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Current beliefs about the nutritional care of hospitalised older adults in the UK and Malaysia: opportunities for research

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Despite the development of guidelines for hospital food and nutrition screening procedures⁽¹⁾, malnutrition in older people continues to go undertreated in hospitals⁽²⁾. This survey aimed to investigate the current beliefs and research needs of dietitians working with hospitalised older adults to inform the design of a hospital based observational study of factors affecting malnutrition in older people.

A 10-item questionnaire was designed and distributed to dietitians working with older adults in the South East of England (*n* 19) and in Malaysia (*n* 21). Results showed that UK dietitians cited nutritional support (39%) as the primary reasons for referrals while in Malaysia referrals for chronic disease (35%) were most common. The majority of UK dietitians strongly agreed that chronic illness would affect nutritional status (mean score = 3.55 where 1 = strongly agreed and 5 = strongly disagreed) while Malaysian dietitians strongly agreed that poor dietary habits were important contributing factors (mean score = 3.64). Patients remaining in bed during meals (mean scores = 3.3 and 2.9 for UK and Malaysia, respectively), lack of communication (3.4 and 3.2) and lack of help with eating (3.4 and 3.4) were the main contributing organisational factors identified in both countries. UK dietitians believed that inappropriate portion size (mean score = 3.2) was the most important food-related factor contributing to malnutrition while Malaysian dietitians believed that poor food presentation (mean score = 3.4) was the most important. The majority of dietitians from the UK and Malaysia believed that nutritional assessment (mean scores = 4.8 and 4.4) was the most important strategy to reduce malnutrition amongst older adults.

This survey suggests that there are differences in beliefs about the causes and management of malnutrition between the two countries which may be the result of different patient characteristics or simply different priorities for the local dietitians. Key areas for further research have been identified as the differing nutritional assessment methodologies, food access in hospitals, the adequacy of therapeutic menus and assessment of staffing levels in both countries.

1. Health Do. (1996) *Nutrition Guidelines for Hospital Catering: Checklist for Audit*. Wetherby.

2. Elia M & Russell CA (2009) *Combating malnutrition; Recommendation for action*. A Report from the Advisory Group on Malnutrition. BAPEN.