The primary objective of this study was to explore the difference in the composite end point of readmission rate or mortality rate between hospitalized veterans with and without malnutrition” Hiller et al (2016).

Abstract:

Background: Previous studies have demonstrated an association between malnutrition and poor outcomes. The primary objective of this study was to explore the difference in the composite end point of readmission rate or mortality rate between hospitalized veterans with and without malnutrition.

Materials and Methods: This was a retrospective chart review comparing veterans with malnutrition based on a modified version of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition consensus characteristics that used 5 of the 6 clinical characteristics to a matched control group of nonmalnourished veterans based on age, admitting service, and date of admission who were admitted between August 1, 2012, and December 1, 2014. Data were extracted from the medical record. Multivariate analysis was used to identify predictors of outcomes.

Results: In total, 404 patients were included in the final analysis. All end points were found to be statistically significant. The malnourished group was more likely to meet the composite end point (odds ratio , 5.3), more likely to be readmitted within 30 days (OR, 3.4), more likely to die within 90 days of discharge (OR, 5.5), and more likely to have a length of stay >7 days (OR, 4.3) compared with the nonmalnourished group. Length of stay was significantly longer in the malnourished group, 9.80 (11.5) vs 4.38 (4.5) days.

Conclusion: Malnutrition was an independent risk factor for readmission within 30 days or death within 90 days of discharge. Malnourished patients had higher rates of readmission, higher mortality rates, and longer lengths of stay and were more likely to be discharged to nursing homes.
Reference:


doi: 10.1177/0148607116668523

Thank you to our partners for supporting IVTEAM