



Nutritional deficiency among vulnerable elderly patients on acute wards in hospitals

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MM, a 92-year-old woman with a known diagnosis of mixed aetiology dementia and hypertensive chronic renal failure, usually cared for (including assistance with feeding) by her daughter, was admitted via the Emergency Department with a severe urinary tract infection manifest as severely impaired mobility and worsening confusion.

While her UTI improved (as determined by falls in both neutrophil count and CRP), MM's mobility and cognitive function remained stubbornly resistant to improvement. In addition, her weight had fallen by nearly 10% since her admission. Her daughter observed shockingly poor nutritional intake. Busy nursing and Healthcare Assistant (HCA) staff were unable to spend sufficient time with feeding assistance to ensure adequate nutritional intake.

From MM's perspective, she was being offered unusual and atypical food options in an alien environment; given her age and bradykinesia, her food would frequently become cold and unpalatable before it could be eaten, and her seating position in bed made it difficult to swallow effectively and safely.

Ultimately, an agreed feeding partnership between ward staff and the patient's daughter saw MM's nutritional intake improves, with eventually sufficient recovery to allow discharge with an enhanced home care package.

The semi-fictionalised account above is by no means a unique or unusual experience for elderly patients in the acute hospital setting. O'Shea and Timmons reported recently on a study of over 600 elderly patients admitted to both public and private acute hospital settings and found that 45% were 'at-risk' of, and 18% were actually 'malnourished'. Malnutrition was more common in females, acute admissions, older patients, those who were widowed/separated and those with an existing diagnosis of dementia. Furthermore, it was associated

with such adverse outcomes as increased length of stay, risk of institutionalisation and higher mortality [1].

Protein (milkshake-type) nutritional supplementation is frequently the knee-jerk response to a diagnosis of malnutrition among elderly patients admitted acutely. However, it is frequently an unsuccessful intervention. Indeed, it has previously been reported that as little as 32% of prescribed protein supplements are actually consumed by the patient [2].

The best strategy to support older, vulnerable patients in the acute hospital in my view is to provide adequate time and care to support nutritional intake. Nursing and HCA staff must be given the time to provide for their patients' most basic needs. The Royal Academy of Medicine in Ireland would like to start a campaign to encourage health authorities to provide sufficient care staff on acute wards to allow them spend adequate time with their patients to assist with feeding and other care needs. The hashtag #hungryinhospital has been linked to the campaign. All support gratefully received.

Compliance with ethical standards

Disclosures The author declares that he has no conflict of interest.

References

1. O'Shea E, Trawley S, Manning E, Barrett A, Browne V, Timmons S (2017) Malnutrition in hospitalised older adults: a multicentre observational study of prevalence, associations and outcomes. *J Nutr Health Aging* 21(7):830–836. <https://doi.org/10.1007/s12603-016-0831-x>
2. McCormick S, Hameed Z, Saqib G, Glynn M, McCann D, Power D (2007) Compliance of acute and long stay geriatric patients with nutritional supplementation. *Ir Med J* 100(5):473–475 <http://archive.imj.ie/ViewArticleDetails.aspx?ArticleID=2091>

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