Quality nutrition: A review of intervention evidence in RAC

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Background & Methods

The extraordinarily high prevalence of malnutrition (up to 70%) in residential aged care (RAC) is alarming, as it is strongly associated with poor quality of life, poor resident outcomes and increased aged care costs. Consequently, “improving nutrition” is one of the principal research priorities in RAC.

To identify effective nutrition interventions in RAC and to suggest future directions for practice and research we compiled a narrative literature review by searching four databases in November 2015.

Findings

1. The training and appointment of a staff member as a nutrition coordinator or “champion” is effective in managing malnutrition in RAC.

2. Strategies to prevent malnutrition should be supported by a nutrition policy which includes staff education, regular monitoring for nutritional risk, with prompt and individualised triage for malnourished residents.

3. As nearly all residents are at risk of malnutrition, there may be cost-benefit to provide liberalised, prophylactic, high-energy high-protein diet as the standard menu.

4. Standard food-based strategies may be insufficient to treat overt malnutrition; however, further research is needed.

5. The provision of oral nutrition supplements to frail malnourished residents may achieve the best results when combined with resistance exercise.

6. Adherence to oral nutritional supplements is a barrier in RAC, but can be improved if provided in a nutrient dense-low volume option, accompanied with dietary counselling and consistent staff encouragement.

7. Improving meal ambiance, delivery method, choice over the meals and overall diet liberalisation may promote appetite and be able to treat overt malnutrition (improve global nutrition status). Examples include “family style” or “restaurant style” dining, and getting the residents involved with the food preparation.

Conclusions

Further research is required to examine the role of residents and their family members/carers having a greater input into food, improved meal time ambience combined with a prophylactic high energy-high protein liberalised diet and a nutrition coordinator in the prevention and treatment of malnutrition.

Evidence is also required for the cost-effectiveness and acceptability of nutrition interventions, with an emphasis on improving adherence and minimising food insecurity.