



Clinical Digest

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Nutritional Support Benefits Elderly Outpatients

Providing elderly patients with extended nutritional support after they're discharged from the hospital can have both health and economic benefits, according to a 3-month study by researchers at the VU University Medical Center in Amsterdam, The Netherlands.

The researchers note that the elderly are at risk for disease-related malnutrition, which is linked to rehospitalizations, complications such as slow wound healing, and death. Oral nutritional support (ONS) has been shown to shorten hospital stays as well as improve patients' ability to function.

The researchers of the current study say cost-effectiveness studies of ONS in the community are lacking. Thus, they designed an intervention

to find out whether the cost of ONS would be offset by the reduced costs of hospitalization and other health care use.

Of 210 patients, half were assigned to a control group that was given usual care, that is, nutritional support only on prescription by the doctor and no postdischarge nutritional support. The intervention group received standard nutritional support beginning in the hospital and continuing for 3 months after discharge. The support included an energy- and protein-enriched diet in the hospital; 2 additional servings of an oral nutritional supplement during the entire study; vitamin D and calcium supplements; and telephone counseling by a dietician.

The primary outcome measures were quality of life (QOL), physical activities (eg, frequency and duration of walking outdoors) and functional limitations (eg, climbing stairs and

getting up from a chair). Complete follow-up data were available for 68 control and 75 intervention patients.

At 3 months, patients in the intervention group improved significantly compared with the control group; they could dress themselves and climb stairs. The changes in physical activities or QOL were not statistically significant; the researchers say 3 months may not have been long enough to capture changes in those areas.

Direct and indirect health care costs were roughly the same for both groups. The researchers say the incremental cost of the intervention could be considerably reduced in the future by, for instance, using house brands sold in the supermarket as opposed to industry brands sold in the hospital pharmacy. ●

Source: Neelemaat F, Bosmans JE, Thijs A, Seidell JC, van Bokhorst-de van der Schueren MAE. *Clin Nutr.* 2012;31(2):183-190.
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