

Malnutrition linked to poor outcomes for hospitalized IBD patients

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For hospitalized inflammatory bowel disease (IBD) patients,

malnutrition contributes to readmission, mortality, length of stay (LOS), and health care costs, according to a study published online Jan. 13 in *Alimentary Pharmacology and Therapeutics*.

Anoushka Dua, M.D., from the David Geffen School of Medicine at UCLA in Los Angeles, and colleagues conducted an [observational study](#) to examine trends in protein-calorie malnutrition (PCM) among hospitalized IBD and non-IBD patients using data from the Nationwide Readmissions Database from 2010 to 2018. Data were included for 1,216,033 patients (1,820,023 hospitalizations) with Crohn disease, 832,931 patients (1,089,853 hospitalizations) with [ulcerative colitis](#), and 240,488,656 patients (321,220,427 hospitalizations) without IBD.

The researchers found that the likelihood of having PCM was 2.9 to 3.1 times higher for admitted IBD patients versus non-IBD patients. The risk for readmission and [mortality](#) was increased for IBD patients with PCM, and they had longer LOS and higher hospitalization costs. A reduced risk for readmission was seen in association with nutrition support (parenteral and enteral), but mortality was higher, LOS was increased, and total hospitalization costs were elevated.

"The potential benefit of nutrition support must be considered in the context of another finding of this study: an association between nutrition support in malnourished IBD inpatients with longer lengths of stay and increased hospitalization costs," the authors write. "This, similar to the association between nutrition support and increased mortality, may suggest that those who receive nutrition support are inherently more ill and thus require longer stays, which in turn increases the cost of hospitalization."

One author disclosed financial ties to the biopharmaceutical industry.

More information: Anoushka Dua et al, Impact of malnutrition and

nutrition support in hospitalised patients with inflammatory bowel disease, *Alimentary Pharmacology & Therapeutics* (2023). DOI: [10.1111/apt.17389](https://doi.org/10.1111/apt.17389)

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