

Frequently asked questions

Appropriate prescribing of Oral Nutritional Supplements in Primary Care

The prevention of malnutrition is a complex process, best achieved through education, early intervention and food first approaches. Oral Nutritional Supplements (ONS) are commercially produced products to assist in the short- and long-term management of malnutrition.

1. What is the clinical indication for an Oral Nutritional Supplement?

a) ONS can be prescribed for patients who have been identified as being at **higher risk of malnutrition** following a Malnutrition Universal Screening Tool (MUST) score where food first has failed.

[‘MUST’ Calculator | BAPEN](#)

www.malnutritionpathway.co.uk/library/must.pdf

b) The Advisory Committee on Borderline Substances (ACBS) advises that ONS may be regarded as drugs and patients must meet at least one of the following ACBS criteria to be eligible for prescribed ONS:

Short-bowel syndrome

Bowel fistulae

Dysphagia

Following total gastrectomy

Intractable malabsorption

Pre-operative preparation of undernourished patients

Proven inflammatory bowel disease

Disease-related malnutrition

2. In the ACBS criteria, what does Disease-related Malnutrition mean?

Disease-related malnutrition is typically defined as:

- BMI of less than 18.5 kg/m²
- Unintentional weight loss greater than 10% within the last 3 to 6 months
- BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3 to 6 months

3. My patient doesn't meet this criteria, what information should I give first?

Food should come first

If patients can take oral diet, it is important to encourage high calorie/protein 'food first' before starting supplements. Adding butter, cheese and cream to meals, having milky drinks through the day and lots of high sugar and high fat snacks are encouraged.

www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf

www.malnutritionpathway.co.uk/library/patientleaflet_yellow_welsh.pdf

4. What dosage is recommended?

To be clinically effective it is recommended ONS are prescribed **twice daily**. This ensures that the additional calorie and protein intake (additional 600kcal and 20-24g protein) is likely to be sufficient to achieve weight gain.

5. Should I be using **Starter Packs**?

Yes, they can be prescribed but as an acute prescription to assess tolerance only. Please swap onto a regular product thereafter as it is more cost effective.

6. I have a patient prescribed ONS on their **TTO following hospital discharge**, should I continue the prescription?

Patients discharged from Hospital with ONS on prescription should only have these continued if the discharge summary states that ONS was commenced by a Dietitian and that a review of their appropriateness is planned. If you think they need an ongoing prescription, refer to the Dietitians.

7. There are lots of types of ONS, what is recommended as first line?

Powder-based oral nutritional supplements are the most cost-effective and therefore the recommended first line products. All other ONS products would ideally be reserved for Dietetic and specialist recommendation only and should not routinely be initiated in Primary Care. The exception to this is patients with CKD 4/5, due to the high phosphate and potassium content without assessment by a Dietitian.

8. Are there any product you wouldn't recommend?

Pudding-style oral nutritional supplements are typically lower in energy, protein and more expensive than first line products. They may be needed in patients with severe dysphagia but otherwise are not recommended. Food-based alternatives are more palatable and cost effective. Shot-style, oral nutritional supplements are not nutritionally balanced and food-based alternatives should be offered first. These products should only be used under Dietetic Recommendation.

9. Are there any other considerations?

Consider allergens such as lactose/soya/gluten, vegetarian/vegan and religious beliefs Kosher/Halal.

Prescribe with caution in certain patient groups

CKD 4/5

Protein, electrolyte and fluid provision requires consideration with this patient group that may require specialist products. These patients should be referred to Dietetic Services prior to initiation a prescription for ONS.

Inflammatory Bowel Disease

ONS can be used as part of a therapeutic liquid diet to induce and maintain remission during flare-ups of Crohn's Disease. These patients have increase requirements of certain micronutrients. These patients should be referred to Dietetic Services if ONS are initiated.

Dysphagia

Patients with swallowing problems should be referred to Speech and Language services for assessment before ONS can be safely prescribed and before dietetic input. ONS should be used with caution in those with dysphagia to ensure the correct consistency is provided.

Refer to Speech and Language guidance regarding appropriate texture recommendations.

Diabetes

All ONS have a high sugar content. Juice-style supplements should be avoided. They should be drunk slowly and may require blood glucose level monitoring and adjustment of medication.

Care home residents

GP Practices should not prescribe simply on request. Care home have been given suggested food first strategies, which should be put in place before referring directly to Nutrition and Dietetics. See Managing Malnutrition in Primary Care (Care homes) pathway.

Substance users

Once started, ONS prescribing can be difficult to stop. Supplements are often used to replace meals and therefore can be of negligible clinical benefit. Clear goals should be set for patients who meet prescribing criteria.

Patients at the end of life

Patients are unlikely to benefit from ONS and in many cases can increase symptom burden. Patients/families should focus on food for comfort and enjoyment. However, it is important to recognise that a normal part of the dying process is a reduction in appetite, thirst and the ability to tolerate food and fluid in the last few weeks of life.

Useful resources/weblinks:

www.bda.uk.com/resource/malnutrition.html

Appendix 1

Oral Nutritional Supplement Compendium for cost-effective swaps in Primary Care.

The following products have been reviewed and identified as nutritionally similar.

Use of product	Style of supplement	Presentation	Supplement names	Powys Formulary Preferred Products (based on NHS drug tariff May 2025)
First line	Powder, Milkshake style	Requires mixing with milk	Ensure Shake Foodlink Complete Complan	EnergieShake Aymes Shake
	Powder, Compact	Requires mixing with milk	No equivalent	Aymes Shake Compact Foodlink Complete Compact
	Powder, Juice style Only if unable to tolerate milk	Requires mixing with water	No equivalent	Actasolve Smoothie ^v Foodlink Smoothie ^v
Second line	Bottled, Milkshake style If unable to mix sachet or no access to milk	Typical 200ml bottles	Ensure Plus Fortisip Bottle Aymes 1.5 Complete Fresubin Energy Resource Energy Fresubin Original Ensure Can	Powder-based options are first line EnergieShake Complete 1.5 Altraplen Energy
	Bottled, Compact	Typically 125ml bottle	Fortisip Compact Ensure Compact Actagain 2.4 complete Maxi (250ml) Altraplen Compact	Powder-based options are first line Altraplen Compact Daily Actagain 600 (250ml, 2x 125ml equivalent) For once daily doses: Fortisip Compact or Altraplen Compact
	Bottled, Juice style If unable to mix sachet or no access to water	Typically 200ml bottle	Ensure Plus Juce Fresubin Juce	Powder-based options are first line Actagain Juce Fortijuce

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