



Canadian  
Malnutrition  
Task Force™

le Groupe de  
travail canadien  
sur la malnutrition<sup>MC</sup>

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A Précis of the publication: *Barriers to food intake in acute care hospitals: a report of the Canadian Malnutrition Task Force*

H. Keller, J. Allard, E. Vesnaver, M. Laporte, L. Gramlich, P. Bernier, B. Davidson, D. Duerksen, K. Jeejeebhoy and H. Payette. *J Hum Nutr Diet*, published online 20 April 2015. DOI: 10.1111/jhn.12314/full

The comprehensive Nutrition Care in Canadian Hospitals (NCCH) study had 890 (87%) patients complete a validated mealtime access and food satisfaction questionnaire prior to discharge from hospital. The purpose of the survey was to determine the food intake barriers and their prevalence in diverse hospitals and determine whether patient, care or hospital characteristics were associated with the reported barriers.

**Key Findings:**

The barriers were categorized as illness effects, eating difficulties and organizational factors. Top issues for each category included:

Illness effects:

- Poor appetite (63.9%)
- Too sick (42.7%)
- Tired (41.1%)
- Pain (37.4%)

Eating difficulties:

- Difficulty opening packages/unwrapping food (30.1%)
- Uncomfortable position to eat (27.2%)
- Difficulty reaching food (19.7%)

Organizational factors:

- When meals missed, not given hospital food by staff (69.2%)
- Did not want food that has been ordered {selective menus} (58%)
- Did not get help when needed (42.2%)

A high proportion of malnourished patients, those with comorbidity and patients consuming <50% of their meal experienced several of these barriers to food intake.

**Clinical relevance:**

Food access barriers are common in Canadian hospitals and potentially translate into poor intake during hospitalization. Since the NCCH also showed that eating less than 50% of food provided is an independent risk factor for extended length of stay, and that malnutrition at admission increases length of stay, it is critical that all health care professionals be 'food aware' and treat food as medicine. Strategies and procedures need to be put in place to address the effects that illness, ability to eat and organizational barriers have on patients' consumption of food and beverages while in hospital.

For more detailed suggestions on how to change the nutrition care culture in your hospital refer to the full article found on-line or upon request via the web site <http://nutritioncareincanada.ca/malnutrition/>

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