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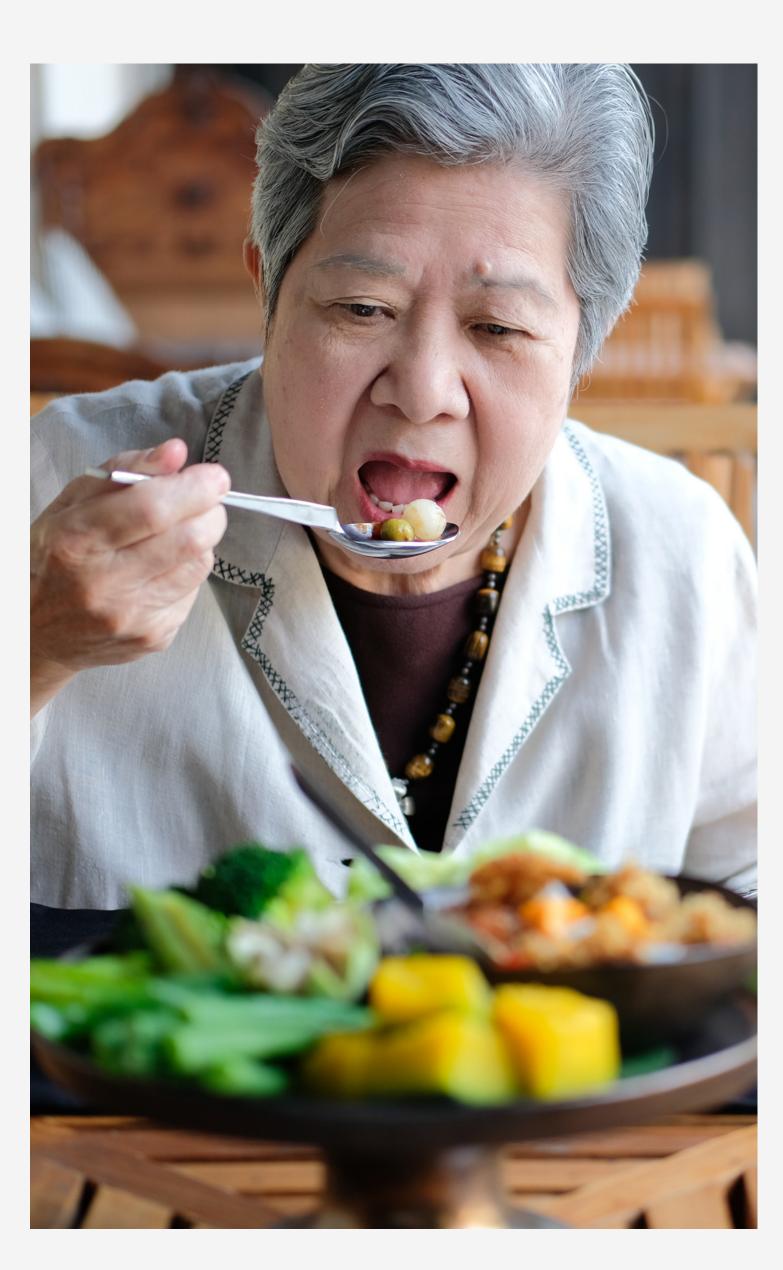
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LONELINESS WAS ASSOCIATED WITH NUTRITION RISK IN COMMUNITY-DWELLING OLDER CANADIANS AT THE END OF THE FIRST WAVE OF THE COVID-19 PANDEMIC.

BACKGROUND

- Nutrition risk is common in older Canadians.
- Nutrition risk has been linked to hospitalization, frailty, depression, and death.
- The pandemic resulted in isolation for older adults that may impact nutrition risk.

OBJECTIVE

To determine whether self-reported loneliness, mental health, and assistance with meal preparation/delivery are associated with nutrition risk in a sample of community-dwelling older adults (Hamilton, Ontario) during the first wave of the COVID-19 pandemic.

METHODS

- 1. Baseline data from a randomly recruited cohort of ≥65year-olds in a prospective longitudinal phone/online survey in summer 2020 were used in this analysis.
- 2. The associations between nutrition risk (SCREEN-8) and measures of loneliness, health, and physical function were analyzed.
- 3. Descriptive statistics and linear regression analyses were conducted.

CONCLUSIONS

- Loneliness was associated with nutrition risk in older adults during the first wave of the pandemic, but not self-reported mental health or receiving assistance with meal delivery/preparation.
- Next steps include determining whether older adults' nutrition risk changed over subsequent waves of the pandemic, and, if so, what modifiable factors, like loneliness, may be implicated.

RESULTS

272 participants had SCREEN-8 scores from 13–47 (median 35, IQR 29-40).

- Median 77 years old, IQR 72-84.
- 70% female.

Lower SCREEN-8 scores indicate more nutrition problems and risk.

Fifteen percent reported feeling lonely more than two days in the past week.

Loneliness was significantly associated with SCREEN-8.

• (β -2.92, 95% CI [-5.51, -0.34])

Those who indicated feeling lonely more frequently had lower SCREEN-8 scores, suggesting more nutrition problems.

Participants who smoked also had lower SCREEN-8 scores.

• $(\beta -3.63, [-7.07, -0.19])$

Higher SCREEN-8 scores were associated with:

- Higher education (β 2.71, [0.76, 4.66])
- Living with others (β 3.17, [1.35, 4.99])
- Higher self-rated health (β 0.11, [0.05, 0.16])
- Greater resilience (β 1.28, [0.04, 2.52])

Fair or poor mental health and receipt of meal preparation or meal delivery were hypothesized to be associated with nutrition risk but were not statistically significant.

- $(\beta 0.14, [-3.23, 2.95])$
- (β -0.22, [-2.55, 2.11])