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Nutritional status and food-related quality of life in hospitalised older adults

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The prevalence of malnutrition in hospitalised older adults over 75 years in the UK has been reported to be 21%⁽¹⁾. The nutritional status of older people is an important determinant of quality of life, morbidity and mortality⁽²⁾.

The aim of this study was to determine the nutritional status and factors affecting satisfaction with food-related quality of life in hospitalised older adults. Twenty-five older patients 75 years old or above were recruited from Royal Surrey County Hospital to participate in this study. Data were collected at two time points to complete the Mini Nutritional Assessment (MNA), the satisfaction with food-related life (SWFL) questionnaire⁽³⁾, three 24 h diet recalls and the Food Access in Hospital questionnaire⁽⁴⁾. The data were analysed by Dietplan 6 and SPSS (v16).

The subjects comprised fourteen females and eleven males with a mean age of 86.7 (SD 5.6) years and 80.7 (SD 4.1) years, respectively. The mean BMI was 22.9 kg/m² (SD 5.7) and 21.9 kg/m² (SD 3.1) for females and males, respectively. There were no significant differences in weight, BMI, calf circumferences (CC), mid-arm circumference (MAC) and hand grip measurement between males and females ($P > 0.05$). The majority (60%) of patients were of normal weight, 32% underweight and 8% overweight. MNA results indicated 56% were at risk of malnutrition, 24% were malnourished and 20% were well nourished. Females were more satisfied than males for three of the five items on the SWFL questionnaire (NS) and no significant differences were identified in satisfaction between malnourished, at risk and well nourished subjects ($P > 0.05$). Mean scores for each of the domains in the Food Access in Hospital questionnaires were as follows; hungry (1.81 [SD 0.6]), physical barriers [2.85 (SD 0.6)], organisational barriers [2.09 (SD 0.7)], food choice [2.81 (SD 0.5)] and food quality [2.7 (SD 0.6)] (where response options range from 1 = strongly disagree/very dissatisfied to 4 = strongly agree/very satisfied) suggesting that the physical barriers limiting food intake exist in the hospital. However, food access domain scores did not differ significantly by nutritional status or gender ($P > 0.05$).

This has identified that in this study, a large number of older patients (76%) were at the risk of malnutrition or are already malnourished; however, the sample is small. This data will be used to further understand the pathogenesis of malnutrition by comparison with that already collected and presented⁽⁵⁾ from free-living older adults and those in care homes.

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