



Canadian  
Malnutrition  
Task Force™

le Groupe de  
travail canadien  
sur la malnutrition<sup>MC</sup>

A Précis of the publication: *Prevalence and predictors of weight change post discharge from hospital: a study of the Canadian Malnutrition Task Force*

H. Keller, M. Laporte, H. Payette, J. Allard, P. Bernier, D. Duerksen, L. Gramlich and K. Jeejeebhoy, *EJCN* advance online publication, 22 February 2017; doi:10.1038/ejcn.2016.277

In other papers reporting the results from the Nutrition Care in Canadian Hospitals (NCCH) study we learned that being malnourished and consuming  $\leq 50\%$  of food provided increased a patient's length of stay (LOS) even when other important variables such as age and diagnoses were considered; and that handgrip strength, a measure associated with nutritional status, predicted readmission. This study aimed to determine the factors associated with a patient's nutritional status improving or worsening after they were discharged from the hospital.

#### **Key Findings:**

Telephone interviews were completed with 747 (81%) of the study participants, 30 days after discharge, using a standardized questionnaire that included self-reported weight change, assessment of appetite, use of healthcare services and support systems for food-related activities of daily living. Of the 622 participants with complete data, 26% reported weight loss (WL - 5 lbs or more), 16.7% had weight gain (WG + 5 lbs or more) and 57.2% were weight stable (WS).

- WG was associated with being younger (odds ratio (OR) 0.77), male (OR 1.7), malnourished at discharge SGA B (OR 2.13) or SGA C (OR 2.76). Those who had fair/poor appetite (OR 0.28) were less likely to gain weight.
- WL was associated with being on a special diet (OR 1.45) and reporting fair/poor appetite (OR 2.67)

#### **Clinical relevance:**

Weight change was common after discharge, with weight loss being prevalent (one in four patients), which reinforces the need to identify weight loss and to intervene. Care givers need to ask recently discharged patients about their appetite, if they require a special diet and if they have had a change in weight. If patients need to be on a special diet, it is imperative that they understand the diet and that they are able to meet their nutritional needs with adequate calories and protein. Dietitians and community service providers can provide practical strategies to patients and families to ensure the nutritional needs of the recovering patient are met in order to facilitate full recovery.

**This resource is made possible by unrestricted educational grants received in 2017**

**from our Visionary partner - Abbott Nutrition and Support partner- Nestlé Health Science.**