Oral Nutrition Supplements (ONS)

What Are ONS?
- Oral nutrition supplements (ONS) are high quality, scientifically based and nutrient dense foods for special dietary use (FSDU), and are typically available as ready-to-drink liquids (milk-style or juice-style). Other forms, such as puddings, may also be available.
- While ONS products are often recommended by healthcare professionals and provided in healthcare settings, they are also available at retail and from home health providers without a prescription.

Who Are They For?
- ONS products are a clinically effective, non-invasive way to supplement the diet of patients with or at risk for malnutrition. For these individuals, consumption of adequate nutrition, including protein, is not always possible due to poor appetite, reduced food intake, increase in nutrition needs, and/or poor absorption of nutrients caused by illness or chronic conditions.
- ONS products have been shown to improve daily intake of calories, protein and other recommended nutrients without reduction of regular food intake and contribute to maintaining and increasing muscle mass.
- ONS products can be used pre- and post-surgery for individuals with poor nutrition or malnutrition to reduce the risk of complications after surgery. High protein ONS products are especially helpful for post-surgery recovery.
- ONS can be recommended through medical nutrition therapy (MNT), which is characterized by treating chronic conditions through an individually-tailored nutrition plan recommended by a Registered Dietitian Nutritionist (RDN). ONS can also be part of the food is medicine approach when it is included in medically tailored meals to help prevent, manage, and treat chronic diet-related diseases.

Malnutrition is a Major Public Health Concern

Up to one in two older adults is at risk for malnutrition, an important nutrition-related public health concern that impacts quality of life and increases healthcare costs. Malnutrition can complicate conditions and lead to frailty, risk of falling, and pressure injuries. Additionally, hospital readmission rates, institutionalization, and utilization of costly health care services increase in patients suffering from malnutrition. In particular, disease-related malnutrition is a common reason for hospital readmission.

Addressing the Cost of Untreated Malnutrition

Beyond just the effect on utilization and outcomes, malnutrition has an outsized effect on overall cost of care. Malnutrition costs associated with adults aged 65 years and older who are the most at risk for malnutrition are estimated at $51.3 billion annually. In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital. The average costs per readmission for patients with malnutrition were found to be 26-34 percent higher ($16,900 to $17,900) compared to those without malnutrition ($13,400).
ONS are a Cost-Effective Treatment
Older adults may especially benefit from ONS to help meet their nutrition needs. The World Health Organization (WHO) recognizes malnutrition as a major problem affecting older adults and has published a strong recommendation that ONS with dietary advice should be recommended to older people affected by undernutrition. A retrospective health economic study found that providing ONS to Medicare patients aged 65+ with any primary diagnosis was associated with a 16% reduction in length of stay and a 15.8% cost savings – an average of $3,079 – per episode. Additionally, a comprehensive review of the cost and cost-effectiveness of using standard ONS in community and care homes showed a mean cost savings of 9.2%.

5 Reasons ONS are Important
1. Cost-effective means of preventing and treating malnutrition. Identifying and managing malnutrition/nutritional risk is a best practice and improves health outcomes, including helping reduce hospital length of stay and readmission.
2. Innovated and formulated to meet specific nutrition needs when patients are unable to achieve their nutrition goals through a normal diet. This includes specialized formulations for chronic conditions.
3. Helpful in meeting nutrition intake goals as a patient transitions from a tube feeding to an oral diet or has limited appetite or strength and is not quite able to fully eat regular foods.
4. Offer a range of important nutrients, including those that may be limited in the diets of patients with short-term illness or chronic conditions, such as protein, vitamin A, vitamin C, vitamin D, vitamin E, choline, calcium, magnesium, dietary fiber, iron, and potassium.
5. Consumed as sole source or complementary nutrition under the direction of a registered dietitian nutritionist or doctor to address a patient’s specific dietary needs.

References
6. Kaiser, MJ; Bauer, JM; Ransch, C; Ulter, W; Guigoz, Y; Cederholm, T; Thomas, DR; Anthony, PS; Chariton, KE; Maggio, M; Tsai, AC; Vellas, B; and Sieber, CC. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. Journal of the American Geriatrics Society. 2010; 58(9): 1734-1738.