

HAC 2016 ABSTRACT for Oral Presentations

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Project title

Predictors of Unintended Weight Loss in Stroke Patients on Rehabilitation

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unintended weight loss

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Introduction

Unintended weight loss (UWL) indicates body mass loss and adversely affects patient functional outcomes. UWL is common among stroke patients on rehabilitation. Currently in Tai Po Hospital (TPH), Malnutrition Screening Tool (MST) is used to screen for malnutrition risk based on patient's appetite and past weight loss, which may be useful to predict UWL. Studies have suggested other predictors for UWL, such as body mass index (BMI), dysphagia, tube feeding and patient length of stay (LOS).

Objectives

To identify the predictors of UWL in stroke patients on rehabilitation in TPH

Methodology

A retrospective chart audit on all patient records (n=48) of stroke wards admissions between 1 April and 31 September 2014. After excluding overweight patients (BMI >= 25), those deceased during hospitalization and records with incomplete data, 31 records were reviewed. Data collected included: patients' malnutrition risk, admission BMI, presence of dysphagia, and requirement of tube feeding, BW change and LOS. Chi-square test and t-test statistics were used to test for difference between groups.

Result

Of the thirty-one patients (14 women, mean age 81 years, range 57-94; 17 men, mean age 71 years, range 57-84), 58% (n=18) patients had UWL (mean weight change -4.1%). The UWL group on admission had a mean BMI 23.1,SD 2.2 kg/m² 11% (n=2) patients at risk of malnutrition, 56% (n=10) had dysphagia, 22% (n=4) requiring tube feeding, and a median LOS of 27.5 days (range 10-121). The weight stable group (n=13) on admission had a mean BMI 20.3,SD 3.4 kg/m², 15% (n=2) patients at risk of malnutrition, 46% (n=6) had dysphagia, 8% (n=1) requiring tube feeding, and a median LOS of 19 days (range 6-51). The UWL group had significantly higher admission BMI (p=0.011) and longer LOS (p=0.028). The two groups had no significant difference in percentage patients with malnutrition risk (X²=0.123, p>0.5), dysphagia (X²=1.254, p>0.1) and requiring tube feeding (X²=1.178, p>0.1). Conclusion: MST scores did not predict UWL in stroke patients. Additional factors may need to be considered such as anticipated LOS when screening for nutrition risk of stroke patients on rehabilitation. More higher BMI patients suffered weight loss in this study in contrast to common believe of higher BMI indicates lower malnutrition risk. Further study with larger sample size is warranted.