

## Correcting malnutrition in problem drinkers

### who are homeless or vulnerably housed: an ongoing systematic review

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**Objective:** To assess the effectiveness and cost-effectiveness of interventions for preventing or correcting micronutrient deficiencies and other forms of malnutrition and related comorbidities in problem drinkers who are homeless or vulnerably housed.

#### Project Background

**CLAHRC West call for proposals**

Project selected from a call for proposals, which invited the region's health and care community to **submit ideas** for collaborative research projects.

The project is a **collaboration** with Bristol City Council and Bristol Wet Clinic to help address a growing need in Bristol.

Problem alcohol drinking can lead to malnutrition, which is associated with complications such as **alcohol-related brain damage**. Malnutrition is exacerbated in the homeless or vulnerably housed.

Nutrition **guidance** for problem drinkers may be unsuitable for homeless people with **little money or equipment** to store or cook food.

**Guidance unsuitable for people who are homeless**

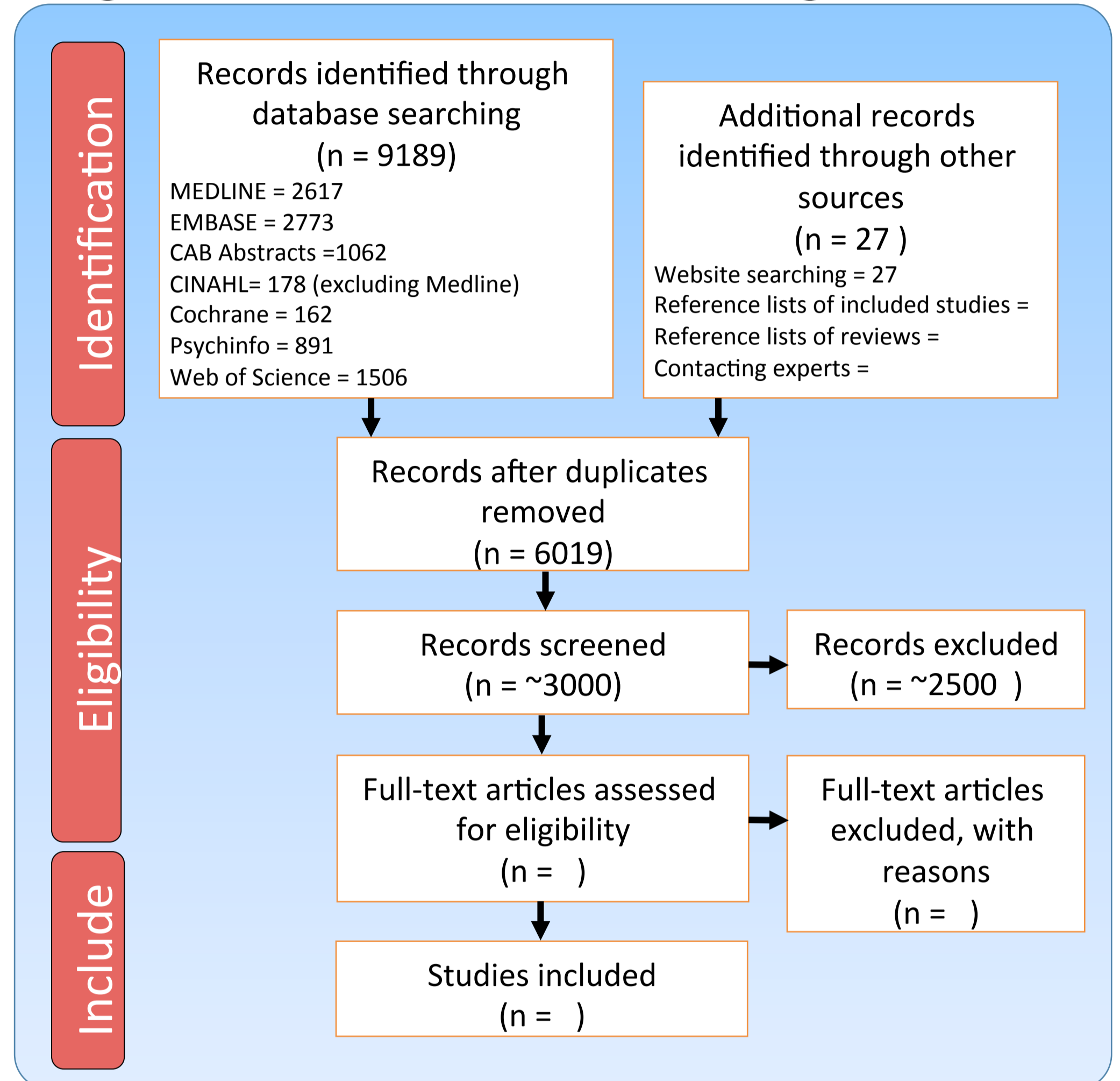
Homeless drinkers are likely to have worse health outcomes and **different nutritional needs** compared with housed problem drinkers.

**Unclear which interventions are effective**

Our population often exhibits a **chaotic lifestyle** (a possible consequence of alcohol-related brain damage). Any intervention needs to be effective in this context.

This review should help to **inform the implementation** of effective interventions in the community.

#### Progress so far - PRISMA flow diagram



#### What might the intervention look like?



Interventions without a **direct nutritional component** are **ineligible**, such as those aimed at reducing alcohol intake or improving the housing situation.

#### Methods

- Target studies of a **nutrition-based** intervention applied in the **homeless or vulnerably housed** population with **problem drinking**.
- Electronic databases** and **grey literature** sources systematically searched.
- Search records screened in duplicate. One reviewer will extract data and assess quality, checked by a second reviewer.
- Results will be **analyzed descriptively**. If appropriate, meta-analyses will be performed.

**Primary outcomes:**  
(mal)nutrition status  
measures of liver damage  
cognitive function

**Secondary outcomes**  
quality of life  
functional scales  
resources used to deliver treatment  
acceptability of the intervention  
engagement with treatment services

#### Discussion

Conducting research in the **transient homeless population** is challenging: participants' chaotic behaviour makes them difficult to keep track of and collect follow-up data from.

A good evidence base made up of high quality randomised controlled trials is **unlikely**. The **quantity of evidence** may be limited.

Thus the review is **not limited to RCTs**, but can include a wide range of study designs, intervention types and outcomes.

A **pilot search and screen** was done to refine the selection procedure.

It may **not be possible to combine evidence** in a meta-analysis as this requires enough studies that are sufficiently similar in intervention and outcomes.

However, the **broad scope** allows us to explore the **range and diversity** of interventions evaluated.

**Transient population - RCTs are unlikely**

#### Reference

Thorley *et al.* (*in press*), Interventions for preventing or treating malnutrition in problem drinkers who are homeless or vulnerably housed: protocol for a systematic review, *Systematic Reviews*. DOI 10.1186/s13643-015-0114-3

