Prevalence of Diagnosed Malnutrition and Associated Frailty Markers in Frail Older Adults

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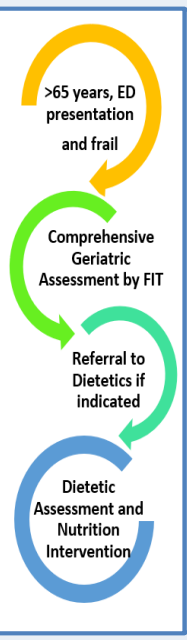
Background

Frailty is a nutrition related condition which is reversible if modifiable risk factors including malnutrition are identified at an early stage. Over ⅓ of older adults presenting to the Emergency Department(ED) are malnourished or at risk of malnutrition[1].

Aim

This study evaluates the prevalence and severity of malnutrition, diagnosed through dietetic assessment, and associated frailty markers.



Methods

A retrospective study of frail patients >65 years old, presenting to a level 4 ED, assessed by a Dietitian in March 2024 was completed. Each patient had a Comprehensive Geriatric Assessment performed. A referral to Dietetics was indicated by: Malnutrition Screening Tool(MST) score≥2, enteral feeding, dysphagia, grade≥2 pressure ulcer or prescribed oral nutritional supplements. Malnutrition was diagnosed by the Dietitian using the GLIM and/or ASPEN criteria[2]. Excel was used to collate MST score, malnutrition diagnosis, Clinical Frailty Score, diagnosed dementia, falls history and dysphagia.

Figure 1: Process of frail patients presenting to ED and referred to Dietetics

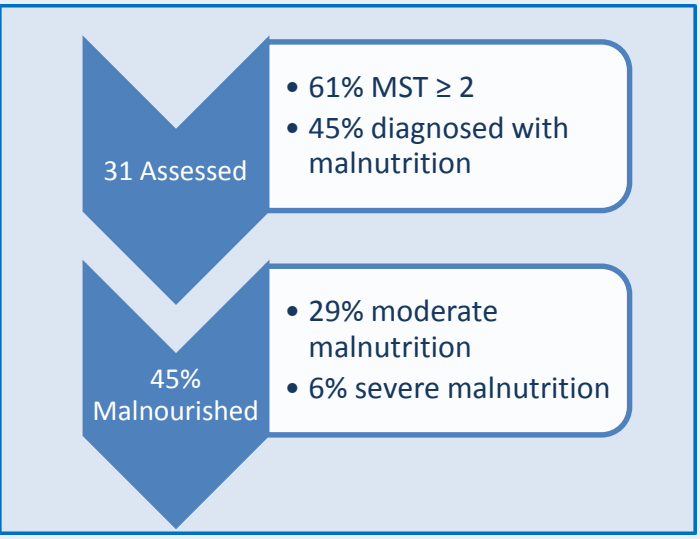


Figure 2: Prevalence and severity of malnutrition through Dietetic Assessment

Results

31 frail patients were assessed by the Dietitian. 61% were female. The median age was 81 years. The median CFS was 6.

61%(n=19) MST≥2

45%(n=14) were diagnosed with malnutrition

- 29%(n=9) moderate malnutrition
- 6%(n=5) severe malnutrition

Of those with diagnosed malnutrition(n=14):

- 21%(n=3) had dysphagia
- 50%(n=7) had a fall in the past 1 year
- 14%(n=2) had dementia

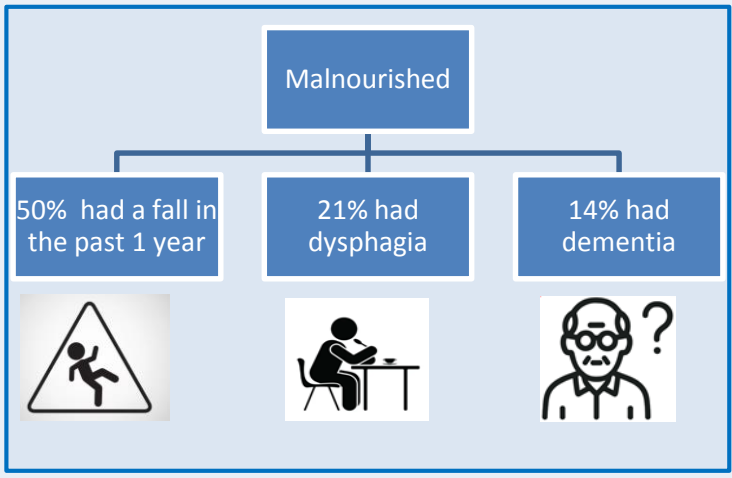


Figure 3: Frailty markers identified in those with diagnosed malnutrition

Conclusion

Frail older adults with a falls history should be highlighted for dietetic assessment. Measurement of hand grip strength has been introduced to CGA to further increase the identification of malnutrition and sarcopenia in this cohort. Early identification of malnutrition with responsive dietetic intervention in ED can counteract negative health outcomes for older adults

[1] Griffin A, O'Neill A, O'Connor M, Ryan D, Tierney A, Galvin R. The prevalence of malnutrition and impact on patient outcomes among older adults presenting at an Irish emergency department: a secondary analysis of the OPTI-MEND trial. BMC Geriatric 2020 Nov 7;20(1):455.