

Evidence 2022

A ready-to-drink plant-based oral nutritional supplement is highly complied with, accepted, tolerated and improves clinical outcomes in adult community-based patients at risk of disease related malnutrition: a multi-centre prospective study.¹



This information is intended for healthcare professionals only. Fortisip PlantBased 1.5kcal is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision.

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FORTISIP PlantBased
1.5 kcal



Summary

Rationale:

The use of oral nutritional supplements (ONS) has been shown to be effective for managing disease-related malnutrition (DRM). There is currently no ready-to-drink², plant-based oral nutritional supplement (ONS) available to patients at risk of disease-related malnutrition (DRM). The aim of this one-arm multi-centre intervention study was to evaluate the effects of a plant-based ONS in community adult patients at risk of DRM.

Methods:

A ready-to-drink, plant-based, nutritionally complete ONS (300kcal, 12g protein: 1.5kcal/ml, Nutricia Ltd., UK), was prescribed (≥1/day) alongside dietary advice for 7-28 days, to adult community-based patients with multiple diagnoses at risk of DRM. Daily compliance (% consumed vs prescribed), reason for requiring a plant-based ONS, body weight, BMI (Body Mass Index), 'MUST'* score³, dietary intake (24h dietary recall), appetite (Simplified Nutritional Appetite Questionnaire (SNAQ⁴)) ONS palatibility and gastrointestinal (GI) tolerance were assessed. Intention-to-treat data analysis was performed.

Results

Twenty-four patients (age:59±18years; BMI:18.9±3.3kg/m²) were included. Compliance was excellent (94±16%) and patients confirmed that the ONS was convenient (92%) and fitted in well with their current diet (83%). Patients required a plant-based ONS due to personal preference (33%), cultural/religious reasons (28%), veganism or wish to reduce animal-derived food consumption (17%), sustainability reasons (17%) and health reasons (15%). High risk of malnutrition³ reduced from 20 to 16 patients (p=0.046) with a significant increase in body weight ($\pm 0.6\pm 1.2$ kg, p=0.02) and BMI $(+0.2\pm0.5\text{kg/m}^2, p=0.03)$ at intervention end. Total energy intake significantly increased (+371±457kcal/ day, p=0.001), as well as protein intake (+14±39g/day, p=0.03). Appetite (from 11.3±3.0 to 11.9±3.5, p=0.13) and food-only energy intake (+130±325 kcal/day; p=0.43) were maintained throughout the study. Patients rated the palatability as good to excellent (out of 10) for taste (6.3±2.5), aftertaste (6.5±2.4), smell (6.8 ± 2.3) , appearance (7.5 ± 2.1) , and thickness (7.5±2.0). GI symptoms were stable throughout the study with patients (79%) and healthcare professionals (88%) confirming that the plant-based ONS was well tolerated.

Conclusion:

This study: i) shows that a plant-based ONS is highly complied with, improving nutritional outcomes alongside dietary advice; and ii) highlights that there were a variety of reasons why patients at risk of DRM may require a ready-to-drink, nutritionally complete, plant-based ONS. Further investigation is required to ascertain the clinical benefits of using a plant-based supplement in the management of patients with malnutrition.



^{*}Malnutrition Universal Screening Tool.