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# Accepted Manuscript

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

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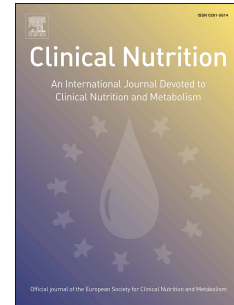
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1 **Are oral nutritional supplements more effective than dietary advice in malnourished**  
2 **care home residents?**

3 Dear Editor,

4 With the high prevalence of malnutrition in care homes<sup>1</sup>, it is important to determine the most  
5 effective strategies for improving nutritional status and outcomes in this population. A recent  
6 paper<sup>2</sup> 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"<sup>3</sup> 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 diagnosis<sup>4</sup>.  
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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