UNDERNUTRITION OF A HOSPITALIZED ELDERLY SAMPLE IN A CENTRAL HOSPITAL

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INTRODUCTION

Undernutrition is more frequent in hospitals and among elderly people. Malnutrition assessment at hospital admission is particularly important to signal and to intervene early in order to decrease malnutrition cases.

OBJECTIVES

To characterize a sample of elderly patients in a unit of Internal Medicine, in a central hospital. To relate different tools of nutritional risk assessment with hospital length of stay, post-hospitalization destination (hospital discharge or death), sex, age, anthropometric measurements and biochemical data.

METHODOLOGY

Retrospective cohort study including patients aged 65 years or above admitted between November 2015 and April 2016 in Medicine A and B, of the Internal Medicine Unit of Hospital São João Centre, EPE, Oporto.

RESULTS AND DISCUSSION

From a total of 1322 patients, we assessed 1036 (78.4%) using the *Mini Nutritional Assessment Short Form* (MNA-SF). We found that 68.3% of the patients were at risk of malnutrition or malnourished. These had a longer period of hospital stay and higher frequency of death. We found that patients had lower odds of being malnourished when they had lower levels of c-reactive protein and higher levels of albumin, hemoglobin and BMI, had kidney disease, hypertension, were not fed by nasogastric tube, were not given a food plan at hospital discharge and had no liver disease.

CONCLUSION

There is a high prevalence of undernutrition at the moment of hospital admission. Hence, there should be protocol procedures for early assessment of the nutritional status, including BMI and albumin data, in order to allow timely nutritional intervention when required.

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