

NUTRITIONAL SCREENING IN ELDERLY CANCER PATIENTS: A MULTICENTER LUSO-BRAZILIAN STUDY

D'ALMEIDA, CA^{1,2}; MARTUCCI, RB^{1,3}; RODRIGUES, VD¹; PINHO, NB¹; PERES, WA²; RAMALHO, A²

1.Nutrition e Dietetics Service - National Cancer Institute; 2.Nutrition Institute Josué de Castro – Federal University of Rio de Janeiro;
3.Nutrition Institute – Universidade do Estado do Rio de Janeiro.

INTRODUCTION

The cancer is associated with aging and approximately 60% of all cancers and 70% of deaths occur in people over 65 years. In the elderly population even when the disease under study is not cancer, those aged ≥ 65 years and presenting weight loss $> 5\%$ and low body mass index (BMI) are at greater risk of mortality. Nutritional screening should be performed by simple and quick technique that can be incorporated into the assessment routine. The Mini Nutritional Assessment is a validated method of nutritional assessment, which is designed specifically for the elderly over 65 years. The aim of this study was to describe the nutritional status of elderly patients with cancer in Brazil and Portugal and correlate the reason for admission, length of hospital stay and mortality.

METHODS

A cohort study, hospital-based, multicenter, including 50 institutions in Brazil and Portugal. Were prospectively evaluated 3257 elderly patients with cancer admitted to the participating institutions from September to October 2014, within 24 hours after hospital admission. All included patients were submitted to the Mini Nutritional Assessment-Short Form (MNA-SF) and data recorded in the appropriate form. Were included patients of both genders, over 65 years, diagnosed with malignant tumors, regardless of location or stage of the disease. Statistical analysis was performed using SPSS 17 (SPSS for Windows, 2004). The results were expressed as percentages and analyzed by chi-square test. P-values < 0.05 were considered statistically significant.

RESULTS

We identified 1426 women (43.8%) and 1831 men (56.2%) aged 73.38 ± 6.64 years (Figure 1), and a median of 72; 65-105 years. We identified that 33.2% were malnourished, 39.8% at risk of malnutrition and 27% with normal nutritional status. The values of calf circumference were obtained in 91% of cases, where 35.4% had value < 31.0 cm. When measured BMI, 9.2% of patients had values less than 19.0 kg/m^2 and 9.6% BMI between 19 and 21 kg/m^2 . Regarding reduction of food intake, 20.7% of patients reported severe reduction in food intake and 31.8% reported moderate reduction (Figure 2). The history of weight loss was reported by 51.7% of patients and 34.4% lost more than 3 kg within 3 months. About functional capacity, 10.8% reported being bedridden or use wheelchair, while 24.2% was able to walk with restrictions (Figure 3). The percentage of patients with more than 30 days of hospital stay was higher in clinical patients when compared with surgical patients (24.6% vs 10.2%, $p < 0.001$). The same was observed when comparing the mortality rate (18.2% vs. 2.8%, $p < 0.001$) (Figure 4).

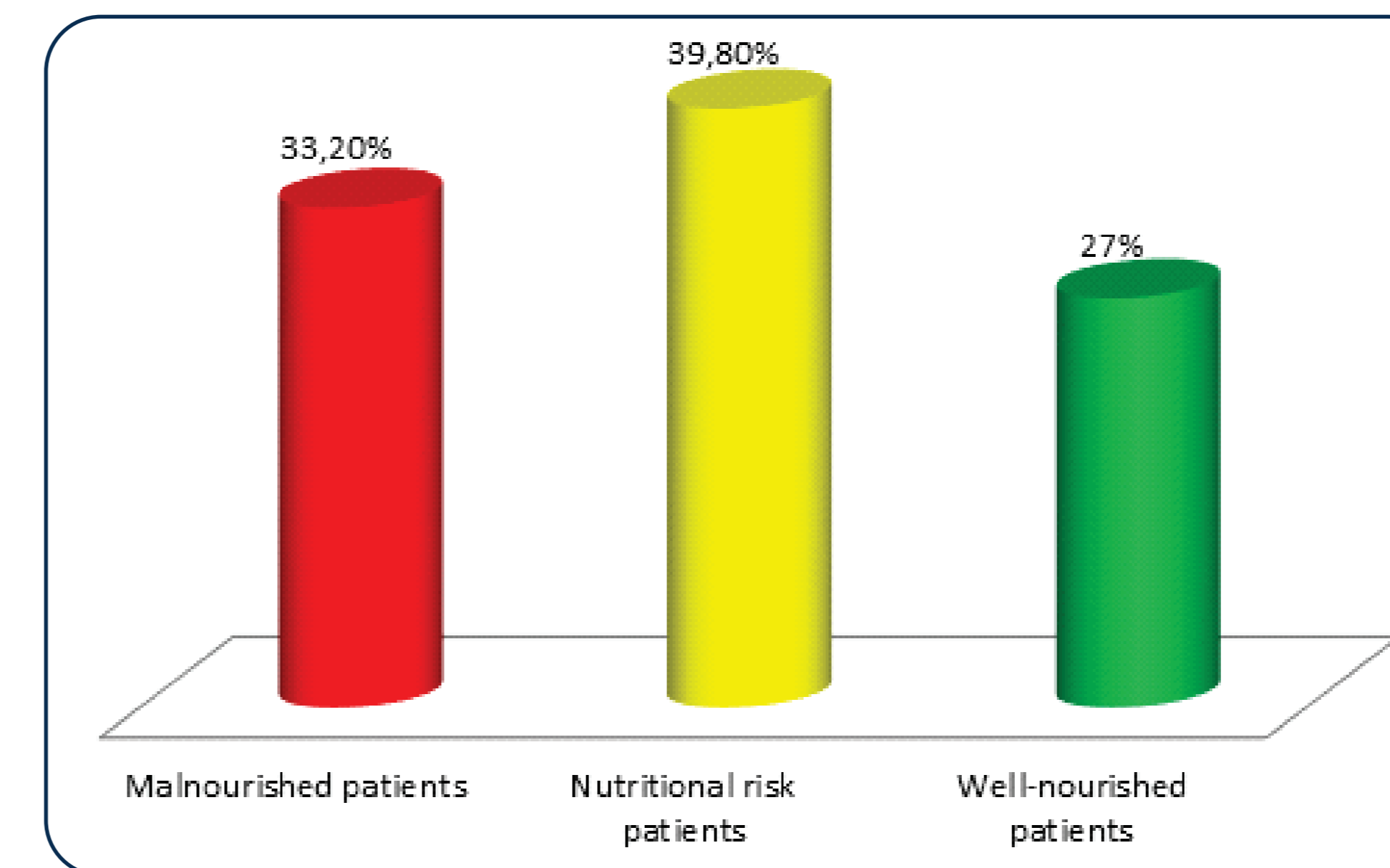


Figure 1. Classification of Malnutrition

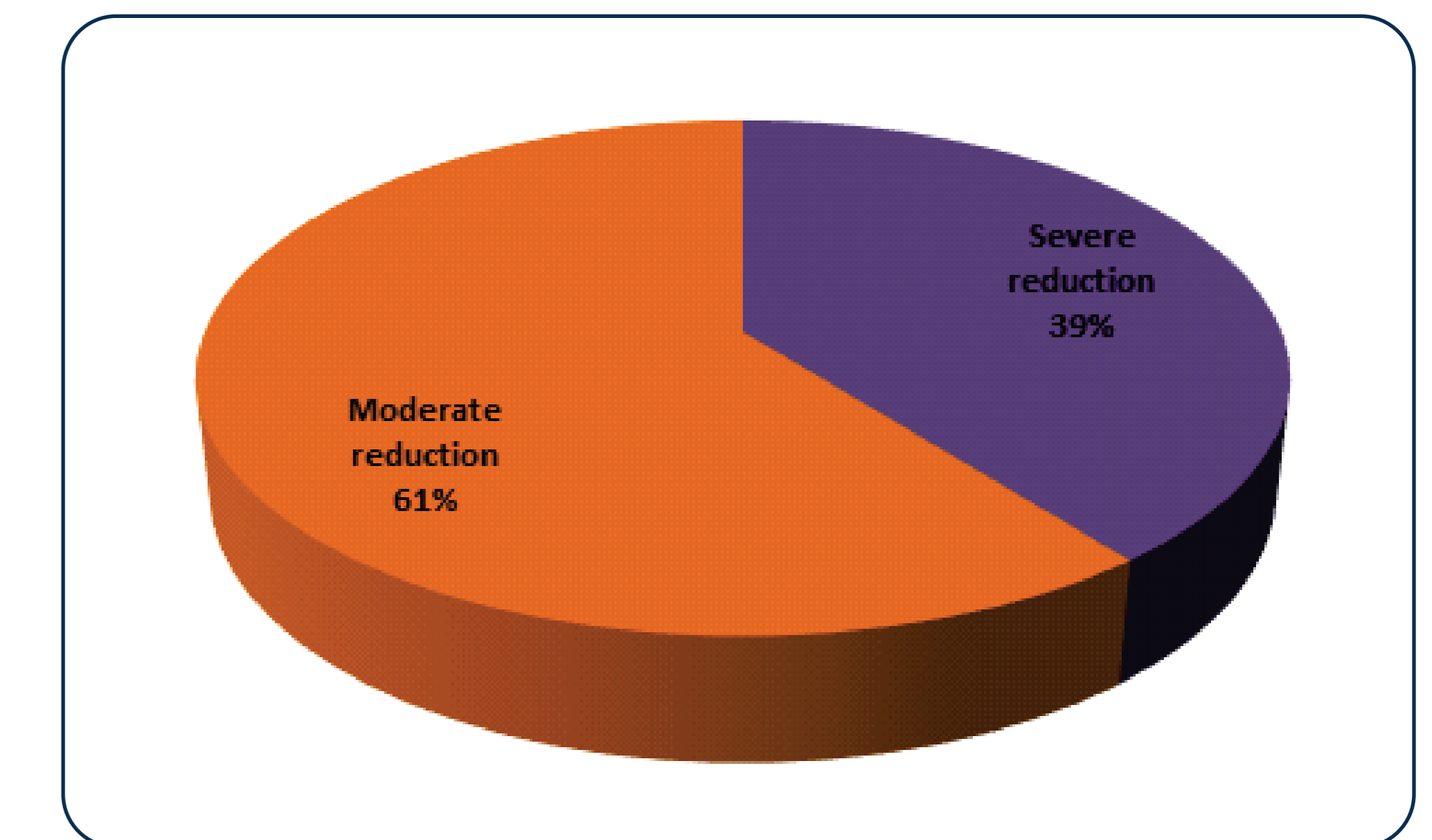


Figure 2. Food Intake in Oncology Elderly Patients

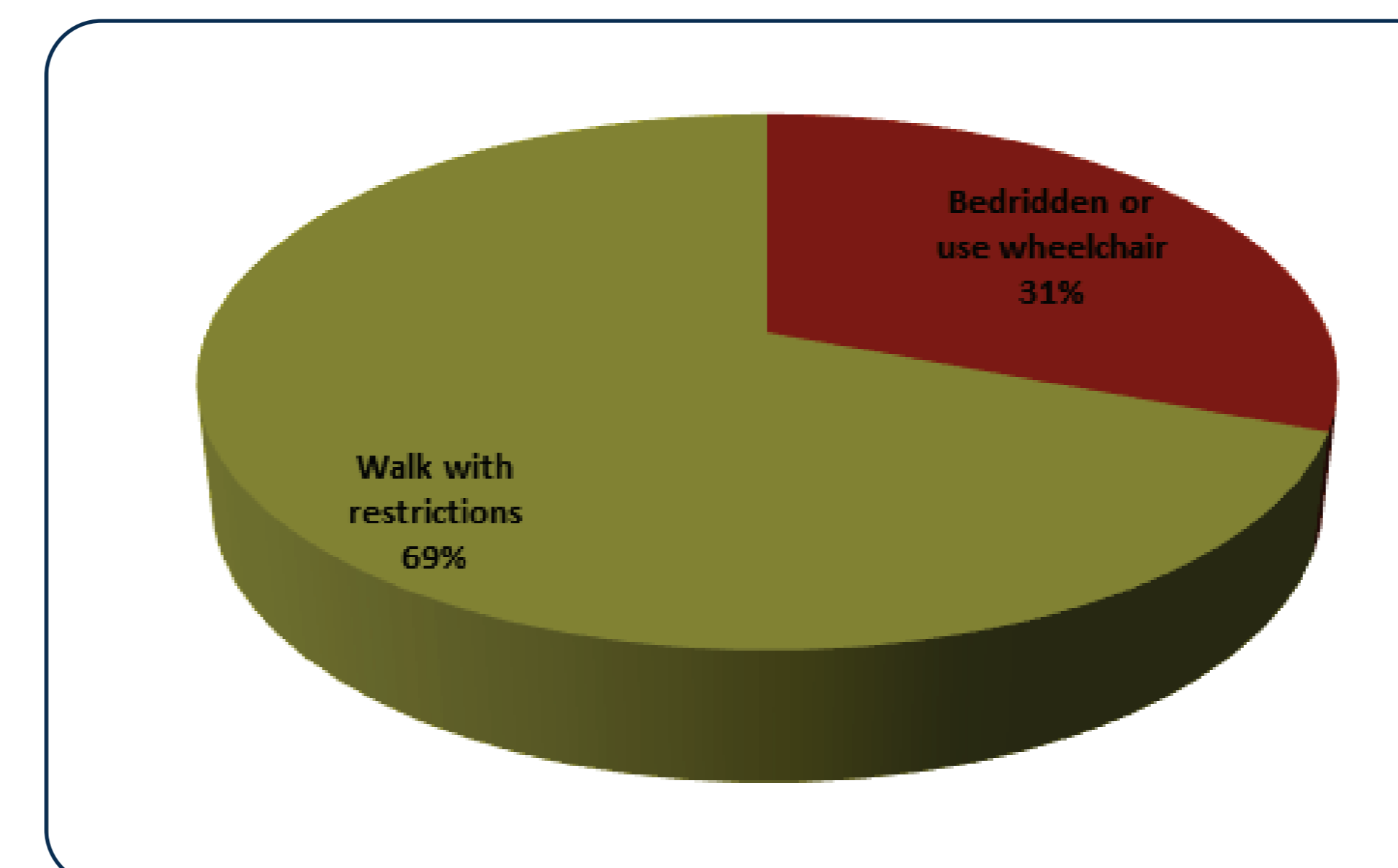


Figure 3. Functional Capacity in Oncology Elderly Patients

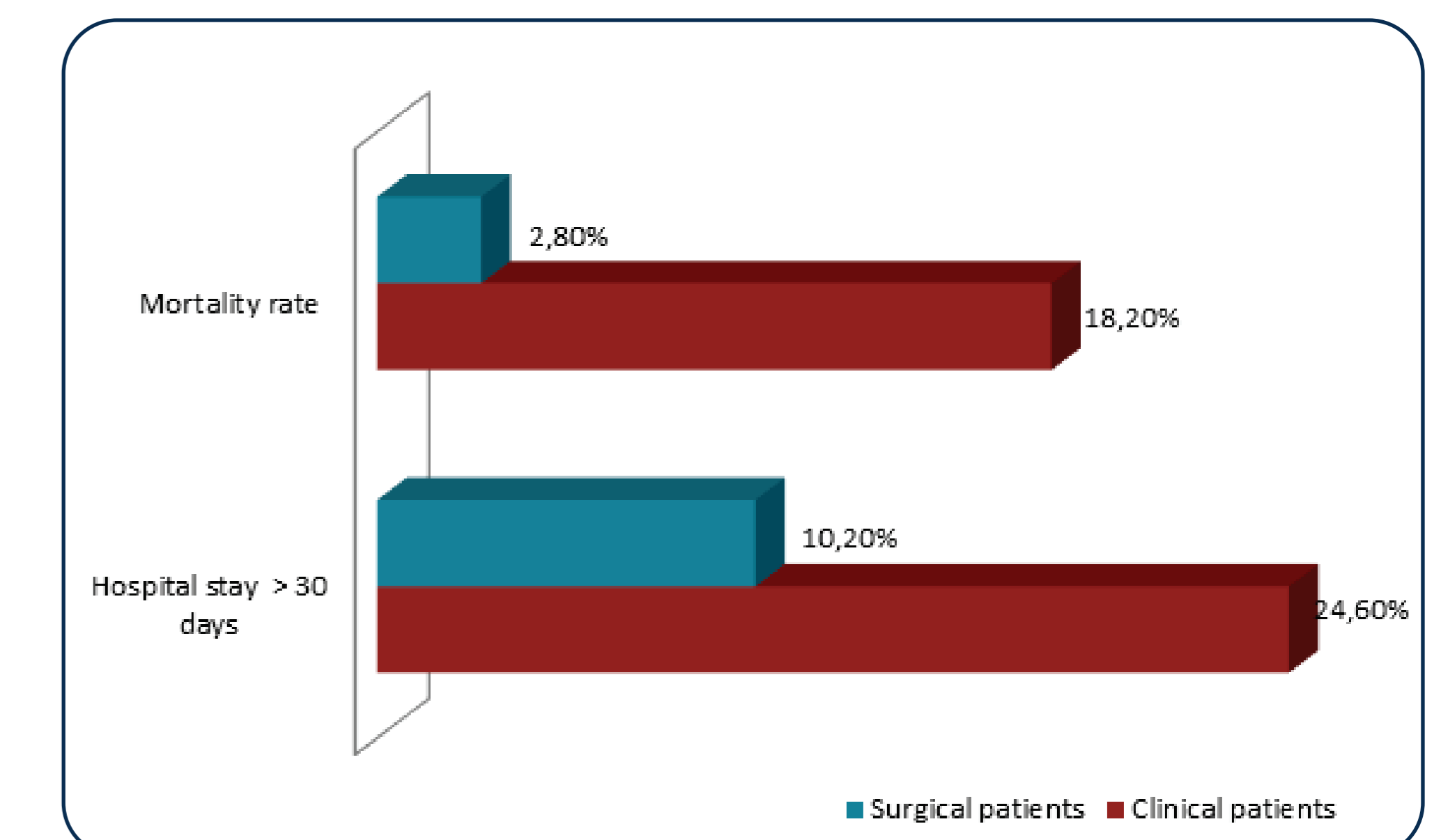


Figure 4. Mortality in Malnourished Oncology Elderly Patients

CONCLUSION

We found a high prevalence of malnutrition. Hospitalized elderly patients for clinical treatment had increased risk of mortality and longer length of hospital stay than surgical elderly.

DISCLOSURES: No conflict of Interest.