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Editorial

Hospital Nutrition In Geriatry

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EDITORIAL

The accelerated growth of the geriatric population is accompanied by chronic degenerative diseases and greater physiological vulnerability [1]. In most countries, the population over the age of 60 is increasing faster than any other group [2,3]. A geriatric patient is defined as a patient over 60 years of age, with one or more chronic and evolved underlying diseases, is the older adult in whom the balance between their needs and the ability of the environment to meet them has been broken, with a high risk of dependency and with physical and cognitive disabilities [4,5]. The patient undergoes important and relevant physiological, psychological and social changes causing the daily dynamics of the adult to be altered, and the prevalence of problems linked to nutritional status also increases, ranging from malnutrition to overweight and obesity [5]. For this reason, nutrition seen as the most influential factor in the health of geriatric patients must be a vital aspect to take into account in the intervention by professional health personnel, from the promotion of health and the prevention of the disease that is based on the modification of habits and behaviours to incorporate others such as: carrying out regular physical activity, reducing alcohol or tobacco consumption and adopting an adequate, balanced, complete, correct, healthy diet, etc. adapted to the needs of the aging process. These actions must be part of a joint treatment in the comprehensive maintenance of health and control of chronic diseases, to provide quality of life to the individual where they can adapt to their new condition [6].

Regarding hospital nutritional evaluation, it is recommended to carry out said evaluation at each admission and periodically follow up, this influence by various dietary, psychological, functional, physiological factors, etc. [7]. Malnutrition is very common and we must know how to identify risk factors such as an estimate of appetite upon admission, quantification of dietary intake, body weight measurement; [8] calculate body mass index specific to older adult patient normal weight 22-27 kg / m^2, underweight 18.5-21.9 kg / m^2, mild malnutrition 17-18.4 kg / m^2, moderate malnutrition 16-16.9 kg / m^2 and severe malnutrition <16 kg / m^2 [9]. The prevalence of malnutrition increases with age, in the geriatric patient older than 70 years, it ranges from 30 to 70% during hospitalization [10]. Various tools are used to determine nutritional status: anthropometric measurements (weight, height, average

arm and calf circumference), biochemical parameters, and tools for nutritional screening, specifically for screening nutrition in geriatric patients using the Mini Nutritional Assessments (MNA) that classifies: healthy or normal patient, at risk of malnutrition and malnourished and classifies each patient as follows: from 24 to 30 points, normal nutritional status; from 17 to 23.5 points, risk of malnutrition, and less than 17 points, malnutrition, this has shown that geriatric patients can be correctly classified with a sensitivity of 96% and a specificity of 98% [5,11].

Nutritional status is the result of balancing nutrient intake and protein calorie expenditure to meet optimal physiological needs; abnormalities of this condition are considered malnutrition and at the other extreme overweight and obesity. These are associated with an increased risk of morbidity and mortality, higher infection rates, increased number of falls and fractures, longer hospital stays, as well as worsening of underlying acute or chronic diseases and a general deterioration in quality of life [12,13]. There are changes in body composition; body mass, fat mass, muscle mass, and bone mass [14]. This gives us guidelines to determine a nutritional diagnosis and provide adequate nutritional treatment to the characteristics of each patient, without forgetting oral health and teeth, sensory changes (taste, smell), pharyngoesophageal function, gastrointestinal digestion, physiological anorexia typical of aging. , bowel function, etc. 9 Geriatric syndromes and obesity Sarcopenics related to nutrition are relevant topics to consider in another specific section. Therefore, we must define nutritional status in the geriatric patient as a health and nutrition problem and implement preventive support programs according to the various underlying pathologies, nutritional education for the patient and the family nucleus.

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