

Malnutrition: A skeleton in the health care closet

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Many elderly Australians are either admitted to hospital suffering malnutrition, or become malnourished while in hospital, which increases hospital length of stay and health care costs.

In her lead article in the Dietitians Association of Australia's journal, *Nutrition & Dietetics*, Dr Karen Charlton said [malnutrition](#) often goes undiagnosed and untreated as it is not considered a clinical priority in hospitals and aged care settings.

Australian research has revealed more than one in three hospitals patients are malnourished and the rates can be as high as 70 per cent in residential aged care.

In one Melbourne hospital alone, a study of 275 patients found 90 per cent of patients were malnourished or at risk of malnutrition, based on measures such as weight and appetite . The study found only 15 per cent of malnourished patients were correctly picked up by hospital staff as being malnourished - and less than half of these were referred to a dietitian.

Dr Charlton said the results were consistent with a recent study conducted in Finland among elderly patients in long-term hospital care . In this study, nurses considered only 15 per cent of the patients to be malnourished, while close to 60 per cent were actually malnourished.

'This is a serious concern and is the skeleton in the closet of many Australian hospitals,' said Dr Charlton, an Accredited Practising Dietitian.

She said malnourished patients are more likely to suffer pressure ulcers and infections, and have slower recovery rates.

A recent Australian study involving older patients admitted to rehabilitation hospitals over a five year period found that malnourished and at risk patients stayed in [hospital](#) for an average of 18.5 days,

compared with 12.4 days for their well-nourished counterparts .

'We need to better educate nursing and medical staff to look at factors that may affect a person's risk of malnutrition, such as weight loss, reduced appetite, medications, length of stay and lack of support to eat.

'And screening is only the tip of the iceberg. We need to start treating 'food as medicine' and dietitians are key advocates for this process,' said Dr Charlton.

More information:

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Suominen MH, Sandelin E, Soini H, Pitkala KH. How well for nurses recognise malnutrition in elderly patients? *EJCN* 2009; 63:292-6.

Charlton KE, Nichols C, Bowden S et al. Older rehabilitation patients at high risk of malnutrition: Evidence from a large Australian database. *J Nutr Health Aging* 2010; 14:622-8.

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