Dietetic input to the stroke MDT – optional extra or essential?

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Stroke Dietitian, UHSM
Learning outcomes

• Awareness of importance of dietary assessment, treatment and on-going support

• How we have developed the service with aim of providing cost-effective, equitable service with seamless transfer of care.
Does it matter what you eat?

What are the benefits of ensuring a good nutritional intake?

Discuss together in small groups of 2-3
Good Nutrition

- Promotes wound healing
- Improves stroke outcomes
- Increases strength and mobility
- Maintains healthy skin, hair and nails
- Reduces risk of pressure sores
- Reduces risk of infections
- Reduces risk of post surgery complications and further fractures
- Maintains healthy skin, hair and nails
Poor nutrition impacts on wound healing ......

..... and can lead to muscle wasting
Oedema can mask malnourishment – easy to miscalculate BMI & MUST
Effect of nutrition on clinical outcomes

Low BMI correlated with

↑ mortality

↑ length of stay

↑ requirement for high dependency care

Cochrane review found that there was a ↓ in incidence of pressure sores with nutritional supplementation
Dysphagia/Texture modification

• Issues- inadequate fluid intake – prompt frequently
• Malnutrition
• Time takes to eat meal
• Lack of variety
• Appearance
• Embarrassment caused by “eating baby foods”
• Can lack vitamin C
• Unbalanced especially if don’t like milk or savoury dishes
### Key neurological deficits affecting nutritional intake

<table>
<thead>
<tr>
<th>Aphasia</th>
<th>Memory</th>
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<tbody>
<tr>
<td>Apraxia</td>
<td>Neglect</td>
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<tr>
<td>Appetite control</td>
<td>Perception</td>
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<tr>
<td>Ataxia</td>
<td>Planning</td>
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<tr>
<td>Dysphagia</td>
<td>Psychological affects</td>
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<tr>
<td>Hemiplegia</td>
<td>Sequencing</td>
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What should you do if patient refuses to comply with texture modification?

- Kidney failure
- Rare disease – cystinosis
- Blind
- Delayed swallowing reflex
- Warning notice at bedside saying he could not have solid food
Indications for risk feeding

- Short life expectancy
- Medical condition can’t be cured
- Risk of inserting NG outweigh benefits
- Person refusing NG and wants to enjoy taking foods and drinks despite risks
- Swallowing problem and aspiration cannot be resolved but does not cause distress
Stroke Pathway

Hospital service
Ward meetings
MDT - outcomes

ESD
MDT

Community service
Info & contact details to ICT, nursing homes
HEF discharge info.
Liaise closely with community dietitians

Guidelines, Resources, Regular training

Acute care → secondary prevention
Time efficiency

- Working through other MDT members – training
- Developing appropriate resources and empowering nurses to implement basic nutrition support. Our referral criteria MUST ≥ 3, tube feeding, dysphagia
- Using dietetic assistants to collect info and complete demographics e.g. for home enteral feeding forms
- Assessing how to reduce time e.g. travelling time for home visits
What does your Stroke team look like?

Does your dietitian play a full part?
Is she graded at a level where she can develop the service fully?
Nutrition in Stroke: Clinical Guidelines

- National Clinical Guidelines for Stroke – RCP
- Oral Feeding Difficulties and Dilemmas - RCP
- Management of Patients with Stroke - SIGN
- Nutritional Support in Adults - NICE
- Enteral Nutrition in Neurological Dysphagia - ESPEN
- Dysphagia Diet and Food Texture Descriptors – British Dietetic Association & Speech Therapists

Used these guidelines to produce our own UHSM stroke specific nutrition guidelines
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Any questions?

Thank you for listening

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