Malnutrition and Modified Texture Food in Long Term Care

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INTRODUCTION

Problem: Malnutrition in Long Term Care (LTC)

Prevalence of malnutrition is estimated between 40% to 80% in North American LTC facilities1,2,4.

Specific Research Question

Is the prescription of a pureed diet, as compared to a regular texture diet, independently associated with malnutrition indicators in residents of LTC homes included in the M3 study when diverse relevant covariates are considered?

Data Collection

• Data collected by 12 highly trained personnel, 4 dental hygienists, directors of food service, and other key personnel (e.g. Dietitians)
• Data obtained from standardized procedures and measurements (e.g. health records), examinations (e.g. oral exam), and interviews with staff (e.g. nurses, food service managers)

Data Measures

Nutritional Status
• Mini Nutritional Assessment Short Form (MNA-SF) 13,14
• Body Mass Index (BMI) < 18.5 kg/m² and ≥ 25.5 kg/m²
• Minimum Data Set and Resident Characteristics 15
• Resident Chart Review

Eating and Feeding Issues
• Edinburgh Feeding Evaluation in Dementia Questionnaire (EdFED)16
• Other Eating Behaviours

Resident Level Data

Staff Level Data

Collected for 1 meal per day over 3 non-consecutive days including a weekend day
• Eating and Feeding Issues
• Quality of Eating Assistance
• Relational Behaviour Scale 17

Home and Provincial Level Data

Proportion of Commercial Food Use

Raw Food Cost Per Day Allocated to Each Resident

Specific Reasearch Question

Secondary Data Analysis

• Multiple linear/logistic regression analyses will be used to assess the independent associations of malnutrition indicators (MNA-SF score, BMI of <18.5 kg/m²) with the prescription of a pureed diet as compared to a regular texture diet
• Relevant covariates will be included (e.g. eating assistance quality, oral health, proportion of commercial food use)

Methodology

Making the Most of Mealtimes Project

Cross-sectional, multi-site study across Canada

Aim: to determine associations between inadequate food and fluid intake among residents living in LTC and the multi-level and multi-factorial causes of this intake which leads to malnutrition within this population

Goal: to improve food and fluid intake and thus malnutrition

32 LTC homes recruited
• 8 homes per province
• 4 provinces (Alberta, Manitoba, Ontario, New Brunswick)
• Convenience sampling and diversity of homes

640 participants randomly recruited
• 20 residents per LTC home
• Eligibility criteria:
  • Over 65 years
  • Resided in randomly chosen units for minimum of one month
• Exclusion criteria:
  • Medically unstable and/or short term admission
  • Required tube feeding and/or end of life care

References