

Detecting and Treating Community Malnutrition



Canadian Malnutrition Task Force™

le Groupe de travail canadien sur la malnutrition™



Canadian Nutrition Society
Société canadienne de nutrition

Food is Medicine

Malnutrition Facts



Malnutrition Starts in the Community

20-45% patients admitted to hospital are malnourished¹



Patients Experience Poor Transitions in care

1 in 4 adults lose weight after discharge²



In those >65 yrs

1 in 3 are not meeting their nutritional needs³

Nutrition Interventions Have a Positive Impact



In primary care

\$1 spent on nutrition interventions can save up to \$99 by reducing medication use, hospitalizations and freeing up physician time⁴



Nutrition counselling and oral nutrition supplementation

improves intake⁵, quality of life⁶ and may reduce mortality^{7,8}



Nutrition Screening

with validated tools and nutrition care pathways is feasible in family practice⁹

What can YOU do?

As a Primary Health Care provider*, reduce the burden of malnutrition in your patients by following these steps to

FEED.

*physician, pharmacist, nurse practitioner, physician assistant, nurse, occupational therapist, physiotherapist, dentist, speech language pathologist, or other practitioner



Find

identify patients that are at nutrition risk by using a simple validated Nutrition Screening Tool such as **SCREEN-8** or **Mini Nutritional Assessment-Short Form (MNA-SF)**. More details on nutrition screening tools for seniors are available [here](#).

Educate

the patient and caregiver about **risk factors, signs and importance of nutrition** and investigate **reasons for malnutrition, etiology and diagnoses that impact nutrition**

Encourage

a **food-first approach to prevent and correct unintentional weight loss**. Focus on detecting common nutritional deficiencies, adequate protein/energy intake, optimal nutrition for physical and mental health

Direct

the patient to a Dietitian, and any other appropriate specialist and community-based services. Enter "211" online to find community programs in your province and area. Follow up with patient and caregiver

For more tools and resources including evidence-based consensus based pathways, visit [here](#)

For COVID-19 related nutrition resources, visit [here](#)

References: 1. Allard et al. J Parenter Enteral Nutr 2016; 2. Keller et al. Eur J Clin Nutr 2017; 3. Ramage-Morin et al. Health Reports 2013; 4. Howatson et al. J Prim Health Care 2015; 5. Munk et al. Nutr Clin Pract 2017; 6. Rasmussen et al. Clin Nutr ESPEN 2018; 7. Deutz et al. Clin Nutr 2016; 8. Schuetz et al. Lancet 2019; 9. Hamirudin et al. BMC Fam Pract 2014.