

# Malnutrition increases risk of prolonged hospital stay

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Hospital patients admitted with malnutrition or who don't eat for several days are at greater risk of a prolonged hospital stay, according to a study published in CMAJ (*Canadian Medical Association Journal*).

The study, by Italian researchers, involved 1274 adults admitted to hospital for medical or surgical treatment. Patients who were bedridden, admitted for same-day surgery or procedure, or admitted for palliative care were excluded. Fifty-two patients died in hospital and 149 patients stayed less than three days.

"Compared with the patients who had a length of stay of at least three days, patients who died in hospital were more likely to have a lower [body mass index](#), to be at nutritional risk, to experience unintentional weight loss both before admission and during their hospital stay, and to have more severe diseases, malignant neoplasms and a greater number of comorbidities," writes Dr. Riccardo Caccialanza, Nutrition and Dietetics Service, Fondazione Policlinico San Matteo, Pavia Italy, with coauthors.

Patients suffering from malnutrition at admission had a 65% greater risk of a prolonged hospital stay, ranging from 7-22 days compared with a 4-13 day length of stay in those not at risk.

The researchers note that the link between in-hospital weight loss and prolonged hospitalization is unsurprising. "Different factors contribute to weight-loss during hospital stay, such as the underlying disease, the catabolic stress related to surgical interventions, insufficient oral intake

or fasting, as well as the inappropriate management of the nutritional problems of the patients."

"We observed a strong association between nutritional risk at admission and prolonged length of stay in hospital among ambulatory adult patients," write the authors. "Clinicians should be aware of the potential impact of malnutritional status deterioration in prolonging hospitalization not only in critical bed-ridden patients, but in all hospitalized patients potentially requiring nutritional support."

In a related commentary, Ms. Ursula Kyle and Dr. Jorge Coss-Bu write "nutritional risk continues to be unrecognized and undertreated in clinical practice." Routine screening of all patients is not always done at [hospital](#) admission, and nutritional support is often not started for undernourished patients at high nutritional risk."

The cost of treatment for patients at nutritional risk has been estimated at 20% higher than the average cost of treating the same disease in a patient without nutritional risk. Addressing the nutritional status of patients will result in better clinical outcomes and help contain health care costs, conclude the commentary authors.

Provided by Canadian Medical Association Journal

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