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CONTINUITY OF NUTRITION CARE

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THE POWER OF CONCERTED EFFORTS AGAINST MALNUTRITION

The European Nutrition for Health Alliance

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Nutrition & Healthcare Alliance

Amsterdam UMC
University Medical Centers

Acute hospitalization in older persons: connecting hospital and home

prof.dr. Bianca Buurman, professor of acute geriatric care Amsterdam UMC




Outcomes of older persons after acute hospitalization

30-days post-discharge:

- 15-20% readmitted

Three months post-discharge

- 20-30% functional decline
- 20-30% died

(Boyd et al, 2008, Buurman et al, 2011, Crotty et al 2013 , Magaziner et al, 2000)

Factors contributing to poor hospital outcomes

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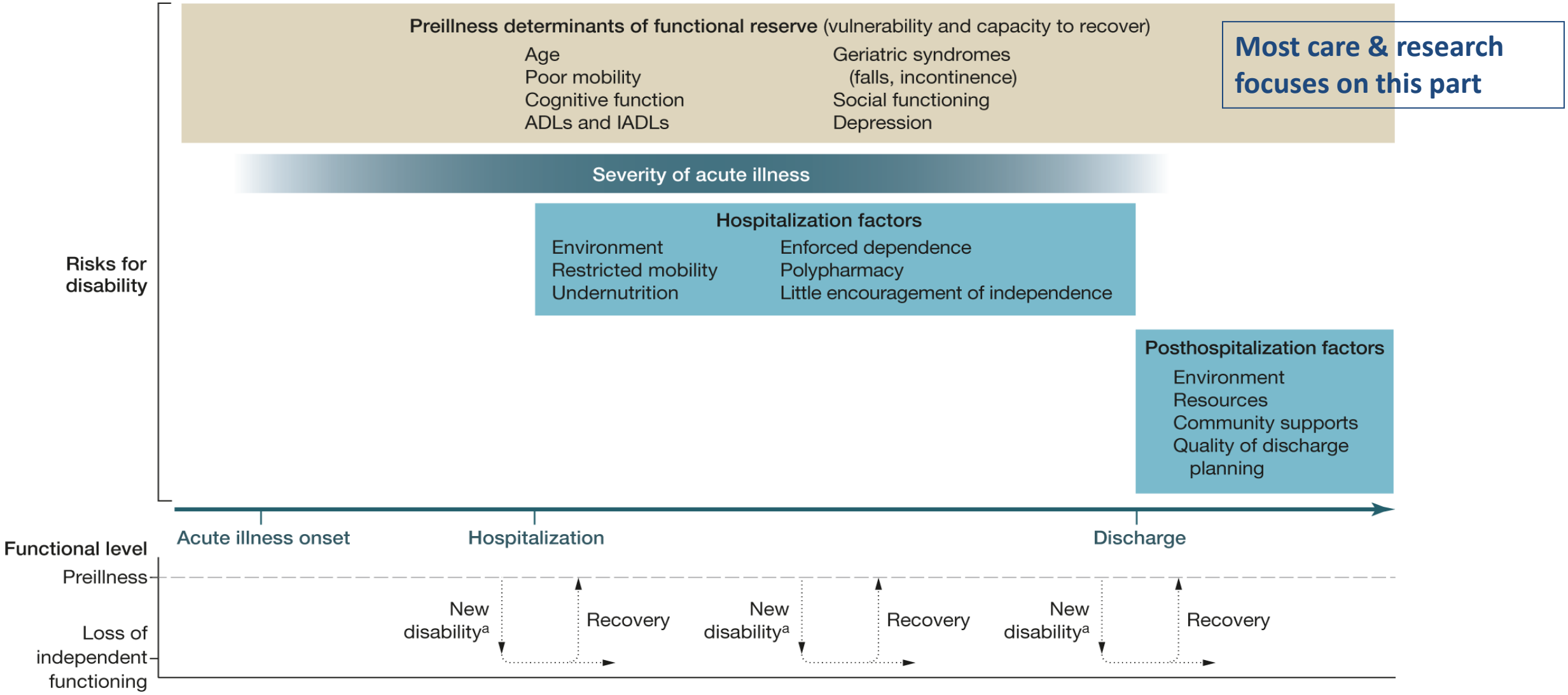

Covinsky et al, 2011, JAMA

Original Investigation

Comprehensive Geriatric Assessment and Transitional Care in Acutely Hospitalized Patients

The Transitional Care Bridge Randomized Clinical Trial

Bianca M. Buurman, RN, PhD; Juliette L. Parlevliet, MD; Heather G. Allore, PhD; Willem Blok, MD, PhD; Bob A. J. van Deelen, MD; Eric P. Moll van Charante, MD, PhD; Rob J. de Haan, RN, PhD; Sophia E. de Rooij, MD, PhD

IMPORTANCE Older adults acutely hospitalized are at risk of disability. T comprehensive geriatric assessment (CGA) and transitional care presen

OBJECTIVE To test whether an intervention of systematic CGA, followe care bridge program, improved activities of daily living (ADLs) compare alone.

DESIGN, SETTING, AND PARTICIPANTS This study was a double-blind, mu clinical trial conducted at 3 hospitals with affiliated home care organizat Netherlands between September 1, 2010, and March 1, 2014. In total, 1(patients were eligible, 674 (63.0%) of whom enrolled. They were 65 ye hospitalized to a medical ward for at least 48 hours with an Identificatic Risk–Hospitalized Patients score of 2 or higher, and randomized using p stratified by study site and Mini-Mental State Examination score (<24 v

- 25% lower 6-month mortality rate (25% vs 31%)
- Reduction in length of stay
- Lower costs
- Reduction of medication errors
- No improvement in functioning

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Unravelling the potential mechanisms behind hospitalization-associated disability in older patients; the Hospital-Associated Disability and impact on daily Life (Hospital-ADL) cohort study protocol

Lucienne A Reichardt [1], Jesse J Aarden [2] [3], Rosanne van Seben [4], Marike van der Schaaf [5] [6], Raoul H H Engelbert [7] [8], Jos A Bosch [9], Bianca M Buurman [10] [11]; Hospital-ADL study group

Affiliations + expand

PMID: 26945587 PMCID: PMC4779575 DOI: 10.1186/s12877-016-0232-3

Free PMC article

Loss of appetite and outcomes

- 51%, 34% and 28% experiences loss of appetite at admission, discharge and one-month postdischarge

- Associated with lower muscle strength and lower mobility skills

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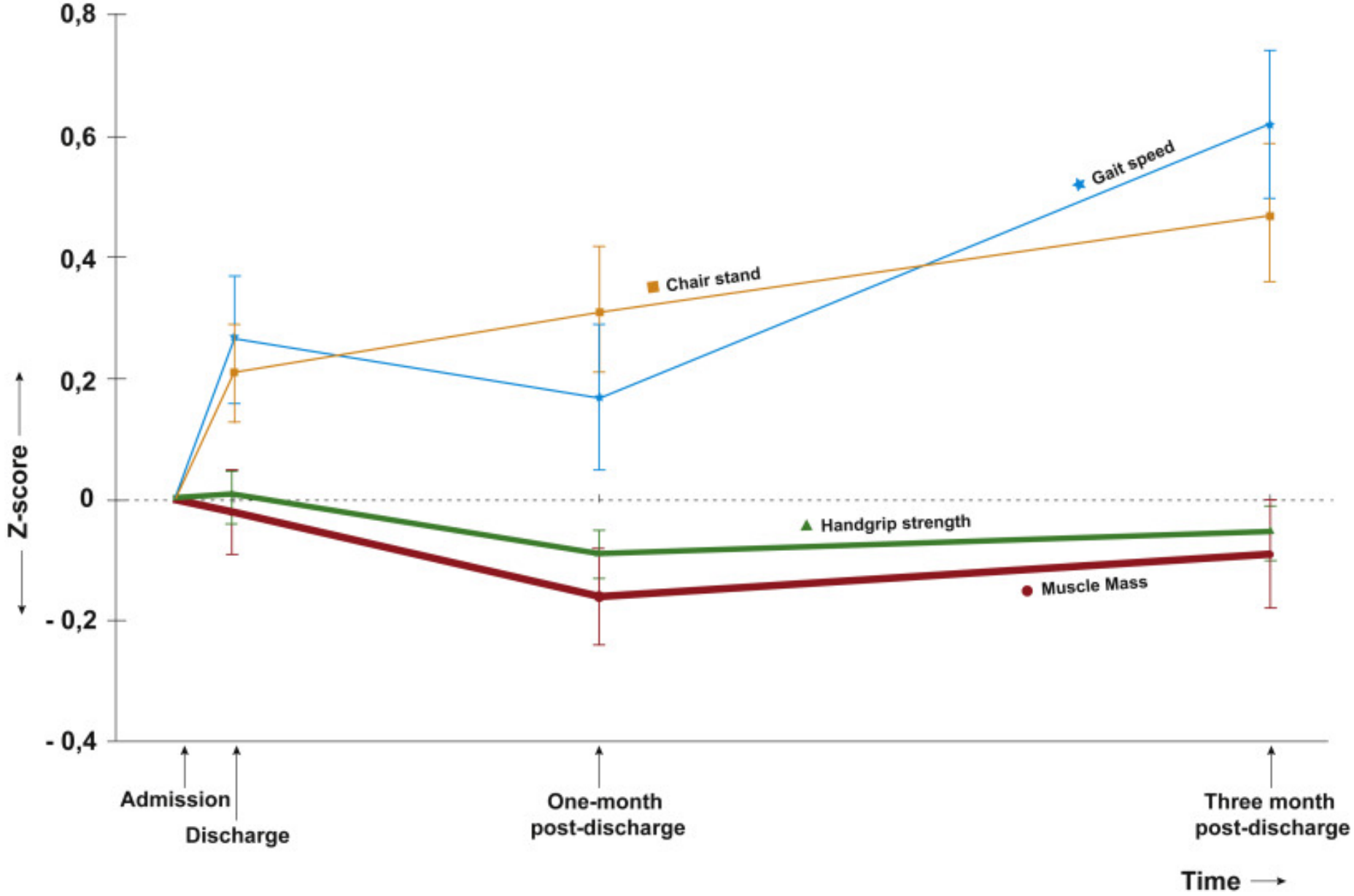

Aarden et al, 2020, JAMDA

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At three months postdischarge

- 80% of older adults are below the tresholds for muscle mass
- 18% for muscle strength
- 43% for physical performance

- Nutrition and exercise need to be targeted during and after discharge

How to design effective exercise and nutrition interventions?

Transitional care definition

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Goal	Ensure safe transitions between hospital and home Minimize hospital readmissions **Recovery in daily functioning** **Quality of life**
Duration	Time-limited (max 1 year)
Target group	Chronically-ill older adults
Timing of interventions	During hospitalization and at least until 30-days post-discharge **And also from nursing home to home after rehabilitation**

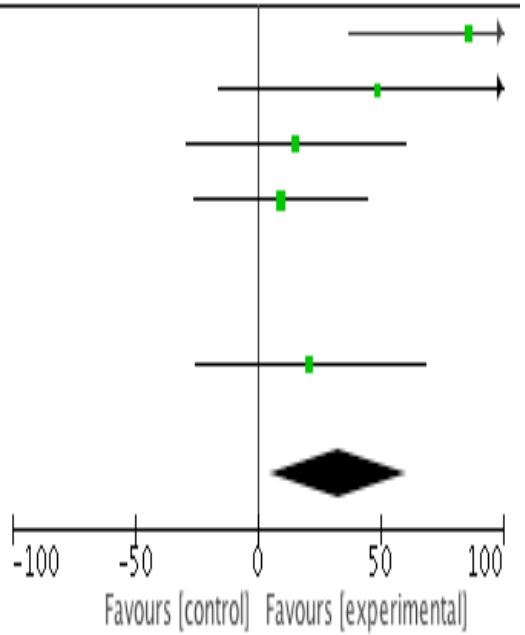
Naylor et al, Health affairs, 2011

Effectiveness home rehabilitation after hospitalization: improvement on 6 minutes walk test

Study or Subgroup	Experimental Mean [Meters]	Experimental SD [Meters]	Experimental Total	Control Mean [Meters]	Control SD [Meters]	Control Total	Weight	Mean Difference IV, Random, 95% CI [Meters]
Davidson 2010	361.2	132.34	50	274.98	106.6	42	19.2%	86.22 [37.38, 135.06]
Eaton 2008	362	119	19	313	126	45	13.3%	49.00 [-15.95, 113.95]
Ko 2011	328.77	85.22	25	313.23	76.79	26	21.2%	15.54 [-29.04, 60.12]
Li 2015	347.6	63.71	32	338.3	76.25	29	26.3%	9.30 [-26.16, 44.76]
Oerkild 2011	346.6	0	36	375.9	0	39		Not estimable
Oerkild 2012	244.4	0	17	336	0	21		Not estimable
Song 2013	333.5	79.2	20	312.17	72.1	20	20.0%	21.33 [-25.61, 68.27]
Total (95% CI)			199			222	100.0%	33.04 [4.88, 61.21]

Heterogeneity: $Tau^2 = 456.99$; $Chi^2 = 7.26$, df = 4 (P = 0.12); $I^2 = 45\%$

Test for overall effect: Z = 2.30 (P = 0.02)

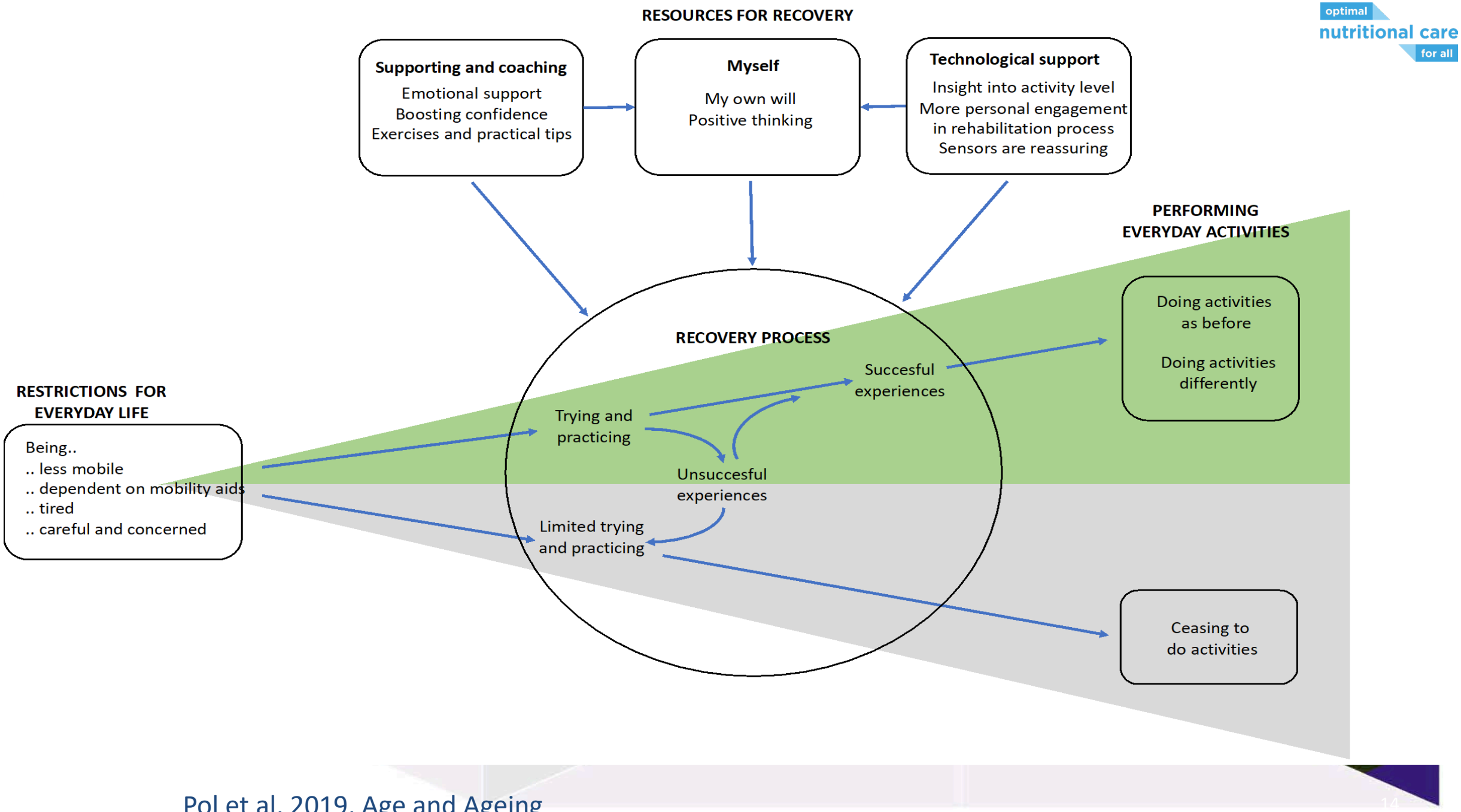


L Verweij et al, 2019, Arch Phys Med Rehabil

Content of the interventions

- Not well described: replicablity minimal
- No good information on FITT criteria
- No mention of attention for nutrition

➔Real need to develop better guidelines on how to train effectively and how to address restricting symptoms



Pol et al, 2019, Age and Ageing

Collaboration between nurses, doctors and paramedics is essential to improve outcomes

These programs should focus on the hospitalization period and the period post-discharge