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Better Nutrition

A BONE-AFIDE WAY
TO IMPROVE HIP
FRACTURE CARE



Malnutrition

Malnutrition is a deficiency of energy, protein and/or other nutrients causing adverse effects on body composition, function or clinical outcome.



Prevalence of Malnutrition

- In Hospital **1 in 3** adults are malnourished
- Nearly **1 in 2** residents in aged care are malnourished
- **4 in 10** older adults in the community are at risk of malnutrition
- Identified in up to **1 in 2** hip fracture patients



Malnutrition Screening

- MST Score
- MUST
- MNA
- NRS
- NRI

MST Screening Tool

- Has the patient lost weight in the last three months without trying?
- Has the patient been eating poorly because of poor appetite?



Malnutrition Diagnostic Tools

- SG
A

- GLIM
- AND-ASPEN
- ESPEN

ICD-10

Anyone with a BMI $<18.5\text{kg/m}^2$

-

And/Or

-

Unintentional weight loss $>5\%$ with evidence of suboptimal intake resulting in loss of subcutaneous fat and/or muscle wasting

NB: BMI should consider the ethnicity of the patient

Asian normal range BMI 16.5 -23

Maori/Pacific Origin BMI: 20.5 – 27.5



Anorexia

Anorexia is the loss of appetite or reduced nutritional intake.

Sarcopenia

Sarcopenia is the loss of muscle mass and function associated with ageing

Cachexia

Cachexia is a complex condition related to an underlying illness. It results in weight loss with a loss of muscle with or without loss of fat mass



Consequences of Malnutrition

- Impaired wound healing
- Reduced muscle strength
- Impaired immune response
- Increased risk of mortality
- More hospital admissions and readmissions
- Longer hospital stays
- Higher healthcare costs



The Malnutrition Carousel

33% admitted to Christchurch
Hospital are malnourished

Home

More GP visits
More hospital admissions



Hospita

Longer hospital stays
More supports post discharge
More likely to go into care

Up to 70% of discharged patients
weigh less than on admission

Malnutrition occurs across all BMI ranges

Have we missed a diagnosis?

They look well... but also investigate

Unintentional weight loss

Social isolation

Unable to physically shop, cook and/or feed themselves

Illness or medical conditions such as cancer

Nil by mouth eg surgery/post-surgery

Reduced appetite

Reduced food intake

Chewing/swallowing problems

Depression and dementia

Nausea, vomiting and diarrhoea

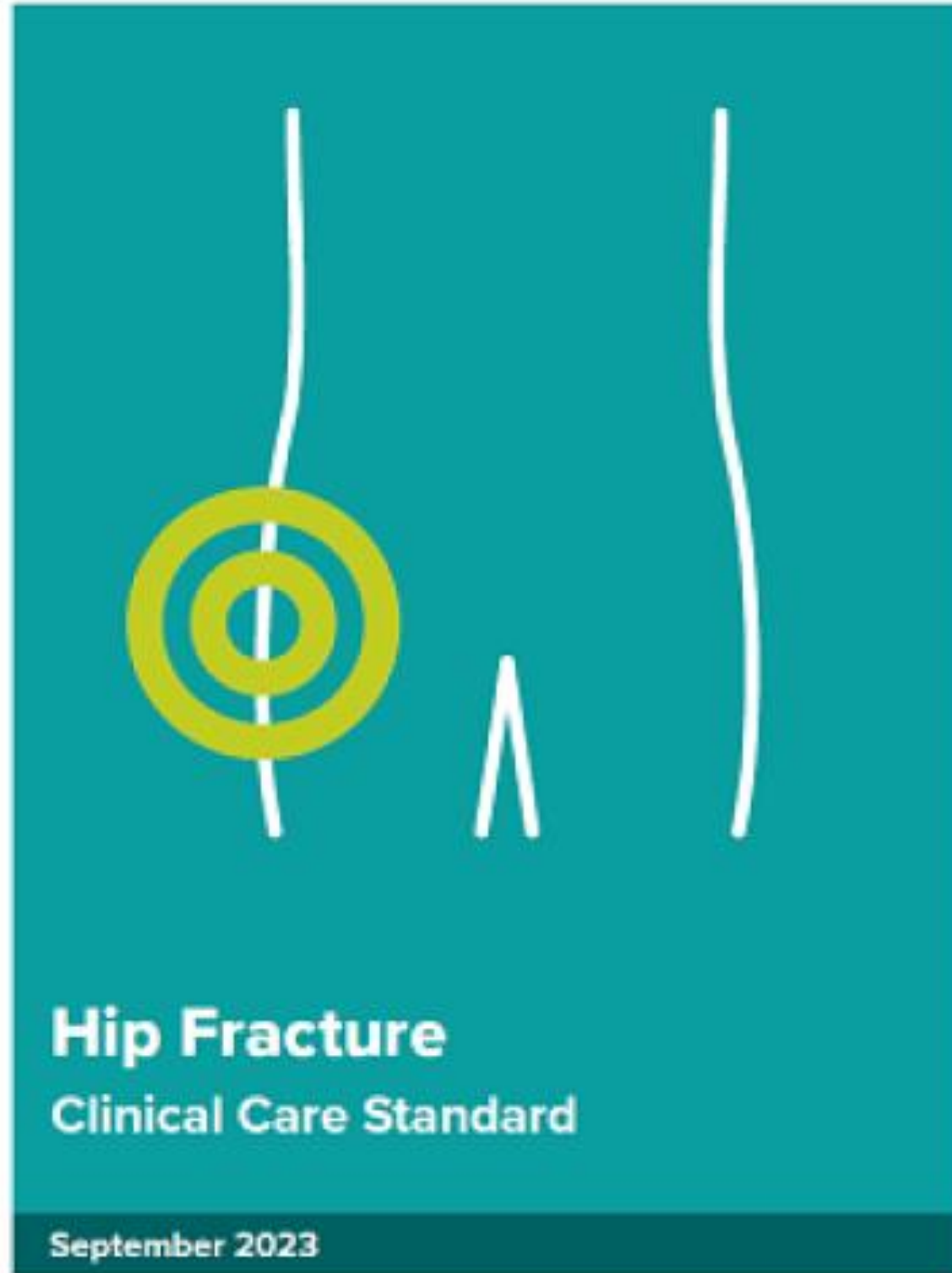


They could be malnourished.

Malnutrition Week ANZ #malnutritionweekANZ



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



**Revised Hip Fracture
Clinical Care Standards
now include nutrition**

Quality Statement 3

Orthogeriatric model of Care:

Early assessment of the patient's nutritional status using a validated assessment tool, and reassessment during the course of the admission with individualised interventions when required , including offering oral nutritional supplements and avoiding prolonged NBM restrictions



BOX 2 - Hip Fracture Clinical Care Standards

- Ensuring that the patient has their teeth in situ
 - A swallowing assessment
 - Cognitive and mood assessment
- Encouraging and assisting with feeding at mealtimes
- Appropriate medical management of nutritional impact symptoms (pain, constipation, nausea, vomiting, appetite)
 - Avoiding prolonged Nil By Mouth restrictions
 - Nutrition-related diagnosis and education
- Reviewing the nutritional content of the diet provided
- Advice on ensuring adequate calcium intake in the diet



ESPEN Guidelines

Older patients with hip fracture shall be offered ONS post-operatively in order to improve dietary intake and reduce the risk of complications.

(**Grade A**, strong consensus 100%)

Nutritional interventions in geriatric patients after hip fracture and orthopedic surgery shall be part of an individually tailored, multidimensional and multidisciplinary team intervention in order to ensure adequate dietary intake, improve clinical outcomes and maintain quality of life.

(**Grade A**, strong consensus 100%)



SIMPLE APPROACH - Jack Bell



Systemised

Interdisciplinary

Malnutrition

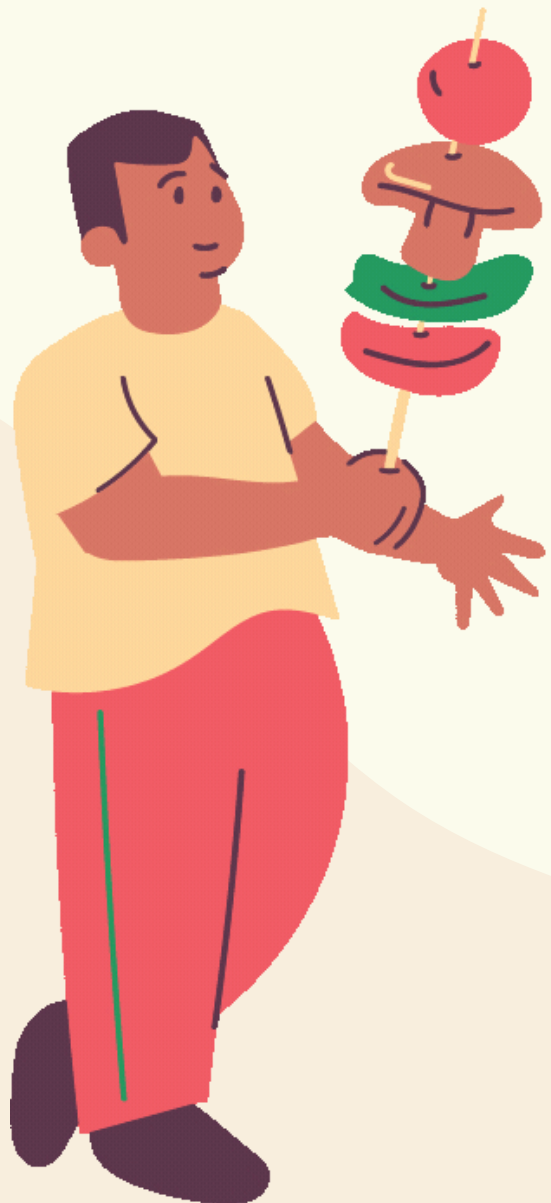
Pathway

Imp Lementation

Evaluation

ANZHFR Nutrition Sprint Audit (2021)

- Nearly **3 in 10** patients were diagnosed with malnutrition, although the proportion of patients not assessed suggests malnutrition remains under-reported
- **5 in 10** patients did not receive any form of nutrition support
- Only **3 in 10** patients received oral nutrition supplements
- Less than **2 in 10** patients received prescribed oral nutrition supplements
- **5 in 10** patients diagnosed with malnutrition were not provided with diagnostic advice and a treatment plan



Christchurch Hospital Approach



NUTRITION - DATE MST COMPLETED (RESCREEN REQUIRED EVERY 5 DAYS)

Patient has lost weight in the last 3 months without trying

- Unsure (Score 2)

Has the patient been eating poorly because of poor appetite?

- Yes (Score 1)

Wednesday 4 September 2024

✔ Malnutrition Risk - Score 3 (High risk)

Dietitian referral required. Start 3 day food and fluid chart

Symptoms affecting eating

- Fatigue
- Medication side effects
- Nausea
- No appetite, does not feel like eating

HIP



High protein
energy menu



2 x supplement
drinks per day

Malnutrition Coding

MALNUTRITION CODE

Malnutrition code

No

*MALNUTRITION CODE

*Malnutrition code

Yes

*SUBJECTIVE GLOBAL ASSESSMENT

SGA observations

SGA C - severely malnourished

Physical appearance observations

Please see full Subjective Global Assessment form for full details



Symptoms Impacting Malnutrition Status

- Nausea & Vomiting
- Pain
- Bowels
- Dysphagia
- Fatigue
- Poor Appetite



Factors impacting Malnutrition Status in Hospital

- Positioning in bed for eating
- Interruptions to meal times
- Trays out of reach
- Functional status to open meals packets
- Ability to self feed
- Long NBM periods



Practical Nutrition Advice

Provide Assistance as Required

Little and Often

Protein rich meals and snacks

Food Fortification

Calorie containing fluids and supplements



Questions?

