



# CLAHRCBITE

Brokering Innovation Through Evidence

February 2018

## Alcohol dependency and malnutrition among homeless people



**Many homeless people drink heavily and don't eat enough. This can mean they are at risk of developing diseases associated with both a high alcohol intake and poor diet.**

Advice on preventing malnutrition is often unsuitable for homeless people, who have no cooking facilities and little money. To find the best way to tackle this problem, we reviewed the findings of research studies on this topic.

### What did we do?

We searched for research published by November 2016 involving homeless drinkers, in two connected reviews:

- To assess the evidence on the type and level of nutrient deficiencies
- To find effective treatments that could reduce or cure these nutrient deficiencies and the diseases they cause

We assessed the quality of the research we found, to help us find the most reliable evidence.

### Who was involved?

The idea for the project was brought to CLAHRC West by people who have worked with homeless problem drinkers in Bristol for several years. Clare Fleming was a clinician at Compass Health and Katie Porter was Alcohol Strategy Manager at Bristol City Council.



## What did we find and what does this mean?

The first review found nine studies that have looked at nutrient deficiencies in homeless people who drink heavily.

The limited evidence shows that there are deficiencies, including vitamin B1, B6 and vitamin C, at varying levels across this population, and some nutrients such as vitamin D haven't been studied at all. So we need further research to identify all potentially harmful deficiencies and what nutrients are needed. This would help ensure that those needs are fully met.

The second review, looking at effective treatments for malnutrition, found 25



different types of treatments.

Some treatments involved educating the homeless people on better eating and drinking less, while others gave food or vitamin supplements. Sometimes education was given in combination with food or another treatment such as detox.

It appears that provision of food, supplements or cooking facilities, either alone or in combination with other treatments, can improve nutrition and were usually acceptable. It also appeared that involving participants in setting up interventions can lead to good uptake.

## What next?

We are looking for support for a new study to:

- assess what nutrients the local homeless drinking population needs
- develop an intervention, for example, through fortified food products or supplements
- test the intervention to see how much it can reduce these deficiencies and improve the health of homeless people who drink heavily

## Read the papers

[Nutritional deficiencies in homeless persons with problematic drinking: a systematic review](#)

S Ijaz, J Jackson, H Thorley, K Porter, C Fleming, A Richards, A Bonner and J Savović

[Interventions for preventing or treating malnutrition in homeless problem-drinkers: a systematic review](#)

S Ijaz, H Thorley, K Porter, C Fleming, T Jones, J Kesten, L Mamluk, A Richards, E Marques, J Savović

*International Journal for Equity in Health*

## Find out more

[clahrc-west.nihr.ac.uk/alcohol-malnutrition-homelessness/](http://clahrc-west.nihr.ac.uk/alcohol-malnutrition-homelessness/)

## What is NIHR CLAHRC West?

NIHR CLAHRC West works with partner organisations, including the NHS, local authorities and universities, to conduct applied health research and implement research evidence, to improve health and healthcare across the West.

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