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Attitude of British General Practitioners towards nutritional counselling and treatment of malnutrition

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Malnutrition and obesity are prevalent in areas of social deprivation^(1,2) and these data add to the mass of evidence obtained from hospital inpatient and outpatient settings and residential homes. In West Berkshire, RECOMMEND (**R**eading **C**ommunity **M**edical **N**utrition **D**ata) has investigated GP knowledge of and attitudes towards common forms of malnutrition in order to see how GP might engage in this topic.

In a questionnaire to 210 GP in North Hampshire, West Berkshire and Oxfordshire, 10 questions tested nutritional knowledge and the remainder (19) explored medical training and clinical practice, mainly using a Likert scale rating of, for example, 1 = least relevant to 6 = most relevant. The control group comprised 3rd year BSc or MSc students of Nutrition and Food Science (*n* 31).

Fifty-four GP responded (26%) of whom 39% were men and 61% women. Their nutritional knowledge score (5.4 ± 1.4 , range 2–8) was less than that of students (6.1 ± 1.5 , 3–8, $P < 0.05$). Most GP (78%) had received no nutritional training at medical school, or subsequently (77%) and only 9% would welcome some training now. Most (90%) considered it to have been ‘slightly or not at all important’ during medical school, but this lack of training had little effect on perceived ability to engage in nutrition counselling with patients. In clinical practice, most GP sought nutritional advice from dietitians (67%), the internet (63%) or journals (31%) and thought that nutrition counselling was ‘quite important or very important’ (61%). Barriers to nutritional counselling (score from 6) were lack of time (4.72), lack of knowledge about nutrition (3.88), low patient compliance (3.62) and few opportunities to counsel (3.12). Common clinical practices (i.e. ‘quite often or very often’) were: referral to a dietitian (19%), dietary counselling (70%), prescription of dietary supplements (7.4% and 43% would do this occasionally) and nutritional assessment (42%). Most respondents thought that nutrition counselling would be improved if consultations were longer (90%), there was more information to give out (90%) or there was better access to a dietitian (87%). Extra training (72%) and proper financial rewards for extra work on preventative medicine (61%) were considered less important.

These data suggest that General Practitioners in Southern Central England have adequate nutrition knowledge and engage in effective treatment by direct counselling or referrals to a dietitian, where necessary. However, any interventions must fit into the busy pattern of general practice⁽³⁾. BAPEN could lead in this by the provision of tailored educational material and the promotion of MUST, an assessment tool ideally suited to the constraints of general practice.

1. Elia M & Stratton RJ (2005) *Nutrition* **21**, 1100–1106.
2. Purslow LR *et al.* (2008) *BMC Public Health* **8**, 112.
3. Sacerdote C *et al.* (2006) *Int J Epidemiol* **35**, 409–415.