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Accepted Manuscript

Are oral nutritional supplements more effective than dietary advice in malnourished care home residents?

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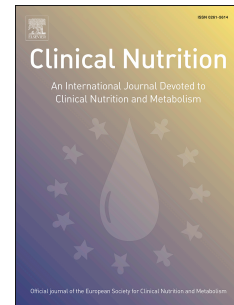
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1 **Are oral nutritional supplements more effective than dietary advice in malnourished**
2 **care home residents?**

3 Dear Editor,

4 With the high prevalence of malnutrition in care homes¹, it is important to determine the most
5 effective strategies for improving nutritional status and outcomes in this population. A recent
6 paper² attempts to address this by comparing the impact of oral nutritional supplements
7 (ONS) with dietary advice (DA) on quality of life. The authors are to be commended for
8 conducting this trial however we feel that some aspects of their paper require clarification.

9 The study was conducted in 104 care home residents identified as at risk of malnutrition and
10 randomised to receive either ONS or DA. Nutritional status and quality of life were
11 measured at baseline and at six and twelve weeks.

12 Our first concern relates to the amount of detail provided on the interventions. While
13 acknowledging the often strict word limits for journal articles, authors should provide
14 sufficient information for their study to be replicated and the comparability of the
15 interventions to be assessed. Parsons *et al.* state that the ONS group were 'given access to
16 a range of ONS... so they could take them *ad libitum*' while those in the DA group 'were
17 given a specially designed diet sheet encouraging intake of high energy foods, and drinks
18 and snacks'. Provision of information alone does not constitute DA yet there is no
19 description of how the residents were able to act on the information provided in the diet
20 sheet. While it seems that the dietitian discussed the intervention with both groups (DA and
21 ONS), and care and catering staff were informed of the intervention, it is not clear if the DA
22 group were given access to the high energy foods, snacks and drinks they required in the
23 same way as the ONS were available to the other group.

24 Our second concern relates to the appropriateness of DA, as described in this study, for this
25 population. DA has been described as a "cognitive intervention"³ and requires the
26 participants to have adequate cognitive function to implement suggestions. The Alzheimer's
27 Society estimates that 80% of people in residential care have a form of dementia or severe
28 memory problems, and only 44% of people with dementia in the UK receive a diagnosis⁴.
29 Parsons *et al.* state that participants "*without obvious dementia*" were selected but this does
30 not rule out the possibility that some of the participants were cognitively impaired and thus
31 may not have had the capacity to act on the advice provided. This might explain the high
32 drop-out rate due to confusion. Furthermore, by selecting only those without cognitive
33 impairment the authors have limited the generalisability of their findings to a minority of the
34 care home population.

35 The title of the study suggests a failure of DA in managing malnourished residents in care
36 homes, whereas we suspect that the findings are more likely to be related to the
37 inappropriateness of the intervention in this population and/or a failure of implementation.

38

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