Abstract

Objective: 1) To assess the nutritional status of able elderly, institutionalized at a nursing home; 2) To propose the required nutritional interventions; 3) To establish a consensus protocol for nutritional assessment and follow-up at the Center.

Method: Cross-sectional study on all able residents, carrying out: 1) Mini Nutritional Assessment Test; 2) Anthropometrical assessment; 3) Biochemical assessment; and 4) an additional questionnaire (gathering information on dental prostheses, swallowing difficulties, and special diets or oral supplements). Analysis of these data to implement appropriate recommendations and elaborating a nutritional protocol.

Results: The mean age of the 50 residents assessed was 84 years [66-97], mean weight 62 kg [35-87], mean height 154 cm [140-175], mean body mass index 26 [15.6-36], mean tricipital fold 18.1 mm [4-36], and mean muscle arm circumference 20.6 cm [14.7-27.1]. By using the Mini Nutritional Assessment Test we identified 3/50 (6% [95% CI: 1-16]) malnourished residents, and 6/50 (12% [95% CI: 4-24]) residents at risk for malnourishment. The body mass index allowed to identify 11/50 (22% [95% CI: 11-35]) overweight residents —body mass index 27-29—, 10/50 (20% [95% CI: 10-33]) with grade I obesity —body mass index 30-35 — and 1/50 (2% [95% CI: 0-10]) with grade II obesity —body mass index > 35—. None of them presented values below the 5th percentile for both the tricipital fold and the muscle arm circumference. Values above the 95th percentile were found in 10/50 (20% [95% CI: 10-33]) residents for the tricipital fold and in 7/50 (14% [95% CI: 5-26]) for the muscle arm circumference, both criteria being present in 3 residents. In all of them the body mass index mayor was > 27. When analyzing the biochemical parameters, the results were not concordant, since laboratory workups analyzed were not always done at the same time as the interview. After analyzing the data obtained, a nutritional assessment and follow-up protocol was elaborated in collaboration with the physicians in charge of the Center, in which five categories were defined according to the nutritional status.

Conclusions: 1) 3/50 malnourished residents were identified, 6/50 at risk for malnourishment, and 22/50 with overweight. 2) We proposed the performance of a whole laboratory work-up in these residents, reviewed their dietary habits in order to correct them or prescribe oral supplements, and recommended adapted physical exercise. 3) A nutritional assessment and follow-up protocol was elaborated.
Keywords