Nutrition and Hydration
Current Awareness Bulletin
May 2018

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Title: Exploring staff perceptions and experiences of volunteers and visitors on the hospital ward at mealtimes using an ethnographic approach.

Citation: Journal of Clinical Nursing; Apr 2018; vol. 27 (no. 7/8)
Author(s): Ottrey, Ella; Palermo, Claire; Huggins, Catherine E.; Porter, Judi

Aims and objectives: To explore multiple perspectives and experiences of volunteer and visitor involvement and interactions at hospital mealtimes. In addition, to understand how the volunteer and visitor role at mealtimes is perceived within the hospital system.

Background: Mealtime assistance can improve patients’ food intake and mealtime experience. Barriers to providing mealtime assistance include time pressures, staff availability and inadequate communication. Volunteers and visitors can encourage and assist patients at mealtimes. There is a lack of evidence on the relationship between hospital staff, volunteers and visitors.

Design: A qualitative, ethnographic approach.

Methods: Sixty-seven hours of fieldwork were conducted on two subacute wards within an Australian healthcare network in 2015. Mealtime practices and interactions of hospital staff, volunteers and visitors were observed. Sixty-one staff, volunteers and visitors were interviewed in 75 ethnographic and semi-structured interviews. Data were inductively and thematically analysed.

Results: Three key themes emerged as follows: "help"—volunteers and visitors were considered helpful when they assisted patients at mealtimes, supported well-being and aided staff–patient communication; "hindrance"—staff perceived visitors as negative presences when they inhibited patient progress and impacted staff work practices; and "reality of practice"—visiting hours, visitor engagement in patient therapy and communication between staff, volunteers and visitors were important practical considerations of mealtime involvement.

Conclusions: The findings show how and why volunteers and visitors can be helpful and unhelpful at hospital mealtimes on subacute wards. More research on the role and contribution of volunteers and visitors on hospital wards will inform future practice in healthcare settings.

Relevance to clinical practice: This healthcare organisation should continue to encourage volunteer and visitor involvement at hospital mealtimes. More effort is needed to educate visitors about patients’ therapeutic goals and the importance of nutrition. The working relationship between hospital staff, volunteers and visitors should be strengthened to improve nutritional care.

Title: Meeting the nutritional needs of older patients in the hospital setting.

Citation: British Journal of Nursing; Apr 2018; vol. 27 (no. 8); p. 426-428
Author(s): Ojo, Omorogieva

Title: Diet Quality and Sarcopenia in Older Adults: A Systematic Review.
Citation: Nutrients; Mar 2018; vol. 10 (no. 3); p. 1-28
Author(s): Bloom, Ilse; Shand, Calum; Cooper, Cyrus; Robinson, Sian; Baird, Janis

Abstract: The increasing recognition of sarcopenia, the age-related loss of skeletal muscle mass and function (muscle strength and physical performance), as a determinant of poor health in older age, has emphasized the importance of understanding more about its aetiology to inform strategies both for preventing and treating this condition. There is growing interest in the effects of
modifiable factors such as diet; some nutrients have been studied but less is known about the influence of overall diet quality on sarcopenia. We conducted a systematic review of the literature examining the relationship between diet quality and the individual components of sarcopenia, i.e., muscle mass, muscle strength and physical performance, and the overall risk of sarcopenia, among older adults. We identified 23 studies that met review inclusion criteria. The studies were diverse in terms of the design, setting, measures of diet quality, and outcome measurements. A small body of evidence suggested a relationship between "healthier" diets and better muscle mass outcomes. There was limited and inconsistent evidence for a link between "healthier" diets and lower risk of declines in muscle strength. There was strong and consistent observational evidence for a link between "healthier" diets and lower risk of declines in physical performance. There was a small body of cross-sectional evidence showing an association between "healthier" diets and lower risk of sarcopenia. This review provides observational evidence to support the benefits of diets of higher quality for physical performance among older adults. Findings for the other outcomes considered suggest some benefits, although the evidence is either limited in its extent (sarcopenia) or inconsistent/weak in its nature (muscle mass, muscle strength). Further studies are needed to assess the potential of whole-diet interventions for the prevention and management of sarcopenia.

Title: Nutrition in the Very Old.

Citation: Nutrients; Mar 2018; vol. 10 (no. 3); p. 1-26

Author(s): Granic, Antoneta; Mendonça, Nuno; Hill, Tom R.; Jagger, Carol; Stevenson, Emma J.; Mathers, John C.; Sayer, Avan A.

Abstract: The population of older adults aged 85 years and over (the very old) is growing rapidly in many societies because of increases in life expectancy and reduced mortality at older ages. In 2016, 27.3 million very old adults were living in the European Union, and in the UK, 2.4% of the population (1.6 million) were aged 85 and over. Very old age is associated with increased risks of malnutrition, multimorbidity, and disability. Diet (nutrition) is a modifiable risk factor for multiple age-related conditions, including sarcopenia and functional decline. Dietary characteristics and nutrient intakes of the very old have been investigated in several European studies of ageing to better understand their nutritional requirements, which may differ from those in the young-old. However, there is a major gap in regard to evidence for the role of dietary patterns, protein, vitamin D and other nutrients for the maintenance of physical and cognitive functioning in later life. The Newcastle 85+ Study, UK and the Life and Living in Advanced Age, New Zealand are unique studies involving single birth cohorts which aim to assess health trajectories in very old adults and their biological, social and environmental influences, including nutrition. In this review, we have updated the latest findings in nutritional epidemiology with results from these studies, concentrating on the diet-physical functioning relationship

Title: Protein Requirements in Critically Ill Older Adults.

Citation: Nutrients; Mar 2018; vol. 10 (no. 3); p. 1-7

Author(s): Deer, Rachel R.; Volpi, Elena

Abstract: Critically ill elderly patients' nutritional needs are not well understood and vary with the phase of illness and recovery. Patients' nutritional needs should be assessed early in hospitalization and re-assessed throughout the stay with additional attention during the transitions
from critical illness, to severe illness, to post-hospital rehabilitation. In this review, we summarize recent findings and highlight recommendations for protein supplementation in critically ill geriatric patients throughout the stages of recovery. Future research specifically focusing on protein dose, its relationship with caloric needs, and delivery modality must be conducted to provide more specific guidelines for clinical practice.

Title: Relationship of nutritional status and oral health in elderly: Systematic review with meta-analysis.

Citation: Clinical Nutrition; Jun 2018; vol. 37 (no. 3); p. 824-830

Author(s): Toniazzo, Mirian Paola; Amorim, Paula de Sant'Ana; Muniz, Francisco Wilker Mustafa Gomes; Weidlich, Patricia

Abstract: Summary This systematic review aimed to compare the nutritional status and oral health in older adults individuals. Three databases (Medline-Pubmed, Scopus and EMBASE) were searched up to October 28th 2016 for studies that performed the Subjective Global Assessment (SGA) or the Mini Nutritional Assessment (MNA) and an oral examination performed by a dental professional, either dental hygienist or a dentist. Both observational and interventional studies were screened for eligibility. Meta-analyses were performed comparing the malnourished/at risk of malnutrition and the normal nutrition subjects with three oral health parameters (edentulism, use of prosthesis and mean number of present teeth). Twenty-six studies were included in the systematic review, of which 23 were cross-sectional. It was showed that well-nourished subjects had a significantly higher number of pairs of teeth/Functional Teeth Units (FTU) in comparison to individuals with risk of malnutrition or malnutrition. The meta-analyses showed no statistically significant association between edentulism and use of prosthesis, as the pooled Relative Risk were, respectively, 1.072 (95% CI 0.957–1.200, p = 0.230) and 0.874 (95% CI 0.710–1.075, p = 0.202). On the other hand, the pooled Standard Mean Difference of mean number of present teeth were −0.141 (95% CI −0.278 to −0.005, p = 0.042) in subjects with at risk of malnutrition/malnourished. FTU and mean number of teeth present were significantly associated with nutritional status. Furthermore, more longitudinal studies in this field are needed.

Title: Beyond Body Mass Index. Is the Body Cell Mass Index (BCMI) a useful prognostic factor to describe nutritional, inflammation and muscle mass status in hospitalized elderly?: Body Cell Mass Index links in elderly.

Citation: Clinical Nutrition; Jun 2018; vol. 37 (no. 3); p. 934-939

Author(s): Rondanelli, Mariangela; Talluri, Jacopo; Peroni, Gabriella; Donelli, Chiara; Guerriero, Fabio; Ferrini, Krizia; Riggi, Emilia; Sauta, Elisabetta; Perna, Simone; Guido, Davide

Summary, Background & Aim: The aim of this study was to establish the effectiveness of Body Cell Mass Index (BCMI) as a prognostic index of (mal)nutrition, inflammation and muscle mass status in the elderly.

Methods: A cross-sectional observational study has been conducted on 114 elderly patients (80 women and 34 men), with mean age equal to 81.07 ± 6.18 years. We performed a multivariate regression model by Structural Equation Modelling (SEM) framework. We detected the effects over
a Mini Nutritional Assessment (MNA) stratification, by performing a multi-group multivariate regression model (via SEM) in two MNA nutritional strata, less and bigger (or equal) than 17.

**Results:** BCMI had a significant effect on albumin ($\beta = +0.062$, $P = 0.001$), adjusting for the other predictors of the model as Body Mass Index (BMI), age, sex, fat mass and cognitive condition. An analogous result is maintained in MNA<17 stratum. BMI has confirmed to be a solid prognostic factor for both free fat mass (FFM) ($\beta = +0.480$, $P < 0.001$) and Skeletal Muscle Index (SMI) ($\beta = +0.265$, $P < 0.001$), assessed by DXA. BCMI also returned suggestive evidences (0.05 < $P$ < 0.10) for both the effect on FFM and on SMI in overall sample.

**Conclusions:** The main result of this study is that the BCMI, compared to BMI, proved to be significantly related to an important marker as albumin in geriatric population. Then, assessing the BCMI could be a valuable, inexpensive, easy to perform tool to investigate the inflammation status of elderly patients.

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**Title:** Examining the role of patient values in decisions about long-term enteral feeding: A qualitative study.

**Citation:** Clinical Nutrition; Jun 2018; vol. 37 (no. 3); p. 1046-1052

**Author(s):** White, Sean; Brereton, Louise

**Summary, Background & Aims:** Although studies demonstrate the range of impacts of home enteral feeding (HEF) on patients’ lives, a dearth of evidence focussing on the decision to have a gastrostomy placed exists. The importance of taking account of patient values (i.e. their unique preferences, concerns and expectations) when considering the consequences of clinical decisions is increasingly recognised. This study explores patient’s views on the role of their values in their decision to have a gastrostomy.

**Methods:** Using a qualitative approach and concurrent data collection and analysis, a convenience sample of 11 patients receiving HEF participated in one semi-structured interview in their own home. Participants were asked to i) consider the impact of HEF on their lives and ii) how this information could have been used in their decision making to have a gastrostomy. Interviews were transcribed verbatim and key themes were developed through inductive thematic analysis using NVivo 10 to manage the data. **Results:** Three key themes were identified: 1. Weighing up the benefits and concerns: a positive health outcome outweighed concerns about HEF. However, being asked to explicitly consider what individuals consider to be excessive information about the impact of HEF may increase anxiety; 2. Perceptions of choice: most patients felt they were either not given a choice or that they did not have a choice as there was not a viable alternative to HEF. 3. Expectations and regret: considering values may have helped manage expectations of HEF, although the decision to place a gastrostomy was usually not regretted.

**Conclusions:** Taking account of individual values may enable better tailoring of decision-making. How patient values are clarified during decision making processes requires further study in relation to the varied indications for gastrostomy and the time available for decision making.

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**Title:** Micronutrients, iodine status and concentrations of thyroid hormones: a systematic review.

**Citation:** Nutrition Reviews; Jun 2018; vol. 76 (no. 6); p. 418-431
Author(s): O’Kane, S. Maria; Mulhern, Maria S.; Pourshahidi, L. Kirsty; Strain, J. J.; Yeates, Alison J.

Abstract: The metabolism of thyroid hormones, which are essential for normal development, involves many proteins and enzymes. It requires iodine as a key component but is also influenced by several other micronutrients, including selenium, zinc, iron, and vitamin A.

Objective: This systematic review was designed to investigate the effect of micronutrient status and supplementation on iodine status and thyroid hormone concentrations. Data Sources: Using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) guidelines, electronic databases were searched from their inception to April 2016.

Study Selection: Human studies published in English and reporting data on micronutrient status and iodine status and/or thyroid hormone concentrations were included. Studies that examined the effect of micronutrient supplementation on iodine status and/or thyroid hormone concentrations were also included.

Data Extraction: A predesigned and piloted data extraction form was used to compile data from individual studies.

Results: A total of 57 studies were included: 20 intervention studies and 37 observational studies. Although observational evidence suggests that concentrations of selenium, zinc, and iron are positively associated with iodine status, data from randomized controlled trials fail to confirm this relationship.

Conclusions: Further studies are needed to provide greater understanding of the role of micronutrient status in iodine nutrition and thyroid function to ascertain the public health implications for populations worldwide.

Title: Cost-effectiveness of food, supplement and environmental interventions to address malnutrition in residential aged care: a systematic review.

Citation: Age & Ageing; May 2018; vol. 47 (no. 3); p. 356-366

Author(s): Hugo, Cherie; Isenring, Elisabeth; Miller, Michelle; Marshall, Skye

Background: Observational studies have shown that nutritional strategies to manage malnutrition may be cost-effective in aged care; but more robust economic data is needed to support and encourage translation to practice. Therefore, the aim of this systematic review is to compare the cost-effectiveness of implementing nutrition interventions targeting malnutrition in aged care homes versus usual care. Setting: Residential aged care homes.

Methods: Systematic literature review of studies published between January 2000 and August 2017 across 10 electronic databases. Cochrane Risk of Bias tool and GRADE were used to evaluate the quality of the studies.

Results: Eight included studies (3,098 studies initially screened) reported on 11 intervention groups, evaluating the effect of modifications to dining environment (n = 1), supplements (n = 5) and food-based interventions (n = 5). Interventions had a low cost of implementation (£2.30/resident/day) and provided clinical improvement for a range of outcomes including weight, nutritional status and dietary intake. Supplements and food-based interventions further demonstrated a low cost per quality adjusted life year or unit of physical function improvement. GRADE assessment revealed the quality of the body of evidence that introducing malnutrition
interventions, whether they be environmental, supplements or food-based, are cost-effective in aged care homes was low.

**Conclusion:** this review suggests supplements and food-based nutrition interventions in the aged care setting are clinically effective, have a low cost of implementation and may be cost-effective at improving clinical outcomes associated with malnutrition. More studies using well-defined frameworks for economic analysis, stronger study designs with improved quality, along with validated malnutrition measures are needed to confirm and increase confidence with these findings.

**Title:** Texture-modified diets are associated with decreased muscle mass in older adults admitted to a rehabilitation ward.

**Citation:** Geriatrics & Gerontology International; May 2018; vol. 18 (no. 5); p. 698-704

**Author(s):** Shimizu, Akio; Maeda, Keisuke; Tanaka, Kei; Ogawa, Mei; Kayashita, Jun

**Aim:** Texture-modified diets (TMD) have significantly lower energy and protein content than normal diets. Therefore, TMD can cause malnutrition and loss of muscle mass. However, few studies have reported the relationship between TMD and decreased skeletal muscle mass. The aim of the present study was to clarify the association between TMD and decreased skeletal muscle mass.

**Methods:** We reviewed data of 188 older adult patients who were admitted to a rehabilitation hospital. TMD were defined based on the Japanese Society of Dysphagia Diet Criteria 2013 proposed by the Japanese Society of Dysphagia Rehabilitation. The Mini Nutritional Assessment-Short Form was used to assess nutritional status; dual-energy X-ray absorptiometry was used to measure the skeletal muscle mass index, and the cut-off values for decreased skeletal muscle mass index were based on the Asian Working Group for Sarcopenia; the Functional Independence Measure was used to evaluate activities of daily living.

**Results:** The patients’ mean age was 80.6 ± 7.5 years, and 62% were women. A total of 22 patients (11.7%) consumed TMD. A total of 104 patients (55.3%) had decreased skeletal muscle mass, and approximately 90% of them consumed TMD. Decreased skeletal muscle mass index (odds ratio 7.199, 95% confidence interval 1.489–34.805, P ≤ 0.01) and Functional Independence Measure scores (odds ratio 0.972, 95% confidence interval 0.952–0.992, P ≤ 0.01) were independently related to TMD in the multivariate analysis.

**Conclusions:** The TMD group was associated with decreased skeletal muscle mass. Future, prospective studies are necessary to investigate causality. Geriatr Gerontol Int 2018; 18: 698–704

**Title:** Dietary Patterns and Their Relationship with Frailty in Functionally Independent Older Adults.

**Citation:** Nutrients; Apr 2018; vol. 10 (no. 4)

**Author(s):** Machón, Mónica; Mateo-Abad, Maider; Vrotsou, Kalliopi; Zupiria, Xabier; Güell, Carolina; Rico, Leonor; Vergara, Itziar

**Abstract:** The impact of dietary patterns rather than single foods or nutrients on health outcomes is increasingly recognized. This cross-sectional study examines the dietary patterns of 527 non-
institutionalized functionally independent older people aged ≥70 years from Gipuzkoa (Spain). Sociodemographic characteristics, health status, anthropometric measures and dietary data are collected. Multiple correspondence analysis (MCA) and cluster analysis are performed to identify dietary patterns and groups of individuals. Frequency of selected food items and compliance with food recommendations are included in the MCA. A high proportion of the sample population are overweight or obese, whereas only 3.3% are at risk of malnutrition (determined with the Mini Nutritional Assessment). Frail individuals (n = 130), measured with the Timed-Up and Go test are older, have a lower educational level, are more obese, present a poorer health status (more depressive symptoms, polypharmacy and falls, among others) and worse compliance with food recommendations than robust individuals (n = 392). Three groups of individuals are identified: cluster one (n = 285), cluster two (n = 194) and cluster three (n = 48). A gradient of increasing frailty and poorer health status is observed from cluster one to cluster three. The latter also shows the poorest dietary pattern, regarding dietary recommendations. The use of an easy-to-use tool to assess diet allows detection of differences among the three clusters. There is a need to increase awareness on the implementation of nutritional screening and a subsequent dietary assessment in primary care settings to provide nutritional care to elder, and moreover, frail individuals.

Title: Use of hand grip strength in nutrition risk screening of older patients admitted to general surgical wards.

Citation: Nutrition & dietetics: the journal of the Dietitians Association of Australia; Apr 2018

Author(s): Byrnes, Angela; Mudge, Alison; Young, Adrienne; Banks, Merrilyn; Bauer, Judy

Abstract: AIM Hand grip strength (HGS) has been proposed as an indicator of nutritional status that is objective, requires minimal assessor training and is quick to administer, making it attractive for use in the acute setting. This study aimed to determine the discriminatory ability of impaired HGS to screen for malnutrition in an older hospital population and assess the added value of combining this with existing screening tools.

METHODS Measures were undertaken during acute admission in patients ≥65 years admitted to general surgical wards. Impaired HGS was defined as a mean value below the lower limit of the 95% CI of population norms and observed HGS standardised as a percentage of this value. Nutritional risk was assessed using the Malnutrition Screening Tool (MST) and malnutrition defined as Patient-Generated Subjective Global Assessment (PG-SGA) rating B or C. Discriminatory ability of impaired HGS to identify malnourished patients was tested using the area under the receiver operating characteristic curve (AUC).

RESULTS Seventy-five patients (mean age: 74.0 (SD 6.7) years, 60% male) were recruited. Impaired HGS did not accurately identify malnutrition (AUC (95% CI): 0.41 (0.25-0.58), P < 0.001), nor did it improve discriminatory ability of the MST (AUC (95% CI), MST: 0.83 (0.71-0.95), P = 0.32; MST/HGS combined: 0.68 (0.51-0.86), P = 0.035). CONCLUSIONS HGS was not found to be suitable in screening older inpatients for malnutrition during admission to surgical wards. As such, screening for nutrition risk using an existing validated tool to identify patients for further in-depth nutritional assessment by an appropriately trained clinician remains the preferred method.

Title: Dietary management of older people with diabetes.

Citation: British journal of community nursing; May 2018; vol. 23 (no. 5); p. 248-251

Author(s): McClinchy, Jane
Abstract: Diabetes UK's revised nutrition guidelines for the prevention and management of diabetes, published recently, encourage education in self-management and include additional guidance for older people with diabetes. The incidence of diabetes in older people is increasing. Many older people with diabetes are healthy and mobile, and live in the community, but a number are frail and living in care homes. Those who are frail are at increased risk of malnutrition from a range of causes. Older people with diabetes should be assessed for malnutrition risk and referred to a dietitian if required. Management of these patients focuses on foods that are high in protein and energy foods. A case study gives an example of how a community nurse may be involved.

Title: Clinical application of the basic definition of malnutrition proposed by the European Society for Clinical Nutrition and Metabolism (ESPEN): Comparison with classical tools in geriatric care.

Citation: Archives of gerontology and geriatrics; 2018; vol. 76 ; p. 210-214

Author(s): Sánchez-Rodríguez, Dolores; Annweiler, Cédric; Ronquillo-Moreno, Natalia; Tortosa-Rodríguez, Andrea; Guillén-Solà, Anna; Vázquez-Ibar, Olga; Escalada, Ferran; Muniesa, Josep M; Marco, Ester

Background: Malnutrition is a prevalent condition related to adverse outcomes in older people. Our aim was to compare the diagnostic capacity of the malnutrition criteria of the European Society of Parenteral and Enteral Nutrition (ESPEN) with other classical diagnostic tools.

Methods: Cohort study of 102 consecutive in-patients ≥70 years admitted for postacute rehabilitation. Patients were considered malnourished if their Mini-Nutritional Assessment-Short Form (MNA-SF) score was ≤11 and serum albumin <3 mg/dL or MNA-SF ≤ 11, serum albumin <3 mg/dL, and usual clinical signs and symptoms of malnutrition. Sensitivity, specificity, positive and negative predictive values, accuracy likelihood ratios, and kappa values were calculated for both methods: and compared with ESPEN consensus.

Results: Of 102 eligible in-patients, 88 fulfilled inclusion criteria and were identified as "at risk" by MNA-SF. Malnutrition diagnosis was confirmed in 11.6% and 10.5% of the patients using classical methods, whereas 19.3% were malnourished according to the ESPEN criteria. Combined with low albumin levels, the diagnosis showed 57.9% sensitivity, 64.5% specificity, 85.9% negative predictive value, 0.63 accuracy (fair validity, low range), and kappa index of 0.163 (poor ESPEN agreement). The combination of MNA-SF, low albumin, and clinical malnutrition showed 52.6% sensitivity, 88.3% specificity, 88.3% negative predictive value, and 0.82 accuracy (fair validity, low range), and kappa index of 0.43 (fair ESPEN agreement).

Conclusions: Malnutrition was almost twice as prevalent when diagnosed by the ESPEN consensus, compared to classical assessment methods: Classical methods: showed fair validity and poor agreement with the ESPEN consensus in assessing malnutrition in geriatric postacute care.

Title: Low Food Intake In Hospital: patient, institutional, and clinical factors.

Citation: Applied physiology, nutrition, and metabolism = Physiologie appliquée, nutrition et metabolisme; May 2018
Author(s): Curtis, Lori J; Valaitis, Renata; Laur, Celia V; McNicholl, Tara; Nasser, Roseann; Keller, Heather H

Abstract: In-hospital malnutrition and inadequate food intake have been associated with negative outcomes (e.g., prolonged length of stay, readmission, mortality, and increased hospital costs). Studies examining factors associated with low food intake in hospital, commonly defined as consuming ≤50% of meals, have produced mixed results. We examined the correlates of food intake including patient socioeconomic, demographic, and health characteristics, institutional factors, and common clinical strategies in 1129 medical patients from five Canadian hospitals. Low food intake was found in 35% of patients; 41% of females and 29% of males (p<0.001). Neither sex, socioeconomic status, demographics, nor diagnoses were significantly related to food intake in multivariate analyses. Patients assessed as malnourished (SGA B/C) (OR 2.41 p=0.003) or assessed not at risk of malnutrition (OR 1.67 p=0.040) were more likely to have low intake than those assessed as well-nourished (SGA A). Patient reports of mealtime challenges (OR 2.70 p<0.001) and barriers to food intake (OR 1.11 p=0.008) were positively related to low intake over study sample. Higher SF-12 Mental Component Summary scores were related to better food intake (OR 0.98 p<0.001). Clinical strategies such as between meal snacks lowered the likelihood of low food intake (OR 0.55 p=0.037), while a group of 'other strategies' increased the odds (OR 2.77 p=0.001). The results offer a better understanding of the correlates of in-hospital low food intake. The conclusion discusses some avenues to improve food intake in the clinical setting such as better mealtime monitoring and reducing barriers to food intake.

Sources Used:
The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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