

Organization and planning of patient/citizen care

Early detection and nutrition screening

Preventing undernutrition in elderly citizens
Science meets Regions
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ESPEN guideline on clinical nutrition and hydration in geriatrics

Recommendation 5

All older persons – independent of specific diagnosis and including also overweight and obese persons – shall routinely be screened for malnutrition with a validated tool in order to identify those with (risk of) malnutrition.

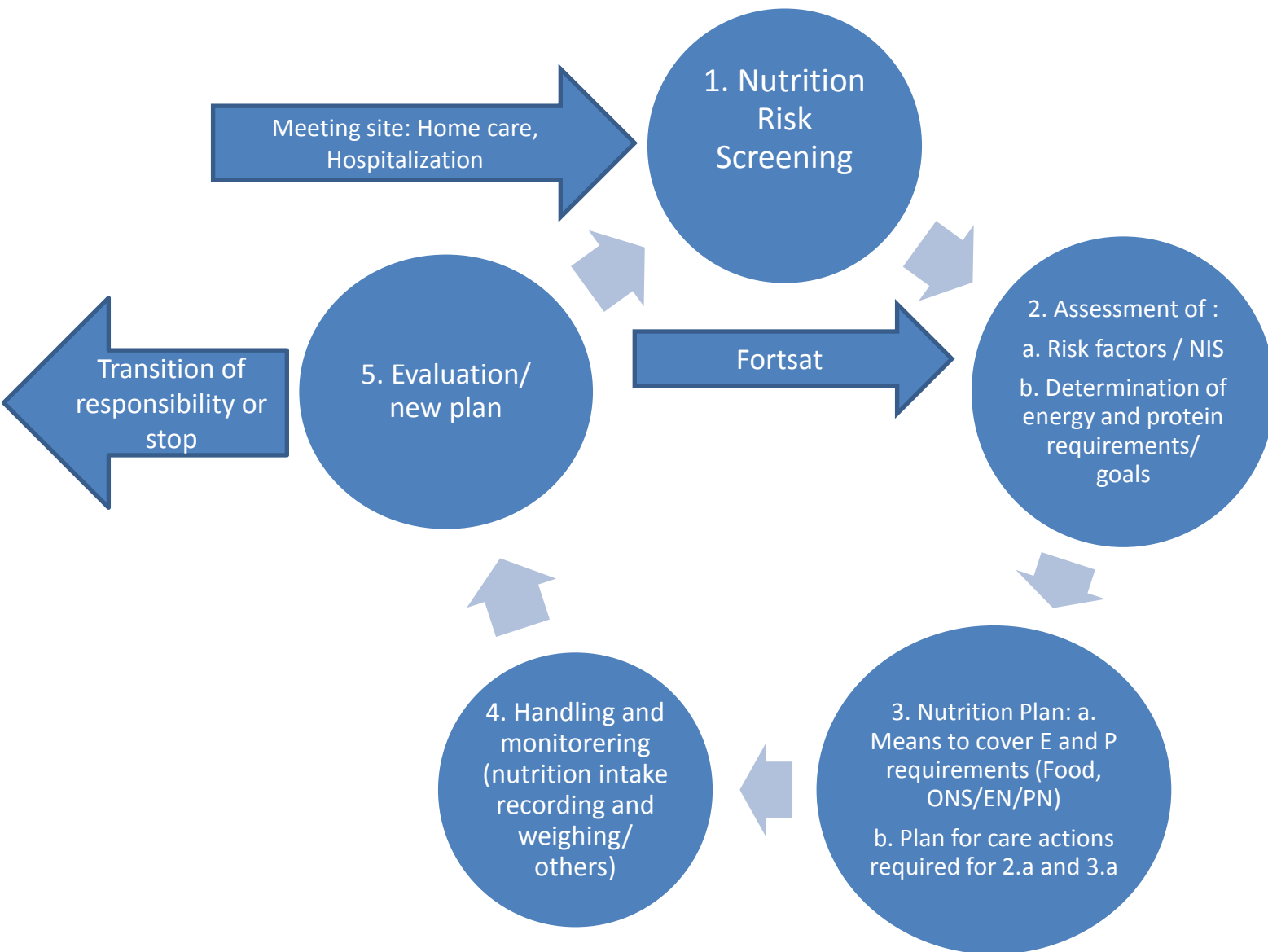
Grade of recommendation GPP – strong consensus (100% agreement)

Recommendation 6

A positive malnutrition screening shall be followed by systematic assessment, individualized intervention, monitoring and corresponding adjustment of interventions.

Grade of recommendation GPP – strong consensus (100% agreement)

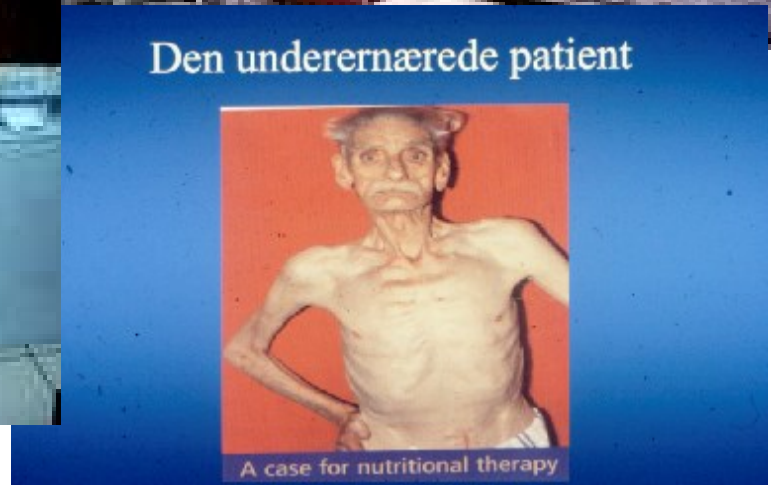
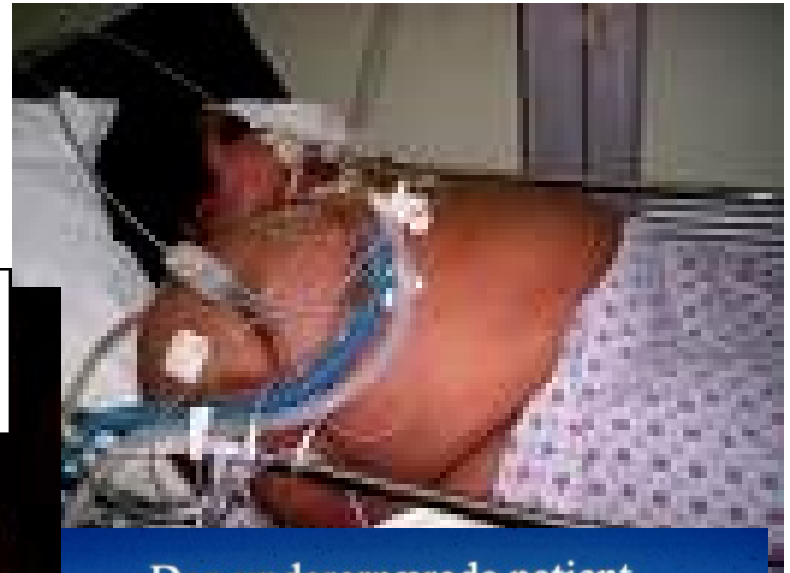
Good Nutritional practise"GNP"



Nutrition screening

- With any validated screening-tool will identify those whom are likely to benefit from nutrition intervention
- Will identify those for whom the course of disease/ the condition is likely to worsen if no targeted nutritional intervention is made

Weight and BMI alone are too unspecific



Demands for a screening tool

- Find those at risk of malnutrition (sensitivity)
- Not find too many (specificity)
- Be simple and quick
- Performed by any professional; nurses, dietitians or medical personnel with the same result

Screening tools include:

All tools

- Recent weight loss
- Recent poor intake/
appetite
- Body weight measures
- A numerical score to
categories risk of
malnutrition

Disease related malnutrition +

- Metabolism i.e disease
severity

Setting associated factors +

- Metabolism i.e disease
severity
- Age

Initial Screening: Some settings may use weightloss as initial screening

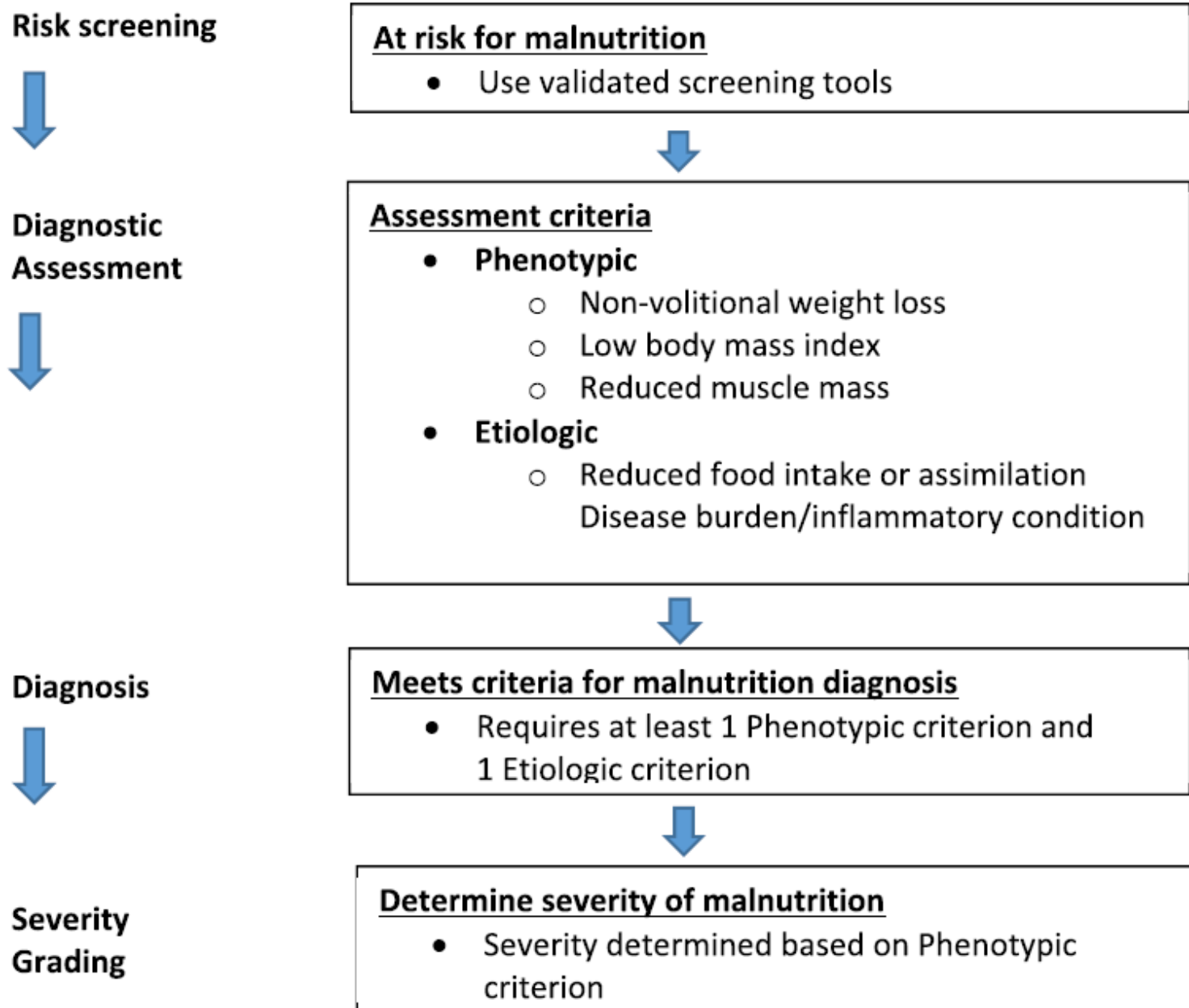
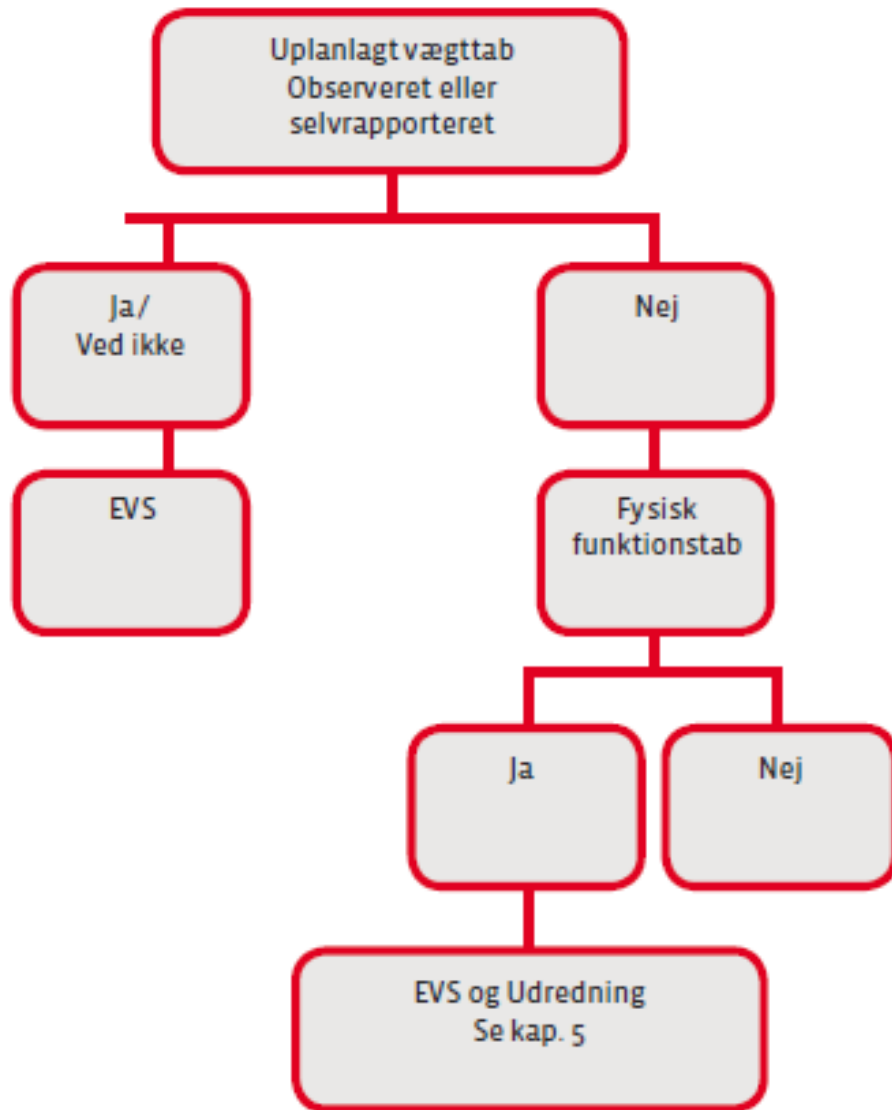


Fig. 1. GUM diagnostic scheme for screening, assessment, diagnosis and grading of malnutrition.

Screening (EVS) Nutrition evaluation Scheme



Involuntary weight loss < 1 kg must be followed up

FAGLIGE ANBEFALINGER
OG BESKRIVELSER AF
GOD PRAKSIS
FOR ERNÆRINGSINDSATS
TIL ÆLDRE MED
UPLANLAGT VÆGTTAB

Who / where

- On hospitalization (*ambulatory care will follow*)
- Citizens / patients in the primary sector **must** have nutritional risk identified, according to municipal professional standards.
- Home care and nursing homes **must** screen systematically
- General practitioners *should* screen for nutritional risk on relevant occasions
 - i.e when referring patients to cancer care programs, elderly health examinations, annual chronic disease examinations i.e..

For those found to be at nutritional risk, a nutrition plan and follow-up must be initiated.

Attention points for need of screening in old citizens when outside systematic measurements

Tracing:

- Accidental weight loss / clothing is loose
- Fatigue
- Medicine
- Frequent admissions
- Left on the plate
- Sadness / isolation

Risk factors:

- Acute illness / hospitalizations
- Chronic disease. COPD / Gout / diabetes
- Large drug consumption
- Physical impairment
- Eating problems
- Reduced appetite
- Early satiety
- Reduced sense of taste
- Poor dental status
- "Wrong" diets

Thank you for your attention

