

PMO-040 THE DEVELOPMENT AND VALIDATION OF A NUTRITIONAL PRIORITISING TOOL FOR USE IN PATIENTS WITH CHRONIC LIVER DISEASE

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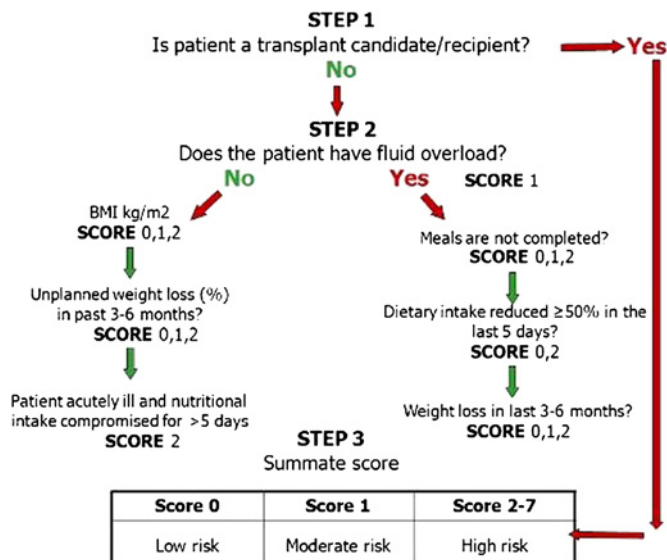
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Introduction Patients with cirrhosis are frequently malnourished and this has a detrimental effect on outcome in terms of complications, survival after liver transplantation and overall liver-related mortality. The detection of malnutrition and its active management is, therefore, pivotal to these patients' well-being and survival. The aim of this study was to design and develop a simple, nutritional screening tool for use in patients with cirrhosis -The Royal Free Nutritional Prioritising Tool (RFH-NPT)—and to validate its use against the Royal Free Hospital Global Assessment (RFH-GA) which is the accepted gold standard for nutritional assessment of cirrhotic patients in the UK.

Methods The RFH-NPT was devised and piloted; interobserver performance agreement was excellent. Validation was undertaken in a cohort of patients with cirrhosis on transplant units throughout the UK and Southern Ireland. Patients' nutritional status was determined and categorised, by nursing staff, using the RFH-NPT (completion time 3 min). The results were compared with the categorisation of nutritional status determined by dietitians using the RFH-GA (completion time 45 min). The analysis of descriptive data, cross-tabulation, performance variables, 95% CIs and κ values were calculated using standard methods. κ Values were interpreted according to Altman, 1999.

Results The patient population comprised 133 patients with cirrhosis (98 men: 35 women; mean [range] age 56 [23–73] yr). Overall 49 (37 %) patients were classified, using the RFH-GA, as adequately nourished; 46 (35%) as moderately malnourished and 38 (29%) as severely malnourished. The RFH-NPT identified patients who were at high risk for malnutrition with a diagnostic sensitivity of 100% (95% CI 89 to 100) and specificity of 73% (95% CI 63 to 81) (κ value 0.41, 95% CI 29 to 53).

Conclusion The RFH-NPT is a simple, quick and validated method for identifying patients with cirrhosis who at high risk for malnutrition. Further multicentre validation is warranted.



Abstract PMO-040 Figure 1

Competing interests None declared.

PMO-041 INVESTIGATING BARRIERS TO NUTRITIONAL SCREENING BY NURSES AND WARD MANAGERS ON LIVER TRANSPLANT UNITS

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Introduction The incidence of malnutrition remains high and is often undetected in hospitals. Patients with cirrhosis are often malnourished and this has a significant negative effect on outcome; its early management is therefore vital. Nutritional screening in the UK is generally undertaken by nursing staff. No surveys have been undertaken to assess the relationship between nutritional knowledge/attitudes and the practice of nutritional screening among nursing staff nor have attempts been made to identify any barriers to screening. A survey of nursing staff and ward managers on the liver transplant centres in the UK was, therefore, undertaken.

Methods A questionnaire was sent to all nursing staff on five of the UK liver transplant units. The 20 questions accessed three domains of information (1) general and specialist nursing education and training; (2) nutritional training; experience, practise and views of nutritional screening; and (3) potential barriers to nutritional screening. A yes/no quiz comprising 30 questions of varying complexity designed to assess knowledge of nutritional principles was also included. A separate questionnaire was sent to the ward managers. It comprised 27 questions relating to key factors which might affect the completion of nutritional screening tools by nursing teams, including information on nurse:bed ratios, nursing skill mix, staff sickness levels and use of bank/agency nursing staff. Details of managers' length of service and training in the nutritional aspects of patient care were also explored.

Results Response rates varied between centres but averaged 60% (n=69). The majority of nurses (60%) reported that 75–100% of patients on their wards are actively screened. The major obstacles to screening were lack of time (49%), lack of skilled staff (17%) and the perception that screening would be futile in patients who did not appear malnourished (11%). There was no relationship between nutritional screening level and nurses' experience of working in the NHS or on a specialist liver unit, the amount and type of nutritional training they had received, ward staff resourcing/time pressures, their nutritional quiz score, the size of the ward or the nurse:bed ratio. However, centres with less experienced ward managers reported higher usage of bank/agency staff and lower nutritional screening levels.

Conclusion Many of the factors which it was intuitively felt might affect nutritional screening levels by nurses did not do so. Instead the role of the ward managers proved key in this respect. Thus, nutritional screening by nursing staff could be improved by (1) raising the priority of nutritional education with ward managers; and (2) supporting less experienced ward managers in their handling of staff sickness levels to reduce bank/agency staff levels.

Competing interests None declared.

Clinical practice/guidelines (nutrition)

PMO-042 COST-EFFECTIVENESS ANALYSIS OF IMMUNONUTRITION FOR UPPER GASTROINTESTINAL CANCER PATIENTS UNDERGOING SURGERY IN BRITISH HOSPITALS

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Introduction Immunonutrition (IN) containing arginine has been demonstrated to decrease complications as well as length of hospital