

- **26 hospitals + 2 large community nursing units**

- **3662 hospital patients**
- (>one third of total public hospital adult inpatients ex mat)

**34%**

**overall prevalence of malnutrition on admission**  
(65% high risk, 35% medium risk)

**Cancer vs no cancer:**

**44%** v 31%

**Older (>65y) vs younger adults:**

**36%** v 30%

**Admitted from other hospital vs HOME or Nursing home:**

**26%** vs 35% and 45% resp.

## Subject characteristics

Representative sample (48% of inpatients of participating hospitals)

**68%** over 65y

**31%** over 80y

**22%** reported to have cancer (1 in 5)

**1 in 7** underweight (<20kg/m<sup>2</sup>)

**1 in 4** obese (>30 kg/m<sup>2</sup>)

## Changes in Irish population that have influenced patient population and rates of malnutrition:

↑↑ **50%** more >65ys in Irish population since 2011 (last survey)

↑↑ **people developing and surviving cancer** - more in-patients with cancer.

↑↑ **obesity rates**, with overweight/obese patients representing ONE IN THREE of the 'at risk' population.

## ✓ National Clinical Guideline 22

(Nutrition Screening and use of oral nutrition support in adults in acute hospitals)

Malnutrition Screening and pathway for use of oral nutrition support became mandatory in Irish hospitals in 2020. Evidence from survey that patients in hospitals for longer and those admitted from other hospitals have LOWER rates of malnutrition - suggest positive effect of NCG22 and other food based hospital policies.

**Frailty screening** included in this survey, available for 10% of screened subjects. Lack of correlation between malnutrition and frailty risk scores attributed to use of malnutrition screening tools which do not consider muscle loss / reduced muscle function into account.

- Higher rates of malnutrition vs previous surveys explained by increase in age of patients and % with cancer.
- Lowest rates of malnutrition found in those in long stay and rehabilitation wards (20 – 21%) and those coming from other hospitals (26% vs 36%) showing that nutritional care has improved since previous surveys were conducted, and since implementation of NCG22.



% At Risk on Each Ward Type

