

General practitioners' views on malnutrition management and oral nutritional supplementation prescription in the community setting in Ireland: preliminary results from a qualitative study

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INTRODUCTION

Previous Irish research has demonstrated inappropriate ONS prescribing and low awareness of malnutrition/undernutrition and its management among non-dietetic healthcare professionals (HCPs).^(2,3)

On many occasions, general practitioners (GPs) are the first point of contact for individuals in the community at risk of malnutrition. GPs' views can provide insight into the complexities of managing malnutrition and ONS prescribing in the community.

AIMS/METHODS

The aim of this qualitative study was to explore GPs' experiences and opinions on the management of malnutrition and the prescription of ONS in the primary care/community setting in Ireland. Semi-structured interviews were conducted with sixteen GPs. Recorded interviews were transcribed and analysed using inductive thematic analysis.

RESULTS

Theme 1: Malnutrition a secondary concern

- An *ad hoc* diagnosis
- Overweight and obesity and associated chronic conditions prioritized
- Lack of resources to treat malnutrition; HCPs and literature

"I suppose if it is somebody who maybe has a, you know, for instance, a chronic inflammatory bowel condition if they have Crohn's or Colitis, you'd be kind of keeping an eye on them, or maybe if they have some sort of mental health condition... It's very ad hoc (referring to malnutrition diagnosis)" **GP1**

"I don't necessarily think that like malnutrition is a big issue for us. I mean, in fact, we have a lot of people who are very overweight and obese, that's probably more of a ... In terms of food and stuff, that's probably more of an issue for us" **GP13**

"I guess all you can do is refer onto a dietitian, I'm not sure how much of a dietitian we have. I think its just a small fragment of dietitian in this area, so you're usually talking months at least to see them" **GP6**

Theme 2: Responsibility for malnutrition and ONS management

- The need to strengthen the non-doctor primary care team
- Ownership of ONS review when initiated in hospital

"I think we could do an awful lot more there, at the level of public health and at the level of community supports and we could do with more dietitians. Say, the primary care team in general, public health nurses help us to identify at-risk patients and do tremendous work" **GP7**

"Probably if anything in the hospital setting you are more aware of it. Because you actually had dietitians there and you had a lot more access to multidisciplinary people than you have in the community" **GP9**

"So maybe as they become better and well in the community (referring to patients on ONS), possibly their need for ONS could decrease. But because they don't have that follow-up, they seem to be continued on" **GP12**

Theme 3: Reluctance to prescribe ONS

- Advocates of a dietary approach as first line
- The conservative main prescriber
- We are conscious about cost; do we under-prescribe?
- ONS misuse by certain patients
- Perceived conflict of interest

"If a bit of custard pudding or rice pudding would do the job, I think sometimes ONS are just not needed" **GP8**

"If the dietitian suggests it (referring to initiating ONS prescription), but to be honest, I don't get into this thing of prescribing it myself" **GP13**

"I think they do have a role but I'm always conscious of not over relying on them. I possibly don't prescribe them as often as I should. If anything, I prescribe them maybe too little" **GP8**

"For some people it's just their reluctance to engage. They'd decided they need Product X... they sort of see it as a quick fix" **GP6**

"The nursing home does have a deal with the ONS producers that a dietitian comes in for free once a month ... certainly we would tend to go along with whatever they advise, right or wrongly.." **GP1**

CONCLUSION

GPs in Ireland are not routinely screening for malnutrition in their clinics. GPs expressed that they should not have sole responsibility for malnutrition management and that more dietitians and trained community nurses to support them would be desirable. A preference to avoid supplementation and implement dietary changes first was expressed by GPs. Awareness of ONS cost and its misuse by certain patients were reported as reasons that made GPs reluctant to prescribe them, potentially leading to under-prescribing.

References

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