

Hospital elderly: malnourished and underfed

Malnutrition in hospitals could be slashed and Australia's health bill cut if hospital staff help elderly patients to eat, according to dietitians.

Nearly one in three elderly hospital patients are malnourished, and a further 60 per cent are at risk of malnutrition¹. Dietitians say the supply of hospital food to these patients could be improved, but assistance for elderly people at meal times should be a priority.

Researcher Adrienne Young, from the Queensland University of Technology, said: 'The food often comes in portion packs that can be hard to open, or the patient can't sit up out of bed making it difficult to cut up their food. Half an hour later the tray is taken away – and the patient hasn't touched the food.'

Adding to problem, she said hospital meal times are often interrupted by drug rounds, non-urgent visits from health staff and cleaning.

Ms Young and her colleagues trialled the introduction of 'protected meal times' at the Royal Brisbane and Women's Hospital.

'Protected meal times allow patients to eat their meals in peace, give staff more time to focus on patients who need help to eat, and help staff keep track of a patient's food intake,' said Ms Young, who is addressing the Dietitians Association of Australia's (DAA) National Conference in Melbourne this week.

And she said studies using feeding assistants at meal times have shown this to improve the level of nutritional care provided to patients.

A study by the University of Wollongong found kilojoule and protein intake increased in elderly hospital patients at Sutherland Hospital when volunteers and nurses helped patients to eat.

Researcher Kerri Harris, who is also presenting at the DAA National Conference, said: 'In our study, energy and protein intakes at lunch time increased – by almost 500kJ and 4g protein. And daily protein intake increased significantly, by around 9g per day. For an older person that's a huge amount – 10g of protein to a 70 year old woman represents almost 20 per cent of her daily protein needs, or the amount of protein in two eggs.'

Over and above improvements to patient's nutritional intakes, Ms Young said there could also be cost benefits for hospitals with increased feeding assistance at meal times.

'We know from previous research that properly nourished patients are less likely to need long hospital stays or follow-up treatment after they've been discharged. A nutritious diet aids recovery and can help prevent infections and medical complications,' said Ms Young.

One study in Queensland public hospitals found the cost of treating pressure ulcers attributable to malnutrition was almost \$13 million alone².

For further information or to organise an interview contact Maree Garside,

Dietitians Association of Australia on 0408 482 581.

Note to Editors: The Dietitians Association of Australia (DAA) is the professional body representing dietitians nationally. Accredited Practising Dietitian (APD) is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. For more information visit www.daa.asn.au

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Background

- The DAA National Conference is being held from May 27-29 at the Melbourne Convention and Exhibition Centre. For more information and program details, visit the conference link on the DAA website at www.daa.asn.au

¹ Adams NE et al. Recognition by medical and nursing professionals of malnutrition and risk of malnutrition in elderly hospitalised patients. *Nutrition & Dietetics* 2008; 65, 144-50.

² Banks M. Economic analysis of malnutrition and pressure ulcers in Queensland public hospitals and residential aged care facilities. School of Public Health Brisbane: Queensland University of Technology, 2008.