



Nutritional risk and nutritional interventions to older patients prescribed exercise rehabilitation

P614

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INTRODUCTION

The prevalence of older patients not completing their planned exercise rehabilitation after hospital discharge is high. Nutritional risk and insufficient nutritional interventions during and at hospital discharge might play an important role.

AIM

This study aimed to:

- 1) Assess the nutritional status and prevalence of nutritional risk
- 2) Assess the type and prevalence of nutritional interventions provided during admission and at discharge

among patients prescribed exercise rehabilitation at discharge from the hospital.

METHOD

In a retrospective cohort study the following data was collected in older patients (+65 years) prescribed exercise rehabilitation at discharge: weight, BMI, nutritional risk (NRS-2002 (Kondrup et al. 2003)), the provision of an energy and protein dense menu, prescription of oral nutritional supplements (ONS), dietary guidance by a registered dietician and documentation of a nutritional rehabilitation plan

RESULTS

Data were obtained for 35 patients (83% women). Median age 84 (82;86) years. 21% had a BMI ≤ 20.5 and 39% experienced a weight loss during admission. Nutritional risk increased during hospitalization from 39% at admission to 45% at discharge ($p=0.011$). Of those at nutritional risk at admission, 25% were provided with an energy and protein dense menu, 58% were prescribed ONS and 33% had dietary guidance by a dietician during their hospital stay. At discharge 35% of those at nutritional risk were prescribed ONS and 41% received a nutritional rehabilitation plan.

	At admission	At discharge	P-value
Body weight, kg (mean, SD)	66.0 (16.5)	64.7 (16.2)	0.494
BMI (mean, SD)	24.2 (4.9)	23.9 (4.8)	0.239
NRS-2002 A-score (median, IQR)	0 (0;1)	1 (1;2)	0.003
NRS-2002 B score (median, IQR)	1 (0;1)	1 (0;1)	0.366
NRS-2002 Total score (median, IQR)	2 (1;3)	2 (2;4)	0.063
At risk (NRS-2002 ≥ 3), N (%)	12 (39)	14 (45)	0.011

CONCLUSIONS

Around half of the patients prescribed exercise rehabilitation at discharge are at nutritional risk. The prevalence of nutritional risk increases during hospitalization, and only around half of these nutritional at risk patients are offered nutritional interventions during admission and at discharge. Further studies are needed to assess the significance of this for completing exercise rehabilitation.

ACKNOWLEDGEMENT

REGION

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REFERENCES

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