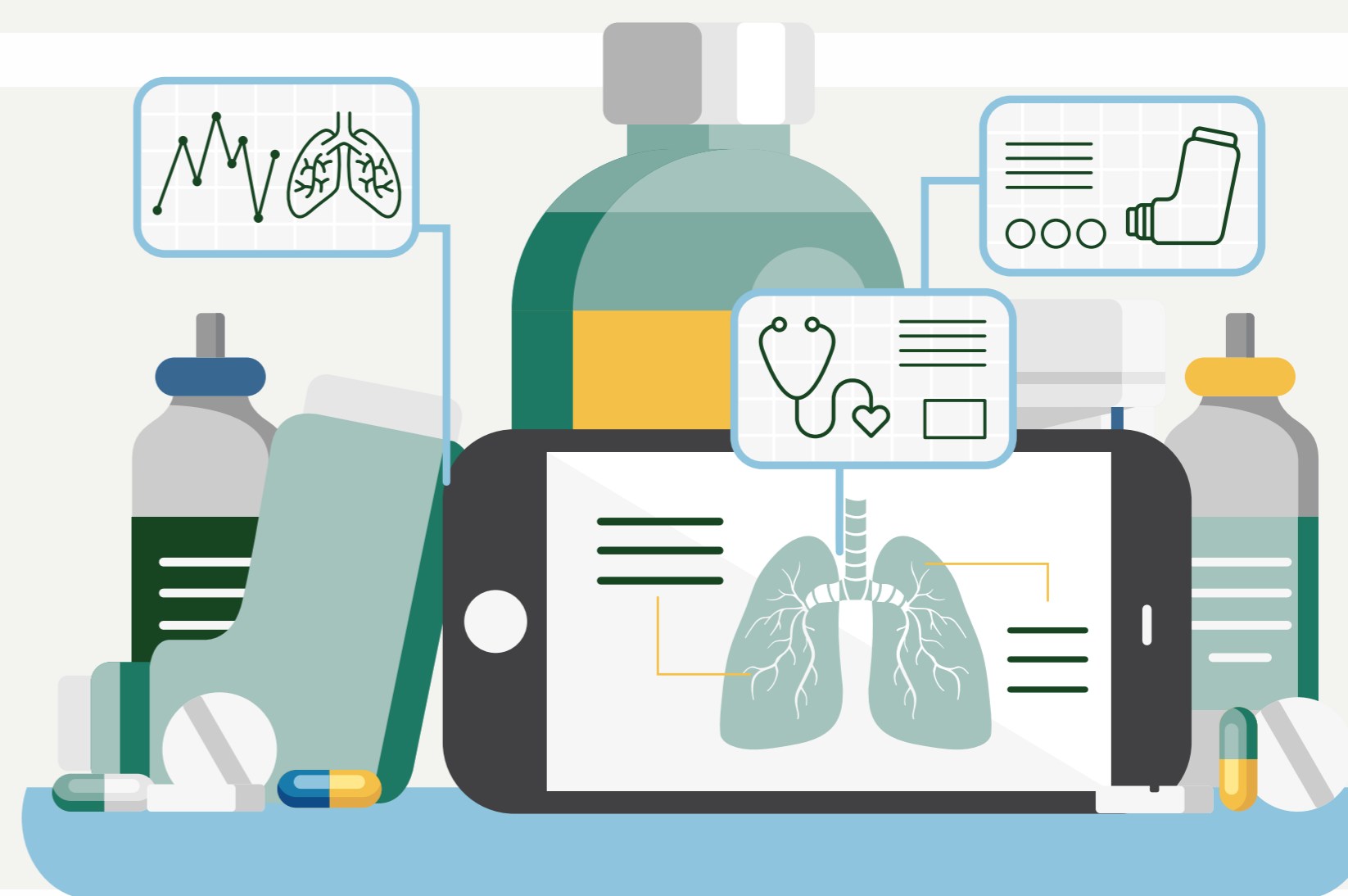


PROACTIVE NUTRITIONAL INTERVENTION IN COPD MANAGEMENT: IMPROVING PATIENT OUTCOMES IN PRIMARY CARE

Authors: Meredith Donaldson, Carl Deaney, Danielle Reesby, Marsh Medical Practice, North Somercotes, UK
meredith.donaldson@nhs.net



BACKGROUND

COPD presents a significant healthcare challenge globally, with substantial morbidity, mortality, and economic burden.¹⁻³ Despite its prevalence, COPD management often overlooks the crucial link between disease and nutritional status, particularly malnutrition and muscle loss.⁴

This poster presents the methodology and preliminary findings of a proactive programme aimed at identifying, evaluating, and managing COPD patients in a rural GP practice. The programme focused on upskilling the multidisciplinary team, patient identification, risk stratification, clinical review, intervention, and follow-up.

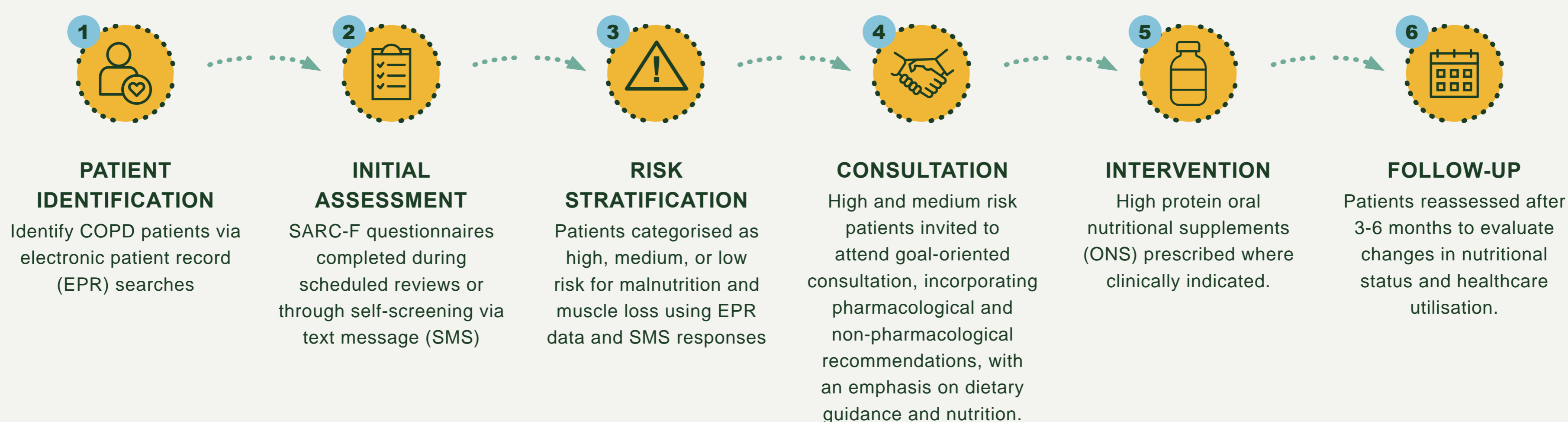
OBJECTIVES

- Identify COPD patients at risk of malnutrition and muscle loss.
- Evaluate the effectiveness of early interventions, such as dietary guidance and oral nutritional supplements (ONS), on nutritional status, muscle function, and healthcare utilisation.

	Low Risk	Medium Risk	High Risk
BMI	Over 18.5	18.5 or under	18.5 or under
MUST score	0	1	2+
SARC-F score	1	2	4+
Exacerbations	-	2+ in 12 months	2+ in 12 months
Hospital admissions	-	-	1+ in 12 months

Table 1: Risk stratification criteria.

METHODOLOGY



RESULTS

Through a structured approach to nutritional screening and intervention, preliminary improvements in muscle strength and nutritional status were demonstrated.

- 54% of screened patients were identified as at risk of malnutrition and/or muscle loss.
- 100% of patients receiving ONS had an improved or stable MUST score (average improvement: -0.14).

- 50% of patients receiving ONS had improved SARC-F scores (average improvement: -0.58).
- 100% reduction in GP visits among patients receiving dietary advice + ONS.
- 90% reduction in hospital admissions in the same group.

CASE STUDY



Male, 88 years

Medical history:

- COPD
- Atrial fibrillation
- Hypertension
- Depression
- Cachexia, indicating muscle wasting and malnutrition

Supplemental treatment:

Cyanocobalamin and folic acid for deficiencies, alongside a high-protein oral nutritional supplement with additional vitamin D and HMB (β -Hydroxy β -methylbutyric)



Improvements in BMI from 17.43 kg/m² to 18.08 kg/m²



Handgrip strength improvement of 15% in his left hand, indicative of positive progress in addressing muscle function loss

CONCLUSION

Early identification and intervention are crucial for COPD patients at risk of malnutrition and muscle loss. A multidisciplinary approach can enhance COPD management, while targeted nutritional interventions have the potential to significantly improve patient outcomes and reduce healthcare burden.

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