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Resources

**BMJ Best Practice**

BMJ Best Practice uses the latest evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention.

**DynaMed**

DynaMed study summaries provide brief and clinically oriented descriptions of clinical research studies, placed in context within the clinical framework. Key elements of a DynaMed study summary include the study conclusion, level of evidence rating, study type, reference, and study details.

**Trip**

Trip is a clinical search engine designed to allow users to quickly and easily find and use high-quality research evidence to support their practice and/or care. As well as research evidence we also allow clinicians to search across other content types including images, videos, patient information leaflets, educational courses and news.

**Synopses/Summaries**

*Cochrane Clinical Answers*

**What is the impact of nutritional standards on the consumption/sales of sugar-sweetened beverages in schools?** (2021)

Jane Burch, Agustín Ciapponi

Available online at this link

Reviewers identified four nutritional standard interventions aimed at decreasing consumption/sales of sugar-sweetened beverages in schools: reducing availability of these beverages; improving access to drinking water; giving small prizes (such as bracelets, pens, fancy pencils, notebooks, or toys) for selecting healthier beverages; and improving placement of healthier beverages in cafeterias.

**What is the impact of traffic-light labeling and nutritional rating scores on the consumption/sales of sugar-sweetened beverages?** (2021)

Jane Burch, Agustín Ciapponi
Moderate-certainty evidence shows that traffic-light labeling probably reduces sales of red-labeled beverages (items that should be limited/high in sugar or > 12 grams of sugar per 12 ounces) in hospitals. Reviewers identified low-certainty evidence suggesting that nutritional rating scores (0 to 3 stars; 3 most nutritious) may reduce sales of sugar-sweetened beverages in supermarkets.

### Systematic Reviews

**Cochrane Database of Systematic Reviews**

**Zinc supplementation for improving pregnancy and infant outcome** (2021)
Bianca Carducci, Emily C. Keats, Zulfiqar A. Bhutta
[Available online at this link](https://doi.org/10.1002/14651858.CD007740.pub3)

It has been suggested that low serum zinc levels may be associated with suboptimal outcomes of pregnancy, such as prolonged labour, atonic postpartum haemorrhage, pregnancy-induced hypertension, preterm labour and post-term pregnancies, although these associations have not yet been established. This is an update of a review first published in 1997 and subsequently updated in 2007, 2012 and 2015.

**Pharmacological and non-pharmacological strategies for obese women with subfertility** (2021)
Seyed Abdolvahab Taghavi, Madelon Wely, Shayesteh Jahanfar, Fatemeh Bazarganipour
[Available online at this link](https://doi.org/10.1002/14651858.CD013630.pub3)

Clinicians primarily recommend weight loss for obese women seeking pregnancy. The effectiveness of interventions aimed at weight loss in obese women with subfertility is unclear.

**Enteral zinc supplementation for prevention of morbidity and mortality in preterm neonates** (2021)
Eveline Staub, Katrina Evers, Lisa M. Askie
[Available online at this link](https://doi.org/10.1002/14651858.CD013630.pub3)

Preterm and low birth weight infants are born with low stores in zinc, which is a vital trace element for growth, cell differentiation and immune function. Preterm infants are at risk of zinc deficiency during the postnatal period of rapid growth. Systematic reviews in the older paediatric population have previously shown that zinc supplementation potentially improves growth and positively influences the course of infectious diseases. In paediatric reviews, the effect of zinc supplementation was most pronounced in those with low nutritional status, which is why the intervention could also benefit preterm infants typically born with low zinc stores and decreased immunity.

### Original Research

1. **Association between Child Undernutrition and Maternal Undernutrition: A Study in a Tertiary Care Hospital.**


   Undernutrition in children under five years remains a significant health problem in Bangladesh, despite substantial socio-economic progress and a decade of interventions aimed at improving it. Although Bangladesh has made rapid progress over the last decade in the field of health and nutrition, there has been very slow progress in improving the state of child nutrition. Studies aiming at determination of interrelationship between child undernutrition and maternal undernutrition are to be scientifically established if appropriate intervention policy is to be introduced. This study was undertaken to see whether this assumption has a statistically proven basis that maternal undernutrition influences child undernutrition.

   The objective of this cross sectional analytical study was to evaluate the association between child undernutrition and their maternal undernutrition in child-mother pair in a tertiary care hospital and was conducted from July 2017 to April 2018 in the department of General Paediatrics, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh. The study subjects were 196 children between the ages of six months to five years who were admitted in BSMMU and their accompanying mothers. Children who had any known chronic diseases or clinically obvious syndrome were excluded. Before enrollment,
parents of all the patients were informed about the study & its objectives. Anthropometric measurements of children and mothers were done by standard procedure. Demographic profile and relevant maternal information were collected by interviewing the mothers. Among the undernourished children, 17.3% were found underweight, 7.1% stunted, 16.3% wasted. Combined underweight & wasted were 34.7%, underweight & stunted 9.2%, stunted & wasted 5.1%, underweight, stunted and wasted 10.2%. Maternal undernutrition was more common (95.7%) in undernourished children group. Undernutrition was significantly higher in mothers of children with undernutrition (OR=40.75, p<0.001). Children having a better nutrition were born from mothers who were well nourished, educated, had good childcare knowledge and higher family income. This emphasized the need to provide the guideline for appropriate measure to be taken to reduce child undernutrition.

Available online at this link

2. **Chlorella.**
   Available online at this link

3. **Clinical Impact of Perioperative Oral Nutritional Treatment for Body Composition Changes in Gastrointestinal Cancer Treatment.**
   Aoyama Toru Anticancer research 2021;41(4):1727-1732.
   The standard treatment for gastrointestinal cancer is surgical resection and perioperative adjuvant treatment. Multidisciplinary treatment for gastrointestinal cancer leads to body composition changes. Body composition changes, such as skeletal muscle loss and body weight loss, during multidisciplinary treatment result in poor physical activity, severe toxicity of chemotherapy and/or radiation therapy, and poor oncological outcomes. Therefore, the hypothesis is that minimization of body composition changes during multidisciplinary treatment in gastrointestinal cancer patients, the continuation of postoperative adjuvant treatment in these patients might improve, thereby improving the oncological outcomes. Given this hypothesis, recent studies have focused on introducing perioperative oral nutritional treatment for gastrointestinal cancer patients. Thus far, oral nutritional treatment has proven promising and showed some clinical benefits for gastrointestinal cancer patients during the perioperative period. However, whether or not oral nutritional treatment has clinical benefits on the long-term oncological outcomes in gastrointestinal cancer remains unclear. To optimize oral nutritional treatment for gastrointestinal cancer patients, it is necessary to clarify the benefits of oral nutritional treatment on the long-term oncological outcomes in gastric cancer patients and establish the optimal approach to oral nutritional treatment.
   Available online at this link

4. **Consensus Report of the Academy of Nutrition and Dietetics: Incorporating Genetic Testing into Nutrition Care.**
   Personalization of nutrition advice is a process already familiar to registered dietitian nutritionists, but it is not yet clear whether incorporating genetic results as an added layer of precision improves nutrition-related outcomes. Therefore, an independent workgroup of experts, supported by the Academy's Evidence Analysis Center staff, conducted a systematic review to examine the level of evidence measuring the effect of incorporating genetic testing results into nutrition counseling and care, compared to an alternative intervention or control group, on nutrition-related outcomes. This systematic review revealed that only weak quality evidence is available in the scientific literature and observed that this field is still maturing. Therefore, at present, there is insufficient scientific evidence to determine whether there are effects of incorporating genetic testing into nutrition practice. The workgroup prepared this Consensus Report based on this systematic review to provide considerations for the practical application of incorporating genetic testing into the nutrition care process.
   Available online at this link

5. **COVID-19 Infection-Related Weight Loss Decreases Eating/Swallowing Function in Schizophrenic Patients.**
   BACKGROUNDIn older people with psychoneurological diseases, COVID-19 infection may be associated with a risk of developing or exacerbating dysphagia. The aim of the present study was to examine the relationship
between eating/swallowing function and COVID-19 infection.

METHODS

Subjects were 44 inpatients with confirmed COVID-19 infection being treated for schizophrenia in a psychiatric ward. Eating function was assessed using the Food Intake Level Scale (FILS) before and after infection. We also evaluated age, comorbidities, COVID-19 hospital stay, obesity index, weight loss rate, and chlorpromazine equivalent.

RESULTS

Subjects had a mean age of 68.86 years. Pre-infection, 20 subjects had a FILS score of 7-9 (presence of eating/swallowing disorder) and 24 subjects had a score of 10 (normal). Eating function after infection resolution showed decreasing FILS score compared to that before infection in 14 subjects (74.14 years). Six subjects (79.3 years) transitioned from oral feeding to parenteral feeding. A ≥10% weight loss during infection treatment was significantly associated with decreased eating function and a transition to parenteral feeding. Chlorpromazine equivalents, comorbidities, and number of days of hospitalization showed no associations with decreased eating function.

CONCLUSIONS

Preventing malnutrition during treatment for COVID-19 infection is important for improving post-infection life prognosis and maintaining quality of life (QOL).

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BACKGROUND AND AIM

The role of antioxidant intake in cardiovascular disease remains inconclusive. This study evaluates the association between antioxidant intake and the risk of major adverse cardiovascular events (MACE) among older Australian men.

METHODS AND RESULTS

794 men aged ≥75 years participated in the 3rd wave of the Concord Health and Ageing in Men Project. Dietary adequacy of antioxidant intake was assessed by comparing participants’ intake of vitamins A, E, C and zinc to the Nutrient Reference Values (NRV) for Australia. Attainment of NRVs of antioxidants was categorised into a dichotomised variable ‘inadequate’ (meetings of 2 antioxidants) or ‘adequate’ (meeting≥3 of 4 antioxidants). The usage of antioxidant supplements was assessed. The outcome measure was MACE. The composite MACE endpoint was defined as having one of the following: death, myocardial infarction, ischemic stroke, congestive cardiac failure (CCF), and revascularization during the period of observation. There was no significant association between dietary (HR: 1.03, 95% CI: 0.71, 1.48) or supplemental antioxidant intake (HR: 1.10, 95% CI: 0.75, 1.63) and overall MACE. However, a significant association was observed between inadequate antioxidant intake and CCF (HR: 1.32; 95% CI: 1.16, 1.50). The lowest quartile of zinc intake (<11.00 mg/d) was significantly associated with CCF (HR 2.36; 95% CI: 1.04, 5.34). None of the other antioxidants were significantly associated with CCF or other MACE components.

CONCLUSION

Inadequate dietary antioxidant intake, particularly zinc, is associated with increased risk of CCF in older Australian men but not associated with overall MACE.

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Objective: The current study was conducted to evaluate the dietary habits of the dietitians who had a leading role in this regard during the pandemic and their use of dietary supplements, functional food and herbal medicines.; Design: A cross-sectional study. An online questionnaire was used as a data collection tool to identify the participants’ socio-demographic characteristics, health statuses and dietary habits and their use of dietary supplements, functional foods and herbal medicines.; Setting: Turkey.; Participants: The study population was 550 dietitians.; Results: In the current study, the participants’ average age was 30.6 ± 9.1 years, and most of them (88-2 %) were women. More than half of the participants (88-9 %) thought that adequate and balanced nutrition would positively affect the course of COVID-19. To avoid COVID-19, 94-5 % of the dietitians used dietary supplements, 46-1 % herbal medicines and 34-9 % functional foods during the pandemic. The most commonly used dietary supplement was fish oil (81-9 %), functional food was vegetables and fruits (80-5 %) and the herbal medicine was cinnamon (63-5 %). Women’s consumption of functional foods was approximately twice higher compared with men (95 % CI: 1.048, 4.165; P < 0.05). The findings showed that the longer the dietitians were in their careers, the more functional foods and herbal medicines they used.; Conclusion: During the pandemic, dietitians’ use of foods with protective effects against diseases increased depending on their academic knowledge and experience in nutrition. The findings obtained in the current study suggest that an expert’s opinion should be obtained before using dietary
supplements and herbal medicines.

**8. Evaluation of dietary supplement, functional food and herbal medicine use by dietitians during the COVID-19 pandemic.**

**OBJECTIVE** The current study was conducted to evaluate the dietary habits of the dietitians who had a leading role in this regard during the pandemic and their use of dietary supplements, functional food and herbal medicines.

**DESIGN** A cross-sectional study. An online questionnaire was used as a data collection tool to identify the participants’ socio-demographic characteristics, health statuses and dietary habits and their use of dietary supplements, functional foods and herbal medicines.

**SETTING** Turkey.

**PARTICIPANTS** The study population was 550 dietitians.

**RESULTS** In the current study, the participants’ average age was 30·6 ± 9·1 years, and most of them (88·2 %) were women. More than half of the participants (88·9 %) thought that adequate and balanced nutrition would positively affect the course of COVID-19. To avoid COVID-19, 94·5 % of the dietitians used dietary supplements, 46·1 % herbal medicines and 34·9 % functional foods during the pandemic. The most commonly used dietary supplement was fish oil (81·9 %), functional food was vegetables and fruits (80·5 %) and the herbal medicine was cinnamon (63·5 %). Women’s consumption of functional foods was approximately twice higher compared with men (95 % CI: 1·048, 4·165; P < 0·05). The findings showed that the longer the dietitians were in their careers, the more functional foods and herbal medicines they used.

**CONCLUSION** During the pandemic, dietitians’ use of foods with protective effects against diseases increased depending on their academic knowledge and experience in nutrition. The findings obtained in the current study suggest that an expert’s opinion should be obtained before using dietary supplements and herbal medicines.

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**9. How is the client-dietitian relationship embedded in the professional education of dietitians? An analysis of curriculum documentation and program coordinators’ perspectives in Australia.**

**Aim:** How dietitians are trained to develop relationships with clients is not clearly articulated despite its importance being well-documented. This study aimed to describe how this relationship is expressed and addressed in curriculum documents of Australian dietetics education programs, and to explore program coordinators’ perspectives of this description and how relationship development is actually taught.

**Methods:** Data extracted from subject outlines included subject descriptions, learning outcomes, assessments, readings and the mode of delivery (e.g., lectures). Guided by a pre-existing coding framework, deductive thematic analysis was utilised to explore qualitative themes from subject outline data. Semi-structured telephone interviews were conducted with 10 program coordinators and analysed using inductive thematic analysis. Results: Subject outlines for 122 subjects across all 21 accredited Australian programs were analysed. The over-arching theme was the wide "variability" in the ways that the client-dietitian relationship was expressed across subject outlines. Program coordinators perceived that findings from the analysis of subject outlines made sense, however, acknowledged limitations of analysing data from curriculum documents. The relationship appeared ambiguously defined amongst programs and was described as occurring mostly in communication, counselling and medical nutrition therapy subjects and through theoretical and practical learning. Conclusion: The client-dietitian relationship appears inconsistently embedded in the curriculum of Australian dietetics education programs despite widespread acceptance of its importance to practice. Further research is needed to investigate if training programs should embed more consistent language around therapeutic relationships, and how this might be achieved to reflect current competency standards.

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**10. Interprofessional Education and Collaborative Practice in Nutrition and Dietetics 2020: An Update.**

**Available online at this link**

**11. Leucine requirements for the elderly.**

**Available online at this link**
12. **Malnutrition risk in hospitalised COVID-19 patients receiving CPAP.**
   [Available online at this link](https://www.lancet.com/articlepii/S0140-6736(21)02252-7)

13. **Nutritional Risk Screening 2002 was associated with acute kidney injury and mortality in patients with acute coronary syndrome: Insight from the REACP study.**
   BACKGROUND AND AIMSAcute kidney injury (AKI) is a common complication of acute coronary syndrome (ACS), and is associated with increased risk of morbidity and mortality. We aimed to evaluate the impact of malnutrition risk at admission assessed using Nutritional Risk Screening 2002 (NRS-2002) on AKI and mortality in patients with ACS.METHODS AND RESULTSWe enrolled 3185 ACS patients from the retrospective multi-centre study. AKI was defined as criteria of the 2012 Kidney Disease Improving Global Outcomes. Risk of malnutrition was defined as NRS-2002 score ≥3. The end points were AKI and all-cause mortality. There were 926 (29.1%) patients with risk of malnutrition and 481 (15.1%) patients complicated with AKI during hospitalisation, and 378 (12.0%) patients died during the 13.1 (8.5-20.4) months of follow-up. Patients with NRS-2002 score ≥3 had a higher incidence of AKI and all-cause mortality (P < 0.001). Multivariate logistic and Cox regression analysis showed that the adjusted odd ratios and hazard ratios of categorised NRS-2002 (<3 vs. ≥3) for AKI and mortality were 1.643 (95% confidence interval: 1.242-2.172, P < 0.001) and 2.026 (95% confidence interval: 1.491-2.753, P < 0.001), respectively. In structural equation modelling, the indirect effects of NRS-2002 on mortality via AKI were 54.1% (P < 0.001). CONCLUSIONThe risk of malnutrition assessed using NRS-2002 was useful in identifying high-risk patients with AKI and mortality, and patients with ACS may benefit from further nutritional intervention and prevention of AKI.REGISTRATION NUMBERChiCTR1900024657.
   [Available online at this link](https://www.chictr.org.cn/showprojen.jsp?projNo=ChiCTR1900024657)

14. **Predictive value of the prognostic nutritional index for the severity of coronavirus disease 2019.**
   Hu Xiang Nutrition (Burbank, Los Angeles County, Calif.) 2021;84:111123.
   OBJECTIVESMalnutrition plays a critical role in the onset and progress of the coronavirus disease 2019 (COVID-19). The aim of the present study was to explore the association of the prognostic nutritional index (PNI) score with the severity of COVID-19 and its predictive value of the severe form of COVID-19.METHODSClinical data were collected from 122 patients infected with COVID-19 and hospitalized at the Sixth People's Hospital of Wenzhou, China, a specialized infectious hospital affiliated with the Wenzhou Central Hospital. PNI score was calculated as serum albumin (g/L) + 5 × total lymphocyte count (/nL).RESULTSThe study population consisted of 105 patients (86.1%) with a common form and 17 patients (13.9%) with a severe form of COVID-19. PNI score significantly decreased from patients with common to severe forms of COVID-19 (P = .029) regardless of sex, age range, and body mass index (BMI). After adjustment for sex, age, indexes of liver and renal function, C-reactive protein, and current smoking status, PNI scores remained independently and inversely associated with the severity of COVID-19 (PNI < 49; P = .030). A receiver operating characteristic analysis showed that PNI scores had a similar accuracy to predict severe forms of COVID-19 compared with its combination with sex, age, and BMI (P = .402). PNI < 49 was defined as the cutoff value to predict the severe form of COVID-19.CONCLUSIONSPoorer nutritional status predisposed patients infected with COVID-19 to its severe form. Independently associated with the severity of COVID-19, PNI score could serve as a simple, fast, and effective predictor among patients with different sex, age, and BMI.
   [Available online at this link](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7987528/)

15. **Quality of Life Prior and in the Course of the COVID-19 Pandemic: A Nationwide Cross-Sectional Study with Brazilian Dietitians.**
   Dietitians as healthcare professionals could decrease their quality of life during the SARS-COV-2 pandemic period; therefore, this study aimed to compare Brazilian dietitians' perceptions of quality of life before and during the pandemic. This nationwide cross-sectional research aimed to evaluate Brazilian dietitians' quality of life before and in the course of the COVID-19 pandemic, using a previously validated self-administered instrument WHO-QOL-BREF in Brazilian-Portuguese. The questionnaire was composed of 26 items (four
domains) to evaluate life quality (physical, psychological, social relationship, and environment). The questionnaire also presented some sociodemographic variables and three questions about the COVID-19 pandemic. It was applied using GoogleForms™ platform (Google LLC, Mountain View, CA, USA). For the statistical analysis of data, Paired T-test, Chi-squared test, and Analysis of Variance were used. A total of 1290 Brazilian dietitians replied to the instrument. Comparing quality of life (QoL) before SARS-COV-2 (3.83 ± 0.59) and during the pandemic (3.36 ± 0.66), data was statistically different. Comparing prior and in the course of the COVID-19 pandemic, all variables and domains presented statistical differences (better before the pandemic period). Among Brazilian dietitians, the psychological health domain was the most affected. The Sars-Cov-2 pandemic negatively impacted the QoL of Brazilian dietitians since health professionals face changes in their lives because of work.

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Wang Pei-Yu Nutrition (Burbank, Los Angeles County, Calif.) 2021;84:111104.
The role of skeletal muscle mass in modulating immune response and supporting metabolic stress has been increasingly confirmed. Patients with sarcopenia, characterized by reduced muscle mass and muscle strength, were reported to have poor immune response and metabolic stress when facing acute infection, major surgeries, and other attacks. Based on empirical data, patients with sarcopenia are speculated to have increased infection rates and dismal prognoses amid the current 2019 novel coronavirus disease (COVID-19) epidemic. COVID-19 infection also aggravates sarcopenia because of the increased muscle wasting caused by systematic inflammation and the reduced physical activity and inadequate nutrient intake caused by social isolation. Notably, the interventions targeting skeletal muscle are anticipated to break the vicious circle and benefit the treatment of both conditions. We recommend sarcopenia assessment for populations with advanced age, inactivity, chronic disease, cancers, and nutritional deficiency. Patients with sarcopenia and COVID-19 infection need intensive care and aggressive treatments. The provision of at-home physical activities together with protein supplementation is anticipated to reverse sarcopenia and promote the prevention and treatment of COVID-19. The recommended protocols on nutritional support and physical activities are provided in detail.
Available online at this link

17. Supplemental home parenteral nutrition improved nutrition status with comparable quality of life in malnourished unresectable/metastatic gastric cancer receiving salvage chemotherapy.
BACKGROUND Even with significant advances in surgical techniques and treatment, salvage chemotherapy remains the major treatment strategy for patients with unresectable or metastatic gastric cancer (GC). Practical and technical advances have simplified safe and convenient use of supplemental home parenteral nutrition (HPN). We aimed to clarify the role of HPN in patients with incurable GC undergoing salvage chemotherapy.
METHODS We enrolled 25 patients with GC with a nutritional risk index (NRI) of ≤ 97.5 undergoing HPN. Their nutritional status, laboratory data, and quality of life (QoL) were analyzed using the Research and Treatment of Cancer quality of life questionnaire-C30 before and after HPN administration at 0.5, 1, 2, and 3 months. We enrolled 25 patients with an NRI of > 97.5 not undergoing HPN as the control group.
RESULTS Total protein (P = 0.008), prealbumin (P < 0.001), and total cholesterol (P = 0.023) levels improved significantly after 0.5 months of HPN administration. The study group also demonstrated a marked improvement in nitrogen balance (P = 0.004) and prealbumin levels (P < 0.012) after 1 month. Gains in body weight after 1 month and body mass index after 2 months of HPN administration remained comparable with those of the control group. Global QoL scores were maintained and comparable with those of the control group.
CONCLUSIONS Supplemental HPN therapy for malnourished patients with unresectable or metastatic GC undergoing salvage chemotherapy is feasible and revealed marked improvement in nutritional status. Early HPN intervention should be considered an important part of palliative treatment for advanced GC.
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18. The nutritional status of the elderly patient infected with COVID-19: the forgotten risk factor?
BACKGROUND Since the first cases of COVID-19 were reported in Wuhan, the nutritional status of individuals infected with the virus has not been included in the risk profiles prepared. However, nutritional status, along
with other factors, is decisive in the evolution of patients with other infectious diseases. The nutritional status of individuals is considered an indicator of health status. Furthermore, optimal nutritional status transcends the individual, and poor diet in a population can be considered a group risk factor. Evidence exists on the influence that diet has on the immune system and susceptibility to disease.OBJECTIVETo evaluate the nutritional status of patients older than 65 years who were admitted due to COVID-19 and how this has influenced the evolution of patients.DESIGNThis prospective and observational study was performed in patients with COVID-19 infection confirmed by real-time polymerase chain reaction. Data were collected from the first 24 h of admission. All patients admitted during one month to the wards assigned to COVID-19 infection were included.RESULTSA total of 83 patients were studied. The statistical study of mortality showed associations with age (p = .005), living in a nursing home (p = .022), a high Charlson Comorbidity Index (p = .039), hypertension (p = .032), comorbidities of dementia (p = .019) and cerebral vascular disease (p = .041), and Barthel Index (p = .010). The analysis of the influence of the nutritional state on mortality revealed a statistical association between malnutrition and mortality in the pooled data analysis (p = .005) and analysis by degrees of malnutrition (p = .27).CONCLUSIONS Malnutrition was a risk factor as powerful as others such as hypertension, age, and different comorbidities. We must evaluate and treat the nutritional status of elderly patients with COVID-19 infection since it directly affects their evolution.

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BACKGROUND AND AIMSA November 2020, the Coronavirus Disease 2019 (COVID 19) has infected more than 396,000 people in the Philippines. Although no study has been done on malnutrition among a general cohort of patients with COVID 19, it has long been associated with increased mortality and poor long-term outcomes. We aimed to determine the prevalence of malnutrition among patients with COVID 19 admitted in a tertiary government hospital.METHODSCross-sectional study on COVID 19-confirmed patients admitted to the COVID 19 wards from July 15 to September 15, 2020. Nutritional status was assessed using the Philippine Society for Parenteral and Enteral Nutrition (PhilSPEN) modified Subjective Global Assessment Grade (SGA) tool. Malnutrition was defined as those with SGA grades B and C. Chi-square test or Fisher exact test of association, as appropriate, was used to identify factors that have a significant association with malnutrition. Furthermore, logistic regression was done on factors with significant association.RESULTSAmong the 355 adult patients in the study, 71.83% (255/355) were malnourished [SGA B: 67.84% (173/255); SGA C: 32.16% (82/255)]. The following were shown to have significant association with malnutrition: community-acquired pneumonia (CAP) [p-value < 0.001], hospital-acquired pneumonia (HAP) [p-value 0.002], and chronic kidney disease (p-value 0.033). Multivariable logistic regression revealed that age [OR 1.02, CI 95% 1.00, 1.04, p-value 0.027] and CAP-Moderate Risk (MR) [OR 3.02, CI 95% 1.73, 5.27, p-value < 0.001] are significant predictors of malnutrition. All patients with CAP- High Risk and HAP were malnourished.CONCLUSIONThe prevalence of malnutrition was high (71.83%) in a general cohort of COVID 19 patients as measured by the modified SGA tool. The following are risk factors of malnutrition among patients with COVID 19: age, CAP, and HAP. Nutritional support and management of comorbidities are of paramount importance in the care of patients with COVID 19.

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BACKGROUNDWomen of childbearing age (WCBA) and women of menopausal age (WMENO) have distinct nutritional needs. Understanding nutrient intake and status in these life stages is critical for tailoring dietary recommendations.OBJECTIVESThe objectives of this study were to evaluate total estimated usual nutrient intakes from food and food plus supplements and to compare these to established recommendations for WCBA and WMENO life stages and examine associations between self-reported estimated usual intakes and nutrient status biomarkers.METHODSTwenty-four-hour dietary recall data from 2011-2016 NHANES were used to estimate usual intake of nutrients from food and food plus supplements for WCBA (aged 15-44 y, n = 4,134) and WMENO (aged 40-65 y, n = 3,438). Estimates of mean usual intake were derived and compared across clinically defined nutrient biomarker categories.RESULTSBot young (aged 15-30 y) and older (aged 31-44 y) WCBA had intakes from food below the Estimated Average Requirement (EAR) for
calcium (49% and 44%, respectively), magnesium (62%, 44%), and vitamins A (50%, 44%), C (47%, 46%), D (>97%, >97%), and E (92%, 88%). Similarly, perimenopausal (aged 40-50 y) and menopausal (aged 51-65 y) women had intakes from food below the EAR for calcium (48% and 74%, respectively), magnesium (50%, 49%), and vitamins A (44%, 37%), C (44%, 41%), D (>97%, >97%), and E (88%, 86%). Nutrient gaps decreased with supplement usage. For folate, vitamins D and B-12, and DHA, women in the lowest biomarker category (indicating increased risk of deficiency) had significantly lower intake from food (315.2 ± 25.9 compared with 463.8 ± 5.2 µg dietary folate equivalents, 3.5 ± 0.1 compared with 4.2 ± 0.1 µg, 3.6 ± 0.2 compared with 4.3 ± 0.1 µg, and 0.037 ± 0.005 compared with 0.070 ± 0.006 g, respectively; P < 0.01) of the corresponding nutrient compared with the highest biomarker category.

CONCLUSIONSSubstantial percentages of WCBA and WMENO are not meeting recommendations for multiple nutrients, whereas supplement usage partially fills nutrient gaps. Dietary intake was positively associated with most nutrient status biomarkers. Specific guidance is needed to ensure adequate nutrient intakes and nutrient status during these critical life stages.

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21. Virtual nutrition consultation: what can we learn from the COVID-19 pandemic?
Kaufman-Shriqui Vered
Public health nutrition 2021;24(5):1166-1173.
Objective: To investigate the extent, quality and challenges of dietetic counselling during the pandemic.
Design: A cross-sectional online thirty-six-item Google Survey. The survey queried demographics and information on usage and perceived telemedicine quality.
Setting: The survey was distributed to Israeli Dietetic Association (ATID) mailing list between 31 March and 5 May 2020.
Participants: Clinical dietitians, members of ATID, who consented to participated in the survey.
Results: Three hundred dietitians (12 % of ATID members; 95 % women; mean age 4.41 (sd 10.2) years) replied to the survey. Most dietitians reported a significant ∼ 30 % decrease in work hours due to the pandemic. The most prevalent form of alternative nutrition counselling (ANC) was over the phone (72 %); 53.5 % used online platforms. Nearly 45 % had no former ANC experience. Both ANC formats were reported inferior to face-to-face nutritional consultation (consultation quality median scores 8 and 7, on a 1-10 scale, for online and phone, respectively). ANC difficulties on either phone or online platforms were technical (56 and 47 %, respectively), lack of anthropometric measurements (28 and 25 %, respectively) and interpersonal communication (19 and 14.6 %, respectively). Older age and former phone counselling experience were associated with higher quality scores, respectively (OR = 1.046, 95 % CI 1.01, 1.08, P = 0.005), (95 % CI 1.38, 4.52, P = 0.02). Those who continued to work full time had five-time greater odds for a higher quality score using online platforms (OR = 5.33, 95 % CI 1.091, 14.89, P = 0.001).
Conclusions: Our findings suggest telemedicine holds considerable promise for dietary consultation; however, additional tools and training are needed to optimise remote ANC, especially in light of potential crisis-induced lockdown.

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SETTING: The survey was distributed to Israeli Dietetic Association (ATID) mailing list between 31 March and 5 May 2020.
PARTICIPANTS: Clinical dietitians, members of ATID, who consented to participated in the survey.
RESULTS: Three hundred dietitians (12 % of ATID members; 95 % women; mean age 4.41 (sd 10.2) years) replied to the survey. Most dietitians reported a significant ∼ 30 % decrease in work hours due to the pandemic. The most prevalent form of alternative nutrition counselling (ANC) was over the phone (72 %); 53.5 % used online platforms. Nearly 45 % had no former ANC experience. Both ANC formats were reported inferior to face-to-face nutritional consultation (consultation quality median scores 8 and 7, on a 1-10 scale, for online and phone, respectively). ANC difficulties on either phone or online platforms were technical (56 and 47 %, respectively), lack of anthropometric measurements (28 and 25 %, respectively) and interpersonal communication (19 and 14.6 %, respectively). Older age and former phone counselling experience were associated with higher quality scores, respectively (OR = 1.046, 95 % CI 1.01, 1.08, P = 0.005), (95 % CI 1.38, 4.52, P = 0.02). Those who continued to work full time had five-time greater odds for a higher quality score using online platforms (OR = 5.33, 95 % CI 1.091, 14.89, P = 0.001).
CONCLUSIONS: Our findings suggest telemedicine holds considerable promise for dietary consultation; however, additional tools and training are needed to optimise remote ANC, especially in light of potential crisis-induced lockdown.
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