# Oral nutritional supplements and dietary advice versus dietary advice alone on clinical outcomes in malnourished community dwelling individuals

Submission date 03/10/2012	<b>Recruitment status</b> No longer recruiting	[X] Prospectively registered [_] Protocol
<b>Registration date</b> 05/10/2012	<b>Overall study status</b> Completed	<ul> <li>[] Statistical analysis plan</li> <li>[X] Results</li> </ul>
Last Edited 20/02/2019	<b>Condition category</b> Nutritional, Metabolic, Endocrine	[] Individual participant data

## Plain English summary of protocol

#### Background and study aims

Sometimes the effect of disease means people become malnourished (under-nutrition) and this affects 5% of the UK population, with the majority of people affected living in the community. Malnutrition has adverse consequences including poorer clinical outcomes. Effective management can improve nutritional status and outcomes. UK guidelines recommend that individuals are screened to detect malnutrition and where risk is identified, action is taken to tackle this. Commonly used nutrition strategies for malnourished people who can eat and drink include dietary advice (modifications to the diet to increase nutrient intake) and oral nutritional supplements (nutrient-enriched drinks). There is a lack of evidence to support oral nutrition support strategies for people living in their own homes in the community. The aim of this study is to determine which of these two methods (dietary advice, or advice with oral nutritional supplements) is most effective in individuals identified as being at risk of malnutrition in the community.

#### Who can participate?

Men and women aged over 50 with disease-related malnutrition.

#### What does the study involve?

After giving consent to take part in the study, the participants will be randomly allocated to a nutritional treatment. They will receive either nutritional drinks and a simple diet information leaflet or just receive the simple diet information leaflet for a period of 3 months. After this the treatment will then stop but they will be followed up by the researchers for a further 3 months. They will be involved in the research for a total of 6 months (with an optional follow-up at 12 months). Each participant will see the researcher five times over the 6-month period, with additional phone contact between visits. Each visit will last about 30 minutes. The researcher will visit them in their own home.

What are the possible benefits and risks of participating?

The nutritional treatments used in this study may help to improve the participants' nutritional status and help them to feel better. The study will help health professionals decide the best

type of nutritional treatment to use in people with malnutrition living in the community in the future. The treatments used are nutritional treatments (not medicines) that are already widely used in clinical practice for people with poor nutrition and are very unlikely to cause side effects. These treatments are not associated with any risk or disadvantage to health.

Where is the study run from? Southampton General Hospital (UK).

When is the study starting and how long is it expected to run for? The study started in October 2012 and will finish in October 2015.

Who is funding the study? Nutricia Ltd (UK).

Who is the main contact? Dr Abbie Cawood a.l.cawood@soton.ac.uk

## **Contact information**

**Type(s)** Scientific

**Contact name** Dr Abbie Cawood

## **Contact details** Department of Nutrition and Dietetics Mail Point 32 Southampton General Hospital Tremona Road Southampton United Kingdom SO16 6YD

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## Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers 13116

## Study information

## Scientific Title

A randomised trial of oral nutritional supplements and dietary advice versus dietary advice alone on clinical outcomes in malnourished community dwelling individuals

### Study objectives

This randomised trial will investigate the efficacy of oral nutritional supplements and dietary advice (information on food fortification, snacks, food choice) as first-line treatments for disease-related malnutrition in non-institutionalised free living older people.

This trial in free living older people, aims to investigate whether oral nutritional supplements and dietary advice as a first line treatment for malnutrition are more clinically and cost effective than giving dietary advice alone.

More details can be found at http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=13116

On 31/10/2014 the overall trial end date was changed from 15/10/2015 to 01/09/2016.

**Ethics approval required** Old ethics approval format

### Ethics approval(s)

NRES Committee South Central - Southampton A, First MREC approval date: 10/09/2012, ref: 12 /SC/0423

**Study design** Randomised trial

**Primary study design** Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Other

**Study type(s)** Quality of life

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied Malnutrition in the elderly

## Interventions

Dietary Advice: Dietary Advice written information
 Oral Nutritional Supplements + Dietary Advice

Follow Up Length: 12 month(s)

## Intervention Type

Other

Phase Not Applicable

## Primary outcome measure

Quality of Life (QOL) at baseline (BL), wk 4,8,12, 6 months and optional 12 months

### Secondary outcome measures

- 1. Acceptability and complicance at BL, weeks 4, 8, 12
- 2. Clinical / Functional at BL, weeks 4, 8, 12, 6 months and optional 12 months
- 3. Intake at BL, weeks 4,8,12, 6 months and optional 12 months
- 4. Resource Use at BL, weeks 4, 8, 12, 6 months, optional 12 months
- 5. Weight at BL, weeks 4, 8, 12, 6 months and optional 12 months

## Overall study start date

15/10/2012

## Completion date

01/09/2016

## Eligibility

## Key inclusion criteria

- 1. Male or female
- 2. Age > 50 years
- 3. Disease-related malnutrition using Malnutrition Universal Screening Tool (MUST)
- 4. Malnutrition caused by disease/clinical condition
- 5. Competent to provide written informed consent and able to answer questions
- 6. Able to eat and drink
- 7. Willingness to take part in the trial and to follow the trial protocol

Participant type(s) Patient

Age group Senior

Sex

Both

Target number of participants Planned Sample Size: 300; UK Sample Size: 300

## Key exclusion criteria

1. Galactosemia or known lactose intolerance

2. Currently receiving (or likely to receive in next 12 weeks) nutritional support including dietary advice, oral nutritional supplements, tube or parenteral nutrition

- 3. Chronic renal disease requiring dialysis
- 4. Dysphagia
- 5. Poorly controlled diabetes
- 6. Liver failure
- 7. Cancer
- 8. Palliative / end of life care
- 9. Active malignancy / active cancer treatment / palliative care
- 10. Malnutrition as a result of social factors e.g. unable to purchase food
- 11. Currently residing in an institution to receive care e.g. care home
- 12. Participation in other clinical trials

Date of first enrolment 14/12/2012

Date of final enrolment 01/09/2015

## Locations

#### **Countries of recruitment** England

United Kingdom

**Study participating centre Southampton General Hospital** Southampton United Kingdom SO16 6YD

## Sponsor information

## Organisation

Southampton University Hospitals NHS Trust (UK)

## **Sponsor details**

Tremona Road Southampton England United Kingdom SO16 6YD

**Sponsor type** University/education

## ROR

https://ror.org/0485axj58

## Funder(s)

Funder type Industry

**Funder Name** Nutricia Ltd (UK) - educational grant

## **Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Abstract results	results presented at ESPEN :	01/09/2017		No	No
Abstract results	results presented at ESPEN :	01/09/2017		No	No
Abstract results	results presented at ESPEN :	01/04/2018		No	No
<u>Abstract results</u>	results presented at ESPEN :	01/09/2018		No	No