

Nutritional Risk Is Associated with Earlier Death in Older Service Users with Common Chronic Diseases

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Objectives: The objective of the study was to investigate associations of nutritional risk with mortality in older service users with common chronic diseases.

Methods: We used data from 2017–2018 in national registries in Norway (KPR and NPR) to investigate associations of nutritional risk with six months mortality in a cohort of service users ≥ 65 years ($n = 45,701$, mean age 83 years (range 63–106)) with common chronic diseases (COPD, heart failure, osteoporosis, stroke, type 2 diabetes or dementia). Nutritional risk status of the service users was assessed using validated screening tools recommended in the Norwegian guideline on

prevention and treatment of malnutrition (either MNA or MUST). We applied Cox regression models to analyse associations of nutritional risk with death in service users with the six chronic diseases. The analyses were done on diagnose specific strata, and adjusted for age, gender and living situation (i.e., living with others vs living alone).

Results: Of the 45,701 service users, 27,160 (59%) were at nutritional risk and 7,269 (16%) died within six months. Service users that were at nutritional risk had increased risk of death compared to service users not at nutritional risk (20% vs 10%). Adjusted Hazard Ratios (HR) were 2.26 (95% confidence interval: 1.95, 2.61) for service users with COPD, 2.15(1.93, 2.41) for heart failure, 2.37(1.99, 2.84) for osteoporosis, 2.07(1.80, 2.38) for stroke, 2.65(2.30, 3.06) for type 2 diabetes and 1.94(1.74, 2.16) for service users with dementia.

Conclusions: Nutritional risk in older service users with common chronic diseases was strongly associated with earlier death. The finding warrant increased attention to prevention and treatment of malnutrition in community health services.

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