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Home-based dietetic intervention improves nutritional status post hospital discharge in older people

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HOME-BASED DIETETIC INTERVENTION IMPROVES NUTRITIONAL STATUS POST HOSPITAL DISCHARGE IN OLDER PEOPLE
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Background and objectives: In older adults, deterioration of nutritional status during hospital admission, results in many individuals being discharged home at high nutritional risk, with little community-based support. Integrated approaches between settings are needed to improve outcomes in this group. This study aimed to test whether a model of home-based dietetic care improved dietary intake and weight status in older adults post hospitalisation.

Methods: Department of Veterans Affairs (DVA) patients aged ≥65 years were recruited from hospitals in a regional area of New South Wales, Australia (n=32 men, n=36 women). Nutritional status was assessed at home at baseline (2 weeks post discharged) and 3 months post discharged using diet history, food frequency checklist and Mini Nutrition Assessment (MNA). Personalised dietary advice was provided by a single dietitian based on their nutritional status. Dietary intakes were analysed using FoodWorks 2009 (Xyris Software, version 6.0). Statistical analysis were performed using paired t-test, Wilcoxon Signed Rank test and two-way ANOVA. P value was set as p<0.05.

Results: Mean body weight increased significantly from 67.1±13.5 kg to 68.0±13.7 kg (p=0.048). Mean MNA score improved significantly from “at risk of malnutrition” to “wellnourished” category (p=0.000). At 3 months, underweight group (BMI<22 kg/m2) had significantly higher mean protein (g) intake per body weight (kg) (1.7±0.4 g/kg) compared to normal weight (BMI 22-27 kg/m2) (1.5±0.3 g/kg) and overweight group (BMI>27 kg/m2) (1.1±0.3 g/kg). 11.2% and 14.7% subjects consumed protein and energy supplementation at baseline and 3 months respectively. 10.3% participants received “Meals on Wheels” service. Mean energy, protein, fibre and calcium intake were adequate at baseline and 3 months, with no significant difference detected.

Conclusions: Dietetic intervention with supports from community services was proven effective in managing malnutrition in older patients.

Key words: malnutrition, older adult, nutrition intervention

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