

Malnutrition prevalence in oncology patients over time– a regional experience.

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Background: Malnutrition in cancer patients is often unrecognised and therefore untreated, with a reported incidence of 40-80 percent among inpatient populations¹ and 26% in chemotherapy daypatients². Malnutrition can increase length of hospital stay, reduce treatment tolerance, slow wound healing, increase complications and contribute to higher mortality rates³. Goulburn Valley Health (GVH) dietitians participated in a state-wide Malnutrition in Victorian Cancer Services prevalence study in 2012 (Phase 1) and 2014 (phase II).

Aim: The aim of both phases was to assess prevalence of malnutrition risk and malnutrition status of those screened at risk for admitted and ambulatory chemotherapy day patients.

Method: The study involved dietitians consenting, screening and assessing malnutrition prevalence in cancer patients over the common data collection periods.

Results: Fifty-four patients were recruited in phase I; 47 in phase II; the majority chemotherapy day patients. Demographics and tumour streams of each phase were similar. The prevalence of malnutrition risk; determined by a score of ≥ 2 on a validated Malnutrition Screening Tool, was 48 percent in phase I compared to 13 percent in phase II. Malnutrition prevalence reduced from 42.6 to 8.5 percent. GVH dietitians were involved in nutritional care of half of phase I patients, but of those with a malnutrition diagnosis, 43 percent had no dietetic referral. In phase II, all malnourished patients had a dietetic referral, and 66 percent of patients were known to dietetics. Supportive care malnutrition risk screening increased from 73 to 100 percent.

Discussion: Dietitians are the key workforce to lead identification of malnutrition risk, malnutrition assessment and nutritional intervention. Early identification by screening can expedite appropriate nutritional management and improve patient outcomes. Over time malnutrition screening rates have increased and malnutrition prevalence declined. Dietetic interventions are more targeted to those experiencing significant nutritional decline.

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3. Peter MacCallum Cancer Centre. Nutrition Screening Audit 2009. Unpublished.