

AUTHORS

Cindy Wei (1); Dr. Marla Beauchamp (2);
Dr. Brenda Vrkljan (3); Dr. Lora
Giangregorio (1,4); Dr. Elisabeth Vesnaver
(5); Dr. Heather Keller (1,4)

AFFILIATIONS

1. Department of Kinesiology and Health Sciences, Faculty of Health, University of Waterloo, Waterloo, ON, N2L 3G1, Canada
2. Department of Physical Medicine and Rehabilitation Sciences, Faculty of Health Sciences, McMaster University, Hamilton, ON, L8S 4L8, Canada
3. School of Rehabilitation Science, Faculty of Health Sciences, McMaster University, Hamilton, ON, L8S 4L8, Canada
4. Schlegel-UW Research Institute for Aging, Waterloo, ON, N2J 0E2, Canada
5. Ottawa Hospital Research Institute, Ottawa, ON, K1H 8L6, Canada



REFERENCES & STATEMENTS

- Ramage-Morin PL, Gilmour H, Rotermann M. Nutritional risk, hospitalization and mortality among community-dwelling Canadians aged 65 or older. Health Rep. 2017.
- Starr KNP, McDonald SR, Bales CW. Nutritional Vulnerability in Older Adults: A Continuum of Concerns. Curr Nutr Rep. 2015.
- Ramage-Morin PL, Garriguet D. Nutritional risk among older Canadians. Health Rep. 2013.

Financial support from the Labarge Centre for Mobility in Aging, McMaster Institute for Research on Aging, and the Ontario Graduate Scholarship program.

Publishing Date: April 2022. © 2022. All rights reserved. Copyright rests with the author. No part of this abstract, slides and/or poster may be reproduced without written permission from the author.

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 ≥ 65 -year-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.

- (β -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.

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