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IT BARELY REQUIRES SAYING that substance misusers have health problems. Hepatitis, HIV, bacterial endocarditis and injection sores may be the ones we all focus on, but perhaps we should not ignore what is often the most obvious health problem of them all – nutrition and the lack of it.

Over the last year, clients attending a Community Drugs Team clinic in Cornwall were surveyed as to their nutritional status. It was a quick and easy – some would say rough and ready – study, the results of which can be used not only to inform our own response to problem drug use in Cornwall, but also to act as a spur for further research in this field.

Weighing up the evidence

Two simple means of assessment were used. Firstly, all clients, 35 in all, attending a local clinic were asked to complete a recall of their total intake of food, drink, alcohol, prescribed and illicit drugs in the preceding 24 hours. An earlier attempt at a prospective record was abandoned as so few clients were able to keep a food diary *and* remember to bring it to their next appointment for assessment!

These records were instructive, though some doubts about the accuracy of recall remain. That said, the overall impression is one of global nutritional inadequacy, often exacerbated by high alcohol intake. Five clients, for instance, reported no intake of nutrients in the 24 hours before attendance.

Next, clients had their height and weight, and thus their Body Mass Index (BMI) measured. The BMI is normally used to measure obesity (30-40kg/m²), but a BMI below 20 kg/m² is regarded as clinically underweight. Nationally 5.7 per cent of the population (4.5 per cent of men and seven per cent of women) come into this category, and – as a rule of thumb – a BMI of 18 or below is in the anorexia, starvation or perhaps supermodel league.

Average BMIs and the proportion with BMIs under 20 were analysed over a number of client variables – gender, age, correlation with prescribed drug use, alcohol intake of more than 30 units per week, injecting and Hep C status.

Dear

We are trying to gather information about the type of diet our clients are eating, to see whether any sort of help can, or should be offered to this area of health. It would be very helpful to us if you could take five minutes or so to complete this 24-hour record.

Please enter everything you had to eat or drink (alcohol or non-alcoholic) yesterday. It would be helpful if you also recorded all drugs of any kind taken during the day, whether prescribed or not – this information is confidential and will not affect your prescription or be divulged to anyone except in connection with the study of your dietary intake.

TIME (Example)	FOOD	DRINKS	ALCOHOL	DRUGS	INJECTED ?
11.00am	1 Moutabix		1 can Special Brew	DEX 50ml	
5.00	3 slices HONEY		1 LITRE VODKA Smirnoff	6 VALIUM 3 ZOPAN	
3.15.40	1 yoghurt	1 TEA	12 TINS LAGERS	1/2 DORSE	
2.50				2 16MS G	

Overall, the average BMI was 21.1, with 12 of the 35 clients (34.2 per cent) having a BMI below 20. The clients with the highest BMI (22.4 on average) were, unsurprisingly, those with excessive alcohol intake – none of those who admitted to drinking over 30 units per week were clinically underweight. Those with Hepatitis C had the lowest BMI (20.0 on average), with seven out of 13 Hep C+ clients being underweight (53.8 per cent).

In line with national figures, women (although there were only five in the sample) had a higher average BMI than men (21.6kg/m² compared to 21.0kg/m²). Nevertheless, this is nothing to write home about – women in our sample were nearly three times as likely to be underweight and men over eight times as likely than their respective UK population averages.

While under a third of the whole sample were currently injecting (11 subjects), nearly half of them (45.4 per cent) were underweight, as were over a third of those 30 years or older (36.8 per cent).

For all these relationships between BMI and problem drug users, the small numbers involved meant that these findings were not statistically significant (apart from the fact that alcohol misusers had a higher BMI than the others). However, if any relationship between undernourishment and drug use is sought, the results seem to indicate that it should be looked for in the intersection between clients over 30, current injection and Hepatitis C infection – in two of every

three cases where two or more of these variables applied (or failed to apply) the client's probability of being underweight could be predicted.

Feeding into research

Even allowing for the vagaries of amnesia and a fertile imagination, the dietary records do indicate a serious nutritional problem. This has clear implications for clients' general health, particularly with regard to excessive alcohol use and susceptibility to infection.

Although statistically insignificant, the low BMI of the Hep C group is worrying, especially as it is more striking than in the current injectors. If this means that weight loss is an early sign of Hep C virus activity, not only is further study of this issue urgently needed, but drug agency staff are also required to monitor client weight as part of an early warning system.

The results prompt the question of whether nutritional supplements are likely to be beneficial to undernourished clients. If clinical considerations were the only factor, the answer would probably be 'yes'. But as recent news reports testify, such supplements are very expensive, and the cost of their widespread prescription may prove prohibitive. As for the 'hot meal' alternative, in Cornwall for example, there is no one major centre of population and so no organisation which could provide such a service. Finally, there are also a number of ethical dilemmas as to the notion of prescribing 'food', such as whether it would simply be encouraging dependence and reinforcing the 'welfare state syndrome'.

However, this tiny, cheap but instructive study appears to justify further study of nutritional influences on clients' general health. Certainly in our case, it has prompted us to monitor weight loss among our clients much more systematically – we now weigh all our clients and are keeping an eye on the potential link between Hep C viral activity and falling BMI. It's hardly surprising, but if evidence is needed, it can begin to be found here – people with drug problems are likely to have serious nutritional problems. It's time to begin looking at drug use 'in the round'. ○

by

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