Interventions for Malnutrition in Seniors: Clinical Effectiveness, Cost-Effectiveness, and Guidelines
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Acknowledgments:

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.
Research Questions

1. What is the clinical effectiveness of nutrition programs and services for community-dwelling seniors who are malnourished or at nutritional risk?

2. What is the cost-effectiveness of nutrition programs and services for community-dwelling seniors who are malnourished or at nutritional risk?

3. What are the evidence-based guidelines regarding the use of nutrition programs and services for community-dwelling seniors who are malnourished or at nutritional risk?

Key Findings

One systematic review and one non-randomized study were identified regarding the clinical effectiveness of nutrition programs and services for community-dwelling seniors who are malnourished or at nutritional risk. No relevant literature was identified regarding cost-effectiveness or evidence-based guidelines.

Methods

A limited literature search was conducted on key resources including PubMed, the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2008 and September 26, 2018. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Adults aged ≥ 65 years who are living in community (i.e., living in their own homes and not in any kind of hospital, long-term care or supportive housing environment) and have been assessed as ‘at nutritional risk’ or diagnosed as malnourished</th>
</tr>
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<tbody>
<tr>
<td>Intervention</td>
<td>Nutrition intervention programs and services (e.g., congregate dining facilities/programs, meal delivery programs, provision of oral nutrition supplements, adult day programs with nutrition/meal components, cooking class)</td>
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<tr>
<td>Comparator</td>
<td>Q1-2: Usual care; Control Q3: No comparator</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Q1: Decreased health care utilization (e.g., hospital admissions, readmissions, hospital length of stay), quality of life Q2: Incremental cost per health benefit Q3: Guidelines</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines</td>
</tr>
</tbody>
</table>
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

One systematic review and one non-randomized study were identified regarding the clinical effectiveness of nutrition programs and services for community-dwelling seniors who are malnourished or at nutritional risk. No relevant health technology assessments, randomized controlled trials, economic evaluations, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

One systematic review, consisting of nine studies, investigated various nutrition related interventions delivered by informal carers on community-dwelling adults 65 years of age or older. Nutritional status improved or stabilised in four studies, two studies reported successful prevention of further decline in their participants without increasing informal carer burden, and no study reported an improvement in functional status. One non-randomized prospective cohort study described the clinical outcomes following standard nutrition care in 42 recently discharged adults 65 years of age or older. The authors measured health-related quality of life on discharge and six week thereafter; however, no description of the results could be presented as no results were reported in the abstract.

References Summarized

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies

Economic Evaluations
No literature identified.
Guidelines and Recommendations

No literature identified.
Appendix — Further Information

Systematic Reviews and Meta-Analyses

Mixed Settings


Unspecified Age or Mixed Ages


Non-Randomized Studies - Mixed Ages


Qualitative Studies


Review Articles


Unspecified Age or Mixed Ages


Guidelines and Recommendations - Unspecified Age or Mixed Ages


Position Statements