

Guidelines

Malnutrition and FORCEVAL[®] Capsules

(Vitamin A (as β -Carotene); Vitamin D2 (Ergocalciferol); Vitamin B1 (Thiamine); Vitamin B2 (Riboflavin); Vitamin B6 (Pyridoxine); Vitamin B12 (Cyanocobalamin); Vitamin C (Ascorbic Acid); Vitamin E (dl- α -Tocopheryl Acetate); d-Biotin (Vitamin H); Nicotinamide (Vitamin B3); Pantothenic Acid (Vitamin B5); Folic Acid (Vitamin B Complex); Calcium; Iron; Copper; Phosphorus; Magnesium; Potassium; Zinc; Iodine; Manganese; Selenium; Chromium; Molybdenum)

PRESCRIBING SUMMARY CARD

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Prescribing and adverse event reporting information is on page 4.

Malnutrition

- Malnutrition is often under recognised and under treated, but affects >3 million people in the UK^{1,2}
- It is estimated that in 2011/2012, the NHS spent around £20 billion on caring for malnourished patients³
 - the annual cost of treating a malnourished patient is 3–4 times greater than treating a non-malnourished patient³
- Malnourished adults make up:³
 - 30% of adults on admission to hospital
 - 35% of adults admitted to care homes
 - 18% of adults on admission to mental health units
 - 15% of adults attending hospital outpatients
 - 10% of adults visiting their GP.

Identifying who is at risk

- Looking at the potential causes of malnutrition can be key to identifying patients who are or may be at risk. Initial signs and symptoms can include:⁴
 - reduced appetite/interest in food
 - unintended weight loss
 - recurrent infections
 - frequently feeling tired/cold
 - poor concentration
 - altered mood
- Patients that may be at risk of malnutrition include those with medical conditions such as:^{4,5}
 - those with long term illnesses/disease (e.g. diabetes, and kidney disease)
 - those with chronic progressive conditions (e.g. cancer or dementia)
 - individuals with digestive/malabsorption conditions, such as Crohn's disease
 - those receiving treatment or recovering from surgery
 - those with mental health conditions
 - those with drug or alcohol dependency

- Social factors can put some individuals at an increased risk of malnutrition, including:^{4,5}
 - poverty, social isolation, those living in care homes, or long term hospital stays
- There are also physical factors that can increase or contribute to malnutrition risk, including:^{4,5}
 - eating and/or swallowing difficulties due to pain, tooth loss, ill-fitting dentures, or as a consequence of strokes
 - loss of taste or smell
 - limited mobility/inability to prepare meals.

Consequences of malnutrition

- The adverse consequences of malnutrition can occur within days and can include:^{4,5}
 - poor immunity and increased infections
 - heart failure
 - reduced renal function (limited ability to excrete salt and water)
 - loss of muscle and bone strength – potentially resulting in immobility, falls, fractures, pressure ulcers, and blood clots
 - impaired temperature regulation and risk of hypothermia
 - impaired wound healing
 - depression and apathy
 - vitamin and mineral deficiencies
- Other consequences can also include:^{2,3}
 - increased number of GP visits
 - increased referrals to hospital and length of hospital stay
 - increased vulnerability to illnesses and clinical complications
 - increased prescription costs
 - increased dependency on others
 - increased number of deaths.

Screening

- Validated screening tools should be used to identify those potentially at risk of malnutrition⁶
 - the **Malnutrition Universal Screening Tool (MUST)**, developed by the British Association of Parental and Enteral Nutrition (BAPEN), is recognised by NICE and may be used as part of nutritional screening^{5,7}
 - the tool assesses patients as being at low, medium, or high risk of malnutrition and guides the user to develop individualised care plans for treatment if required and further monitoring.⁵

Guidelines and management

- NICE CG32 recommends that oral multivitamin and mineral supplements should help individuals who are eating poorly to meet their vitamin and mineral requirements⁷
- NHS England has advised NHS Clinical Commissioning Groups (CCGs) that for people with medically diagnosed deficiencies or have undergone surgery that results in malabsorption, vitamins and minerals can be prescribed in primary care.⁸

FORCEVAL® Capsules

Indication

- FORCEVAL® Capsules are a licensed medicine available on prescription. **They are the UK's No.1 prescribed multivitamin**⁹
- They contain **24 vitamins and minerals** and are indicated as a therapeutic nutritional adjunct:¹⁰
 - where the intake of vitamins and minerals is suboptimal, e.g. in the presence of organic disease such as malignancy and immune deficiency syndromes, such as AIDS
 - in conditions where the absorption of vitamins and minerals is suboptimal, e.g. malabsorption, inflammatory bowel disease and fistulae, short bowel syndrome and Crohn's disease, and where concurrent medication decreases vitamin and mineral absorption
 - in convalescence from illness, e.g. where anorexia or cachexia exists and following chemo or radiotherapy
 - in convalescence from surgery, e.g. where nutritional intake continues to be inadequate
 - for patients on special or restricted diets, e.g. in renal diets and where several food groups are restricted in therapeutic weight reducing diets
 - where food intolerance exists, e.g. exclusion diets
 - in synthetic diets, e.g. in phenylketonuria, galactosaemia and ketogenic diets.

Dose

- FORCEVAL® Capsules come in a convenient **one-a-day formulation**¹⁰
 - available in 3 pack sizes giving more treatment flexibility
- Adults and Elderly should take one capsule per day or as prescribed by your doctor, preferably taken one hour after meals¹⁰
 - the capsules should be swallowed whole with a glass of water
- FORCEVAL® Capsules are not suitable for children under 12 years of age.¹⁰



FORCEVAL®

References

1. Elia M, Russell C. Combating malnutrition: Recommendations for Action. *BAPEN*, 2009. Available at: www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf (accessed May 2022)
2. Brotherton A, Simmonds N, and Stroud M. Malnutrition Matters: Meeting Quality Standards in Nutritional Care. *BAPEN*, 2010. Available at: www.bapen.org.uk/pdfs/toolkit-for-commissioners.pdf (accessed May 2022)
3. Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions (short version). *BAPEN*, 2015. Available at: www.bapen.org.uk/pdfs/economic-report-short.pdf (accessed May 2022)
4. NHS. *Malnutrition*. NHS, 2020. Available at: www.nhs.uk/conditions/malnutrition/ (accessed May 2022)
5. BAPEN. *Introduction to Malnutrition*. BAPEN, 2018. Available at: www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition (accessed May 2022)
6. Castro-Vega I et al. Validation of nutritional screening. Malnutrition Screening Tool compared to other screening tools and the nutritional assessment in different social and health areas. *Nutricion Hospitalaria*, 2018, 35(2): 351–358.
7. NICE. *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. Clinical Guidelines CG32. NICE, 2006 (last updated August 2017). Available at: www.nice.org.uk/guidance/cg32
8. NHS England. *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs*. NHS, 2018. Available at: www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/ (accessed May 2022)
9. NHSBSA (Jan 2022).
10. Alliance Pharmaceuticals. *Forceval® capsules—summary of product characteristics*. www.medicines.org.uk/emc/product/3911/smpc (accessed May 2022)

PRESCRIBING INFORMATION for Forceval® Capsules

Please refer to full Summary of Product Characteristics before prescribing **Presentation**: Brown and maroon, oblong, soft gelatin capsule printed containing: Vitamin A (as β -Carotene) 2,500.0 iu; Vitamin D2 (Ergocalciferol) 400.0 iu; Vitamin B1 (Thiamine) 1.2 mg; Vitamin B2 (Riboflavin) 1.6 mg; Vitamin B6 (Pyridoxine) 2.0 mg; Vitamin B12 (Cyanocobalamin) 3.0 mcg; Vitamin C (Ascorbic Acid) 60 mg; Vitamin E (dl- α -Tocopheryl Acetate) 10 mg; d-Biotin (Vitamin H) 100 mcg; Nicotinamide (Vitamin B3) 18 mg; Pantothenic Acid (Vitamin B5) 4.0 mg; Folic Acid (Vitamin B Complex) 400 mcg; Calcium 108 mg; Iron 12 mg; Copper 2.0 mg; Phosphorus 83 mg; Magnesium 30 mg; Potassium 4.0 mg; Zinc 15 mg; Iodine 140 mcg; Manganese 3.0 mg; Selenium 50 mcg; Chromium 200 mcg; Molybdenum 250 mcg. **Indications**: As a therapeutic nutritional adjunct in conditions where the intake or absorption of vitamins and minerals is suboptimal, in convalescence from illness or surgery or for patients on special or restricted diets, where food intolerances exist or as an adjunct in synthetic diets. **Dosage**: Adults and the elderly: One capsule daily swallowed whole with water, preferably one hour after a meal. Not recommended in children under 12 years of age. **Contra-indications**: Hypercalcaemia, haemochromatosis and other iron storage disorders. Hypersensitivity to the active substance(s) or to any of the excipients. Allergy to peanuts or soya. **Precautions**: Protein and energy are also required to provide complete nutrition in the daily diet. No other vitamins, minerals or supplements with or without vitamin A should be

taken with this preparation except under medical supervision. Do not take on an empty stomach. Do not exceed the stated dose. Contains iron, keep out of the reach and sight of children as overdose may be fatal. Contains E123 (amaranth) and E124 (ponceau 4R red), which may cause allergic reactions. High dose of β -carotene (20-30 mg/day) may increase the risk of lung cancer in current smokers and those previously exposed to asbestos. Patients with thyroid disorders should seek medical advice before taking Forceval Capsules. **Interactions**: Folic acid can reduce the plasma concentration of phenytoin. Oral iron and zinc reduce the absorption of tetracyclines. **Side Effects**: Hypersensitivity reaction (such as rash) and gastrointestinal disturbances (such as nausea, vomiting and abdominal pain). **Legal Category**: P **Packs and NHS price**: 15 capsules (£5.46), 30 capsules (£9.92) or 90 capsules (£28.77). **Marketing Authorisation number**: Forceval Capsules PL16853/0079 Full prescribing information is available from: Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire SN15 2BB. www.alliancepharma.co.uk **Date of preparation/last revised**: April 2022

Adverse Event Reporting

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Pharmacovigilance at Alliance Pharmaceuticals Ltd, tel: 01249 466966, email: pharmacovigilance@alliancepharma.co.uk.