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Hospital-Acquired Malnutrition in Adults: An Overlooked Threat to Patient Recovery

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Introduction

Hospital-acquired malnutrition (HAM) in adults is a significant yet often under-recognized healthcare issue with wide-reaching effects on patient outcomes, hospital costs, and healthcare systems. It refers to the development or worsening of malnutrition during a patient's hospital stay, typically caused by inadequate nutritional intake, increased metabolic demands, or both. Despite occurring in facilities meant for healing, malnutrition often remains undiagnosed and untreated, impacting recovery, prolonging hospital stays, and raising the risk of complications.

Prevalence and acceptance

Studies suggest that 20% to 50% of hospitalized adults are malnourished or at risk of becoming malnourished, yet up to 60% of cases go undetected. This disconnect is partly due to inconsistent screening practices and a general underappreciation of the importance of nutrition in clinical care.

Malnutrition can develop or worsen during hospitalization for several reasons:

- Reduced appetite due to illness or medication side effects.
- Fasting for tests or surgeries.
- Inadequate hospital food intake.
- Increased metabolic needs from infection, trauma, or surgery.
- Lack of nutritional screening and follow-up.

Implications of hospital-acquired malnutrition

The effects of HAM are profound, affecting nearly every aspect of patient care and outcomes. Majorly, they include:

a) **Increased morbidity and mortality:** Malnourished patients have a higher risk of infections, poor wound healing, and complications such as pressure ulcers and respiratory failure. They are also more likely to be readmitted or die within 30 days of discharge.

b) **Extended length of stay:** HAM can significantly prolong hospitalization. Malnourished patients often require longer recovery periods and additional interventions, which strains healthcare resources.

c) **Higher healthcare costs:** Longer hospital stays, increased complications, and readmissions lead to greater healthcare expenditure. One study estimated that malnutrition-related hospital costs in the U.S. exceed $15 billion annually.

d) **Impaired functional status:** Loss of muscle mass and strength (sarcopenia) associated with malnutrition impairs mobility and independence, especially in older adults, increasing the need for rehabilitation or long-term care after discharge.

HAM risk factors

While any hospitalized adult can develop malnutrition, the below groups are at higher risks:

- Older adults.
- Patients with chronic illnesses (e.g. diabetes, hypertension, cancer, COPD, heart failure).
- Individuals with gastrointestinal disorders.
- Patients with cognitive impairments.
- Those undergoing major surgery or trauma.

Diagnosis and assessment

For prompt management it is important to detect HAM early. To ensure this, best practices employed include:

I. Nutrition screening within 24 - 48 hours of admission using validated tools (e.g. SGA, MUST, NRS-2002).

II. Comprehensive nutrition assessment by a registered dietitian if screening indicates risk.

III. Monitoring of weight, dietary intake, lab markers (e.g. albumin, prealbumin), and physical signs (e.g. muscle wasting).

Although, traditional markers like albumin are now seen as nonspecific, the current guidelines emphasize on a multifaceted assessment rather than reliance on lab values alone.

Mitigation and management strategies

a) **Implementing routine screening:** Hospitals should mandate routine nutrition screening for all patients upon admission and periodically during their stay.

b) **Involving a multidisciplinary team:** Dietitians, nurses, physicians, and speech-language pathologists (for swallowing issues) must collaborate to address nutritional needs.

c) **Tailoring nutritional support:** This may include:

- Fortified meals or oral nutritional supplements.
- Enteral (tube feeding) or parenteral nutrition for patients unable to eat.
- Adjusting meal schedules and preferences to enhance intake.

d) **Educating healthcare providers:** Staff training on the importance of nutrition and recognizing signs of malnutrition is essential.

e) **Monitoring and reassessing:** Patients' nutritional status, especially if their clinical condition changes.

Policy and accreditation considerations

National and international bodies like the World Health Organization (WHO) and Joint Commission have recognized malnutrition as a critical component of patient safety and quality care. Hospitals may face financial penalties or lose accreditation if they fail to implement proper nutritional care pathways.

Conclusion

Hospital-acquired malnutrition in adults is a preventable yet frequently assumed regardless of the consequences. Timely identification, comprehensive assessment, and management through coordinated care is essential to mitigating its impact. Elevating the role of nutrition in hospital protocols supports patient recovery, reduces costs and improves overall healthcare quality. Addressing HAM should be a top priority for any institution committed to holistic, patient-centered care.

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