Dietary Misconceptions by carers for the malnourished elderly in residential homes

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Introduction
A 2013 malnutrition survey in Ruttonjee Hospital, showed a 34% of hospitalized elderly patients were at moderate to high risk of malnutrition. Most of these patients were referred to dietitian and nutrition intervention was provided.

Objectives
The provision of nutrition support during patients’ short hospital stay is not enough. Longer term intervention after discharge is required and nutrition support should extend into the community. To bridge the gap, the Dietetic Department planned to provide a more comprehensive nutrition information for the post discharge patients, so that carers would be more informative on the choices of food to improve the nutrition status of the elderly patients.

Methodology
In May 2014, a questionnaire was designed to survey on the knowledge of the suitable supplemental food provided by carers to the nutritional compromised elderly residing in elderly homes. Carers, patients and hospital staff were invited to the survey.

Result
A total of 111 participants responded. 64 (58%) respondents were patients and family members; 47 (42%) were hospital staff. 85 (77%) respondents would provide
supplemental food for the nutritionally compromised elderly. Soup and patient’s favourite food were the common supplemental food choices. Only 54% respondents encouraged the consumption of the nutritious soup residue. Congee and fruits were the common choice of supplemental food for elderly suffering from dysphagia. Only 54.7% patients and family thought milk was suitable for the DM or CVD patients. 65% of them chose skimmed milk. 39.5% respondents chose the more expensive specialized disease-specific nutrition product. The findings of the survey revealed that the respondents seemed to employ a healthy eating concept for the nutritional compromised. To rectify this misconception, the Dietetic Department designed 2 comprehensive nutrition information sheets for the caregiver of the discharged patients. We emphasized on a wider variety of energy and protein dense foods. Apart from savoury food, we included energy dense sugary snacks and beverages. The recommended items are easily accessible and are more economical as compared to the specialized nutrition products. Food fortification and the consumption of nutritious soup residue are encouraged. We suggested more common Chinese food items to increase interest, acceptance and familiarity. One of the nutrition information sheets contains detail calorie and protein breakdown of various nutritious snacks and drinks. This leaflet is targeted for the more intellectual health conscious carers.