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In conclusion subjects included in this study with better nutritional status and nutrient intakes had better lung function. Hence, early identification of malnutrition by screening, assessment with timely nutrition intervention in COVID 19 subjects by fueling of deficits in nutrient intake may preserve lean body mass, improve nutritional status, avoid deterioration of lung function due to malnutrition thus leading to a probable positive prognosis of the disease.

References

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ASSESSING THE RELATIONSHIP BETWEEN MALNUTRITION AND LENGTH OF STAY IN THE HOSPITAL IN PATIENTS WITH COVID 19

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Malnutrition is a particularly serious problem, which indicates a poor outcome in terms of morbidity, quality of life, length of stay in the hospital and mortality¹.

This study was conducted to assess the relationship between malnutrition and hospitalized duration in patients with COVID-19².

Variable	Group	No malnutrition	Malnutrition	Chi-square/ t/Z value	P value
Age	<65 years	71(62.3%)	10(40.0%)	4.186	0.041
	≥65 years	43(37.7%)	15(60.0%)		
Sex	Male	62(54.4%)	10(40.0%)	1.700	0.192
	Female	52(45.6%)	15(60.0%)		
CRP	>93%	98(86.0%)	22(88.0%)	2.604	0.107
	Yes	6(5.3%)	3(12.0%)		
PCT	≤10 mg/L	106(93.0%)	20(80.0%)	0.684	0.101
	>10 mg/L	8(7.0%)	5(20.0%)		
IL-6	≤0.05 ng/ml	58(50.9%)	15(60.0%)	0.742	0.408
	>0.05 ng/ml	56(49.1%)	10(40.0%)		
WBC	≤7 pg/ml	91(79.8%)	18(72.0%)	3.820	0.389
	>7 pg/ml	23(20.2%)	7(28.0%)		
LC	≤3.49 × 10 ⁹ /L	4(3.5%)	4(16.0%)	0.051	0.047
	>3.5 × 10 ⁹ /L	110(96.5%)	21(84.0%)		
WBC	<1.1 × 10 ⁹ /L	12(10.5%)	7(28.0%)	3.928	0.047
	>1.1 × 10 ⁹ /L	102(89.5%)	18(72.0%)		
		15.67±6.26	27.48±5.04	8.820	0.001

An epidemiological study was conducted where in total 250 COVID hospitalised patients from 3 hospitals in MultiSpeciality hospitals in urban setting were included in the study from December 2020 to April 2021 with mean age 59 ± 8.8 yrs. Nutritional assessment on admission was done using the “Global leadership Initiative on Malnutrition (GLIM)” assessment tool.

In accordance with the GLIM criteria, patients were divided into 2 groups-well-nourished and under nourished. On comparing the two groups, under nourished patients had a longer hospitalization time (16.36±5.81 days versus 31.04±6.91 days, P = 0.001). Kaplan-Meier analysis showed patients with malnutrition were more likely to be hospitalized longer compared to those with normal nutrition. Elderly patients in malnutrition group were higher than in well-nourished group, and similar pattern was seen with higher proportion of diabetics (22.8% versus 56%, p= 0.002), the proportion of low lymphocytes was higher (14.0% versus 34.4%, p=0.047), the neutrophil/lymphocyte ratio (NLR) was higher (1.88[1.15, 2.29] versus 2.39[1.81, 4.20], p=0.001).

The current findings revealed that malnutrition played a role in predicting the likelihood of prolonged hospitalisation in COVID-19 infection patients, who should be given special attention and precautions throughout clinical treatments. Malnutrition assessment in inpatients with nutritional risk thus is important and nutritional support treatment should be started as soon as possible.

References

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AN AUDIT TO EVALUATE ADHERENCE TO THE NATIONAL STANDARD FOR DIETETIC ASSESSMENT OF PATIENTS WITH OESOPHAGO-GASTRIC CANCER

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The nature of oesophago-gastric cancers is such that patients diagnosed frequently present with a high burden of symptoms which has both a direct and indirect impact on an individual's dietary intake and nutritional status and if these are not addressed in a timely way, the implications of these can be far reaching, from affecting patients in their day to day life to affecting clinical treatment and outcome¹⁻³.

In April 2019, NHS England released new national guidance to support implementation of rapid diagnostic and assessment pathways for oesophago-gastric cancer⁴. Within this timed pathway a recommendation is made that patients are seen by a Specialist Dietitian within 7 days of diagnosis.

A prospective audit was conducted to assess current compliance delivered by the current Specialist Dietitian job role. Data was collated over a 12 month period between 1st September 2019 and 31st August 2020. Data was obtained from multiple sources including multidisciplinary team meetings minutes, clinic lists and Dietitian activity data.

Within the audit time frame, 189 patients were diagnosed with oesophago-gastric cancer. Of these, 29 patients were excluded from the audit for a number of reasons including being an inpatient at the time of diagnosis and already under the care of the ward Dietitian, or subsequently referred following the multi-disciplinary team meeting. Of the remaining 160 patients diagnosed with oesophago-gastric cancer, 155 (96.9%) were seen by the Specialist Dietitian within 7 days of diagnosis. The longest wait for the five patients not seen within the 7 day time frame was 13 days. The reasons for delay were related to no cross cover for leave. For those not seen by the Specialist Dietitian at their appointment, these patients are contacted by the Specialist Dietitian either by telephone or seen at a subsequent appointment.

In spite of the time period including the first national lockdown, this audit provides assurance that within the limits of being a sole practitioner the majority of patients diagnosed with oesophago-gastric cancer received