13th EUGMS
INTERNATIONAL CONGRESS OF THE EUROPEAN UNION GERIATRIC MEDICINE SOCIETY
DEVELOPING PREVENTIVE ACTIONS IN GERIATRICS

Tailored Nutritional Guidance Has Positive Effect On Energy And Protein Intake Of Geriatric Patients After Discharge: RCT

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

Introduction

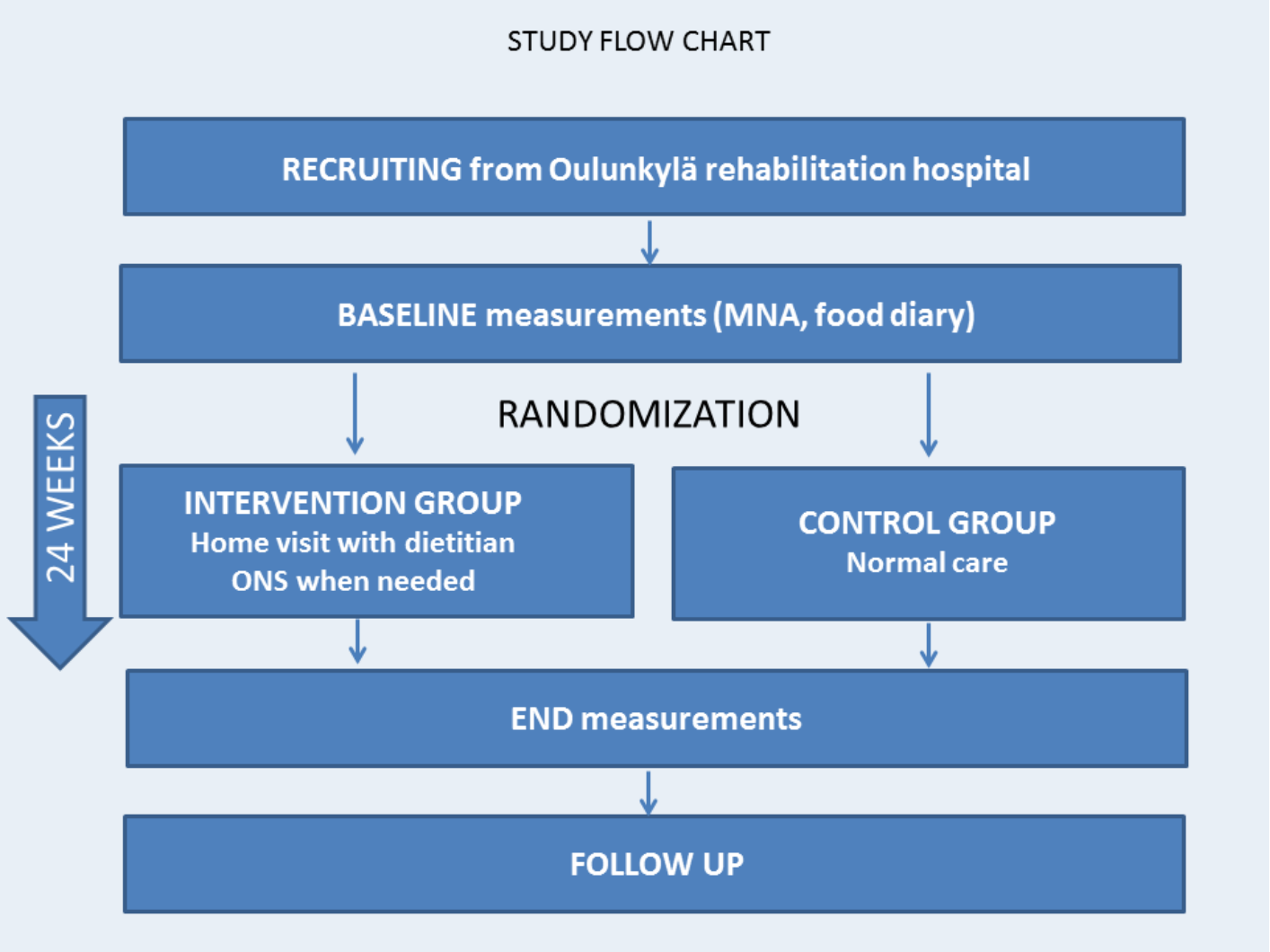
- Malnutrition is common among hospitalized older adults
- Nutritional status may deteriorate during hospital stay
- Recovering from acute disease requires good nutritional status and adequate energy and protein intake
- Home visits with registered dietitians may have a positive effect on the nutritional status of geriatric medical patients after discharge

Aim of the study

- Assess nutritional status, protein and nutrient intake
- Investigate the effectiveness of tailored nutritional care with randomized controlled design

Methods

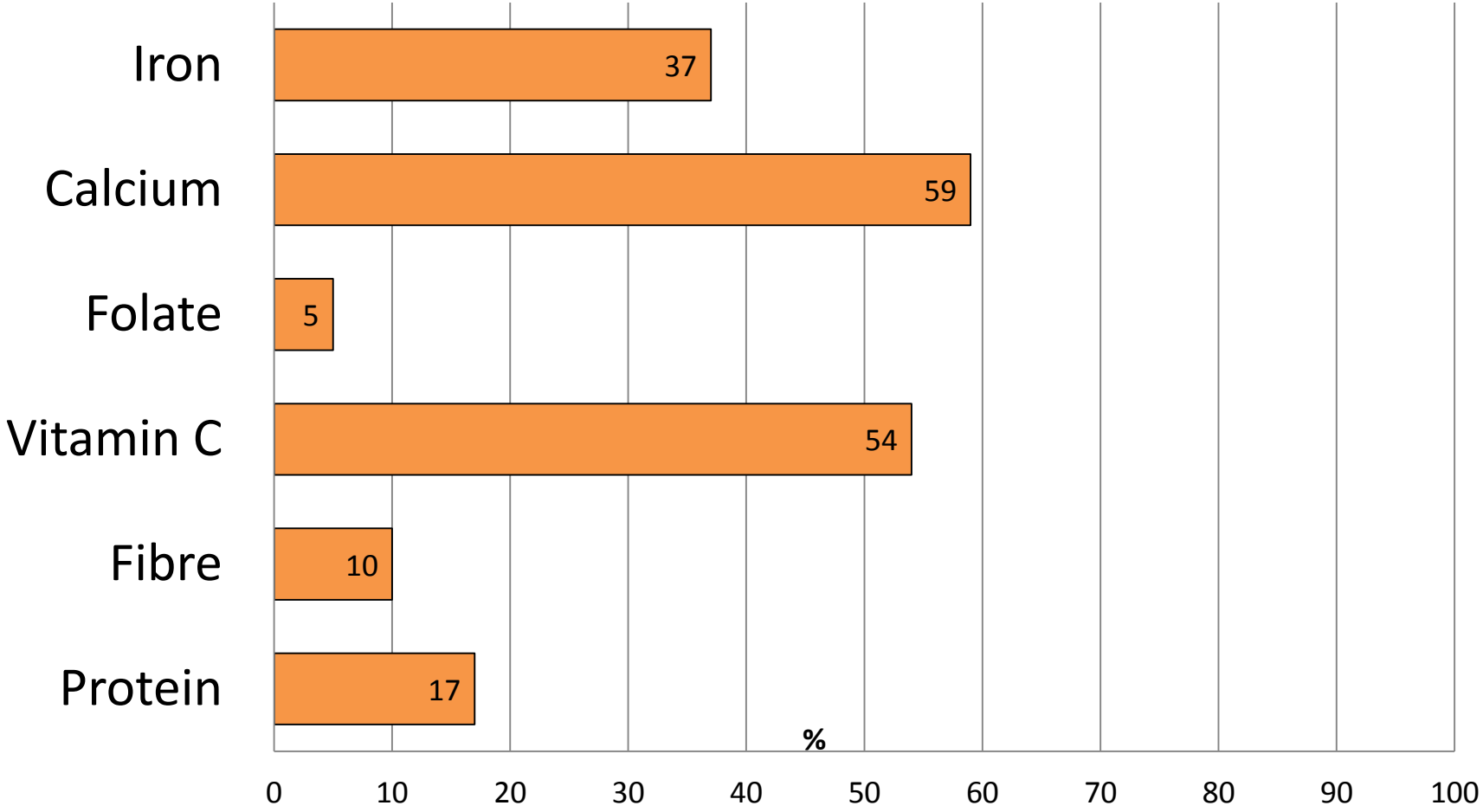
- 24-week randomized controlled trial
- Independently living older adults discharged from hospital
- Normal cognition
- MNA was used to assess nutritional status
- three-day food diaries collected after discharge and after intervention to assess nutrient intake
- Tailored nutritional guidance included
  - at least one home visit with registered dietitian
  - personalized nutritional care plan
  - written material
  - ONSs when needed


STUDY FLOW CHART
RECRUITING from Oulunkylä rehabilitation hospital
BASELINE measurements (MNA, food diary)
RANDOMIZATION
24 WEEKS
INTERVENTION GROUP
Home visit with dietitian
ONS when needed
CONTROL GROUP
Normal care
END measurements
FOLLOW UP

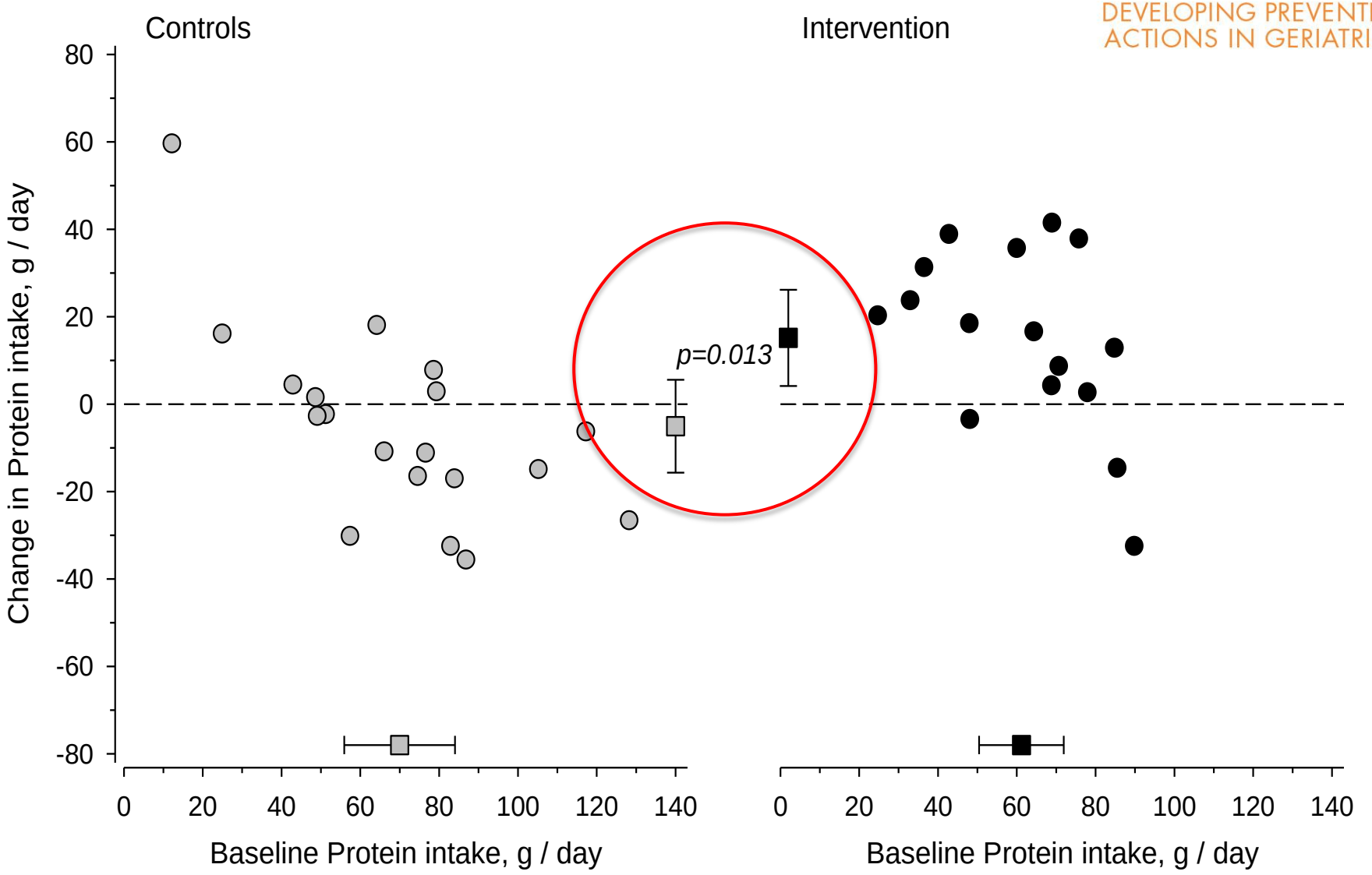
Baseline

- 41 (73 % women) participants
- Mean age was 76 years
- According MNA 61 % were at risk for malnutrition

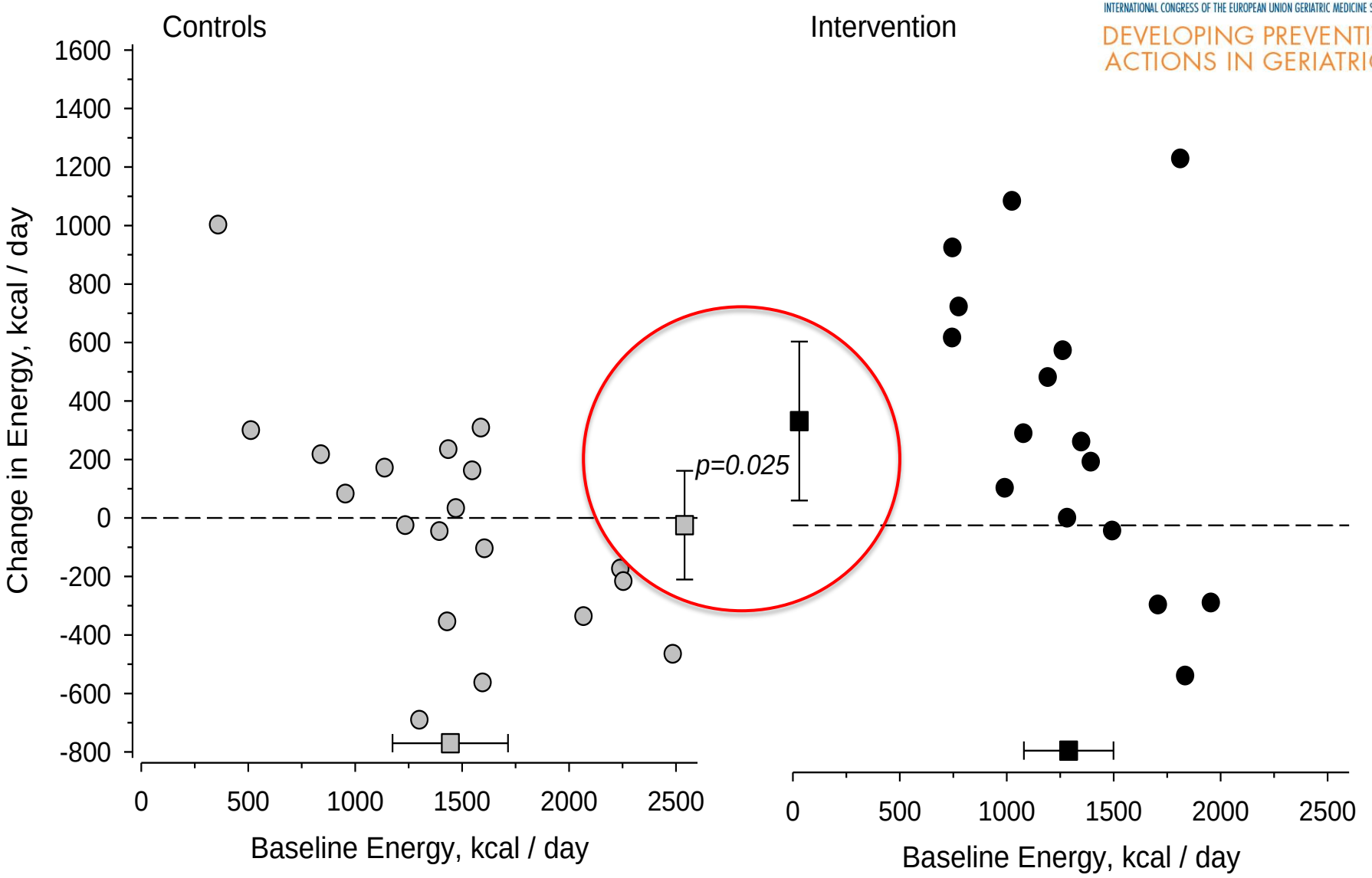
Percent of all participant reaching adequate intake at baseline



Protein intake



Energy intake



Nutrient intake

	Baseline		Change		P*
	Control Mean (SD)	Intervention Mean (SD)	Control Mean (95% CI)	Intervention Mean (95% CI)	
Iron (mg)	7.55 (2.97)	8.04 (3.50)	1.07 (-0.65 to 2.93)	14.9 (0.6 to 51.30)	0.28
Calcium (mg)	750 (440)	847 (363)	41.4 (-148.62 to 261.70)	205.6 (-6.00 to 390.31)	0.017
Vitamin C (mg)	197 (485)	101 (95)	-86.3 (-380.11 to 35.13)	52.2 (15.53 to 102.06)	0.089
Folate (µg)	271 (327)	183 (112)	-66.6 (-254.45 to 29.45)	67.7 (12.67 to 114.81)	0.015
Fiber (g)	14.9 (7.3)	17.3 (8.2)	2.95 (1.07 to 5.14)	2.8 (-0.938 to 6.49)	0.80
Sucrose (g)	27.2 (15.0)	33.5 (19.3)	-0.1 (-8.05 to 7.49)	1.5 (-8.46 to 15.32)	0.54
PUFA (g)	9.08 (4.39)	7.57 (3.19)	-0.1 (-1.88 to 1.43)	3.3 (1.50 to 5.61)	0.012
MUFA (g)	20.1 (9.3)	14.5 (5.6)	-0.4 (-4.51 to 3.35)	6.7 (1.60 to 14.55)	0.17
SAFA (g)	18.9 (9.8)	14.1 (6.1)	0.6 (-2.83 to 4.13)	5.9 (1.36 to 10.50)	0.21

* Bootstrap type ANCOVA, baseline as covariate.
0.042 (permutation test)

Conclusions

- The risk of malnutrition, poor energy and protein intake are common among geriatric patients after discharge
- Tailored nutritional guidance and use of ONSs improve energy and protein intake

Thank you!