2012

What's on the menu for the 75+ Health Assessment?: An opportunity for nutrition screening of older patients in General Practice

A H. Hamirudin  
*University of Wollongong, ahh308@uowmail.edu.au*

K E. Charlton  
*University of Wollongong, karenc@uow.edu.au*

K L. Walton  
*University of Wollongong, kwalton@uow.edu.au*

A Bonney  
*University of Wollongong, abonney@uow.edu.au*

J. Potter  
*University of Wollongong, janp@uow.edu.au*

*See next page for additional authors*

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**Publication Details**

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Abstract
Abstract presented at the Annual Scientific Meeting of the Nutrition Society of Australia, 27-30 November 2012, Wollongong, Australia

Keywords
older, patients, general, 75, health, assessment, practice, opportunity, menu, nutrition, screening

Disciplines
Education | Social and Behavioral Sciences

Publication Details

Authors
A H. Hamirudin, K E. Charlton, K L. Walton, A Bonney, J. Potter, Marianna Milosavljevic, G Albert, A Hodgkins, and A Dalley

This journal article is available at Research Online: http://ro.uow.edu.au/sspapers/582
A 12 month longitudinal study of selenium status in older Tasmanian adults

JM Beckett, MJ Ball
School of Human Life Sciences, University of Tasmania, Launceston, Tasmania

Background
Selenium is known to be important in many areas of health, including the immune system and in antioxidant function. Suboptimal selenium status in the elderly appears common, and this may be particularly important as immune function decreases and risk of chronic and other disease increases. Few medium-term longitudinal studies of selenium status have been reported.

Objective
To determine the magnitude of variation in selenium status over 12 months in older adults, in a population which many have marginal selenium status.

Design
A 12 month longitudinal, observational study of selenium status was conducted in older Tasmanians. Twenty three men and 57 women (mean age 69.6 yrs) were studied repeatedly at 3 month intervals over 12 months; selenium status was assessed by measuring dietary intake using a semi-quantitative food frequency questionnaire and serum selenium concentration using graphite furnace atomic absorption spectroscopy.

Outcomes
At baseline, men consumed 80.6 µg, and women 62.9 µg selenium per day, respectively; there was however no significant difference in serum selenium (1.11 v. 1.09 µmol/l; P=0.58). Overall, 50 participants (62.5%) had baseline serum selenium below 1.14 µmol/l, a level considered to represent the physiological requirement of selenium. Repeated measures nonlinear regression analysis revealed the mean magnitude of variation over 12 months was small and non-significant (0.02 µmol/l; 95% CI -0.01 to 0.05; P=0.17). Only dietary intake after 9 months and serum selenium after 12 months were significantly different to other time points when compared using repeated measures linear regression. While overall there was minimal variation observed, subjects in the upper quartile of selenium status at baseline appeared to experience greater variation in selenium status over the study period.

Conclusion
In this cohort of older adults, selenium status did not vary significantly over 12 months and there was no evidence of a seasonal pattern.

Source of funding
Supported by the Clifford Craig Medical Research Trust, Launceston, Tasmania

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AH Hamirudin1, KE Charlton1, KL Walton1, A Bonney1,3, J Potter2, M Milosavljevic3, G Albert3, A Hodgkins3, A Dalley3
1 University of Wollongong, 2 Illawarra Shoalhaven Local Health District, 3 Illawarra and Southern Practice Research Network, NSW

Background
Nutrition screening to identify older patients at risk of malnutrition is not routinely conducted in General Practice despite evidence that early intervention improves clinical outcomes and patient quality of life.

Objective
To determine practices of General Practitioners and practice nurses regarding identification of risk of malnutrition in older adults.

Design
An exploratory, qualitative study was undertaken with doctors and nurses from three General Practices of the Illawarra and Southern Practice Research Network, NSW. Twenty five in-depth individual interviews were conducted (n=10 General Practitioners, n=5 General Practice Registrars, n=10 practice nurses). Interviews were audio-recorded, transcribed verbatim and analysed thematically using qualitative analysis software, QSR NVivo v.9.

Outcomes
No participants used validated nutrition screening instruments to identify nutritional risk in older patients. Currently, nutritional risk is informally assessed using a variety of sources of information, including: diet intake, food preparation, medical evaluation, social background, anthropometric measurement, financial status, patients’ attitude, mobility status, psychology, family involvement and food access. The primary identified barrier related to time constraints, but opportunities were identified within the existing 75+ Health Assessment.

Conclusion
Practitioners identified the Medicare-funded 75+ Health Assessment to be the most acceptable way in which to routinely incorporate nutrition screening for older adults. The item would need to be adapted to include relevant questions and associated training implemented.

Source of funding
2011 Illawarra Health and Medical Research Institute (IHMRI) Clinical Grant.