



ANHI September 2024 Nutrition Research Review

Patient Malnutrition Risk or Number of Initial Nutrition Intervention Categories Can Be Utilized to Develop Registered Dietitian Nutritionist Staffing Models in the Inpatient Adult & Pediatric Hospital Setting: A Cohort Study

Publication: Journal of the Academy of Nutrition & Dietetics

Publish Date: Aug 2024

Authors: Lamers-Johnson E, Hand RK, Jimenez EY, Steiber AL

SUMMARY

This prospective cohort study described current patterns of RDN care time relative to patient characteristics and the relationship between RDN care time and ED visits for adult and pediatric patients across multiple U.S. hospitals. The main objective was to identify the relationships between 1) patient malnutrition risk or intervention categories and the estimated total RDN care time (“care time”); and 2) care time and emergency department (ED) visits. It included 550 adult and 345 pediatric patients enrolled at 32 adult and 27 pediatric U.S. hospitals from August 2019 to January 2023. The main outcomes measured were care time and ED visits within 90 days of hospital discharge.

The results showed after adjusting for patient characteristics, adult patients at risk of malnutrition required an average of 8% more care time compared to those not at risk. Pediatric patients at medium or high malnutrition risk needed an average of 21% and 31% more care time, respectively, compared to those at low risk. The number of initial RDN intervention categories per patient (0-1 versus 2-3 or 4+) was associated with an average of 10% or 8% more care time for adults, and 17% or 39% more care time for children, respectively. Increased estimated total RDN care time was associated with significantly higher incidence rate ratios (IRR) of ED visits. Patient malnutrition risk or the extent of required nutrition interventions can inform nutrition department staffing. Further intervention studies may better define the relationships between care time and medical outcomes.

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Dietary Intake by Patients Taking GLP-1 & Dual GIP/GLP-1 Receptor Agonists: A Narrative Review & Discussion of Research Needs

Publication: Obesity Pillars

Publish Date: Sept 2024

Authors: Christensen S, Robinson K, Thomas S, Williams DR

SUMMARY

Obesity and type 2 diabetes (T2DM) are on the rise globally, and professional medical and nutrition societies recommend weight reduction to improve health outcomes. Glucagon-like peptide receptor agonists (GLP-1RAs) and dual mechanism glucose-dependent insulintropic polypeptide/glucagon-like peptide receptor agonists (GIP/GLP-1RAs) are increasingly used for weight reduction and glycemic control. Yet, their impact on dietary intake remains not fully understood. This narrative literature review synthesizes clinical studies that quantify and describe dietary intake in individuals with obesity or T2DM undergoing treatment with GLP-1 or GIP/GLP-1 RAs. Although these studies show a 16-39% reduction in total caloric intake, few have thoroughly examined dietary composition. Future research is necessary to better understand the specific nutritional needs of adults on GLP-1 or dual GIP/GLP-1RA and to develop appropriate guidelines.

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Nutrition-Focused Physical Exam in Assessing Nutritional Status of Children with Neurological Impairment

Publication: Human Nutrition & Metabolism

Publish Date: Sept 2024

Authors: Seong Ting Chen, Shu Hwa Ong, Poh Ying Lim, Koy Seong Chong

SUMMARY

Accurate anthropometric measurements in children with neurological impairments can be challenging, potentially leading to misinterpretation of their nutritional status. The Nutrition-Focused Physical Exam (NFPE) is useful in identifying malnutrition. This study compared NFPE with the AND/ASPEN Pediatric Malnutrition Identification Criteria in children with Down syndrome (DS) and cerebral palsy (CP).

A cross-sectional study included 31 children with DS and 20 with CP, aged 4-15 years. Data on physical findings, weight, height, mid-upper arm circumference, and dietary intake were collected. Malnutrition status was assessed using NFPE and AND/ASPEN criteria. Agreement and diagnostic values were analyzed, and the association between oral cavity abnormalities and malnutrition was examined.

There was a fair agreement between NFPE and AND/ASPEN criteria for children with DS ($k = 0.367$, $p = 0.018$), with NFPE showing 81.3% sensitivity and 60.0% specificity. For children with CP, there was moderate agreement ($k = 0.503$, $p < 0.001$), with NFPE showing 90.9% sensitivity and 22.2% specificity. Oral cavity abnormalities were significantly associated with malnutrition as defined by NFPE. NFPE is a useful supplementary method for identifying malnutrition in children with DS and CP.

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Nutritional Support in Hospitalised Patients With Diabetes & Risk for Malnutrition: A Secondary Analysis of an Investigator-Initiated, Swiss, Randomised Controlled Multicentre Trial

Publication: British Medical Journal (BMJ) Open

Publish Date: Aug 2024

Authors: Keller B, Wunderle C, Tribolet P, Stanga Z, Kaegi-Braun N, Mueller B, Schuetz P

SUMMARY

Hospitalized patients with diabetes and malnutrition face a high risk of adverse outcomes and increased mortality. This secondary analysis of the EFFORT Trial (Effect of early nutritional support on Frailty, Functional Outcomes, and Recovery of malnourished medical inpatients Trial) investigated the effects of nutritional support on mortality in hospitalized patients with diabetes and nutritional risk. Individualized nutritional support was compared to usual care, with the primary outcome being all-cause mortality within 30 days. Though not significant, nutritional therapy was associated with a 25% lower mortality risk in patients with diabetes, and similar with overall trial effects. Notably, there was no increase in hyperglycemia linked to nutritional support. While individualized nutritional support showed a potential reduction in mortality, the findings were inconclusive, indicating the need for larger-scale trials in this patient population.

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Malnutrition Management in Children with Chronic Kidney Disease

Publication: Pediatric Nephrology

Publish Date: July 2024

Authors: Corsello A, Trovato CM, Dipasquale V, Proverbio E, Milani GP, Diamanti A, Agostoni C, Romano C

SUMMARY

Chronic kidney disease (CKD) includes various conditions like congenital anomalies, glomerulonephritis, and hereditary nephropathies, requiring personalized nutritional interventions. Early detection is crucial due to the increased risk of adverse outcomes, such as impaired growth and higher healthcare costs. Nutritional assessment in pediatric CKD involves a comprehensive, multidisciplinary approach, considering disease-specific factors, growth metrics, and dietary habits. The high prevalence of malnutrition, identified through various tools and guidelines, highlights the need for

regular and vigilant monitoring. Nutritional management aims to balance calorie intake, protein needs, and electrolyte levels. Maintaining a well-balanced diet is essential to prevent systemic complications and preserve remaining kidney function. The complex landscape of enteral nutrition, including gastrostomy placement, should be considered for prolonged support, focusing on minimizing risks for optimal outcomes. In conclusion, managing nutrition in pediatric CKD requires continuous assessment and adaptation. This review emphasizes the importance of tailored dietary approaches to promote growth, prevent complications, and improve the quality of life for children with CKD.

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Systematic Nutritional Screening & Assessment in Older Patients: Rationale for Its Integration Into Oncology Practice

Publication: European Journal of Cancer

Publish Date: September 2024

Authors: Bauera JM, Pattwellb M, Barazzonic R, Battistid NML, Soto-Perez-de-Celise, Hamakerg ME, Scottéh F, Soubeyrani P, Apro M

SUMMARY

As the global population ages, more older adults are diagnosed, treated and living with cancer. Although malnutrition affects 30% - 80% of this population and is associated with poor health outcomes (frailty, poor treatment response, and reduced overall survival), nutritional status is not always a primary focus for oncology healthcare providers. This paper advocates for systematic nutrition screening and assessment in older patients with cancer.

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