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Malnutrition in hospitals often unacknowledged

Experts say a basic health necessity — proper nutrition — is being largely overlooked in Canadian hospitals, with patients and the health care system paying the high price.

A study in the Jan. 26 issue of *Journal of Parenteral & Enteral Nutrition* found that 45% of Canadian adults are malnourished upon admission to hospitals.

"Many of these patients never got better. They were just discharged early and still malnourished," says Bridget Davidson, executive director of the Canadian Malnutrition Task Force (CMTF), a group of interested clinicians, investigators and advocates. The study, which was authored by CMTF members, monitored 1015 patients during a three-year period. The results indicated that malnourished patients were nearly twice as likely to be readmitted within 30 days "costing the system a lot of money."

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Patients who arrive in hospital malnourished may leave in a similar state because of their inability to open food packaging or reach their meals.

But a greater cost still, says Davidson, is the effect of malnutrition on mortality and morbidity. Malnourished patients are 6.4 times more likely to die than well-nourished patients, according to the same study. Malnutrition was also associated with a three times greater risk of complications and an average of two days longer in hospital compared to well-nourished patients.

"It doesn't matter what disease state you have; if you have malnutrition, you're going to stay in the hospital longer, you won't recover as quickly and it can really accentuate other medical problems," she says.

The United Kingdom's National Institute for Health and Care Excellence found that screening for malnutrition was third in terms of cost-effectiveness among health care interventions, exceeded only by treating hypertension and using birth control pills, says Dr. Leah Gramlich, provincial medical advisor for Nutrition Services in Alberta Health Services. "It's a low-cost investment, with high return." The CMTF is currently gathering Canadian data on the economic impact of malnutrition.

Steps toward solving the problem must begin with heightened awareness about malnutrition in hospitalized patients among health care professionals at all levels. "Hospital malnutrition is an unacknowledged, public health crisis," said Gramlich.

A survey of 428 Canadian physicians working in 18 hospitals determined that although a majority think that nutrition assessment of patients during hospitalization is important, most thought that it was not performed on a regular basis. The study in the *Journal of Parenteral & Enteral Nutrition* also indicated that physicians thought the health care team's nutrition education and use of dietetic resources could be increased.

Davidson says the problem begins in medical school and nursing curricula, which do not spend enough time on nutrition. Nurses and doctors "don't learn a lot about general nutrition information, let alone malnutrition. What happens is nobody knows how to diagnose it."

And those who are well educated in solving malnutrition are not being used efficiently, adds Gramlich. "Dietitians see well-nourished patients two-thirds of the time. Key nutrition people aren't spending the time with the sickest people."

One of the underlying problems in Canadian hospitals is that there are no standard methodologies to go about identifying and treating malnutrition. "Other countries are far more advanced than us," says Davidson.

Organizations like Fight Malnutrition in the Netherlands or the British BAPEN have ensured mandatory nutrition screenings in hospitals and a multidisciplinary approach to nutrition care.

The subjective global assessment, which looks at nutritional status based on physical examination and patient history, is the gold standard for detecting malnutrition and could be used in hospital settings, says Davidson.

With screening and detection, Gramlich says they can target malnutrition, and get patients in hospital to eat. The Jan. 26 study showed that a third of patients in hospital ate less than 50% of the food supplied to them; this is an independent predictor of malnutrition.

Based on surveys, patients are, for the most part, satisfied with how their food tasted, said Davidson. It seemed that access to food, such as opening packages and being properly positioned to eat, was the biggest barrier.

"Let's set the patients up, protect their meal times. Let's get them to eat, so if they come in malnourished, they leave nourished." — Dane Wanniarachige, *CMAJ*

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