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Malnutrition Prevalence and Burden on Healthcare Resource Use Among Spanish Community-Living Older Adults: Results of a Longitudinal Analysis

Publication: Clinicoeconomic and Outcomes Research

Publish Date: 2020 Jul 13

Authors: Beatriz Rodríguez-Sánchez, Suela Sulo, José Antonio Carnicero, Ricardo Rueda, Leocadio Rodríguez-Mañas

This study assessed the impact of malnutrition risk on healthcare utilization and costs in a cohort of older adults (n=1,660; ages 66-98 years) living in a Spanish community. Fifteen percent of the population was found to be at risk of malnutrition and 12.6% were malnourished. Results from cross-sectional analysis showed that being at-risk/malnourished was associated with greater medication utilization, higher rates of hospital admission and longer stays, and higher hospitalization costs. However, when adjusting for covariates, malnutrition/risk was associated only with higher hospitalization costs (range: 11-13%). Longitudinal analysis results indicated that malnutrition/risk was significantly associated with more frequent hospitalizations, longer lengths of stay, higher hospitalization costs, and polypharmacy at follow-up.

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Nutrition of the COVID-19 patient in the intensive care unit (ICU): A practical guidance

Publication: Critical Care

Publish Date: 2020 Jul 19

Authors: Ronan Thibault, Philippe Seguin, Fabienne Tamion, Claude Pichard, Pierre Singer

Up to 30% of the coronavirus SARS-CoV-2-infected patients are presenting with acute respiratory distress syndrome (ARDS) requiring respiratory and hemodynamic support and nutrition support in the intensive care unit (ICU). Nutritional assessment and early nutritional care of COVID-19 patients must be integrated into the overall patient care plan and strategy and should follow international guidelines and recommendations. This practical guidance provides a care flowchart and key issues for optimizing the nutrition management of COVID-19 patients in the ICU.

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Economic benefit of dietetic-nutritional treatment in the multidisciplinary primary care team

Publication: Nutrición Hospitalaria

Publish Date: 2020 Jul 20

Authors: Patricia Casas-Agustench, Isabel Megías-Rangil, Nancy Babio

This review evaluated the evidence of the cost-effectiveness of nutritional care by healthcare professionals in the primary care setting. The review included thirty-six randomized controlled trials and systematic reviews conducted in healthy people and people with obesity, type-2 diabetes mellitus, cardiovascular risk or malnutrition. The results showed that nutritional intervention led by dietitian-nutritionists in people with obesity or cardiovascular risk factors was cost-effective; dietary interventions led by

nurses were cost-effective in people who needed to lose weight but not in people at high cardiovascular risk; and some dietary changes led by a primary care team in people with diabetes were cost-effective.

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Use of standardized body composition measurements and malnutrition screening tools to detect malnutrition risk and predict clinical outcomes in children with chronic conditions

Publication: The American Journal of Clinical Nutrition

Publish Date: 10 June 2020

Authors: Nara E Lara-Pompa, Susan Hill, Jane Williams, Sarah Macdonald, Katherine Fawbert, Jane Valente, Kathy Kennedy, Vanessa Shaw, Jonathan C Wells, Mary Fewtrell

Malnutrition is always a concern in complex pediatric patients. This research compared malnutrition screening tools (MSTs) and body composition (BC) for detecting malnutrition on hospital admission. The research also examined the ability of these methods to predict adverse clinical outcomes such as length of stay and complications. The study found that the most significant predictor of increased length of stay was low lean mass which was followed by height, weight, and finally fat mass.

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Current Practices Using Pediatric Malnutrition Indicators: A Survey of Dietitians Working in Pediatrics

Publication: Nutrition in Clinical Practice

Publish Date: 21 May 2020

Authors: Sarah Gunnell Bellini, Patricia J Becker, Liesje Nieman Carney, Kelly Green Corkins, Tegan Medico, Holly Anne Van Poots

The purpose of this study was to survey Registered Dietitian Nutritionists (RDNs) on current practices of using the 2014, the Academy of Nutrition and Dietetics and the American Society for Parenteral and Enteral Nutrition indicators to identify malnutrition in children aged 1 month to 18 years. The study found pediatric RDNs consistently use the recommended malnutrition indicators. An education need was identified for RDN Mid Upper Arm Circumference (MUAC) and length/height per age as malnutrition indicators.

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High Level of Food Insecurity among Families with Children Seeking Routine Care at Federally Qualified Health Centers during the COVID-19 Pandemic

Publication: Journal of Pediatrics

Publish Date: August 2020

Authors: Steven A Abrams, Ana Avalos, Megan Gray, Keli M Hawthorne

Clinicians in two federally qualified health centers (FQHC) assessed food insecurity during pediatric visits to during the COVID-19 pandemic using the validated American Academy of Pediatrics 2-question food security screen. Interviews of 200 families found approximately half of families reported food insecurity. Ninety-four percent of the food insecure families indicated worsening of food insecurity during the pandemic. The findings strongly suggest screening of food security be part of routine pediatric care.

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Low Protein Intake Irrespective of Source is Associated with Higher Mortality Among Older Community-Dwelling Men

Publication: The Journal of Nutrition, Health & Aging

Publish Date: 23 June 2020

Authors: Lisa Langsetmo, S. Harrison, S. Jonnalagadda, S. L. Pereira, J. M. Shikany, S. Farsijani, N. E. Lane, J. A. Cauley, K. Stone, P. M. Cawthon & Osteoporotic Fractures in Men (MROS) Research Group

This prospective cohort study examined the association between protein intake and mortality among ambulatory community-dwelling older men. Results showed that the mean (SD) total protein intake was 64.7 (25.8) g/d, while the mean (SD) intake expressed as percent of total energy intake (%TEI) was 16.1 (2.9) %TEI. Lower protein intake was associated with an increased risk of death, with unadjusted HR=1.11 (95% CI: 1.06, 1.17) and adjusted HR=1.09 (95% CI: 1.04, 1.14) and the associations for protein intake by source were similar. The adjusted HR for cancer mortality was HR=1.13 (95% CI: 1.03, 1.25) while the association for CVD mortality was HR=1.08 (95% CI: 0.99, 1.18).

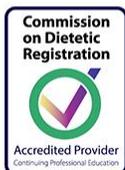
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