

NUTRITIONAL RISK EVALUATION IN INSTITUTIONALIZED ELDERLY PATIENTS IN A PUBLIC NURSING HOME

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BACKGROUND: Malnutrition and/or involuntary weight loss, increases the risk of mortality and disability, decreasing the quality of life. Nutritional status is an independent predictor of mortality per year, especially in the institutionalized elderly patient.



PURPOSE: To determine the prevalence of nutritional-risk and malnutrition in institutionalized elderly patients in a Public Nursing Home (NH) and make recommendations about use of enteral nutrition (EN).

MATERIALS AND METHODS: All institutionalized patients in a Public NH were selected.

- **Main variable:** Classification of patients according to the risk-malnutrition using the abbreviated nutritional screening tool MNA[®]-SF (Mini Nutritional Assessment), validated in elderly patients in different settings, and the clinical interview. Patients were classified in three groups:



- **Malnutrition** (with or without weight loss).
- **Risk-malnutrition** (with or without weight loss)
- **Normal-nutritional-status.**

- **Secondary variable:** We made recommendations about use of EN based on the MNA[®]-SF and the types of EN recommended were recorded.

RESULTS:

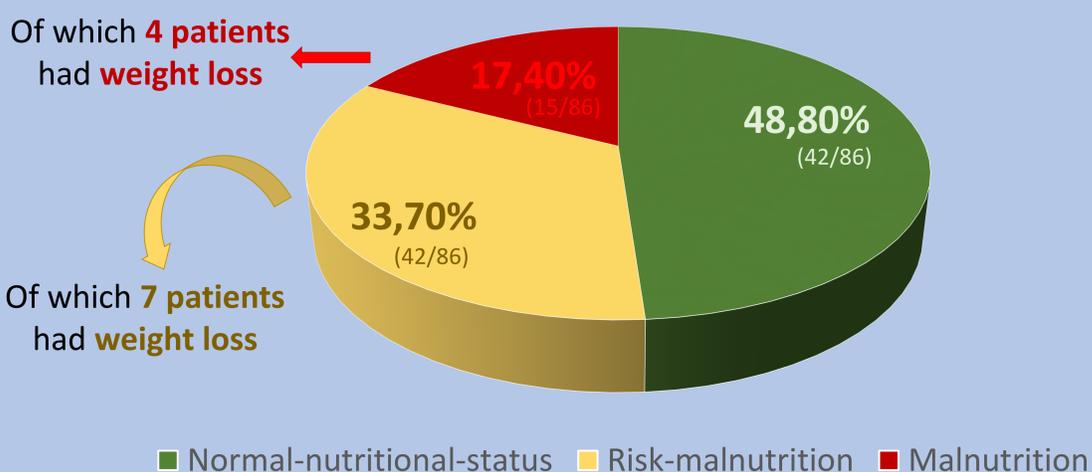
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86/ 92 patients institutionalized in a Public NH (**93.5%**) were nutritionally assessed.

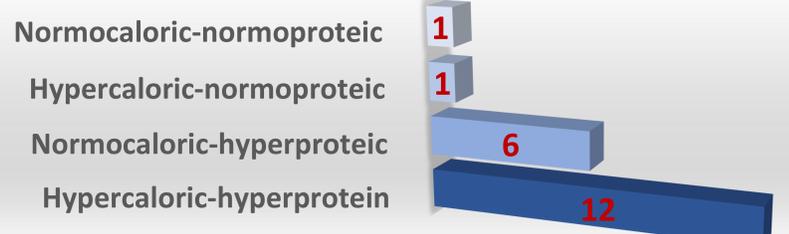
- Average age: 78,6 years (53- 101).
 - 52,3% (45/86) men.
 - Average BMI was 26,3 kg/m².*
- * It was possible to weigh 53,5% of the patients (46/86) while the rest of the patients were assessed through the calf circumference.

Percentage of patients according to the risk-malnutrition



The NE use was recommended in 20 patients (23.3%), all of them classified as malnutrition (with and without weight loss) or as risk-malnutrition with weight loss.

Types of EN recommended



CONCLUSIONS: The prevalence of nutritional-risk and malnutrition in a Public NH reaches approximately half of the patients, according to the abbreviated MNA[®]-SF scale. Protein-malnutrition associated with minimal weight loss was the majority alteration in institutionalized elderly patients.