

Patient malnutrition on the rise in SA's hospitals - health sector players urged to act

An increasing number of in-patients in South African hospitals are malnourished. This impacts their risk of mortality, morbidity, length of stay and hospital readmission rates. This, says Naazneen Khan, chairperson of the Enteral Nutrition Association of South Africa.



Source: [Pexels](#)

Apart from negative medical outcomes for the patients and their families, hospital malnutrition also has important cost implications for both medical aids and hospital administrators with tight budgets.

"Prioritising this, from a purely economic, cost-saving point of view, should therefore become a priority for both hospitals and medical aids," Khan adds.

Hospital malnutrition is not just a local phenomenon. Major international studies show this to be a worldwide problem. A [review](#) on malnourished surgery patients concluded that perioperative malnutrition is the least often identified surgical risk factor and is among the most treatable to improve outcomes ...

"It has been determined that malnourished surgical patients experience higher postoperative mortality, morbidity, length of stay, hospital readmission rates and hospital costs ... For hospitals and medical aids, apart from caring better for their patients, reducing costs is a critically important outcome," it stated.

Reducing the risk of readmissions

Another important [study](#) conducted in the USA, concluded: "For medical inpatients who are malnourished or at nutritional risk, our findings showed that in-hospital nutritional support is a cost-effective way to reduce risk of readmissions, lower the frequency of hospital-associated infections and improve survival rates.

"The added cost of providing nutritional support is low compared with the associated reductions in costs of hospitalisation and medical treatments. The results from our economic health-cost modelling study show that in-hospital nutritional support is a highly cost-effective intervention."

There have been few published studies undertaken in South Africa. However, Janke Wessels at Standerton Hospital [researched](#) the nutritional status of 100 patients with HIV and/or TB. They conclude: "Nutritional screening with validated malnutrition screening tools is seldom performed in public-sector hospitals in South Africa and underlying malnutrition may not be identified at admission."

Comprehensive protocols required

"The findings of the current study provide evidence for recommendations to apply a comprehensive protocol for the nutritional screening and management of patients with TB in order to identify patients at increased risk of mortality and to provide adequate nutritional support."

There is no shortage of tools available to address the problem.

In 2018, the Global Leadership Initiative on Malnutrition, established a list of core diagnostic criteria for diagnosing malnutrition in clinical settings.



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Locally, Saspen, Enasa and the Hospital Dietitian Interest Group have established a tablet-based diagnostic Medical Nutrition Therapy Tool (MNTT) to measure the metabolic and nutritional progress of patients .

This specifies three clinical findings (non-volitional weight loss, low body mass index and reduced muscle mass) and two aetiologic findings (reduced food intake or assimilation and disease burden or inflammatory conditions) which can be used in local hospitals.

Both training and funding required

"Years of local anecdotal experience, backed by major international studies, clearly point to an undeniable economic fact: patient malnutrition increases overall costs of hospitalisation and impacts patients' recovery."

"This can be addressed both by medical-aid funding and hospital administrators who need to ensure staff are adequately trained to identify and treat malnutrition among their hospitalised patients," Khan concludes.