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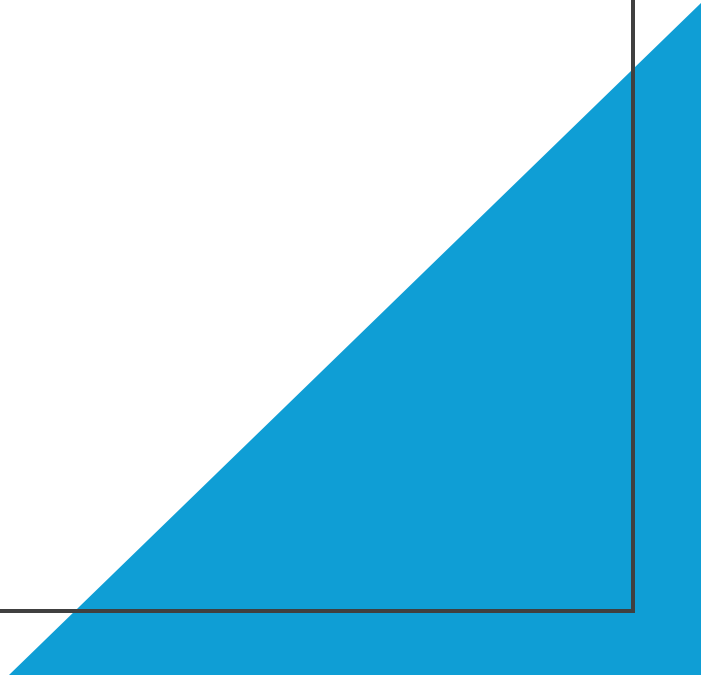
IN-HOSPITAL NUTRITIONAL DECLINE IS POORLY IDENTIFIED AND MANAGED IN LONG-STAY ACUTE ADULT PATIENTS: A PROSPECTIVE OBSERVATIONAL COHORT STUDY

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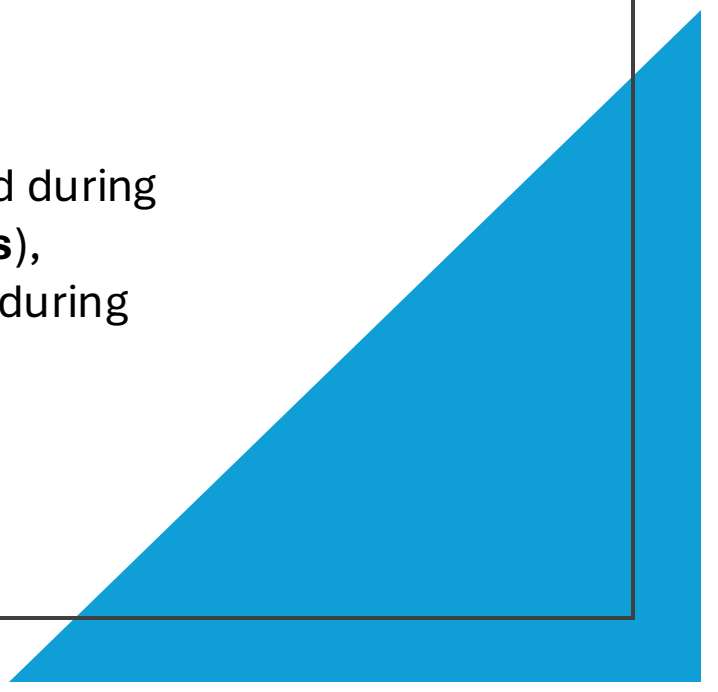
No commercial relationships to disclose.



Background and Aims

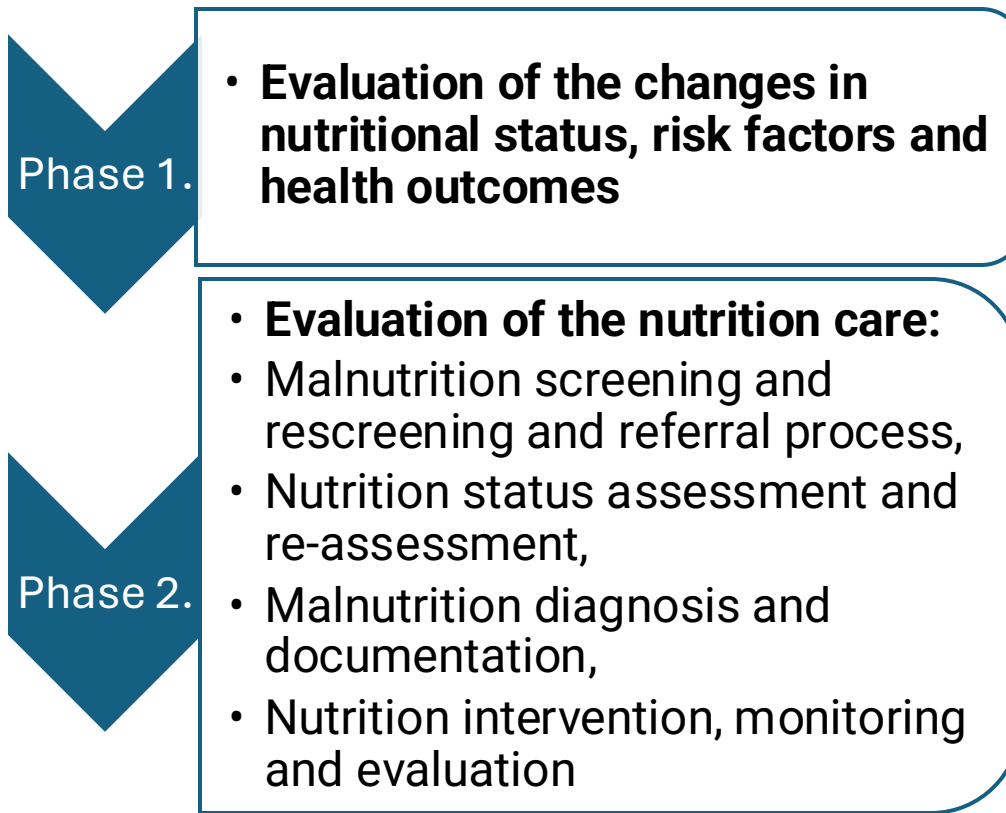
- Extensive research and well-established guidelines exist to recognise malnutrition or malnutrition risk at hospital admission
- Little guidance or longitudinal evidence on:
 - Identification and management of in-hospital nutritional decline in long-stay acute patients

Aim:

- To evaluate how in-hospital nutritional decline was identified and managed during routine clinical practice in long-stay acute patients (**admitted for >14 days**),
 - to evaluate whether nutrition care plans affected the overall energy intake during the hospital stay.
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Methods

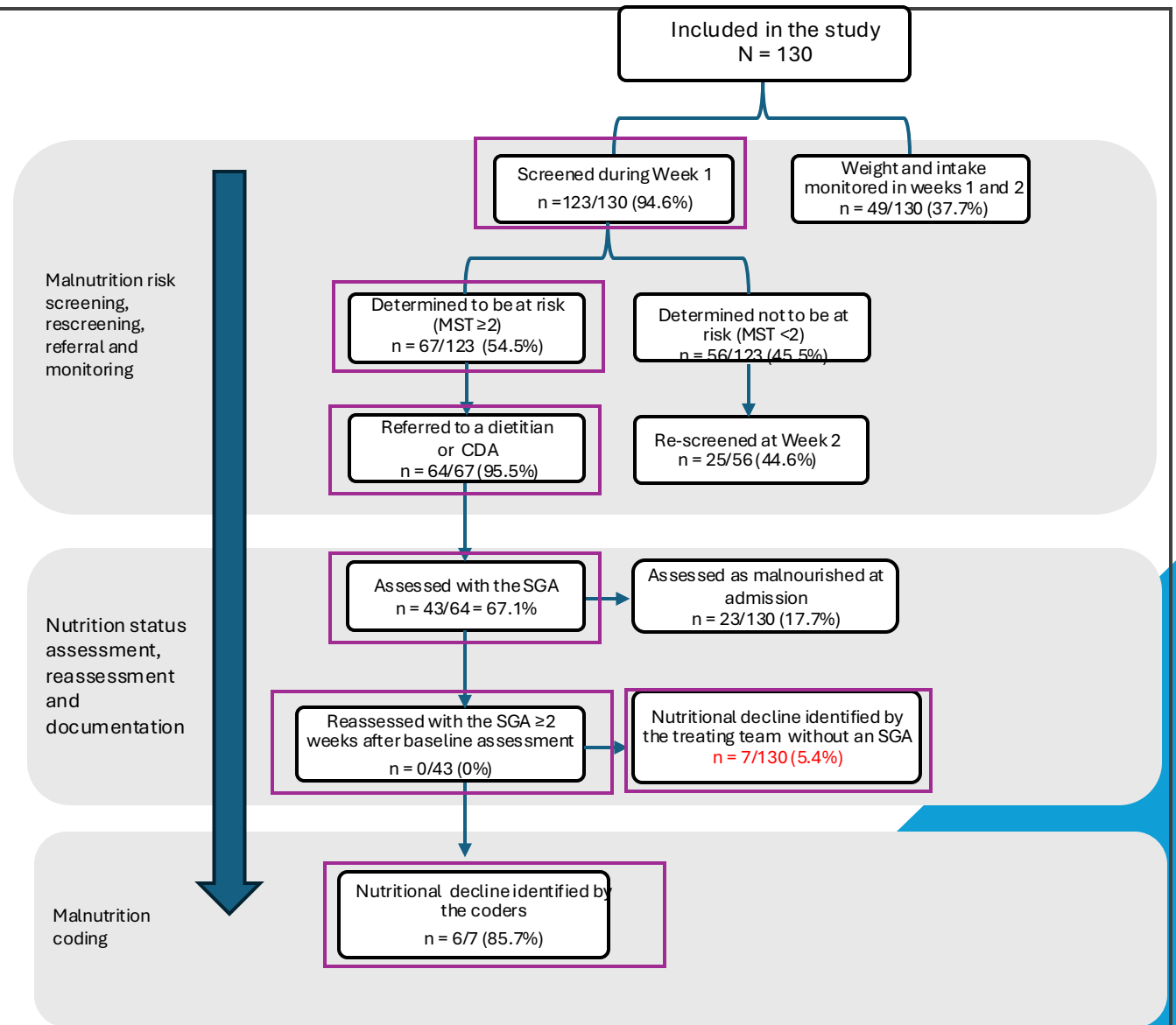
Study Design: Prospective observational cohort study at the RBWH



Results - Patient Characteristics (N = 130)

	n	(%)
Male	76	59
Female	54	41
Median age (IQR)	67.0 years (24.4)	
Medical	59	45
Surgical	71	55
Malnutrition risk at baseline (day 8)	85	75
Malnutrition prevalence at baseline (day 8)	38	29
HAM Incidence:	26/92	28
Total decline:	31/130	24
Improvement:	9/38	24
Median LOS in days (IQR)	23.5 (14)	

Results – evaluation of the nutrition care and Identification of in- hospital nutritional decline **in routine clinical practice**



Results - Adequacy of the nutrition intervention, meal assistance with % EEI

	Adequate nutrition intervention (n = 130)	n (%)	%EEI Mean ($\pm$ SD)	P (95% CI)	Meal support provided (n= 64)	n (%)	%EEI Median (IQR)	P
Week 1	No	41 (31.5)	41.9% (19.8)	<.001 (-30.0 to -47.3)	No	26 (40.6)	44.6 (24)	<.001
	Yes	89 (68.5)	80.6% (28.9)		Yes	38 (59.4)	82.3 (57)	
Week 2	No	36 (27.7)	52.8% (23.7)	<.001 (-20.2 to -41.2)	No	16 (25.0)	45.0 (39)	<.001
	Yes	94 (72.3)	83.6% (28.1)		Yes	48 (75.0)	82.3 (45)	

Summary



- N = 130 long-stay patients were included in the data analysis



- Initial assessment: 67%
- follow up assessment: 0%



- HAM identification rate: 19%



- Nutrition support & adequate nutrition care: EEI by 30-38% ($P < 0.001$)

Implications for nutrition care

Make evidence-based practice decisions

Role of the Multidisciplinary Team

Screening and Re-screening
Monitoring and evaluation
Mealtime support
Food/meal options and choice

Role of the Dietitian

Nutrition Assessment and reassessment
Documentation of malnutrition diagnosis
Nutrition intervention
Monitoring and evaluation
Discharge planning



Documentation and communication of malnutrition diagnosis

- Ethical and transparent
- Improve awareness of malnutrition
- Maintain trust
- Protect patient safety, welfare and agency

Without proper identification, communication and documentation, malnutrition will continue to be invisible!

Thank you



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References

- Botero L, Banks MD, Gordon EH, Bauer J, Young AM. Incidence and outcomes of in-hospital nutritional decline: A prospective observational cohort study in adult patients. Clin Nutr. 2024 May;43(5):1057-1064. doi: 10.1016/j.clnu.2024.03.014. Epub 2024 Mar 27
 - Guidry-Grimes L, Sowa A, Jankowski J. The ethics and practice of communicating a malnutrition diagnosis. J Acad Nutr Diet 2024;124(2):159-163. PMID: 38569329.
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