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

A H. Hamirudin

University of Wollongong, ahh308@uowmail.edu.au

A Carrie

Illawarra Shoalhaven Local Health District

K Charlton

University of Wollongong, karenc@uow.edu.au

K Walton

University of Wollongong, kwalton@uow.edu.au

L Tapsell

University of Wollongong, ltapsell@uow.edu.au

See next page for additional authors

Publication Details

Hamirudin, A. H., Carrie, A., Charlton, K., Walton, K., Tapsell, L., Milosavljevic, M., Pang, G. & Potter, J. 2013, 'Home-based dietetic intervention improves nutritional status post hospital discharge in older people', *Annals of Nutrition and Metabolism: European journal of nutrition, metabolic diseases and dietetics*, vol. 63, no. Suppl. 1, pp. 652-652.

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Abstract

Abstract of poster that presented at 20th International Congress of Nutrition, Granada, September 2013.

Keywords

nutritional, status, post, intervention, hospital, improves, discharge, older, people, dietetic, home

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Hamirudin, A. H., Carrie, A., Charlton, K., Walton, K., Tapsell, L., Milosavljevic, M., Pang, G. & Potter, J. 2013, 'Home-based dietetic intervention improves nutritional status post hospital discharge in older people', *Annals of Nutrition and Metabolism: European journal of nutrition, metabolic diseases and dietetics*, vol. 63, no. Suppl. 1, pp. 652-652.

Authors

A H. Hamirudin, A Carrie, K Charlton, K Walton, L Tapsell, Marianna Milosavljevic, G Pang, and J Potter

HOME-BASED DIETETIC INTERVENTION IMPROVES NUTRITIONAL STATUS POST HOSPITAL DISCHARGE IN OLDER PEOPLE

A H. Hamirudin¹, A. Carrie², K. Charlton¹, K. Walton¹, L. Tapsell¹, M. Milosavljevic², G. Pang³, J. Potter²

¹School of Health Sciences, University of Wollongong, Australia

²Illawarra Shoalhaven Local Health District, New South Wales Health, Australia

³Agency for Clinical Innovation, New South Wales Health, Australia

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

Acknowledgement: This study was funded by DVA Innovative Funding.