Prevalence of Nutritional Risk in Older People not Institutionalized

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Abstract

Cross-sectional descriptive pilot study carried out with a survey technique with the objective of determining the prevalence of nutritional risk and malnutrition by the community nurse in people aged 65 and over residing at home who regularly attended the nursing consultation or were included in a chronic home care program and who agreed to participate in the study voluntarily. The sample was accidental, non-probabilistic for convenience with inclusion/exclusion criteria.

All participants were administered the Barthel to obtain a functional assessment, the Pfeiffer questionnaire to determine the cognitive situation and the Mini Nutritional Assessment, a questionnaire specifically designed for the elderly population, both institutionalized and outpatient, to identify situations of malnutrition or nutritional risk.

The analysis of results shows a high prevalence of nutritional risk, highlighting the need to carry out nutritional screening and preventive interventions to prevent the person at risk of malnutrition from becoming malnourished.

Keywords: Nutritional Risk, Malnutrition, Screening, Seniors.

Introduction

Aging is a complex, natural and universal phenomenon, which is accompanied by physiological, psychological and social changes. It begins approximately in the fourth decade of life with a decrease in strength of around 1% per year and accelerates as the years go by [1].

With a life expectancy in Spain of 85.8 years in women and 80.3 in men, the aging of the population entails nutritional risks [2]. The data recorded on the incidence of malnutrition in non-institutionalized elderly people place it between 5 and 8%, and it reaches 32% if the risk of malnutrition is also considered [3].

Disease-related malnutrition (DRE), generally secondary to insufficient nutrition resulting from physiological problems, such as loss of taste and/or smell, alteration of chewing and/or swallowing, and psychosocial factors such as loneliness, isolation and depression, among others, which favor the development of frailty, sarcopenia, immunosuppression and cardiorespiratory and gastrointestinal dysfunction, and also cause alterations in muscular, cognitive and immune function [4-6]. In addition, the willingness to carry out basic activities of daily living is reduced, muscle strength and endurance decreases, the risk of falls, fractures and illness increases, as well as the tendency towards dependency and withdrawal. social isolation [7].

Nutritional care, considered an influential factor in the health of people, and especially those of older age, must be part of nursing activities in all areas of care, aimed at preventing malnutrition and frailty. Addressing this reality is crucial for the sustainability of the health system [8].

Aim

Determine the prevalence of nutritional risk and malnutrition by the community nurse.

Method

Cross-sectional pilot study carried out with a survey technique in the last quarter of 2023 in the population of four Primary Care canters in Madrid. People aged 65 and over have participated, who live at home, are included in a chronic home care program and agreed to participate voluntarily. Convenience sampling was carried out with inclusion and exclusion criteria.

The Mini Nutritional Assessment (MNA) was applied to all participants in those over 65 years of age for nutritional screening, the Barthel to obtain a functional assessment and the Pfeiffer questionnaire to determine the cognitive situation [9, 11]. Data collection was carried out in the consultation itself or at the person's home after signing the informed consent by the participants or their legal representative, guaranteeing the confidentiality of the data in compliance with the Organic Law on Data Protection (15 /1999).

Age, sex, type of cohabitation, recent widowhood, nutritional status and type of diet ingested were considered study variables.

Results

Of the 102 participants, 29% were men and 71% were women, with a mean age of 81.02 years (standard deviation = 80.32; min = 67 and max = 94). It stands out that 19% of women were over 90 years old, while there were no men over 86 years old (graph 1). The global prevalence of nutritional risk/malnutrition was 60%, with 59% in women and 1% in men. In the range of 70 to 89 years, the highest prevalence of nutritional risk/malnutrition is observed, reaching 50%, with 36.3% in women and 13.7% in men (graph 2).
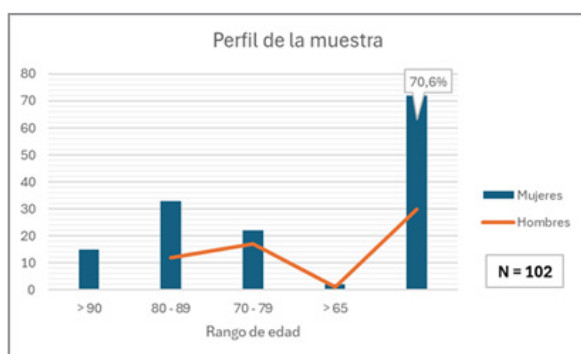
Graph 1
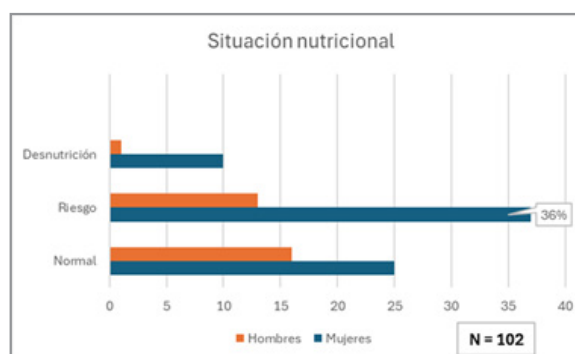
Graph 2

A high prevalence of nutritional risk is evident, highlighting the need for nutritional screening and preventive interventions.

Conclusions

The prevalence of malnutrition and/or risk found makes it necessary to implement nutritional screening in the care of older adults in all socio-health settings to detect and address malnutrition early.

Awareness-raising and, consequently, the inclusion and performance of nutritional screening in systematized care plans are fundamental in the community nurse's service portfolio and its application would contribute to improving the aging-nutrition-quality of life relationship.

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