

Not eating enough in hospital—risk factors are the same all over the world

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Not eating enough in hospital: risk factors are the same all over the world .
Credit: Medical University of Vienna

Inadequate food intake and malnourishment in sick people is an area of concern for health policy and Public Health and one which impacts upon

the social economics of countries with both high and low incomes.

"Ensuring that patients receive adequate nutrition should therefore be part of an holistic treatment plan," explains Karin Schindler, nutritional expert at MedUni Vienna's Department of Medicine III. Morbidity and mortality rates are up to 8-times higher in malnourished patients: in some cases this prolongs the time they need to spend in hospital.

Schindler: "On the other hand, we must bear in mind that 50 – 60% of patients do not eat all of a meal that is offered and this reduced food intake is rarely offset by nutritional care."

Hospitalisation associated with a much smaller appetite

The researchers from MedUni Vienna have now investigated the factors (and their pattern) that influence the food intake of patients on a specific day, nutritionDay, and the healthcare structures that are relevant to nutrition in 91,245 hospitalised patients throughout the world and have published the results in the leading magazine the *American Journal of Clinical Nutrition*.

The central finding: the factors of "reduced mobility", "unintentional weight loss" and "patient has not eaten enough over the previous week" signify an increased risk of eating less. Women are more frequently affected than men and very young and very old people more so than people aged between 40 and 79 years. These four factors are practically of equal importance everywhere – even in the USA where patients generally come into hospital with a higher Body Mass Index. The pattern is always the same: illness goes hand-in-hand with a reduced appetite.

Schindler: "If any one of these factors is identified, alarm bells should ring." The eating patterns of these patients should be monitored and they should be supervised and advised, say the MedUni Vienna experts.

"The excuse that patients often give that "I am ill so I'm not eating," or even "that's good, at least I'm losing weight" are not acceptable and are bad for their prognosis. These risk groups need special attention."

This special attention must be incorporated into the holistic treatment plan. Schindler: "Firstly patients' eating behaviour should be systematically evaluated on admission to hospital. The simple questions are quick to ask and easy to answer. It should be explained to [patients](#) why it is important to eat. It might also be worth considering structural adaptations, such as the possibility of offering smaller portions or highly nutritious snacks between meals or special individual meals. In addition to that, it can be helpful to involve relatives in encouraging them to eat."

More information: K. Schindler et al. To eat or not to eat? Indicators for reduced food intake in 91,245 patients hospitalized on nutritionDays 2006-2014 in 56 countries worldwide: a descriptive analysis, *American Journal of Clinical Nutrition* (2016). [DOI: 10.3945/ajcn.116.137125](https://doi.org/10.3945/ajcn.116.137125)

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