

NUTRITION ASSESSMENT IN ME/CFS

ARE SOME PEOPLE WITH M.E. AT RISK OF BECOMING MALNOURISHED?

There is a great deal of positive discussion on ME/CFS internet forums about the benefits of unproven special diets, restrictive and exclusion diets, and dietary supplements.

At the same time, very little attention is being paid to the dangers of cutting out or reducing the intake of specific food groups such as dairy or wheat. And people with more severe ME may have significant problems in obtaining groceries, preparing meals, and even eating a full meal.

All of this could be having an adverse effect on their overall health. So do we need to start looking at diet and nutritional status in ME from both a clinical and research point of view?

SO WHAT'S THE ANSWER?

This is a very important question. The whole issue of nutritional assessment in people with ME/CFS, along with the risk of malnutrition in those with more severe ME/CFS, is something that I will be raising during the preparation of the new NICE guideline on ME/CFS.

As this is such an important and neglected topic, I have prepared a fairly detailed reply.

Firstly, it's worth noting that malnutrition is surprisingly common among people with chronic long-

term medical conditions. And having any form of malnutrition has an important adverse effect on health. This includes decreased immune system function, decreased muscle strength, delayed wound healing and an increased risk of falls.

It will also cause a further reduction in energy levels and exacerbate cognitive problems – both of which are very relevant in ME/CFS.

So a proper nutritional assessment, which includes both food and fluid intake, should form part of the medical assessment and on-going care of everyone, especially those with moderate or severe ME/CFS. And it must involve a dietitian, preferably one who has experience of seeing people with ME/CFS.

The assessment should take account of all the factors that increase the risk of malnutrition in vulnerable groups of people with long-term medical conditions.

Physical factors include the presence of nausea and/or loss of appetite, swallowing difficulties and bowel symptoms that may affect both digestion and absorption of food.

Psychological factors can include depression – if this occurs – and its effect on appetite. Social factors



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This guide to nutrition in Severe ME/CFS was written by Dr Charles Shepherd (pictured above), Trustee and Hon Medical Adviser to The ME Association.

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involve the ability to obtain food and prepare meals.

The assessment should record the person's normal daily intake of food and fluid in terms of total calories, carbohydrates, proteins, fats, sugars, vitamins and minerals and micronutrients.

For example, although fruit and vegetables are very healthy they contain very few calories. And while dairy has become a 'bad food' in the eyes of some it is an important source of calories, protein and calcium. Fluid intake should be in the region of five or more cups per day of water, juice, coffee, tea, etc.

Physical signs of possible malnutrition should also be noted. These include loss of hair, changes in facial features – including prominent cheek bones and sunken eyes, a red swollen tongue – which may add to swallowing problems, loss of skin elasticity when pinched, brittle nails and muscle wasting.

Finally, the assessment should include the use of what is called a validated screening tool such as the five-step **Malnutrition Universal Screening Tool (MUST)** and/or the **Mini Nutritional Assessment (MNA)**.



These tools are designed to record and monitor a person's BMI (body mass index – the ratio of height to weight which identifies people who are over-weight, normal weight or underweight) along with any recent weight loss.

The scoring system identifies people who are at high, medium or low risk of malnutrition. And it's worth noting that people who are overweight or obese can also become malnourished if they are not having a healthy diet.

A blood test to check for Vitamin D status is also important in anyone who is housebound and whose skin is not being exposed to sunlight, which is how most Vitamin D is produced in the body.



If a person has evidence of malnutrition, or is identified as being at risk of developing malnutrition, a nutritional care programme should be organised and supervised by a dietitian. This will include specific dietary advice about calorie intake, all the different food groups, along with vitamins, minerals and micronutrients.

It could also involve the use of oral nutritional supplements – which can be prescribed on the NHS if necessary. These come in the form of powders and flavoured drinks and can be used to increase the intake of specific food groups and calories, or to help with food intake where there are swallowing difficulties in people with severe ME/CFS.

■ Please let us know if you have had a proper nutritional assessment which identified a nutritional problem and what sort of care plan was arranged as a result.

This information is based on an article which first appeared in the ME Association's excellent quarterly membership magazine, ME Essential.

MEA membership costs £18 a year for people living in the UK/BFPO.

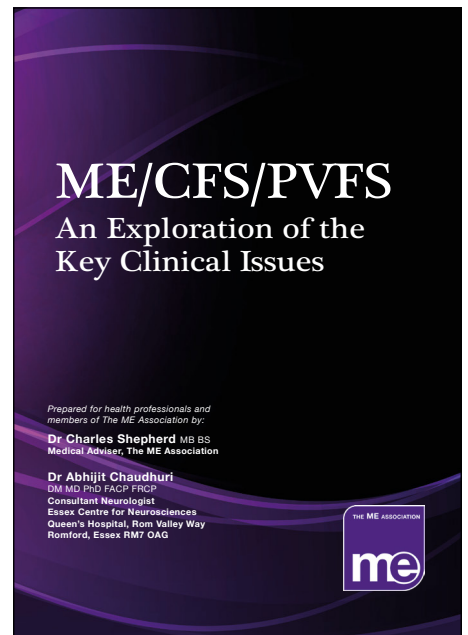
To find out more about joining the ME Association and how membership can help you, please visit: <https://meassociation.org.uk/about-the-mea/membership>



NUTRITIONAL ASSESSMENT SCREENING TOOLS

MUST/Malnutrition Universal Screening: <https://tinyurl.com/ycr3gyhn>

MNA/Mini Nutritional Assessment: <https://tinyurl.com/voutlw7>



ME/CFS/PVFS: AN EXPLORATION OF THE KEY CLINICAL ISSUES

by Dr Charles Shepherd and Dr Abhijit Chaudhuri

Available only from The ME Association by calling 01280 968 964 or buy online from our website shop: <https://meassociation.org.uk/shop>

