



Impact of family practitioners on elderly nutrition intervention in nursing home

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Declaration of Interest

The study was performed within a Korean Nursing Home (Koria Marisol, Sevrán)

Enriched units were prepared by Sodexho

GP's participation was without conflict of interest (usual practice)



Introduction

Undernutrition in elderly is a public health problem and remains a key challenge in nursing home.

In the elderly, undernutrition causes or worsens a state of frailty and/or dependency, and contributes to the development of morbidities. It is also associated with a worsening of the prognosis of underlying diseases and increases the risk of death.

The prevalence of protein-energy malnutrition increases with age. It is 4 to 10 % in elderly persons living at home, 15 to 38 % in those in institutional care, and 30 to 70 % in hospitalized elderly patients.



Methodology

We performed a prospective study of enriched food intake prescription in elderly having undernutrition defined by at least the following criteria:

- a weight loss within 1 month $\geq 5\%$,
- BMI $< 21 \text{ kg/m}^2$,
- albumin $< 35\text{g/L}$ with a CRP $< 10 \text{ mg/L}$.

The aims were

- To demonstrate a weight gain within a 3 month supplementat
- To implement a systematic undernutrition detection,
- To define a procedure for enriched food intake



Methodology

enriched food unit had 10 g of proteins and 150 Kcal and was prepared by a Cuisine Chef with the recommendations of a Nutritionist.

Depending on the severity of undernutrition, 1 to 3 units per day were prescribed.

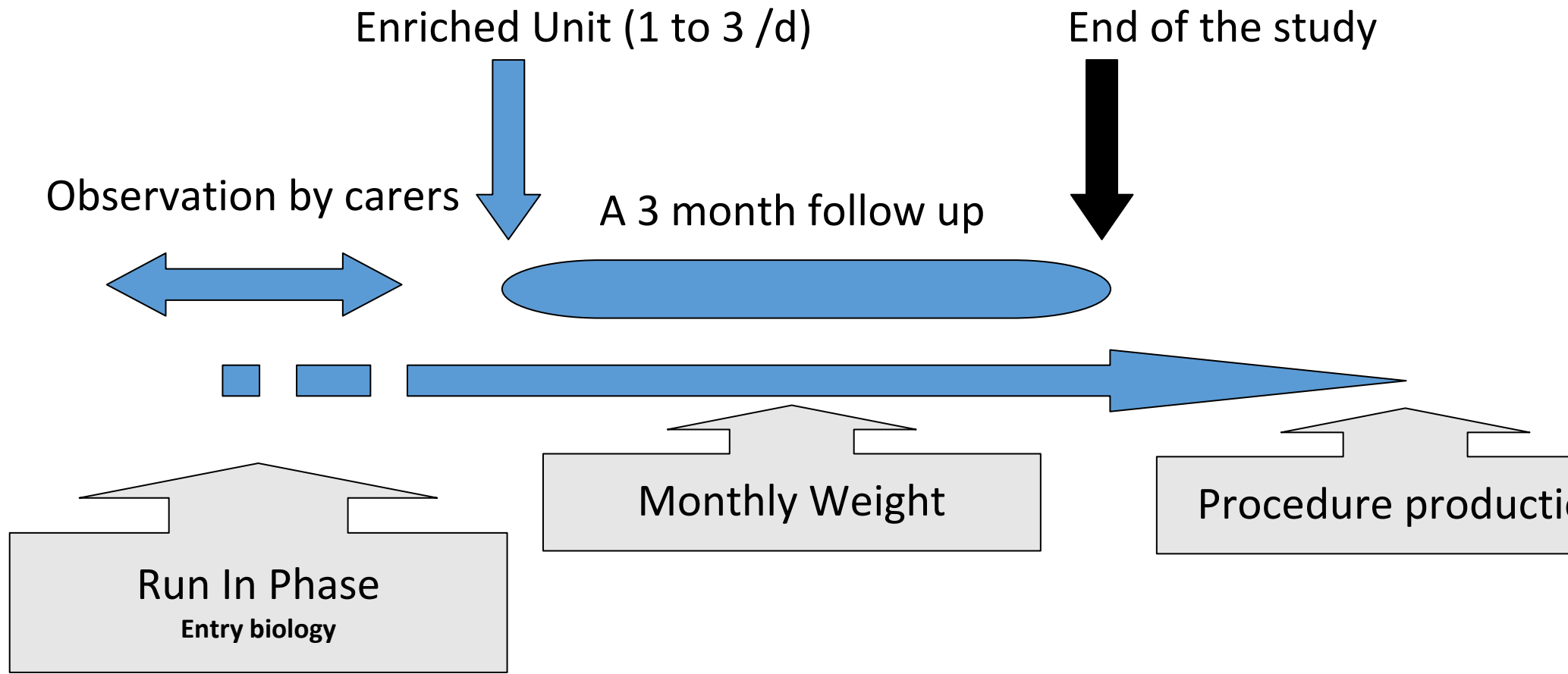
Residents' preferences were taken into account by nursing home staff to determine the optimal moment of meal for enriched food unit provision with

The week run-in period consisted in observing the food consumption patterns (breakfast, 10 am and 4 pm snacks, lunch, and dinner),

the optimal moment for enriched food intake was determined for each



Methodology





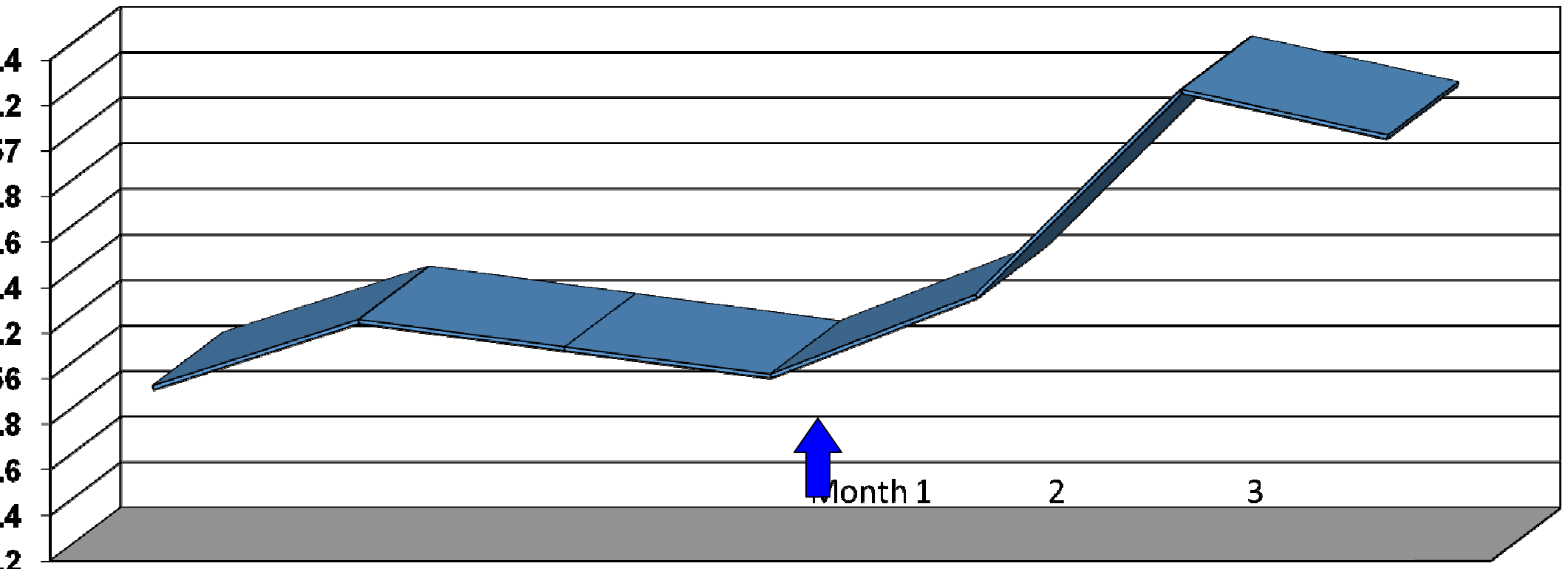
Results

	Control(n=40)	« Enriched »
Age (yo \pm sd)	88,09 \pm 7,3	90,93 \pm 6,0*
Sex	84,8 %	86,2 %
• GIR (autonomy scale)		
• 1-2	46,7	85,2**
• 3-4	37,8	11,1
• 5-6	15,6	3,7
• Food serving		
• A	40,9	10,3
• B	15,9	27,6
• C	43,2	62,1*
• Eating		
• A	75,0	44,0



Results

Weight (g)



Enriched programme

*



Results

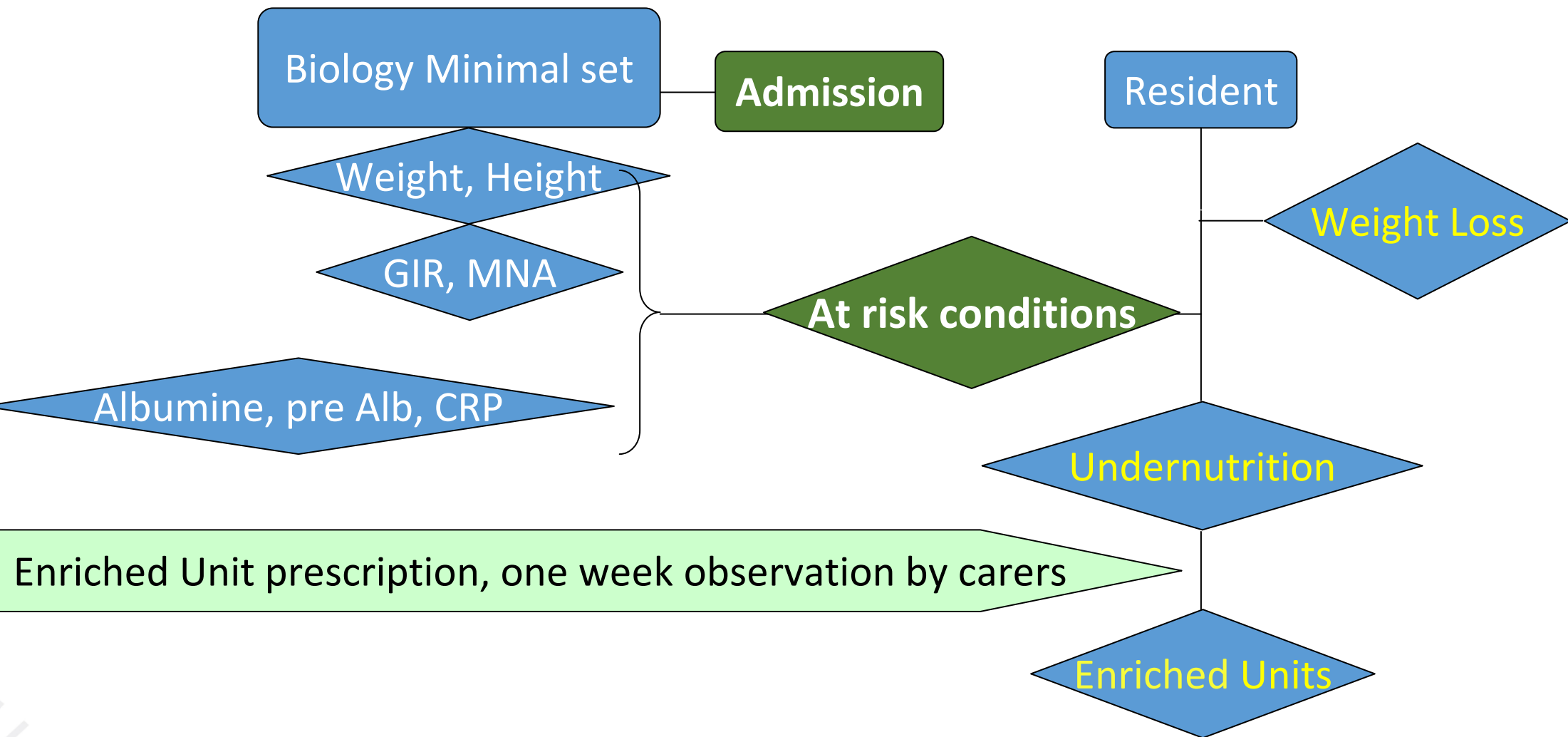
35/75 (46%) elderly in our nursing home having undernutrition included:

- They were significantly older (90.93 ± 6 vs 88.09 ± 7.3 yo) ,
- With less autonomy (85.2% vs 46,2% having high scores of dependency (GIR 1 and GIR 2 from the French AGGIR scale defining the loss of autonomy in Elderly)
- And with needs of feeding (27.6% vs 6.8%).

Weight gain was significant at 1 month (+1,49Kg, $p=0.49$) and at 3 months (+1,47Kg, $p=0.02$) under enriched food intake

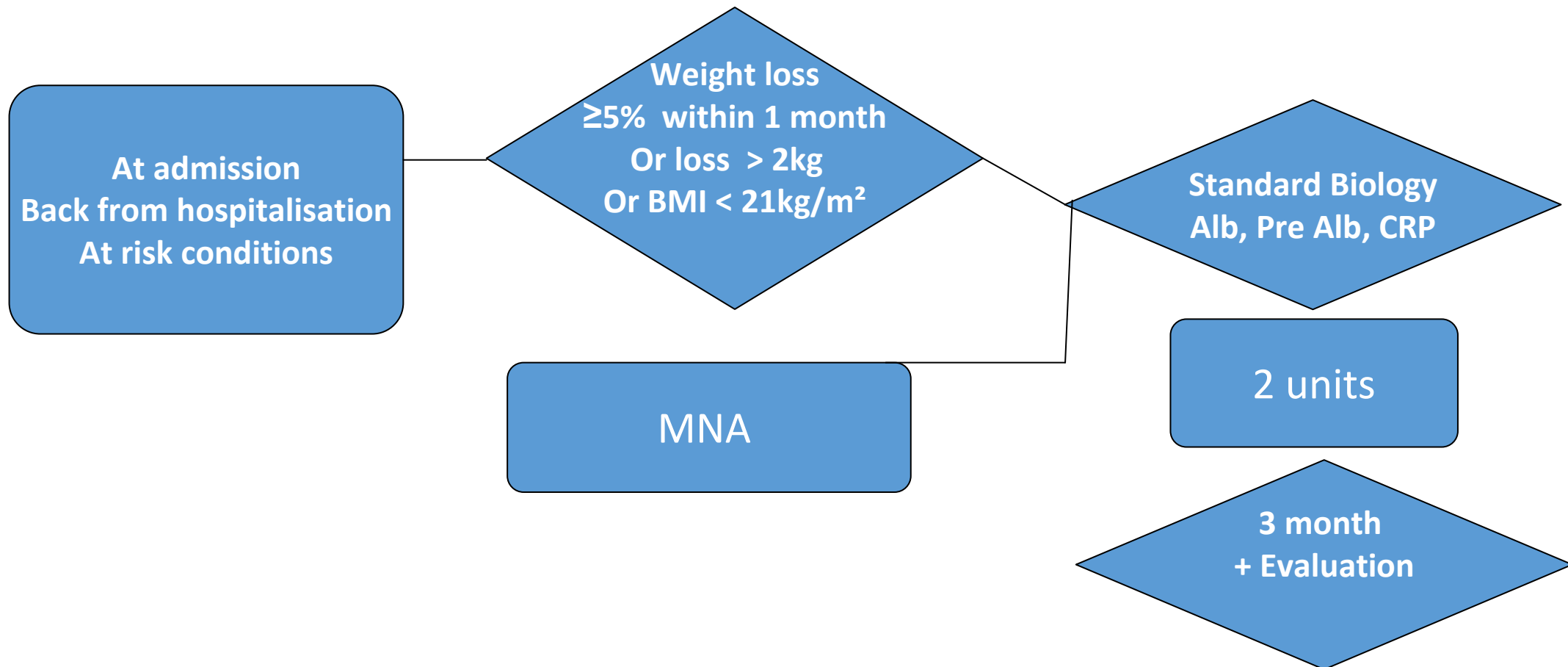


Procedure: Decision Process by Consensus





Implementation into Routine Protocol





Discussion

Undernutrition is frequent in nursing home, a simple protocol of enriched food intake has a rapid impact on weight gain, with an important learning process for practice changes:

-By Carers

- To detect reduction of food intake during meals and at other situations (infection, recent loss of autonomy...)
- To weight systematically any resident
- To provide prescribed Enriched Units at adequate meal times (supplementation agenda)

-By Physicians, family practitioners

- To prescribe biology (Albumin, pre-albumin, CRP)



Discussion: EBM to EBP



Evidence

- ONS, Nutritional Supplementation
- Guidelines
- Outcomes

Preferences

- Acceptance
- Moment

Experiences

- Detection
- Prescription
- Evaluation
 - Food intake
 - Outcomes



Conclusion

Undernutrition is frequent in Nursing Home

Involvement of family practitioners is essential

Existing protocol and good care practices are necessary for a day management for Professional carers.

A duration of 3 month of enriched food units is recommended routine.

EBM to EBP: Bridging the gaps