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ORIGINAL ARTICLE

Clinical and financial implications of disease-related malnutrition in a department of Internal Medicine: Prospective cohort study[☆]

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KEYWORDS

Disease-related malnutrition;
Nutritional support;
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Abstract

Background: Disease-related malnutrition is a challenge for Spanish hospitals. Our objective was to assess the feasibility and importance of establishing a nutritional screening strategy in our community.

Patients and methods: A prospective cohort study was conducted in a department of internal medicine for 3 months. The nutritional screening was conducted at admission and was repeated weekly using the Malnutrition Universal Screening Tool. We analysed the clinical data, mean stay and expenses.

Results: The study included 330 patients (53.9% men), with a mean age of 77.8 years. The mean stay was 7 days, and the Charlson comorbidity index was 5.4. At admission, the Malnutrition Universal Screening Tool detected 26.9% of patients with a risk of malnutrition. Eighteen percent of the patients with a good nutritional state developed malnutrition during the hospitalisation. The patients with initially severe malnutrition had a longer mean stay. The patients whose nutritional state worsened during the hospitalisation had a significantly longer stay (2.5 days) compared with those whose state did not worsen. These cases of malnutrition caused a cost overrun of €767 per hospitalisation (35% greater), which entailed a malnutrition-related excess expenditure of €646,419.93 annually in the studied department. The appropriate coding

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PALABRAS CLAVE

Desnutrición
relacionada con la
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Soporte nutricional;
Costes sanitarios

resulted in an increase in mean weight from 2.11 to 2.81, which represented €82,568.52 and has not been previously quantified.

Conclusion: The high prevalence and clinical and financial implications of disease-related malnutrition in patients hospitalised in internal medicine warrants establishing protocols for its early detection and treatment.

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Repercusiones clínicas y económicas de la desnutrición relacionada con la enfermedad en un servicio de Medicina Interna: estudio de cohortes prospectivas

Resumen

Introducción: La desnutrición relacionada con la enfermedad es un reto en nuestros hospitales. Nuestro objetivo fue valorar la factibilidad e importancia de establecer una estrategia de cribado nutricional en nuestro medio.

Pacientes y métodos: Estudio de cohortes prospectivo en un servicio de Medicina Interna durante 3 meses. El cribado nutricional se realizó al ingreso y se repitió semanalmente mediante la herramienta *Malnutrition Universal Screening Tool*. Se analizaron los datos clínicos, la estancia media y los gastos.

Resultados: Se incluyeron 330 pacientes (53,9% varones), con una edad media de 77,8 años; la estancia mediana fue de 7 días, y el índice de comorbilidad de Charlson de 5,4. La herramienta *Malnutrition Universal Screening Tool* detectó al ingreso un 26,9% de pacientes con riesgo de desnutrición. Un 18% de pacientes con buen estado nutricional desarrollaron desnutrición durante la hospitalización. Los pacientes con desnutrición grave inicial presentaron una estancia mediana mayor. Los pacientes cuya situación nutricional empeoró durante el ingreso tuvieron una estancia significativamente mayor (2,5 días) con respecto a los que no empeoró. Además, ocasionaron un sobrecoste de 767€ por ingreso (35% superior), lo que implica un exceso de gastos relacionados con la desnutrición de 646.419,93 € anuales en el servicio estudiado. La adecuada codificación implicó un incremento en el peso medio de 2,11 a 2,81, lo que supondría 82.568,52€, que no se habrían cuantificado previamente.

Conclusión: La alta prevalencia y repercusiones clínicas y económicas de la desnutrición relacionada con la enfermedad en los pacientes ingresados en Medicina Interna hacen recomendable establecer protocolos para su detección precoz y tratamiento.

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Background

Disease-related malnutrition (DRM) is currently a significant challenge in Spanish hospitals due to its high prevalence and its clinical and financial implications. A cross-sectional, observational multicenter study under standard clinical practice conditions assessed the presence of DRM, the incidence rate of malnutrition-associated complications, excess hospital stay and associated healthcare costs.¹ The prevalence of DRM was 23.7% at admission and increased by the time of discharge, given that 71.8% of the initially malnourished patients remained malnourished, and an additional 9.6% become malnourished. DRM was associated with increased hospital stay, especially among those patients who were admitted without malnutrition and who were malnourished at discharge, with an additional associated expenditure of 5829 € per patient.¹

In this respect, the aim of our study was to assess the feasibility and importance of establishing a nutritional screening strategy in our community and assess its implications in the context of actual clinical practice.

Patients and methods

This was a prospective cohort study conducted in a hospital ward of the internal medicine department, and all patients who were admitted from February to April 2015 were included. The study was approved by the Clinical Research Ethics Committee of the University Healthcare Complex of Leon and was conducted in accordance with the ethical code of the World Health Organization (Declaration of Helsinki).

The nutritional screening was conducted during the patient's admission by the nursing staff, who were previously

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