

Survey finds 'significant gap' in detection of malnutrition in Canadian hospital patients

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A new survey of Canadian physicians shows a "significant gap" between optimal practices to detect nutrition problems in hospitalized patients and what action is actually taking place.

The survey, conducted by the Canadian Malnutrition Task Force, looked at physician attitudes and perceptions about identifying and treating nutrition issues among hospitalized [patients](#). The startling findings of the survey were published today in the OnlineFirst version of the *Journal of Parenteral and External Nutrition (JPEN)*, the research journal of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.).

The survey found that large percentages of doctors believe that nutrition assessments should be done with patients upon admission (87 percent), during hospitalization (86 percent), and at discharge (78 percent). However, actual assessments completed were much lower, at 33 percent upon admission, 41 percent during hospitalization, and 29 percent at discharge.

A similar disparity was also found when it came to weighing hospitalized patients. Although doctors believe that weighing patients should happen upon admission (97 percent), during hospitalization (86 percent), and at discharge (81 percent), only 54 percent of patients were weighed upon admission, 25 percent during hospitalization, and nine percent at discharge.

Further, while the vast majority of doctors believed that nutrition

requirements should be taken into account during ward rounds and that patients at risk for [malnutrition](#) should receive ongoing monitoring, the actual implementation of these practices was well below the rates considered optimal.

"Malnutrition among hospitalized patients can adversely affect health care outcomes, including prolonged [hospital](#) stays, higher readmission rates, and increased mortality" said Peggi Guenter, PhD, RN, A.S.P.E.N.'s Senior Director of Clinical Practice, Quality, and Advocacy. "This study should serve as a wakeup call – not just for clinicians in Canada, but for all clinicians. Malnutrition in [hospitalized patients](#) is a global problem. We have similar issues with diagnosing and coding for malnutrition here in the United States."¹

Malnutrition in hospitals is linked to multiple factors, including failure to recognize malnutrition, inadequate resources, poor quality or accessibility of food, and prolonged fasting for medical procedures. In addition, doctors receive little in the way of nutrition training in medical school or residency training, making them less likely to recognize [nutrition](#)-related issues.

The survey reflects data collected from 11 academic and seven community hospitals across Canada from July 2010 to February 2013 with more than 400 responding physicians.

More information: ¹ Corkins MR, et al. Malnutrition Diagnoses in Hospitalized Patients: United States, 2010. *JPEN J Parenter Enteral Nutr* February 2014 38: 186-195. pen.sagepub.com/content/38/2/186.full

Provided by American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)

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