Malnutrition Awareness Week and ASPEN Videos

To begin my reflection, I don't think I have listened to a video or presentation without video due to my need to read lips when listening but thankfully the video had subtitles. They start the presentation with something I am aware of and is the main reason I am pursuing the career path. They mention that by 2035 there will be more adults older than 65 years old than children under 18 and while this is a financial problem, it is also a massive load to the healthcare system in a few years. This population have wide range of risk factors but as I mentioned in previous reflections, most of this age groups disease state didn't happen in their 60's but rather in their late 30's all the way to their 60's and this is why early prevention is so crucial. The lecture main points are about how older adults are at risk because of poor nutrition, but this can lead to substantial functional decline. This is also why I mention the fact that gaining muscle in the early years and sustaining or improving strength in the mid years is so crucial for the later years. The next big issue that I found astounding is that 87% nurses reported nutrition screening upon admission but only 38% reevaluated before being discharged. Also, one 6% received discharge protocol in malnourished to consume oral supplements and I have previous experience with this because my family members who are older than 60 refused for years to consume this because of the ideology behind protein supplementation and thinking it was only for athletes. They also mention home delivered meal programs, but when I did my rotation with Meals on Wheels, it was a very complex system but besides the logistics most of our clients that sopped the services were for reasons of either inadequate time or the meals didn't align with their preferences. They also mention meals being served at a community center, SNAP and food assistance program but many of these clients aren't eligible for SNAP or are not able to make the commute to a center, which leaves them usually isolated and receiving home delivered meals. Many of these protocols

work on paper, but when you involve real life scenarios it is either a logistically disaster or funding, guidelines or locations.

Another aspect of this video was malnutrition score prior to discharge and the hospitals using BMI. This is one of many faults I believe may be in the system because of a personal story of mine. My father received a liver and kidney transplant and has a BMI over 35 prior to admission but when he was discharged, he had a BMI of 22, which seems perfect, but they failed to see the muscle wasting in his arms and legs. Although we have systems in place to avoid these cases, sadly it happens but I think with videos like these 4, it could give the malnutrition problem more attention. The next speaker mentions that Medicare does not cover financial reimbursements for dietitians outside the hospital for such cases, but I would think this would be one of the most important groups. I think going back to the previous speaker and the one now, I think there should be a universal SOP adopted by hospitals for malnutrition before disc haring. During one of the studies mentioned by the speaker, I am curious about the weight change, because they talk about the patients not losing weight, but I would like to know if the lean mass went up or down in both groups, instead of just checking their weight. I think this first video was very helpful and insightful, but I think including the videos and the studies they reported would be very helpful.

The next video was the same as the last one and didn't have video or references, but I still received a lot of valuable information. They mention some 16,000 long term care facilitates and the bulk living in them are 85 or older and women. The average length of stay is 3.2 years, which was surprising to me, but they also mention the largest disease in these facilities is Alzheimer's dementia and I would assume with the data that is out there is more likely to affect women than in men, but they do not go into these details. They mention chronic disease and high BMI's but

something that always comes to mind with Americas older population chronic state is the high BMI that is tailored with lack of lean body mass and bone density. They mention some tools to address malnutrition, but I do not think they could be achieved. They mention using our typical protocols but also interviewing staff, family and to assess the environment but given the immense cost this would be, I don't think it could be done at this time. Which is an unfortunate aspect of care facilities and not having a dietitian to tend to these patients daily among other aspects that are not there. Something I was aware of but didn't know the name was visual thinking, which is the ability to observe, using critical thinking skills and visual literacy but they mention that these skills might be diminishing because of remote work, but I think covid could be a huge factor here as well. They also mention Hopkins frailty assessment and its importance in sarcopenia but something I always say is not the lifespan aspect but the health span aspect. People should not search for a long life but a long life while thriving. While growing up, I have noticed many of my friends and family who have lived a semi or long life but not a healthy span of life which limited their interaction with their families or the outside world. I think we all know from covid, that interacting with family and friends is paramount.

The next video had something that I was deeply passionate about, which was grip strength and muscle mass. I really enjoyed the information about he studies about the connections with strength and grip and lifespan, but others talk about alternatives. They make a lot of connections, but I think ultimately it comes down to the fact that is your grip strength is average or above average the likelihood of you being in good shape is a reasonable assumption. However, I think there is a multitude of variants here and to bring you back to my previous reflection, the extremities are important measures, not only for lifespan but for health span. When you are past your midlife and in your older years it is crucial to have adequate muscle mass in your

peripherals and less fat mass in your center. However, this isn't the only key and the other being functionality. I mention this because of the video addresses malnutrition in obesity but just like before it is missed more chances that it is caught because of screening. Lastly, to bring the reflection back to the very beginning, the protocols in place may not be the best or at least not standardized and while many obese patients may lose a significant amount of wight during their hospital stay, we could potentially send them home with a perfect storm waiting for them. They may not have access to proper nutrition or services and besides that they could be frail and in need of assistance to avoid falls or trauma.

The last video was about addiction and not only how it is a major problem in the United States but also how malnutrition, among other things could be at play for these patients. I am somewhat well verse in the topic of addiction and drugs, but the first speaker opened my mind to the proper terms within this population and how many of us could possibly stigmatize them without even knowing. The way that they cross examine some of the symptoms that most recreational drug users could have in relation to nutritional deficiencies that could be seen or may be missed and the way we could mitigate these from happening. The next speaker, I think did an excellent job pointing out the problems within these communities and how it is multifaceted and how they all come together. This is one reason why I did my rotation with Meals on Wheels, and while it may not directly deal with this patient population, it gave me direct insight into the daily lives of the population that is most at risk. I always quote the movie, good will hunting and how they mention you can read about anything you want but until you see it, you won't understand. I know this is about the world, but I believe that if you want to care for people, you must understand their life in a way that you are immersed into their life for a certain time. Before my internship, I spent a few days a care facilitates but I never spent this much time there and the idea

I am trying to convey is the rotation we must do and if done properly could give us a look into some of the most at risk populations and gain some key insights. I think having to watch these 4 hour or so long videos was extremely insightful, but I think as I mentioned before having a video along with the audio and references could be extremely helpful. I am well-versed on these subjects, but I want to learn more because everything is always changing and I am excited to keep learning and growing throughout this program.