A description of nutrition status, using Subjective Global Assessment on the patient population followed by the Urban Health Dietitian at St. Paul's Hospital.

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Introduction

On average, 45% of acute care patients in Canada are malnourished which increases with length of stay (LOS).⁴ Patients followed by the Urban Health dietitian (UHD) at St. Paul's Hospital (SPH) in Vancouver have a high incidence of Human Immunodeficiency Virus (HIV), infectious disease (including Hepatitis C (HCV)) and substance use disorders, known to decrease nutrition status (NS).^{1,2,3} Current data on this population in an acute setting and its effect on NS is lacking. This study aims to describe the demographics and NS of patients followed by the UHD, using the Subjective Global Assessment (SGA) tool upon admission and throughout their LOS.

Methods

- Retrospective chart review between March 29 to October 12, 2018
- Descriptive analysis of:
 - demographics (age, sex, housing, HIV and HCV status)
 - parameters from SGA (intake, weight changes, symptoms affecting intake, functional capacity, metabolic requirement, physical examination, and contributing factors (cachexia and sarcopenia))
 - initial SGA scores and subsequent weekly scores

Results

Demographics of patients upon Initial Assessment (n=193)

SGA scores of the population upon initial assessment compared to transfer/discharge

Results

- 90% of malnourished patients (SGA B and C, n=52) improved NS in 1.8 weeks.
- Average LOS for all patients before transfer or discharge was 3.5 weeks.
- HCV and homelessness did not seem to impact NS

Distribution of HIV status in all patients versus SGA C patients upon admission

Discussion

Initial SGA assessments showed that 60% of patients admitted were malnourished, 15% higher than the average at Canadian hospitals.⁴ Previous research on this population in the community showed similar increased malnutrition risk.^{1,2,3} Homelessness and HCV+ did not show significant differences on NS contrary to previous studies.^{5,6} Two possibilities to explain these results are the small sample size and undefined living conditions. UHD interventions contributed to an increase in NS over the LOS. This signifies the positive impact of a dietitian on NS.

Future Direction

- Investigate impact of housing amenities on NS upon admission
- Further explore the impact of HIV treatment on the incidence of malnutrition in the inpatient population
- Study the impact of substance use disorder on NS with the inpatient population

Conclusion

- SGA and early screening to assess the NS of patients who are HIV+ are important
- Dietitian's role in improving NS over the length of stay for this patient population are important
- Patient population was 15% more malnourished upon admission compared to Canadian hospital average⁴

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