



Vital 1.5kcal case study Rupert

Background information

Rupert is a 65 year old male with Ménière's disease, chronic obstructive pulmonary disease (COPD), depression, angina and previous history of transient ischaemic attacks (TIAs). Rupert was admitted to hospital with gastroenteritis and poorly controlled angina. He developed loose stools (type 7 on the Bristol Stool Chart) which persisted for four weeks and Metronidazole was prescribed for suspected *C.difficile*. His loose watery stools persisted and after a flexible sigmoidoscopy and colonoscopy were performed, Rupert was diagnosed with non-infective gastroenteritis and colitis. Codeine phosphate, Citalopram, Omeprazole, Prednisolone were trialled during this time. Rupert was only managing to consume a quarter of his meals and was prescribed whole protein oral nutritional supplements (ONS).

Nutritional treatment goals

- Stabilise weight and prevent further weight loss
- Improve symptoms of malabsorption

Nutritional treatment

Rupert was prescribed Vital 1.5kcal 200ml bottle orally, three times per day in addition to meals.

Key findings

1. Frequency and severity of loose stools and severity of abdominal pain started to improve four days after initiating Vital 1.5kcal. Both Rupert and the dietitian believed that it was Vital 1.5kcal that aided gastrointestinal symptoms.
2. Rupert found it easy to comply with the prescribed volume of Vital 1.5kcal as he enjoyed the taste and texture.

Conclusion

Vital 1.5kcal ONS was well liked and tolerated in a 65 year old male with loose stools and abdominal pain. Vital 1.5kcal helped alleviate prolonged symptoms of malabsorption and contributed to improving nutritional intake. Due to the good taste, high compliance and tolerability of Vital 1.5kcal, the dietitian recommended that Vital 1.5kcal should be used first line for patients in the right medical context.

Dietitian, London

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