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	3	frail*.ti,ab,kw,kf.	21186	Advanced	Display Results | More	
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	5	((geriatric or elder*) adj2 (people or person* or patient* or population*)).ti,ab,kw,kf.	123417	Advanced	Display Results | More	
	6	exp Nursing Homes/ or exp Homes for the Aged/	43573	Advanced	Display Results | More	
	7	((residential or nursing or care) adj home*).ti,ab,kw,kf.	33978	Advanced	Display Results | More	
	8	exp Respite Care/	1015	Advanced	Display Results | More	
	9	exp Long-Term Care/	25597	Advanced	Display Results | More	
	10	"home* for the aged".ti,ab,kw,kf.	1659	Advanced	Display Results | More	
	11	"old age home*".ti,ab,kw,kf.	411	Advanced	Display Results | More	
	12	"skilled nursing facilit*".ti,ab,kw,kf.	2596	Advanced	Display Results | More	
	13	"intermediate care facilit*".ti,ab,kw,kf.	274	Advanced	Display Results | More	
	14	"respite care".ti,ab,kw,kf.	748	Advanced	Display Results | More	
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	21	Food, Formulated/	5943	Advanced	Display Results | More	
	22	"oral nutrition*".ti,ab,kw,kf.	1513	Advanced	Display Results | More	
	23	"dietary counselling".ti,ab,kw,kf.	450	Advanced	Display Results | More	
	24	"dietary supplement*".ti,ab,kw,kf.	18850	Advanced	Display Results | More	
	25	(food adj2 (fortif* or formulat*)).ti,ab,kw,kf.	2413	Advanced	Display Results | More	
	26	"nutritional intervention*".ti,ab,kw,kf.	4386	Advanced	Display Results | More	
	27	"liquid supplement*".ti,ab,kw,kf.	113	Advanced	Display Results | More	
	28	"sip feed*".ti,ab.	57	Advanced	Display Results | More	
	29	"nutrition* management".ti,ab,kw,kf.	2554	Advanced	Display Results | More	
	30	(nutri* adj2 (supplement* or therapy)).ti,ab,kw,kf.	16071	Advanced	Display Results | More	
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1.

Abstract Reference
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Unique Identifier	32043144
Title	**New horizons in appetite and the anorexia of ageing.**
Source	Age & Ageing. 2020 Feb 10.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Cox NJ; Morrison L; Ibrahim K; Robinson SM; Sayer AA; Roberts HC.
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Keyword Heading	appetite **nutritionnutrition** older people review
Abstract	Appetite drives essential **oral nutritional** intake. Its regulation is complex, influenced by physiology, hedonism (**the** reward of eating) and learning from external cues within a **person's** society and culture. Appetite loss is common in **the older population** and not always attributable to medical conditions or treatment. Although **the** physiological basis of **the** anorexia of ageing (loss of appetite due to **the** ageing process) has been established, **the** effect of ageing on hedonism and external cues, which may be equally important, is less well understood. **The** anorexia of ageing is associated with reductions in **dietary** diversity and **oral** intake, and increased **risk** of **malnutrition**, sarcopenia and **frailty**. Early identification of poor appetite could allow timely **intervention** before weight loss occurs. There is no standardised tool **for** assessing appetite in clinical settings at present but **the** 4-item Simplified **Nutritional** Appetite Questionnaire (SNAQ) has **the** potential to be used in this way. This review, designed **for** clinicians, will discuss **the** regulation of appetite and **the** pathogenesis of **the** anorexia of ageing. It will describe **the** current evidence **for interventions** to manage **the** anorexia of ageing, which is limited, with little benefit reported from individual studies of education, physical activity and medication. There is some positive evidence **for** flavour enhancement, **fortified food** and **oral nutritional supplements** but mainly within single studies. Looking ahead, **the** aim is to develop multicomponent approaches to **the** treatment of **the** anorexia of ageing based on growing understanding of **the** role of physiological signalling, hedonism and external cues.
Publication Type	Journal Article.

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2.

Abstract Reference
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Unique Identifier 32036627

Title **Malnutrition risk and hospital-acquired falls in older adults: A cross-sectional, multicenter study.**

Source Geriatrics & gerontology international. 2020 Feb 09.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Eglseer D; Hoedl M; Schoberer D.

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Keyword Heading association
falls
malnutrition
predictor
prevention

Abstract **AIM:** To assess **the** relationship of **malnutrition risk** and in-hospital falls in a **patient** group of **older** hospitalized **patients** (65-79 and >=80 years).

METHODS: A cross-sectional, multicenter, point-prevalence study was conducted in 68 Austrian hospitals with 3702 hospitalized **older patients**. **The** relationship between **malnutrition risk** and falls was analyzed using univariate and multivariate binary logistic regression analyses. Data were analyzed separately **for** two **age** groups, **patients** were **aged** 65-79 years (n = 2320) and >=80 years (n = 1382).

RESULTS: Prevalence of hospital-acquired falls was 5.2%, and prevalence of **risk** of **malnutrition** was 24.3% (**Malnutrition** Universal Screening Tool) and 16.2% (definition using body mass index and weight loss). **The** univariate analysis showed significant associations of **malnutrition risk** and in-hospital falls **for patients aged** >=80 years (odds ratio 2.1; 95% confidence interval 1.2-3.6) but not **for patients aged** 65-79 years. **The** multivariate logistic regression analysis did not show significant associations between **malnutrition risk** and hospital-acquired falls.

CONCLUSIONS: The results of this study show that **malnutrition risk** is a predictor **for** in-hospital falls in very **old patients** (>=80 years). In this **patient** group, **the** screening and assessment of **nutritional** status as well as **nutritional interventions for the prevention**/treatment of **malnutrition risk** should be considered as one important **factor for** successful fall **prevention**. Studies are necessary to assess **the** effect of **nutritional interventions** as part of a multifaceted fall-prevention program. Geriatr Gerontol Int 2020; **: **-**.

Publication Type Journal Article.

Year of Publication 2020

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3.

Abstract Reference
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Full Text

Unique Identifier 31820841

Title **Assessing the association between optimal energy intake and all-cause mortality in older patients with diabetes mellitus using the Japanese Elderly Diabetes Intervention Trial.**

Source Geriatrics & gerontology international. 20(1):59-65, 2020 Jan.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Omura T; Tamura Y; Yamaoka T; Yoshimura Y; Sakurai T; Umegaki H; Kamada C; Iimuro S; Ohashi Y; Ito H; Araki A; Japanese Elderly Diabetes Intervention Trial Research Group.

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Keyword Heading
bodyweight
diet therapy
elderly diabetes mellitus
energy intake
mortality

Abstract

AIM: Selecting optimal energy intake during diet **therapy for older patients** with diabetes mellitus is difficult because of **the** large differences in physical function and comorbid diseases. In Japan, although requirements **for** total energy intake are calculated by multiplying a **person's** standard bodyweight (BW) by **the** amount of physical activity, evidence supporting **the** application of this method among **older people** is limited. Therefore, we aimed to assess optimal energy intake by evaluating **the** relationship between energy intake and mortality in **older patients**.

METHODS: We evaluated data from a 6-year prospective follow up of 756 **older patients** with diabetes mellitus, and **the** association between baseline **nutrient** intake and mortality. Total energy intake and **nutrients** were evaluated, and energy intake per actual BW was categorized into quartiles (Q). Cox regression analysis was used **for** statistical analyses. Energy intake per standard BW or age-related target BW was statistically analyzed using **the** same protocol.

RESULTS: Analysis of energy intake per actual BW showed that hazard ratios **for** mortality was significantly higher in Q1 and Q4. Similar associations were found **for** energy intake per standard or target BW. Subgroup analysis showed that mortality rate was **the** lowest in Q2 in **the** young-old **population** and in Q3 in **the** old-old **population**.

CONCLUSIONS: A U-shaped relationship was observed between energy intake per BW and mortality in **older patients** with diabetes mellitus, which suggests that **the** optimal energy intake per actual or target BW should encompass a wide range to **prevent malnutrition** and excessive **nutrition** in these **patients**. Geriatr Gerontol Int 2020; 20: 59-65.

Publication Type Journal Article.

Year of Publication 2020

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4.

Abstract Reference
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Unique Identifier 31231830

Title **Reducing Hospitalizations and Costs: A Home Health Nutrition-Focused Quality Improvement Program.**

Source Jpen: Journal of Parenteral & Enteral Nutrition. 44(1):58-68, 2020 Jan.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Riley K; Sulo S; Dabbous F; Partridge J; Kozmic S; Landow W; VanDerBosch G; Falson MK; Sriram K.

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Keyword Heading

cost saving
home health
hospitalization
nutritionnutrition
oral nutritional supplements

Abstract

BACKGROUND: Identification and treatment of **malnutrition** across **the care** continuum can help **prevent** illness onset or relapse and maximize **the** effectiveness of other medical treatments. This study aimed to evaluate **the** effect of a **nutrition-focused** quality improvement program (QIP) conducted in a **home** health agency (HHA) on hospitalization rates and healthcare costs incurred over 90 days.

METHODS: This was a multisite, pre-post QIP implemented at 2 branches of an Illinois-based HHA. **The** QIP included 1546 **patients** who were (1) at-risk or **malnourished** hospitalized **patients** discharged to **the** HHA, (2) referred by a physician during an outpatient visit, or (3) enrolled in **the** HHA through a **skilled nursing facility**. A historic (n = 7413 **patients**) and concurrent group (n = 5235) of **patients** were used **for** comparisons. Propensity score matching was used to account **for** imbalances in **patient** characteristics.

RESULTS: The QIP led to reduced relative **risk** of hospitalization post-enrollment to **the** QIP by 24.3%, 22.8%, and 18.3% at 30, 60, and 90 days, respectively, when compared with **the** historic group, and by 18.2%, 16.2%, and 12.1% when compared with **the** concurrent group. Total cost savings from reduced 90-day healthcare resource utilization was $2,318,894, or $1500 per **patient** treated.

CONCLUSIONS: Rates of hospitalization and healthcare resources can be significantly reduced through **the** implementation of a **nutrition-focused** QIP delivering **oral nutritional supplements** in **home** health settings **for** adults at-risk/**malnourished**. These results highlight **the** importance of **nutrition** as a strategy **for** HHAs and other post-acute **care** institutions to improve **patients'** health outcomes and generate cost savings.

Publication Type Journal Article.

Year of Publication 2020

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5.

Abstract Reference
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Full Text

Unique Identifier 32032375

Title **Primary care interventions to address physical frailty among community-dwelling adults aged 60 years or older: A meta-analysis.**

Source PLoS ONE [Electronic Resource]. 15(2):e0228821, 2020.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Macdonald SH; Travers J; She EN; Bailey J; Romero-Ortuno R; Keyes M; O'Shea D; Cooney MT.

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Abstract

INTRODUCTION: The best **interventions** to address **frailty** among **older** adults have not yet been fully defined, and **the** diversity of **interventions** and outcome measures makes this process challenging. Consequently, there is a lack of guidance **for** clinicians and researchers regarding which **interventions** are most likely to help **older persons** remain

robust and independent. This paper uses meta-analysis to assess effectiveness of primary **care interventions for** physical **frailty** among community-dwelling adults **aged** 60+ and provides an up-to-date synthesis of literature in this area.

METHODS: PubMed, CINAHL, Cochrane Register of Controlled Trials, and PEDro databases were searched, and RCTs, controlled pilot studies, or trials with similar study designs addressing **frailty** in **the** primary **care** setting among **persons aged** 60+ were chosen. Study data was abstracted following PRISMA guidelines, then meta-analysis was performed using **the** random effects model.

RESULTS: 31 studies with a total of 4794 participants were analysed. **Interventions** using predominantly resistance-based exercise and **nutrition supplementation** seemed to improve **frailty** status versus control (RR = 0.62 (CI 0.48-0.79), I2 = 0%). Exercise plus **nutrition** education also reduced **frailty** (RR = 0.69 (CI 0.58-0.82), I2 = 0%). Exercise alone seemed effective in reducing **frailty** (RR = 0.63 (CI 0.47-0.84), I2 = 0%) and improving physical performance (RR = 0.43 (CI 0.18-0.67), I2 = 0%). Exercise alone also appeared superior to control in improving gait speed (SMD = 0.36 (CI 0.10-0.61, I2 = 74%), leg strength (SMD = 0.61 (CI 0.09-1.13), I2 = 87%), and grip strength (Mean Difference = 1.08 (CI 0.02-2.15), I2 = 71%) though a high degree of heterogeneity was observed. Comprehensive **geriatric** assessment (RR = 0.77 (CI 0.64-0.93), I2 = 0%) also seemed superior to control in reducing **frailty**.

CONCLUSION: Exercise alone or with **nutrition supplementation** or education, and comprehensive **geriatric** assessment, may reduce physical **frailty**. Individual-level **factors** and health systems resource availability will likely determine configuration of future **interventions**.

Publication Type Journal Article.

Year of Publication 2020

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6.

Abstract Reference
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Unique Identifier 32024027

Title **Oral Supplementation with Sucrosomial Ferric Pyrophosphate Plus L-Ascorbic Acid to Ameliorate the Martial Status: A Randomized Controlled Trial.**

Source Nutrients. 12(2), 2020 Jan 31.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Briguglio M; Hrelia S; Malaguti M; De Vecchi E; Lombardi G; Banfi G; Riso P; Porrini M; Romagnoli S; Pino F; Crespi T; Perazzo P.

Authors Full Name Briguglio, Matteo; Hrelia, Silvana; Malaguti, Marco; De Vecchi, Elena; Lombardi, Giovanni; Banfi, Giuseppe; Riso, Patrizia; Porrini, Marisa; Romagnoli, Sergio; Pino, Fabio; Crespi, Tiziano; Perazzo, Paolo.

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Keyword Heading anemia
dietary supplements
frail
functional food
integrative medicine
iron

musculoskeletal diseases
nutraceutical
older adult
orthopedics
vitamin

Abstract Altered martial indices before orthopedic surgery are associated with higher rates of complications and greatly affect **the patient's** functional ability. **Oral supplements** can optimize **the** preoperative martial status, with clinical efficacy and **the patient's** tolerability being highly dependent on **the** pharmaceutical formula. **Patients** undergoing elective hip/knee arthroplasty were randomized to be **supplemented** with a 30-day **oral therapy** of sucrosomial ferric pyrophosphate plus L-ascorbic acid. **The** tolerability was 2.7% among treated **patients**. Adjustments **for** confounding **factors**, such as iron absorption influencers, showed a relevant response limited to **older patients** (>= 65 years **old**), whose uncharacterized Hb loss was averted upon treatment with iron formula. **Older patients** with no support lost -2.8 +/- 5.1%, while **the intervention** group gained +0.7 +/- 4.6% of circulating hemoglobin from baseline (p = 0.019). Gastrointestinal diseases, medications, and possible **dietary factors** could affect **the** efficacy of iron **supplements**. Future opportunities may consider to couple ferric pyrophosphate with other **nutrients**, to pay attention in avoiding absorption disruptors, or to implement **interventions** to obtain an earlier martial status optimization at **the population** level.

Publication Type Journal Article.

Year of Publication 2020

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7.

Abstract Reference
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Library Holdings
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Unique Identifier 31157605

Title **Association Between Dietary Selenium Intake and the Prevalence of Nonalcoholic Fatty Liver Disease: A Cross-Sectional Study.**

Source Journal of the American College of Nutrition. 39(2):103-111, 2020 Feb.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Wu J; Zeng C; Yang Z; Li X; Lei G; Xie D; Wang Y; Wei J; Yang T.

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Keyword Heading Selenium
cross-sectional study
dietary
dose-response
fatty liver

Abstract **Objective: The** aim was to examine **the** association between **dietary** selenium intake and nonalcoholic fatty liver disease (NAFLD) in a large group of middle-aged and **elderly** Chinese **persons**. **Method: The** data included in this analysis were from a **population-based** study, **the** Xiangya Hospital Health **Management** Center Study. NAFLD was diagnosed by (1) imaging or histological evidence of hepatic steatosis; (2) absence of specific etiologies of NAFLD; and (3) no heavy consumption of alcohol. **Dietary** selenium intake was assessed using a validated semi-quantitative **food** frequency questionnaire. **The** association between **dietary** selenium intake and **the** prevalence of NAFLD was evaluated using logistic and spline regression in a cross-sectional study of 5436 subjects. **Results: The** prevalence of NAFLD was 36.8%. Compared with **the** lowest quintile, **the** energy-adjusted odds ratios **for** NAFLD were 1.27 (95% confidence interval [CI], 1.07-1.52), 1.30 (95% CI, 1.09-1.55), and 1.58 (95% CI, 1.33-1.89) **for the** third, fourth, and fifth quintiles of

selenium intake, respectively, and there was a positive dose-response relationship (r = 0.88, *p* **for** trend = 0.008). Similar results were observed **for** men and women separately. **The** findings were not materially altered by adjustment **for** potential confounders (i.e., **age**, gender, body mass index, smoking status, diabetes, hypertension, activity level, **nutritional supplements**, energy intake, fat intake, fiber intake, cholesterol and saturated fatty acid intake). **Conclusions:** In this middle-aged and **elderly population**, subjects with higher **dietary** selenium intake, even below **the** recommended **nutrient** intake in China, had higher prevalence of NAFLD in a dose-response relationship manner.

Publication Type Journal Article.

Year of Publication 2020

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8.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 32005104

Title **The effects of promoting oral intake using the Kuchi-kara Taberu index, a comprehensive feeding assistant tool, in older pneumonia patients: a cluster randomized controlled trial.**

Source BMC Geriatrics. 20(1):36, 2020 Jan 31.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

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Keyword Heading Deglutition
Deglutition disorder
Eating
Nutrition therapyNutrition therapy
Pneumonia
Rehabilitation

Abstract **BACKGROUND: The** multidisciplinary comprehensive **care** (MDCC) program promotes **the** improvement of **oral** intake **for older patients**. **The** Kuchi-kara Taberu (ingesting orally in Japanese, KT) index was developed to objectively assess **patient** conditions in **the** MDCC program. This trial examined **the** effects of **the** index in promoting **oral** intake in **older patients** with pneumonia.

METHODS: A cluster randomized controlled trial was conducted in 10 local hospitals targeting **older patients** with pneumonia (>=65 years). Ten hospitals were allocated randomly to either **the intervention** or **the** control group. Both groups (each with five hospitals) received **the** MDCC program **for oral feeding**, which consisted of professional assessment, **care**, and treatment. **The** KT index was used by **the intervention** group, focusing on improving low score items. **The** primary outcome was determined using **the** Functional **Oral** Intake Scale (FOIS) at discharge or 1 month after admission.

RESULTS: One hundred and twelve **patients** (46 women and 66 men) who participated from 10 hospitals, with a median **age** of 88 years (interquartile range [IQR], 80-91), were examined. **The** median FOIS level and **the** number of **patients** with **oral** intake (FOIS >= level 4) at discharge were 4 (IQR, 4-6) and 89 (79.5%), respectively. **The** duration of nil per os was 2 (IQR, 1-5) days. Clusters were not matched in **the** presence of Kuchi-kara Taberu Shiawase-wo Mamoru-kai-certified medical staff promoting **oral** intake in **patients** with dysphagia in each hospital. **The** median FOIS levels of 53 **patients** in **the intervention** group and 59 **patients** in **the** control group were 5 (IQR, 4-6) and 4 (IQR, 4-5), respectively, showing no statistically significant difference (P = 0.76). According to a multivariate analysis, **the** KT index had no positive effect on FOIS levels.

CONCLUSIONS: This trial was not able to demonstrate **the** usefulness of **the** KT index due to random assignment failure. However, both **the intervention** and control groups showed a

high prevalence of **oral** intake (FOIS >= level 4) at discharge.

TRIAL REGISTRATION: UMIN-Clinical Trial Registry, UMIN000025172, December 17, 2016.

Publication Type Journal Article.

Year of Publication 2020

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9.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 31932297

Title **Supporting nutrition in frail older people: a qualitative study exploring views of primary care and community health professionals.**

Source British Journal of General Practice. 70(691):e138-e145, 2020 02.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Avgerinou C; Bhanu C; Walters K; Croker H; Tuijt R; Rea J; Hopkins J; Kirby-Barr M; Kharicha K.

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Keyword Heading
*community
*frailty
*health education
*malnutrition
*older people
*primary care

Abstract

BACKGROUND: Malnutrition is associated with increased morbidity and mortality, and is very common in **frail older people**. However, little is known about how weight loss in **frail older people** can be managed in primary **care**.

AIMS: To explore **the** views and practices of primary **care** and community professionals on **the management** of **malnutrition** in **frail older people**; identify components of potential primary care-based **interventions for** this group; and identify training and support required to deliver such **interventions**.

DESIGN AND SETTING: Qualitative study in primary **care** and community settings.

METHOD: Seven focus groups and an additional interview were conducted with general practice teams, **frailty** multidisciplinary teams (MDTs), and community dietitians in London and Hertfordshire, UK (*n* = 60 participants). Data were analysed using thematic analysis.

RESULTS: Primary **care** and community health professionals perceived **malnutrition** as a multifaceted problem. There was an agreement that there is a gap in **care** provided **for malnutrition** in **the** community. However, there were conflicting views regarding professional accountability. Challenges commonly reported by primary **care** professionals included overwhelming workload and lack of training in **nutrition**. Community MDT professionals and dietitians thought that an **intervention** to tackle **malnutrition** would be best placed in primary **care** and suggested opportunistic screening **interventions**. Education was an essential part of any **intervention**, complemented by social, emotional, and/or practical support **for frailer** or socially isolated **older people**.

CONCLUSIONS: Future **interventions** should include a multifaceted approach. Education tailored to **the** needs of **older people**, carers, and healthcare professionals is a necessary component of any **intervention**.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2020

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10.

Abstract Reference
Complete Reference

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Unique Identifier	32003406
Title	**Prevalence of Malnutrition in Older Hospitalized Cancer Patients: A Multicenter and Multiregional Study.**
Source	Journal of Nutrition, Health & Aging. 24(2):166-171, 2020.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Data-Review
Authors	D'Almeida CA; Peres WAF; de Pinho NB; Martucci RB; Rodrigues VD; Ramalho A.
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Keyword Heading	Geriatrics MNA-SF cancer **malnutrition** **nutritional screeningnutritional screening**
Abstract	**BACKGROUND: Malnutrition** is frequent in **older** cancer **patients**, with a prevalence that ranges from 25% to 85%. **The** aging process is associated with several physiological changes, which may have implications **for nutritional** status. Screening tools can be useful **for** identifying **malnutrition** status among **older patients** with cancer. **METHODS:** A hospital-based multicenter cohort study that included 44 institutions in Brazil. **The** Mini **Nutritional** Assessment-Short Form (MNA-SF) was administered to 3061 **older** hospitalized cancer **patients** within 48 hoursof admission. **The** Kolmogorov-Smirnov test was used to test **the** sample distribution, considering sex, **age** range, calf circumference, body mass index, and MNA-SF score and classification. **The** categorical data were expressed by frequencies (n) and percentages (%)and compared using **the** chi-square test or Tukey test. **RESULTS:** According to **the** results of **the** MNA-SF, 33.4% of **the patients** were **malnourished**, 39.3% were at **risk** of **malnutrition**, and 27.3% were classified as having normal **nutritional** status. Length of hospital stay (in days) was found to be longer **for** those **patients** with a poorer **nutritional** status (**malnourished**: 7.07+/-7.58; at **risk** of **malnutrition**: 5.45+/-10.73; normal status: 3.9+/-5,84; p <0.001). **CONCLUSIONS: The** prevalence of **malnutrition** and **nutritional risk** is high in **older** hospitalized cancer **patients** in all **the** regions of Brazil and a worse **nutritional** status is associated with a longer hospital stay. Using a low-cost, effective **nutritional** screening tool **for older** cancer **patients** will enable specialized **nutritional interventions** and avoid inequities in **the** quality of cancer **care** worldwide.
Publication Type	Journal Article.
Year of Publication	2020

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11.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier	31710866
Title	**The Mini Nutritional Assessment-Short Form as a predictor of nursing home mortality in Japan: A 30-month longitudinal study.**
Source	Archives of Gerontology & Geriatrics. 86:103954, 2020 Jan - Feb.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Motokawa K; Yasuda J; Mikami Y; Edahiro A; Morishita S; Shirobe M; Ohara Y; Nohara K; Hirano H; Watanabe Y.
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Keyword Heading

*Elderly person
*Long-term care
*Mini nutritional assessment
*Nursing home

Abstract

OBJECTIVES: We examined whether **the** Mini **Nutritional** Assessment-Short Form (MNA R-SF) predicted mortality in 367 **nursing home** residents (82% women; mean **age** = 84.4 +/- 8.5 years) in Japan.

MEASUREMENTS: We examined participants' basic characteristics (sex, **age**, height, weight, and medical history), **the** Barthel index (BI), clinical dementia rating (CDR), and six items of **the** MNA R-SF. **The** association between **the** MNA R-SF and 30-month mortality was assessed using a Cox proportional regression analysis.

RESULTS: During **the** study, 157 (42.8%) participants died. MNA R-SF scores in **the** Survival group were significantly higher than in **the** Death group (9.4 +/- 2.1 vs. 8.4 +/- 2.3, respectively; p < .001). After adjusting **for age**, sex, history of aspiration pneumonia, BI, and CDR, MNA R-SF scores were significantly associated with 30-month mortality (hazard ratio: 0.89, 95% confidence interval: 0.82-0.97, p = .005).

CONCLUSION: The MNA R-SF was an effective predictor of mortality among **nursing home** residents in Japan, even after adjusting **for** potential confounders. These results indicate that periodically evaluating **nutritional** status using **the** MNA R-SF, and **nutritional interventions** according to status, may result in maintenance and improvement of **nutritional** status, as well as lead to reduced mortality.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2020

12.

Unique Identifier 31973742

Title **Gaps between current clinical practice and evidence-based guidelines for treatment and care of older patients with Community Acquired Pneumonia: a descriptive cross-sectional study.**

Source BMC Infectious Diseases. 20(1):73, 2020 Jan 23.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading

Adherence
Community acquired pneumonia
Diagnosis
Evidence-based guidelines
Treatment, Nursing care

Abstract

BACKGROUND: Community acquired pneumonia (CAP) remains a significant cause of morbidity and in-hospital mortality, and readmission rates are rising **for older persons** (> 65 years). Optimized treatment and **nursing care** will benefit **patients** and **the** health economy. Hence, there is a need to describe gaps between current clinical practice and recommendations in evidence-based guidelines **for** diagnostic procedures, medical treatment and **nursing interventions for older patients** with CAP.

METHODS: Structured observations, individual ad hoc interviews and audits of **patient** records were carried out in an emergency department and three medical units. Data were analysed by manifest content analysis and descriptive statistics.

RESULTS: Thirty **patients** (median **age** 74 years) admitted with CAP and 86 physicians, nurses, physiotherapists were included. **The** median length of stay (LOS) was 6.5 days, in-hospital mortality was10 and 40.7% were readmitted within one month. **The** severity assessment tool (CURB-65) was used in 16.7% of **the patients**, correct antibiotic treatment prescribed **for** 13.3% and chest radiography (<=6 weeks post-discharge) prescribed **for** 22.2%. Fluid **therapy**, **nutrition** support and mobilisation plans were found to be developed sporadically, and **interventions** to be performed unsystematically and sparingly. Positive Expiratory Pressure **therapy** and **oral care** were **the nursing interventions** with lowest adherence, ranging from 18.2 to 55.6%.

CONCLUSIONS: Adherence to recommendations was low **for** several central treatment and **nursing care interventions for patients** with CAP with possible consequences **for patients** and **the** use of resources. Thus, there is an urgent need to identify and remove barriers to adherence to recommendations in **the** neglected areas in view of **the** potential to improve **patient** outcomes.

Publication Type Journal Article.

Year of Publication 2020

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13.

Abstract Reference
Complete Reference

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Unique Identifier 31765701

Title **Protective effect of Pedro-Ximenez must against p,p'-DDE-induced liver damages in aged Mus spretus mice.**

Source Food & Chemical Toxicology. 136:110984, 2020 Feb.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Morales-Prieto N; Lopez de Lerma N; Pacheco IL; Huertas-Abril PV; Perez J; Peinado R; Abril N.

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Keyword Heading
Aging
Hepatoprotection
Mus spretus
Organochlorine
Oxidative damage
Pedro-ximenez grape must
Transcriptional analysis
p,p'-DDE

Abstract Aging is characterized by deterioration of biomolecules and impaired stress responses that make **the elderly** especially vulnerable to environmental pollutants. **The** pesticide p,p'-DDE is a DDT derivative that generates great concern because of its wide distribution and its harmful effects on both human health and **the** environment. We analyzed here **the** biological responses elicited by p,p'-DDE exposure in **the** liver of **aged** Mus spretus mice. Data demonstrate that **the elderly** constitute a **population** especially sensitive to this noxious environmental pollutant. We also demonstrated here that **the** daily consumption of sun-dried Pedro Ximenez (PX) white-grape must (PXM) protects **the** liver of **aged** mice from both **the age** and **the** damages caused by p,p'-DDE exposure. **The** PXM activity was exerted through **the** restoration of **the** hepatic metabolisms of lipids and carbohydrates and, probably, is a consequence of **the** ability of this polyphenol-rich mixture to avoid oxidative stress. **Nutritional interventions** including PXM, which ameliorates **the** effects of unavoidable exposure to pesticides in our **food**, are helpful tools that can help **elderly populations** to enjoy a healthy and expanded lifetime.

Publication Type Journal Article.

Year of Publication 2020

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14.

Abstract Reference
Complete Reference

Unique Identifier 31956718

Title **Efficiency of newly formulated functional instant soup mixtures as dietary supplements for elderly.**

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Source Heliyon. 6(1):e03197, 2020 Jan.

Version ID 1

Full Text

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

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Keyword Heading By-products
Chickpea
Consumer sensory research
Elderly
Food acceptance
Food science
NutritionNutrition
Olive oil
Qualitative research in nutrition
Vegetables

Abstract Healthy diet **for elderly** not only provides them with their needs from macro and micronutrients but also help **preventing** and treating age-related disorders including non-communicable diseases. So, **the** present study established to evaluate physical, sensory, chemical and biological characteristics of newly **formulated** functional instant soup mixtures as **dietary supplements for elderly**. Lyophilized chickpea, some vegetables and some by-products (at 5% and 10%) were incorporated in **the** preparation of two instant soup mixtures. **The** biological effects of **the** mixtures were studied using a **geriatric** animal model. **The** results revealed a reasonable acceptance of **the** two mixtures even after storage period (4 months) in addition to their contents from protein, fat, crude fiber and carbohydrates (16.62, 6.20, 6.60 and 65.89%, respectively in mixture I; 16.89, 6.30, 6.30 and 54.16%, respectively in mixture II). Mixture II was more promised in flavonoids content and scavenging radical activity than mixture I. **Feeding the geriatric** rats on **the** two mixtures did not produce any change in either liver or kidney functions and suggested **the** ability of these mixtures to **prevent the** hyperglycemia and hyperlipidemia and improve bone health. A slight decrease in brain lipid peroxidation, although not statistically significant, of rats has been observed upon **feeding** on these mixtures. Also, **the** two mixtures increased feces weight of rats which indicates to **the** beneficial effects of these mixtures in **prevention** of constipation. In conclusion **the formulated** instant soup mixtures with high acceptability and antioxidant activity can provide **elderly people** with high percent of their requirements from macro and micronutrients.

Publication Type Journal Article.

Year of Publication 2020

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15.

Abstract Reference
Complete Reference

Unique Identifier 31947528

Title **Sarcopenia and Heart Failure. [Review]**

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Source Nutrients. 12(1), 2020 Jan 14.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Full Text

Status	In-Process
Authors	Curcio F; Testa G; Liguori I; Papillo M; Flocco V; Panicara V; Galizia G; Della-Morte D; Gargiulo G; Cacciatore F; Bonaduce D; Landi F; Abete P.
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Keyword Heading	cachexia **elderly** heart failure **malnutrition** physical activity sarcopenia
Abstract	Modifications of lean mass are a frequent critical determinant in **the** pathophysiology and progression of heart failure (HF). Sarcopenia may be considered one of **the** most important causes of low physical performance and reduced cardiorespiratory fitness in **older patients** with HF. Sarcopenia is frequently misdiagnosed as cachexia. However, muscle wasting in HF has different pathogenetic features in sarcopenic and cachectic conditions. HF may induce sarcopenia through common pathogenetic pathways such as hormonal changes, **malnutrition**, and physical inactivity; mechanisms that influence each other. In **the** opposite way, sarcopenia may favor HF development by different mechanisms, including pathological ergoreflex. Paradoxically, sarcopenia is not associated with a sarcopenic cardiac muscle, but **the** cardiac muscle shows a hypertrophy which seems to be "not-functional." First-line agents **for the** treatment of HF, physical activity and **nutritional interventions**, may offer a therapeutic advantage in sarcopenic **patients** irrespective of HF. Thus, sarcopenia is highly prevalent in **patients** with HF, contributing to its poor prognosis, and both conditions could benefit from common treatment strategies based on pharmacological, physical activity, and **nutritional** approaches.
Publication Type	Journal Article. Review.
Year of Publication	2020

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16.

Abstract Reference
Complete Reference

Unique Identifier	31872484
Title	**Hepatic Encephalopathy and Nutrition Influences: A Narrative Review. [Review]**
Source	Nutrition in Clinical Practice. 35(1):36-48, 2020 Feb.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Fallahzadeh MA; Rahimi RS.
Author NameID	Rahimi, Robert S; ORCID: https://orcid.org/0000-0002-2595...
Authors Full Name	Fallahzadeh, Mohammad Amin; Rahimi, Robert S.
Institution	Fallahzadeh, Mohammad Amin. Division of Hepatology, Baylor University Medical Center, Baylor Scott & White Health, Dallas, Texas, USA.

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Rahimi, Robert S. Division of Hepatology, Baylor University Medical Center, Baylor Scott & White Health, Dallas, Texas, USA.

Keyword Heading
frailty
hepatic encephalopathy
liver cirrhosis
liver diseases
nutrition therapynutrition therapy
sarcopenia

Abstract
Hepatic encephalopathy (HE) is a potentially reversible neurocognitive condition seen in **patients** with advanced liver disease. **The** overt form of HE has been reported in up to 45% of **patients** with cirrhosis. This debilitating condition is associated with increased morbidity and mortality and imposes a significant burden on **the** caregivers and healthcare system. After providing an overview of HE epidemiology and pathophysiology, this review focuses on **the** interaction of HE and **frailty**, **nutrition** requirements and recommendations in cirrhotic **patients** with HE, and current **dietary** and pharmacologic options **for** HE treatment.

Publication Type Journal Article. Review.

Year of Publication 2020

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17.

Complete Reference

Unique Identifier 28776410

Title **Care workers' voices in designing assistive technologies for preventing malnutrition in older people with dementia: Innovative Practice.**

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Source Dementia. 19(2):505-511, 2020 02.

Version ID 1

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Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Jayatilaka A; Ranasinghe DC; Falkner K; Visvanathan R; Wilson A.

Authors Full Name Jayatilaka, Asangi; Ranasinghe, Damith C; Falkner, Katrina; Visvanathan, Renuka; Wilson, Anne.

Institution Visvanathan, Renuka. The University of Adelaide, Australia.
Wilson, Anne. The University of Adelaide, Australia; Flinders University of South Australia, Australia; University of New South Wales, Australia.

Keyword Heading
*assistive technologies
*care workers
*community dwelling
*dementia
*nutrition
*research methods

Publication Type Journal Article.

Year of Publication 2020

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18.

Abstract Reference
Complete Reference

Unique Identifier 31498912

Title **Clinical guidelines for type 1 diabetes mellitus with an emphasis on older adults: an Executive Summary.**

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Source Diabetic Medicine. 37(1):53-70, 2020 Jan.

Version ID 1

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Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Sinclair AJ; Dunning T; Dhatariya K; an International Group of Experts.

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Authors Full Name Sinclair, A J; Dunning, T; Dhatariya, K; an International Group of Experts.

Institution Sinclair, A J. Kings College, London, UK.
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Dunning, T. Deakin University, Australia.
Dhatariya, K. Elsie Bertram Diabetes Centre, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich, UK.

Abstract
We present a summary of a guideline produced by an international group of experts **for** managing type 1 diabetes in adults with an emphasis on **the** special needs of **older people** with this condition. **The** rationale **for** delivering high-quality diabetes **care for** adults with

type 1 diabetes, why it is important to include **older people** in our considerations, and **the** key underpinning principles of **the** guideline are included. **The** structure of **the** recommendations given is described and consists of 'general' recommendations followed by 'specific' recommendations according to three categories depending on **the** characteristics of adults addressed, such as functional level or self-management ability. Recommendations are provided in **the** areas of: clinical diagnosis, establishing **management** plans and glucose regulation, diabetes self-management education, **nutritional therapy**, physical activity, exercise and lifestyle modification, insulin treatments and regimens, use of technology in diabetes **management**, hypoglycaemia, managing cardiovascular **risk**, **management** of microvascular **risk**, and inpatient **management** of type 1 diabetes and ketoacidosis.

Publication Type Journal Article.

Year of Publication 2020

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19.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier 31701570

Title **Review article: malnutrition/sarcopenia and frailty in patients with cirrhosis. [Review]**

Source Alimentary Pharmacology & Therapeutics. 51(1):64-77, 2020 Jan.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Bunchorntavakul C; Reddy KR.

Author NameID Bunchorntavakul, Chalermrat; ORCID: https://orcid.org/0000-0002-8842...
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Institution Bunchorntavakul, Chalermrat. Division of Gastroenterology and Hepatology, Department of Medicine, Rajavithi Hospital, College of Medicine, Rangsit University, Bangkok, Thailand. Reddy, K Rajender. Division of Gastroenterology and Hepatology, Department of Medicine, University of Pennsylvania, Philadelphia, PA, USA.

Abstract **BACKGROUND: Malnutrition**/sarcopenia and **frailty** are common in **patients** with cirrhosis and are associated with poor outcomes.

AIM: To provide an overview of data on **the** importance, assessment and **management** of **malnutrition**/sarcopenia and **frailty** in cirrhosis.

METHODS: A literature search was conducted in PubMed and other sources, using **the** search terms "sarcopenia," "muscle," "**malnutrition**," "cirrhosis," "liver" and "**frailty**" from inception to April 2019, to identify **the** relevant studies and international guidelines.

RESULTS: The prevalence of **malnutrition**/sarcopenia in cirrhosis is 23%-60%. **Frailty** generally overlaps with **malnutrition**/sarcopenia in cirrhosis, leading to increased morbidity and mortality. Rapid **nutritional** screening assessment should be performed in all **patients** with cirrhosis, and more specific tests **for** sarcopenia should be performed in those at high **risk**. **The** pathogenesis of **malnutrition**/sarcopenia in cirrhosis is complex/multifactorial and not just reduction in protein/calorie intake. Hyperammonemia appears to be **the** main driver of sarcopenia in cirrhosis through several molecular signalling pathways. **Nutritional management** in **malnourished patients** with cirrhosis should be undertaken by a multidisciplinary team to achieve adequate protein/calorie intake. While **the** role of branched-chained amino acids remains somewhat contentious in achieving a global benefit of decreasing mortality- and liver-related events, they, and vitamin **supplements**, are recommended **for** those with advanced liver disease. Novel strategies to reverse sarcopenia such as hormone **supplementation**, long-term ammonia-lowering agents and myostatin antagonists, are currently under investigation.

CONCLUSIONS: Malnutrition/sarcopenia and **frailty** are unique, inter-related and multi-dimensional problems in cirrhosis which require special attention, prompt assessment and appropriate **management** as they significantly impact morbidity and mortality.

Publication Type Journal Article. Review.

Year of Publication 2020

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20.

Abstract Reference
Complete Reference

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Unique Identifier 31539815

Title **Patient access to oral nutritional supplements: Which policies count?.**

Source	Nutrition. 69:110560, 2020 Jan.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Data-Review
Authors	Cavazza M; Banks H; Muscaritoli M; Rondanelli M; Zandona E; Jommi C.
Authors Full Name	Cavazza, Marianna; Banks, Helen; Muscaritoli, Maurizio; Rondanelli, Mariangela; Zandona, Emanuela; Jommi, Claudio.
Institution	Cavazza, Marianna. Cergas (Centre for Research on Health and Social Care Management), SDA Bocconi School of Management, Milano Italy. Electronic address: Marianna.cavazza@unibocconi.it. Banks, Helen. Cergas (Centre for Research on Health and Social Care Management), SDA Bocconi School of Management, Milano Italy. Muscaritoli, Maurizio. Department of Clinical Medicine, Sapienza University of Rome, Italy. Rondanelli, Mariangela. IRCCS Mondino Foundation, Pavia, Italy; Department of Public Health, Experimental and Forensic Medicine, Unit of Human Nutrition, University of Pavia, Pavia. Zandona, Emanuela. Secondary Care Unit, Health Care Department of Piedmont Region, Torino, Italy. Jommi, Claudio. Cergas (Centre for Research on Health and Social Care Management), SDA Bocconi School of Management, Milano Italy.
Keyword Heading	Disease-related malnutrition **Frailty** **Malnutrition** Oral nutritional supplements **Patient access** **Patient referral** Public policies
Abstract	**OBJECTIVES: Oral nutritional supplements** (ONS) represent a cost-effective method **for** treating **malnutrition**. **The** aim of this study was to investigate **the** effects of public policies on **patient** access to ONS, using **the** Italian regionalized health **care** system as a case study, subsequently compared with **the** centralized British National Health Service. **METHODS:** Regional policies in **the** nine largest Italian regions and British policies were gathered through a literature review; interviews with officers responsible **for** clinical **nutrition** policies at **the** regional level in Italy were also conducted. Total ONS regional sales in Italy were gathered from industry sources. **RESULTS:** Regulation by Italian regions focused on **patient** access and local prescribing issues (**facilities** and specialists allowed to prescribe reimbursed ONS, clinical pathways **for malnutrition** or disease-related **malnutrition**, length of prescriptions, and distribution of ONS). British policies focused on organizational issues (clinical governance through multidisciplinary **Nutrition** Support Teams, **Nutrition** Steering Committees and Clinical Commissioning Groups), education and referral by health **care** professionals. Neither per capita reimbursed ONS expenditure nor **the** proportion covered by public funds seem dependent on policies implemented at **the** regional level in Italy. There is no cutting-edge evidence that British policies produced broader diffusion of ONS, but they appear to have standardized their use within a more homogenous framework. **CONCLUSION:** As no clear relation between regional policies and variation in **patient** access to ONS emerges in Italy, national policies should be encouraged to enhance awareness of **malnutrition** among health **care** professionals and encourage **the** diffusion of multidisciplinary **nutrition** teams in health **care** organizations.
Publication Type	Journal Article.
Year of Publication	2020

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21.

Abstract Reference
Complete Reference

Unique Identifier	31894553
Title	**Cardiac Rehabilitation for Frail Older People. [Review]**
Source	Advances in Experimental Medicine & Biology. 1216:131-147, 2020.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	MEDLINE
Authors	Buttery AK.
Authors Full Name	Buttery, Amanda K.
Institution	Buttery, Amanda K. Faculty of Life Sciences and Medicine, King's College London, London, UK. amanda.buttery@kcl.ac.uk.
MeSH Subject Headings	**Aged** Aged, 80 and over *Cardiac Rehabilitation *Frail Elderly *Heart Diseases / rh [Rehabilitation]

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Heart Failure / rh [Rehabilitation]
Humans

Keyword Heading
Cardiac rehabilitation
Cardiovascular diseases
Elderly
Exercise
Frailty
Health services
Heart failure
Physical activity
Secondary prevention

Abstract
Comprehensive cardiac rehabilitation programmes include multifactorial components to optimise cardiovascular **risk** reduction, promote healthy behaviours and an active lifestyle, reduce disability and improve health and wellbeing. There is compelling evidence that **older people** with certain cardiovascular conditions, such as heart failure, can benefit both physically and mentally from cardiac rehabilitation. This chapter discusses **the** evolution of cardiac rehabilitation, **frailty** assessment in cardiac rehabilitation and guideline recommendations in **the** context of ageing **populations**. Contemporary cardiac rehabilitation service models are presented along with potential solutions to meeting **older** people's preferences and improving access to effective treatment **for** those with **frailty**. Innovations in catheter-based surgical **interventions** mean that more **people** with **frailty** are undergoing cardiovascular surgery than ever before. Although traditionally, cardiac rehabilitation has been associated with secondary **prevention** after cardiac diagnoses, events and **interventions**, new models of preconditioning rehabilitation or 'prehab' are being offered to **frail older people** before surgery to improve functional outcomes and reduce hospital stay. Individual tailoring of cardiac rehabilitation programme components is a cornerstone of high-quality **care**. Importantly, participation in core components, such as exercise and **nutritional interventions**, can impact on both cardiac vascular disease and **frailty**, providing **the** potential to change **the** trajectory of both conditions.

Publication Type Journal Article. Review.

Year of Publication 2020

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22.

Abstract Reference
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Unique Identifier 31657057

Title **Nonpharmacological methods: frequency of use and follow-up actions among healthcare staff in the care of older people.**

Source Scandinavian Journal of Caring Sciences. 2019 Oct 27.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Lindberg T; Fagerstrom C.

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Fagerstrom, Cecilia. Department of Health and Caring Science, Faculty of Health and Life Science, Linnaeus University, Kalmar, Sweden.

Keyword Heading
elderly care
health problems
nonpharmacological methods
older people
survey

Abstract
Older people are at **risk** of developing multi-comorbidity and thus being exposed to multiple treatments and drugs to manage **the** emerging health complaints. More focus has been put on nonpharmacological alternatives. However, studies revealing **the** healthcare staff perspective on using nonpharmacological methods (NPMs) in **the care** of **older people** are still lacking. Thus, **the** aim of this study was to map **the** use of NPMs in daily practices and **the** follow-up thereof. A **population-based** survey with questionnaires was performed, included all healthcare professionals (n = 163; nurses and paramedical professionals) working in one district of **elderly care** in Sweden. **The older person's** anxiety and worry (76.1%), sleeping problems (53.1%) and pain (41.1%) were **the** health problems in daily life most likely to trigger use of NPMs. To manage **the** emerging health problems, interactions (87.1%), diet and **nutrition supplements** (63.2%) and physical activity were commonly used, particularly by nurses. One third (n = 54) stated that they did not evaluate **the** NPMs used, with no statistical differences between nurses and paramedical professionals. **The** present study indicated that NPMs were used in **care** of **older people** among nurses and paramedical professionals, but not in a systematic way and often without follow-up.

Publication Type Journal Article.

Year of Publication 2019

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23.

Abstract Reference
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Unique Identifier	31603533
Title	**A pseudo-mastication sound presentation device to improve the texture of nursing care foods.**
Source	Journal of Texture Studies. 2019 Oct 11.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Kaneko H; Endo H; Ino S.
Author NameID	Kaneko, Hidekazu; ORCID: https://orcid.org/0000-0002-1811... Endo, Hiroshi; ORCID: https://orcid.org/0000-0003-1940... Ino, Shuichi; ORCID: https://orcid.org/0000-0003-0719...
Authors Full Name	Kaneko, Hidekazu; Endo, Hiroshi; Ino, Shuichi.
Institution	Kaneko, Hidekazu. National Institute of Advanced Industrial Science and Technology, Tsukuba, Ibaraki, Japan. Endo, Hiroshi. National Institute of Advanced Industrial Science and Technology, Tsukuba, Ibaraki, Japan. Ino, Shuichi. National Institute of Advanced Industrial Science and Technology, Tsukuba, Ibaraki, Japan.
Keyword Heading	chewing sound electromyography food texture masseter muscle mastication
Abstract	**The** texture of foods is affected by concurrent auditory sensations. To improve **the** texture of **nursing care** foods, we developed a pseudo-mastication sound presentation device based on electromyogram (EMG) signals from **the** muscles of mastication. EMG signals have enabled us to promptly present **care** recipients with pseudo-mastication sounds. However, actual mastication sounds vary in intensity and duration more than EMG signals. Here, we investigated changes in EMG signals and actual mastication sounds during **the** mastication of two **food** types (rice crackers and Japanese pickles) to improve our device. We found that **the** intensity and duration of mastication sounds decreased as **the** number of mastication strokes increased. Furthermore, **the** intensity and duration of mastication sounds and **the** latency between **the** onset of EMG signals and **the** onset of mastication sounds also varied by **food** type. **For** EMG signals, only **the** intensity varied by **food** type. Based on our findings, we modified our pseudo-mastication sound presentation device to enable control of **the** intensity and duration of pseudo-mastication sounds based on **the** number of mastication strokes and **food** type. Reproducing more natural pseudo-mastication sounds can improve **care** recipients' motivation **for** ingesting **nursing care** foods, thus **preventing malnutrition** and **frailty**. Copyright © 2019 Wiley Periodicals, Inc.
Publication Type	Journal Article.
Year of Publication	2019

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24.

Abstract Reference
Complete Reference

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Unique Identifier	31883944
Title	**Effect of aging on the availability of amino acids from an immune-enhancing diet (IED) after a surgical stress in rats.**
Source	Clinical Nutrition. 2019 Dec 17.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Tennoune N; Ventura G; Le Plenier S; Choisy C; Neveux N; Nakib S; Sarfati G; Raynaud-Simon A; Cynober L; De Bandt JP.
Authors Full Name	Tennoune, N; Ventura, G; Le Plenier, S; Choisy, C; Neveux, N; Nakib, S; Sarfati, G; Raynaud-Simon, A; Cynober, L; De Bandt, J P.
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Keyword Heading
Aging
Amino acid availability
Arginine
Immunonutrition

Abstract

BACKGROUND & **AIMS: Dietary** amino acid (AA) requirements increase after a surgical stress while **the** systemic AA availability from **the** diet decreases with **age**, due to splanchnic sequestration. While immune-enhancing diets (IEDs) have been recommended **for the nutritional management** of surgical **patients**, **the** systemic bioavailability of their AA supply has not been evaluated in **elderly** surgical **patients**. This was determined in surgically-stressed IED-fed **aged** rats.

METHODS: Thirty-four 5-month- or 21-month-old male Sprague-Dawley rats were used. After a gastrostomy and placement of a jugular vein catheter and a one-week recovery period, **the** animals underwent two 24 h-enteral **feedings** with an arginine-enriched IED (Impact R, Nestle Health Science) before (healthy state) and 18 h after a standardized laparotomy, used as a model of surgical stress. During enteral **nutrition**, blood samples were repeatedly collected to measure plasma AA bioavailability (incremental areas under **the** curve) at 2, 5 and 24 h. Surgical stress was evaluated from urinary catecholamines and plasma protein profile.

RESULTS: Whatever **the age** or stress situation, IED **feeding** was associated with decreased plasma glycine and increased alanine, proline and arginine. Aging was mainly associated with a delayed plasma AA accumulation in **the** first hours after **the** initiation of enteral **nutrition**. Stress was associated with higher plasma arginine increase and lower histidine, methionine, phenylalanine and tyrosine accumulation. **Age** and stress interactions seem limited.

CONCLUSIONS: AA bioavailability from an arginine-enriched IED seems to be maintained whatever **age** and stress situation. Aging appears to be mainly associated with a delay in plasma AA accumulation probably related to age-associated splanchnic sequestration of AAs. Additional effects of surgical stress per se seem limited.

Publication Type Journal Article.

Year of Publication 2019

25.

Unique Identifier 31580890

Title **Assessing Barriers to Healthy Eating in Hospitalized Older Adults With Heart Failure: Psychometric Properties of Two Questionnaires.**

Source Journal of Cardiac Failure. 2019 Sep 30.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Marolt C; Miller A; Carlozzi NE; Karmally W; Helmke S; Teruya S; Wells J; Trumble E; Maurer MS; Hummel SL.

Authors Full Name Marolt, Cara; Miller, Alexandria; Carlozzi, Noelle E; Karmally, Wahida; Helmke, Stephen; Teruya, Sergio; Wells, Joanna; Trumble, Erika; Maurer, Mathew S; Hummel, Scott L.

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Karmally, Wahida. Columbia University, New York, New York.
Helmke, Stephen. Columbia University, New York, New York.

Teruya, Sergio. Columbia University, New York, New York.
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Maurer, Mathew S. Columbia University, New York, New York.
Hummel, Scott L. University of Michigan, Ann Arbor, Michigan; Ann Arbor Veterans Affairs Health System, Ann Arbor, Michigan. Electronic address: scothumm@med.umich.edu.

Keyword Heading
Diet
elderly
nutritionnutrition
readmission
sodium

Abstract

BACKGROUND: Dietary sodium excess and **malnutrition** have been associated with poor outcomes in heart failure (HF). Few previous studies have examined **the** barriers to following a low-sodium, **nutritionally** robust diet in hospitalized **patients** with HF.

METHODS AND RESULTS: As part of a **dietary intervention** pilot study, 76 inpatients with HF (**age** 71+/-8 years, 30% female, 30% black, 36% Hispanic/Latino) completed 2 questionnaires, **the Dietary** Sodium Restriction Questionnaire (DSRQ) and **the** Brief **Dietary** Psychosocial Scale (BDPS), to assess challenges in following a low-sodium, **nutritionally** complete diet. We assessed **the factor** structure of **the** DSRQ and BDPS with confirmatory and exploratory **factor** analysis (CFA and EFA). CFA did not support **the** established 3-factor solution **for the** DSRQ; instead, EFA indicated that a 2-factor solution (subjective norms/attitudes and perceived behavioral control) provided **the** best fit **for the** data. EFA supported 4 separate **factors for the** BDPS, as in its original derivation. Cronbach's alphas supported internal consistency reliability **for** both scales (**DSRQ:** 0.85-0.94; **BDPS:** 0.72-0.95).

CONCLUSIONS: In a mixed-ethnicity group of hospitalized **older patients** with HF, **the** DSRQ and BDPS have reasonable psychometric properties. These questionnaires may help identify barriers to healthy **dietary** practices and **facilitate nutritional interventions** in this high-risk **population**.

Publication Type Journal Article.

Year of Publication 2019

26.

Unique Identifier 31462103

Title **Can foodservices in aged care homes deliver sustainable food fortification strategies? A review.**

Source International Journal of Food Sciences & Nutrition. 1-9, 2019 Aug 28.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Cave DP; Abbey KL; Capra SM.

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Keyword Heading
Food fortification
aged care
foodservices
older adults

Abstract

Food fortification is used as a **nutrition** support strategy in **aged care homes**, **for** residents who are **malnourished** or at **risk** of **malnutrition**. **The** aim of this review was to determine **the** scope and strength of published works exploring relationships between **food fortification** strategies, mode of delivery and sustainability in **aged care homes**. Literature from four databases and grey literature was searched. A total of 3152 articles were screened. Seventeen studies were included.
Results showed that **the** majority of studies used pre-made **food fortification**, rather than **fortifying** foods on-site. There was heterogeneity across studies, including **the** mode of delivery and ingredients used **for food fortification**. Only two studies measured any aspect of costs. No clear sustainable strategies **for** implementing **food fortification** in this setting could be identified. Research is required to provide further insight into **the** acceptability and sustainability of **food fortification interventions**.

Publication Type Journal Article.

Year of Publication 2019

27.

Unique Identifier 31796229

Title **Coexistence of malnutrition, frailty, physical frailty and disability in patients with COPD starting a pulmonary rehabilitation program.**

Source Clinical Nutrition. 2019 Nov 16.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

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Keyword Heading
Frailty
Malnutrition
Pulmonary disease, Chronic obstructive

Abstract BACKGROUND & **AIMS: Malnutrition**, **frailty**, physical **frailty**, and disability are common conditions in **patients** with chronic obstructive pulmonary disease (COPD). Insight in **the** coexistence and relations between these conditions may provide information on **the** nature of **the** relationship between **malnutrition** and **frailty**. Such information may help to identify required **interventions** to improve **the patient's** health status. We therefore aimed to explore whether **malnutrition**, **frailty**, physical **frailty**, and disability coexist in **patients** with COPD at **the** start of pulmonary rehabilitation.

METHODS: For this cross-sectional study, from March 2015 to May 2017, **patients** with COPD were assessed at **the** start of a pulmonary rehabilitation program. **Nutritional** status was assessed with **the** Scored **Patient-Generated** Subjective Global Assessment (PG-SGA) based Pt-Global app. **Frailty** was assessed by **the** Evaluative **Frailty** Index **for** Physical activity (EFIP), physical **frailty** by Fried's criteria, and disability by **the** Dutch version of World Health Organization Disability Assessment Schedule 2.0 (WHODAS). These variables were dichotomized to determine coexistence of **malnutrition**, **frailty**, physical **frailty**, and disability. Associations between PG-SGA score and respectively EFIP score, Fried's criteria, and WHODAS score were analyzed by Pearson's correlation coefficient. Two tailed P-values were used, and significance was set at $P < 0.05$.

RESULTS: Of **the** 57 participants included (**age** 61.2 +/- 8.7 years), **malnutrition** and **frailty** coexisted in 40%. **Malnutrition** and physical **frailty** coexisted in 18%, and **malnutrition** and disability in 21%. EFIP score and PG-SGA score were significantly correlated ($r = 0.43$, $P = 0.001$), as well as Fried's criteria and PG-SGA score ($r = 0.37$, $P = 0.005$).

CONCLUSIONS: In this **population**, **malnutrition** substantially (40%) coexists with **frailty**. Although **the** prevalence of each of **the** four conditions is quite high, **the** coexistence of all four conditions is limited (11%). **The** results of our study indicate that **nutritional interventions** should be delivered by health **care** professionals across multiple disciplines.

Publication Type Journal Article.

Year of Publication 2019

+ My Projects + Annotate

28.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier 31130437

Title **Medication taking in a national sample of dependent older people.**

Source Research In Social & Administrative Pharmacy. 2019 May 20.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Ferguson CA; Thomson WM; Smith MB; Kerse N; Peri K; Gribben B.

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Keyword Heading Drug-related harm
Inappropriate medication use
Older people
Polypharmacy

Abstract **BACKGROUND:** Polypharmacy is associated with inappropriate medication use, and subsequently increasing **older persons' risk** of drug-related harm and health-related costs to individuals and society.

OBJECTIVE: To examine and describe, using a national sample of **patient-level** medication data, **the** prevalence of **older** people's polypharmacy and medication use across dependency levels. To examine **oral** and general pain prevalence and associated analgesic usage.

METHODS: Medication data from **the** 2012 New Zealand **Older** People's **Oral** Health Survey, a nationally-representative, cross-sectional study of dependent **older** people's **oral** health, were analysed descriptively, comparing classes and sub-classes of drugs and **nutrient supplements** taken across four categories of dependency: very low (own **homes** receiving in-home support), low, high and psychogeriatric (all receiving **aged residential care**). Self-reported current general pain and frequency of orofacial pain data were cross-tabulated by sub-classes of analgesics taken.

RESULTS: All participants were taking at least one medication overall, 53.2% (95% **CI:** 50.4, 56.0) took between five and nine (polypharmacy), and 13.9% (95% **CI:** 17.4, 22.5) took 10 or more (hyperpolypharmacy). Antihypertensives, analgesics, antiulcer drugs, aspirin, laxatives, statins and antidepressants were **the** most common drug classes taken, **the** proportions differing between psychogeriatric level **care** and all other dependency groups. Overall, simple analgesics were taken (34.5%; 95%**CI:** 30.8, 38.4) more commonly than other analgesics; **the** use of nonsteroidal anti-inflammatory drugs was low (3.6%; 95% **CI:** 2.7, 4.7). Of those reporting experiencing extreme general bodily pain, 63.3% (95% **CI:** 56.6, 69.4) took an analgesic, more than those experiencing mouth pain occasionally or often. Fat-soluble vitamins were **the** most common vitamin **supplement** taken (32.0%; 95%**CI:** 27.0, 37.4).

CONCLUSIONS: Polypharmacy and hyperpolypharmacy are common among **older people**, regardless of dependency level, and pain may be undertreated.

Publication Type Journal Article.

Year of Publication 2019

+ My Projects + Annotate

29.

Abstract Reference
Complete Reference

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Find Citing Articles

Unique Identifier 31571022

Title **Screening Community-Living Older Adults for Protein Energy Malnutrition and Frailty: Update and Next Steps. [Review]**

Source Journal of Community Health. 2019 Sep 30.

Library Holdings
Find @ Newcastle University

Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Dwyer JT; Gahche JJ; Weiler M; Arensberg MB.
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Keyword Heading	Community-living **Frailty screening** **Malnutrition** Older adults PEM Protein-energy malnutrition Screening Undernutrition
Abstract	Protein-energy **malnutrition** (PEM)/undernutrition and **frailty** are prevalent, overlapping conditions impacting on functional and health outcomes of **older** adults, but are frequently unidentified and untreated in community settings in **the** United States. Using **the** World Health Organization criteria **for** effective screening programs, we reviewed validity, reliability, and feasibility of data-driven screening tools **for** identifying PEM and **frailty risk** among community-dwelling **older** adults. **The** SCREEN II is recommended **for** PEM screening and **the FRAIL** scale is recommended as **the** most promising **frailty** screening tool, based on test characteristics, cost, and ease of use, but more research on both tools is needed, particularly on predictive validity of favorable outcomes after **nutritional**/physical activity **interventions**. **The Malnutrition** Screening Tool (MST) has been recommended by one expert group as a screening tool **for** all adults, regardless of **age**/**care** setting. However, it has not been tested in US community settings, likely yields large numbers of false positives (particularly in community settings), and its predictive validity of favorable outcomes after **nutritional interventions** is unknown. Community subgroups at highest priority **for** screening are those at increased **risk** due to prior illness, certain demographics and/or domiciliary characteristics, and those with BMI < 20 kg/m^2 or < 22 if > 70 years or recent unintentional weight loss > 10% (who are likely already **malnourished**). Community-based health professionals can better support healthy aging by increasing their awareness/use of PEM and **frailty** screening tools, prioritizing high-risk **populations for** systematic screening, following screening with more definitive diagnoses and appropriate **interventions**, and re-evaluating and revising screening protocols and measures as more data become available.
Publication Type	Journal Article. Review.
Year of Publication	2019

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30.

Abstract Reference
Complete Reference

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Library Holdings
Find @ Newcastle University

Unique Identifier	31453792
Title	**Malnutrition and related risk factors in older adults from different health-care settings: an *enable* study.**
Source	Public Health Nutrition. 1-11, 2019 Aug 27.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Kiesswetter E; Colombo MG; Meisinger C; Peters A; Thorand B; Holle R; Ladwig KH; Schulz H; Grill E; Diekmann R; Schrader E; Stehle P; Sieber CC; Volkert D.
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Keyword Heading

Malnutrition
Older people
Risk factor
Setting

Abstract

OBJECTIVE: The origin of **malnutrition** in **older age** is multifactorial and **risk factors** may vary according to health and living situation. **The** present study aimed to identify setting-specific **risk** profiles of **malnutrition** in **older** adults and to investigate **the** association of **the** number of individual **risk factors** with **malnutrition**.

DESIGN: Data of four cross-sectional studies were harmonized and uniformly analysed. **Malnutrition** was defined as BMI < 20 kg/m2 and/or weight loss of >3 kg in **the** previous 3-6 months. Associations between **factors** of six domains (demographics, health, mental function, physical function, **dietary** intake-related problems, **dietary** behaviour), **the** number of individual **risk factors** and **malnutrition** were analysed using logistic regression.

SETTING: Community (CD), **geriatric** day hospital (GDH), **home care** (HC), **nursing home** (NH).

PARTICIPANTS: CD **older** adults (n 1073), GDH **patients** (n 180), HC receivers (n 335) and NH residents (n 197), all >=65 years.

RESULTS: Malnutrition prevalence was lower in CD (11 %) than in **the** other settings (16-19 %). In **the** CD sample, poor appetite, difficulties with eating, respiratory and gastrointestinal diseases were associated with **malnutrition**; in GDH **patients**, poor appetite and respiratory diseases; in HC receivers, younger **age**, poor appetite and nausea; and in NH residents, **older age** and mobility limitations. In all settings **the** likelihood of **malnutrition** increased with **the** number of potential individual **risk factors**.

CONCLUSIONS: The study indicates a varying relevance of certain **risk factors** of **malnutrition** in different settings. However, **the** relationship of **the** number of individual **risk factors** with **malnutrition** in all settings implies comprehensive approaches to identify **persons** at **risk** of **malnutrition** early.

Publication Type Journal Article.

Year of Publication 2019

31.

Unique Identifier 31471163

Title **Compliance to oral nutritional supplementation decreases the risk of hospitalisation in malnourished older adults without extra health care cost: Prospective observational cohort study.**

Source Clinical Nutrition. 2019 Aug 17.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

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Keyword Heading
Community
Costs
Elderly
Hospitalisation
Malnutrition
Oral nutritional supplement

Abstract

BACKGROUND & **AIMS: Malnutrition** affects 5-10% of **elderly people** living in **the** community. A few studies suggest that **nutritional intervention** may reduce health **care** costs. **The** present study included **malnourished elderly patients** living at **home**. It aimed to compare health **care** costs between **patients** that were prescribed ONS by their general practitioner and those who were not, and to assess **the** effect of ONS prescription on **the risk** of hospitalisation.

METHODS: This prospective multicentre observational study included **malnourished patients** >=70 years **old** who lived at **home**. **Patients** were defined as **malnourished** if they presented with one or more of **the** following criteria: weight loss >=5% in 1 month, weight loss >=10% in 6 months, BMI <21 kg/m^2, albuminemia <35 g/L or Short-Form MNA <= 7. Their general practitioners prescribed an ONS, or not, according to their usual practice. Health **care** costs were recorded during a 6-month period. Other collected data were diseases, disability, self-perception of current health status, quality of life (QoL), **nutritional** status, appetite and compliance to ONS. A propensity score method was used to compare costs and **risk** of hospitalisation to adjust **for** potential confounding **factors** and control **for** selection bias.

RESULTS: We analysed 191 **patients**. At baseline, **the** 133 **patients** (70%) who were prescribed ONS were more disabled (p < 0.001) and had poorer perception of their health (p = 0.02), lower QoL (p = 0.04) and lower appetite (p < 0.001) than **the** 58 **patients** (30%) who were not prescribed ONS. At 6 months, appetite had improved more in **the** ONS prescription group (p = 0.001). Weight change was not different between groups. **Patients** prescribed ONS were more frequently hospitalised (OR 2.518, 95% **CI:** [1.088; 5.829] hosp; p = 0.03). Analyses of adjusted **populations** revealed no differences in health **care** costs between groups. In **the** ONS prescription group, we identified that health **care** costs were lower (p = 0.042) in **patients** with an energy intake from ONS >= 500 kcal/d (1389 +/- 264) vs. < 500 kcal/d (3502 +/- 839). **The risk** of hospitalisation was reduced 3 and 5 times when **the** intake from ONS was >=30 g of protein/day or >=500 kcal/d, respectively.

CONCLUSIONS: ONS prescription in **malnourished elderly patients** generated no extra heath **care** cost. High energy and protein intake from ONS was associated with a reduced **risk** of hospitalisation and health **care** costs.

Publication Type Journal Article.

Year of Publication 2019

32.

Unique Identifier 31468856

Title **Nutritional interventions for preventing malnutrition in people with dementia.**

Source Nursing Older People. 2019 Jul 10.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status Publisher

Authors Jones S.

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Keyword Heading
dementia
malnutrition
neurology
nutritionnutrition
older people
undernutrition

Abstract

Dementia is a progressive, chronic condition affecting cognitive functioning and is most prevalent in **people aged** over 65. Weight loss, **malnutrition** and dehydration are common in **people** living with dementia and can occur at any stage of **the** condition. **Malnutrition** can have devastating consequences on quality of life and clinical outcomes and significantly increases **the risk** of morbidity and mortality. Dementia affects a **person's** ability and desire to eat and drink to meet their **nutritional** requirements. This article identifies problems associated with **nutritional** status in **people** living with dementia and outlines **the** effectiveness of **interventions** to counteract **the** negative effects on **nutritional** status.

Publication Type	Journal Article.
Year of Publication	2019

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33.

Abstract Reference
Complete Reference

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Unique Identifier	31388102
Title	**A multi-center survey on hospital malnutrition and cachexia in Slovenia.**
Source	European Journal of Clinical Nutrition. 2019 Aug 06.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Korousic Seljak B; Mlakar Mastnak D; Mrevlje Z; Veninsek G; Rotovnik Kozjek N.
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Abstract	**BACKGROUND: Malnutrition** has become a prevalent condition, with European and international studies reporting rates of approximately 25-40% in hospitals. We set out to perform a multi-center cross-sectional study to assess **malnutrition** rates in Slovenian hospitals and to convert **the** findings into a mobile application suitable **for** use by nurses and staff at **the** bedside. In addition, we examined **the** association of **the** results of this mobile application with parameters **for** body composition measured by bioimpedance method, muscle strength, anthropometrics, and specific blood markers. **METHODS:** We selected **the Nutritional Risk** Screening 2002 (NRS-2002) method, **the** second version of **the** modified short-form of Mini-Nutritional Assessment (MNA-SF), and **the** diagnostic criteria **for** cachexia proposed by Evans (CDE) as evidence-based methods **for** estimating **the risk** of and prevalence of **malnutrition** or/and cachexia. **The** methods were converted into **the** Android mobile application named **MalNut** that was used in three Slovenian hospitals by nurses and dietitians. **RESULTS:** We applied NRS-2002 and MNA-SF to screen **for malnutrition risk** and to assess **malnutrition** in 207 individuals **aged** 18 years and **older**, regardless of gender or reason **for** hospitalization during 1-week periods. Totally, 98% of these **patients** consider **nutrition** an important part of medical treatment **care**. NRS-2002 estimated **the malnutrition risk** to be 66.3%, which includes both **patients** to be at **risk for malnutrition** and **patients** that are truly **malnourished**. **The malnutrition risk** in **the elderly** (65+) estimated by MNA-SF was 39.6% and **malnutrition** 42.5%. When applying **the** CDE score in these two categories, 66.7% were identified as cachectic and 21.4% as pre-cachectic. In **the patients** assessed with **the** CDE score, **malnutrition risk** increased with higher extracellular water and decreased body mass index, hemoglobin, phase angle, and muscle strength. In all, 75% of **patients** assessed as high **risk for malnutrition** by NRS-2002, were identified as cachectic and 15.7% as pre-cachectic. In NRS-2002 assessed **patients**, this **risk** increased with higher C-reactive protein and lower phase angle. **CONCLUSIONS: The** study showed that both **malnutrition** and cachexia are largely overlapping notions and are common in hospitalized adults in Slovenia. **The** MNA-SF and NRS-2002 tools showed that **malnutrition risk** was not significantly correlated with **age**, gender, serum albumin, but was correlated with lower phase angle, CRP, and muscle strength in **elderly patients**. **The** results have been used to develop further **nutritional interventions** in Slovenia.
Publication Type	Journal Article.
Year of Publication	2019

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34.

Abstract Reference
Complete Reference

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Library Holdings

Unique Identifier	31382793
Title	**Multivitamins and Nutritional Adequacy in Middle-Aged to Older Americans by Obesity Status.**
Source	Journal of Dietary Supplements. 1-14, 2019 Aug 05.
Version ID	1

Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Frankenfeld CL; Wallace TC.
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Keyword Heading	dietary supplement multivitamin **nutrient** **nutritional biomarkernutritional biomarker** obesity usual intake
Abstract	Multivitamins are **the** most commonly consumed **dietary supplement** in **the** United States and worldwide. Micronutrient insufficiency and clinical deficiency are more common in middle-aged to **older** adults, and multivitamin use has been shown to improve status in this **population**. This analysis aimed to assess contributions of sporadic and consistent multivitamin use to total usual micronutrient intakes and associated **nutritional** biomarkers among middle-aged to **older** US adults **age** >=51 years, stratified by obesity status. Self-reported **dietary** intake and laboratory measures from **the** National Health and **Nutrition** Examination Survey were used in these analyses. **The** National Cancer Institute method was used to assess usual intakes of 18 micronutrients. Compared with **food** alone, multivitamin use was associated with a lower prevalence of inadequacies and improved **nutritional** biomarker status **for** folate, iodine, selenium, and vitamins B_6, B_{12}, and D. Consistent use decreased **the** prevalence of inadequacy **for** most micronutrients assessed, except **for** those micronutrients typically not found (or in miniscule amounts) in standard multivitamin products. In addition to a lower prevalence of inadequacy **for** many micronutrients associated with consistent use of multivitamins, sporadic use decreased **the** prevalence of inadequacy **for** a greater number of micronutrients in obese versus nonobese individuals. Multivitamin use (sporadic and consistent) also increased **the** proportion of individuals who exceeded **the** tolerable upper intake level **for** folic acid to 8%-10%. **Nutritional** biomarker data indicate that obese individuals may be at greater **risk** of clinical deficiency in vitamins B_6 and D. Use of gender- and age-specific multivitamins may serve as a practical means to increase micronutrient status and decrease prevalences of clinical deficiency in **the** middle-aged to **older population**, particularly in those who are obese.
Publication Type	Journal Article.
Year of Publication	2019

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35.

Abstract Reference
Complete Reference

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Unique Identifier	30994180
Title	**Nutritional risk index is a better predictor of early mortality than conventional nutritional markers after trans-catheter aortic valve replacement: A prospective cohort study.**
Source	Cardiology Journal. 2019 Apr 17.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	Publisher
Authors	Mas-Peiro S; Papadopoulos N; Walther T; Zeiher AM; Fichtlscherer S; Vasa-Nicotera M.
Authors Full Name	Mas-Peiro, Silvia; Papadopoulos, Nestoras; Walther, Thomas; Zeiher, Andreas M; Fichtlscherer, Stephan; Vasa-Nicotera, Mariuca.
Institution	Mas-Peiro, Silvia. University Hospital Frankfurt am Main, Cardiology Department, Theodor-Stern-Kai 7, 60590 Frankfurt am Main, Germany. silviamaspeiro@gmail.com. Papadopoulos, Nestoras. University Hospital Frankfurt am Main, Department of Cardiothoracic Surgery. Walther, Thomas. University Hospital Frankfurt am Main, Department of Cardiothoracic Surgery. Zeiher, Andreas M. University Hospital Frankfurt am Main, Cardiology Department, Theodor-Stern-Kai 7, 60590 Frankfurt am Main, Germany. Fichtlscherer, Stephan. University Hospital Frankfurt am Main, Cardiology Department, Theodor-Stern-Kai 7, 60590 Frankfurt am Main, Germany. Vasa-Nicotera, Mariuca. University Hospital Frankfurt am Main, Cardiology Department, Theodor-Stern-Kai 7, 60590 Frankfurt am Main, Germany.
Keyword Heading	aortic valve stenosis body mass index hypoalbuminemia transcatheter aortic valve replacement
Abstract	**BACKGROUND: Nutritional risk** index (NRI) has been shown to better predict survival than body mass index (BMI) or albumin after several cardiovascular **interventions**. Under

assessment herein is whether NRI can have higher predictive value than conventional parameters **for** short-term survival after transcatheter aortic valve replacement (TAVR).

METHODS: A prospective cohort study was performed. In-hospital, 1-month and 3-month survival was evaluated. Since most **patients** undergoing TAVR are over 65, **the** NRI definition **for** a **geriatric population** (GNRI) was used. **The** impact of baseline BMI, albumin levels, and GNRI on in-hospital and short-term survival was assessed.

RESULTS: 152 **patients aged** 82 +/- 5.4 were included. In-hospital, 1-month, and 3-month mortality was 5.3%, 5.9%, and 9.2%, respectively. Mean GNRI was 112.7 +/- 11.9, and was significantly lower in **patients** who died in-hospital (101.0 +/- 8.8 vs. 113.3 +/- 11.7), at 30 days (103.4 +/- 10.9 vs. 113.3 +/- 11.7), and at 90 days (104.0 +/- 9.6 vs. 113.6 +/- 11.8) than in survivors (all, $p < 0.05$). Three-month mortality in **patients** with no **nutritional risk** was 6.8% (9/132) vs. 25% (5/20) in **patients** with **malnutrition** ($p = 0.022$). In univariate analysis, GNRI predicted in-hospital, 30-day, and 90-day mortality (all, $p < 0.05$). Predictive value remained significant after adjusting **for age**, EuroSCORE II, and STS-Score ($p < 0.05$). Based on Receiver operating curves, GNRI (**AUC:** 0.73) showed a better discrimination **for** 3-month mortality than albumin (0.69), weight (0.67) or BMI (0.62). **The** optimal cut-off value was 109.8.

CONCLUSIONS: The geriatric nutritional risk index predicts short-term mortality after TAVR and has a higher discriminating ability than other commonly used **nutritional** variables. It is a simple parameter that identifies those **patients** who could benefit from pre-procedural **nutritional therapy**.

Publication Type Journal Article.

Year of Publication 2019

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36.

Abstract Reference
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Library Holdings
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Unique Identifier 31325470

Title **Nutrition and frailty: Current knowledge. [Review]**

Source Progress in Neuro-Psychopharmacology & Biological Psychiatry. 95:109703, 2019 12 20.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Feart C.

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Keyword Heading
*Mediterranean diet
*aging
*frailty
*nutrition
*vitamins

Abstract PURPOSE OF **THE REVIEW: Nutrition**, as part of lifestyle and modifiable environmental **factors**, constitutes an interesting approach **for the prevention** of **geriatric** syndromes. **The** objective of this review was to examine **the** most recent evidence on **the** association between **nutrition**, from **dietary** patterns to specific **nutrients**, and **frailty**, before **the** onset of disability, among **elderly** individuals.

RECENT FINDINGS: Based on available epidemiological studies, three meta-analyses published in 2018 have outlined a protective effect of greater adherence to a Mediterranean-type diet (MeDi) on **the risk for frailty**, with up to a 60% reduction in **risk**. Several studies focusing on particular **food** groups, macronutrients and micronutrients have also been published and have highlighted that a protein intake of 1g/kg in body weight per day should be fulfilled (except **for patients** suffering from kidney or hepatic dysfunction) and that vitamin deficiencies should be avoided. Available **interventional** studies of **nutritional supplements** and/or physical activity programs have mainly been limited to disabled participants to date.

SUMMARY: Research efforts should target both developing a better understanding of **the** mechanisms underlying **frailty** and improving detection tools and **the** effectiveness of **intervention** studies, alongside efforts to address **the** specific needs of **older people**. **For** instance, ensuring an adequate **nutritional** status, by fighting **the** age-related increased prevalence of undernutrition or sarcopenic obesity, should be privileged.

Publication Type Journal Article. Review.

Year of Publication 2019

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37.

Abstract Reference
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Unique Identifier	31401806
Title	**Evidence-based nutrition for the malnourished, hospitalised patient: one bite at a time.**
Source	Swiss Medical Weekly. 149:w20112, 2019 Jul 29.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Merker M; Gomes F; Stanga Z; Schuetz P.
Authors Full Name	Merker, Meret; Gomes, Filomena; Stanga, Zeno; Schuetz, Philipp.
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Abstract	Although **malnutrition** is a highly prevalent condition in **the** inpatient setting, particularly in **older patients** with multiple morbidities, **the** medical community has struggled to find efficient, evidence-based approaches **for** its **prevention** and treatment. From an evolutionary perspective, illness-related low appetite may be seen as a protective response with **the** goals to accelerate recovery from disease by improving autophagy. In line with this, earlier trials in **the** intensive **care** setting including severely ill **patients** have demonstrated unwarranted effects of overnutrition on **patient** outcomes. Uncertainties regarding **the** best approach to **the malnourished** inpatient in conjunction with a lack of strong trial data may, in part, explain **the** low level of attention that hospital medical staff have paid to **the** issue of **malnutrition** in **the** non-critical **care** inpatient setting. **The** recent Effect of early **nutritional** support on **Frailty**, Functional Outcomes and Recovery of **malnourished** medical inpatients Trial (EFFORT) study, however, has shown that individualized **nutritional** support reduces severe complications and improves mortality in medical inpatients, with positive effects on functional outcomes and quality of life. These results from a high quality effectiveness trial in conjunction with other studies, such as **the** NOURISH trial, should prompt us to improve our **management** of **malnutrition** in **the** inhospital setting. This procedure should start with a systematic screening **for risk** of **malnutrition** of admitted **patients**, effective assessment of **nutritional** status in multidisciplinary teams including dieticians, nurses and physicians, and early start of individualized adequate **nutritional** support of at **risk patients** to reach **nutritional** goals. Understanding **the** optimal use of **nutritional** support in **patients** with acute illness is complex because timing, route of delivery, and **the** amount and type of **nutrients** may all affect **patient** outcomes. Also, particularly **for patients** on **the** medical ward, **factors** like **the** logistics of catering, staffing to provide **food** and support **the patient** (i.e., number of nurses and dieticians), motivation/understanding of **the patient** to eat in defiance of appetite, **the** empathic human **factor** of **nutritional care**, **the** quality of meals, **the** taste of **supplements**, and unnecessary fasting **for** diagnostic or therapeutic procedures have a strong influence on **nutritional care** of **patients**. Further research and clinical trials are required to better understand, step by step, how we can use clinical **nutrition** best to maximize recovery of our **patient** and improve their functional status and their quality of life. Such evidence regarding **nutritional therapy** may allow us to implement **personalized nutrition-driven interventions** in **the** future.
Publication Type	Journal Article.
Year of Publication	2019

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38.

Abstract Reference
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Unique Identifier	31382881
Title	**Sex-related differences in the association between frailty and dietary consumption in Japanese older people: a cross-sectional study.**
Source	BMC Geriatrics. 19(1):211, 2019 08 05.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Shibasaki K; Kin SK; Yamada S; Akishita M; Ogawa S.
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Keyword Heading
*Dietary consumption
*Frailty
*Nutrition
*Older adults
*Sex-related differences

Abstract

BACKGROUND: Female sex is an important **factor** predisposing individuals to **frailty**. Appropriate **nutrition** is one of **the** most effective ways to **prevent older** adults from developing **frailty**; Sex-related differences have also been detected in **the** association between **nutritional intervention** and health-related outcomes. However, few studies have discussed these sex-related differences. **The** aim of **the** present study was to investigate **the** sex-related differences in **the** association between **frailty** and **dietary** consumption.

METHODS: We conducted a cross-sectional study which investigated community-dwelling **older** adults **aged** >=65 years. We surveyed **age**, sex, body mass index, family arrangement (living alone, living with a partner or living with parent(s) and/or child (ren)), **dietary** consumption and **frailty** status. **Dietary** consumption was surveyed using a **food** frequency questionnaire that included 13 major **food** categories (fish, meat, eggs, dairy products, soybean products, vegetables, seaweeds, potatoes, fruits, fats or oils, snacks, salty foods and alcohol). **Frailty** was defined by **the** Kihon Checklist score. **The** Kihon Checklist is composed of 25 simple yes/no questions, and it has been validated as a metric **for frailty**. A higher score indicates a greater degree of **frailty**. Multinomial regression analysis was performed to clarify **the** association between **frailty** and **dietary** consumption **for** each sex.

RESULTS: We analyzed 905 **older** adults (420 (46.4%) were male). After adjusting **for** cofounders, a low frequency of meat consumption (less than twice/week) was associated with a high prevalence of **frailty** in men (odds ratio: 2.76 (95%**CI:** 1.12-6.77), p = 0.027). In contrast, in women, low frequencies of consumption of fish, meat, vegetables, potatoes and snacks were associated with a higher prevalence of **frailty** compared with those who consumed foods from those categories daily (odds ratios: fish 2.45 (1.02-5.89), p = 0.045; meat 4.05 (1.67-9.86), p = 0.002; vegetables 5.03 (2.13-11.92), p < 0.001; potatoes 3.84 (1.63-9.05), p = 0.002; snacks 2.16 (1.02-4.56), p = 0.043).

CONCLUSIONS: More **food** categories were associated with **frailty** in women than in men. **Nutritional intervention** to **prevent frailty** is presumably more effective **for** women than **for** men.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

39.

Unique Identifier 31022445

Title **Nutritional status and body fat mass: Determinants of sarcopenia in community-dwelling older adults.**

Source Experimental Gerontology. 122:67-73, 2019 07 15.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Nasimi N; Dabbaghmanesh MH; Sohrabi Z.

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Keyword Heading
*Body fat
*Nutritional status
*Older adults
*Prevalence
*Sarcopenia

Abstract

BACKGROUND: Sarcopenia is defined as **the old age** syndrome characterized by profound decline in muscle mass and function. This study aimed to investigate **the** prevalence of sarcopenia and its **risk factors** in **older** adults.

METHODS: Totally, 501 **older people aged** 65years and **older** were recruited. Sarcopenia was defined according to **the** criteria of **the** Asian Working Group **for** Sarcopenia (AWGS). **For** obtaining Skeletal Muscle mass Index (SMI), body composition was evaluated using Bioelectrical Impedance Analysis (BIA). Muscle strength and physical performance were measured by Handgrip Strength (HGS) and Gait Speed (GS), respectively. **Nutritional** status, physical activity level, and biochemical indicators were assessed, as well.

RESULTS: The prevalence of sarcopenia was 20.8%. Multiple logistic regression models of **the** predictors of decline in **the** components of sarcopenia showed that **older age**, low Body Mass Index (BMI), and serum albumin level were associated with a higher **risk** of low SMI. Low serum albumin level and **older age** were also predictive of low HGS. Besides, **old age**, high body fat mass, and low BMI were **the risk factors** of low GS. Conversely, increased Calf Circumference (CC) was protective against low SMI and GS. Finally, **older age**, male gender, low BMI, decreased mini-nutritional assessment score, low serum albumin level, and high body fat were associated with a higher **risk** of sarcopenia, whereas higher CC reduced its **risk**.

CONCLUSION: The prevalence of sarcopenia is high among **elderly** individuals. This study underlined that sarcopenia might develop in **older** adults with impaired **nutritional** status and high body fat mass. Further studies could evaluate **the** effects of appropriate **nutritional interventions** on sarcopenia **management** and **prevention**.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

40.

Unique Identifier 30822485

Title **Nutrition-related parameters predict the health-related quality of life in home care patients.**

Source Experimental Gerontology. 120:15-20, 2019 06.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Adiguzel E; Acar-Tek N.

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Keyword Heading *Health-related life quality
*Home care
*Malnutrition
*Nutritional status

Abstract **INTRODUCTION:** There is evidence that **nutritional** status is one of **the** major **factors** affecting quality of life. Low quality of life is an important reason that reflects **the risk** of **malnutrition** as well as dependency and **frailty**.

OBJECTIVE: The present study aimed to examine **nutritional risk factors** and sociodemographic features affecting health-related quality of life in **home care patients**.

MATERIALS AND METHODS: The data of 209 adult or **elderly** eligible subjects were evaluated in **the** study. A general questionnaire including sociodemographic and **nutritional** characteristics, 'Mini **Nutritional** Assessment (MNA)', 'Short Form-36 (SF-36) health related life quality scale' and '24-hour **dietary** recall' were applied with face-to-face interview. Anthropometric measurements were performed using standard measurement protocols and, height and weight measurements of bedridden **patients** were calculated by equality formulas.

RESULTS: While 52.6% of **patients** were **malnourished** according to **the** MNA, only 7.7% were underweight according to **the** body mass index (BMI). **The** SF-36 summary component scores (physical and mental component summary scale scores) of **malnourished patients** were significantly lower than **patients** at **risk** of **malnutrition** or normal ($p<0.05$). There were significant positive correlations between SF-36 physical component summary scale scores were significantly correlated with MNA scores ($r=0.517$), BMI ($r=0.140$) and daily **dietary** macronutrient intake (energy ($r=0.328$), protein ($r=0.165$), carbohydrate ($r=0.305$), fat ($r=0.275$) and fiber ($r=0.268$)) ($p<0.05$). Besides there were significant positive correlation between SF-36 mental component summary scale scores and MNA scores ($r=0.719$), BMI ($r=0.318$), daily **dietary** macronutrient intake (energy ($r=0.388$), protein ($r=0.204$), carbohydrate ($r=0.335$), fat ($r=0.365$) and fiber ($r=0.349$)) ($p<0.05$). It was also determined that MNA had **the** greatest positive effect and 'having a caregiver' had **the** greatest negative effect on **the** physical and mental component summary scale scores.

CONCLUSION: Periodic **nutritional** screening of **home care patients** is important and necessary **for** early **nutritional intervention** and thus **prevention** of morbidity and mortality.

Publication Type Journal Article.

Year of Publication 2019

41.

Unique Identifier	30360984
Title	**A double-blind placebo controlled trial into the impacts of HMB supplementation and exercise on free-living muscle protein synthesis, muscle mass and function, in older adults.**
Source	Clinical Nutrition. 38(5):2071-2078, 2019 10.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Din USU; Brook MS; Selby A; Quinlan J; Boereboom C; Abdullah H; Franchi M; Narici MV; Phillips BE; Williams JW; Rathmacher JA; Wilkinson DJ; Atherton PJ; Smith K.
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Keyword Heading	*D(2)O *Exercise *HMB *Skeletal muscle *Stable isotopes
Abstract	Age-related sarcopenia and dynapenia are associated with **frailty** and metabolic diseases. Resistance exercise training (RET) adjuvant to evidence-based **nutritional intervention**(s) have been shown as mitigating strategies. Given that beta-hydroxy-beta-methyl-butyrate (HMB) **supplementation** during RET improves lean body mass in younger humans, and that we have shown that HMB acutely stimulates muscle protein synthesis (MPS) and inhibits breakdown; we hypothesized that chronic **supplementation** of HMB free acid (HMB-FA) would enhance MPS and muscle mass/function in response to RET in **older people**. We recruited 16 healthy **older** men (Placebo (PLA): 68.5 +/- 1.0 y, HMB-**FA:** 67.8 +/- 1.15 y) **for** a randomised double-blind-placebo controlled trial (HMB-FA 3 x 1 g/day vs. PLA) involving a 6-week unilateral progressive RET regime (6 x 8 repetitions, 75% 1-RM, 3 . wk^{-1}). Deuterium oxide (D_2O) dosing was performed over **the** first two weeks (0-2 wk) and last two weeks (4-6 wk) with bilateral vastus lateralis (VL) biopsies at 0-2 and 4-6 wk (each time 75 +/- 2 min after a single bout of resistance exercise (RE)) **for** quantification of early and later MPS responses and post-RE myogenic gene expression. Thigh lean mass (TLM) was measured by DXA, VL thickness and architecture (fibre length and pennation angle) by ultrasound at 0/3/6 wk, and strength by knee extensor 1-RM testing and MVC by isokinetic dynamometry (approx. every 10 days). RET induced strength increases (1-RM) in **the**

exercised leg of both groups (398 +/- 22N to 499 +/- 30N HMB-FA vs. 396 +/- 29N to 510 +/- 43N PLA (both P < 0.05)). In addition, maximal voluntary contraction (MVC) also increased (179 +/- 12 Nm to 203 +/- 12 Nm HMB-FA vs. 185 +/- 10 Nm to 217 +/- 11 Nm PLA (both P < 0.05); with no group differences. VL muscle thickness increased significantly in **the** exercised leg in both groups, with no group differences. TLM (by DXA) rose to significance only in **the** HMB-FA group (by 5.8%-5734 +/- 245 g p = 0.015 vs. 3.0% to 5644 +/- 323 g P = 0.06 in PLA). MPS remained unchanged in **the** untrained legs (UT) 0-2 weeks being 1.06 +/- 0.08%.d^{-1} (HMB-FA) and 1.14 +/- 0.09%.d^{-1} (PLA), **the** trained legs (T) exhibited increased MPS in **the** HMB-FA group only at 0-2-weeks (1.39 +/- 0.10%.d^{-1}, P < 0.05) compared with **UT:** but was not different at 4-6-weeks: 1.26 +/- 0.05%.d^{-1}. However, there were no significant differences in MPS between **the** HMB-FA and PLA groups at any given time point and no significant treatment interaction observed. We also observed significant inductions of c-Myc gene expression following each acute RE bout, with no group differences. Further, there were no changes in any other muscle atrophy/hypertrophy or myogenic transcription **factor** genes we measured. RET with adjuvant HMB-FA **supplements** in free-living healthy **older** men did not enhance muscle strength or mass greater than that of RET alone (PLA). That said, only HMB-FA increased TLM, supported by early increases in chronic MPS. As such, chronic HMB-FA **supplementation** may result in **long term** benefits in **older** males, however longer and larger studies may be needed to fully determine **the** potential effects of HMB-FA **supplementation**; translating to any functional benefit.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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42.

Abstract Reference
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Unique Identifier 30348463

Title **ESPEN guideline on clinical nutrition in the intensive care unit.**

Source Clinical Nutrition. 38(1):48-79, 2019 02.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Singer P; Blaser AR; Berger MM; Alhazzani W; Calder PC; Casaer MP; Hiesmayr M; Mayer K; Montejo JC; Pichard C; Preiser JC; van Zanten ARH; Oczkowski S; Szczeklik W; Bischoff SC.

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Comments Comment in (CIN)
Comment in (CIN)

Keyword Heading *ESPEN
*Enteral
*Guidelines

*Intensive care
*Nutrition
*Parenteral

Abstract Following **the** new ESPEN Standard Operating Procedures, **the** previous guidelines to provide best medical **nutritional therapy** to critically ill **patients** have been updated. These guidelines define who are **the patients** at **risk**, how to assess **nutritional** status of an ICU **patient**, how to define **the** amount of energy to provide, **the** route to choose and how to adapt according to various clinical conditions. When to start and how to progress in **the** administration of adequate provision of **nutrients** is also described. **The** best determination of amount and nature of carbohydrates, fat and protein are suggested. Special attention is given to glutamine and omega-3 fatty acids. Particular conditions frequently observed in intensive **care** such as **patients** with dysphagia, **frail patients**, multiple trauma **patients**, abdominal surgery, sepsis, and obesity are discussed to guide **the** practitioner toward **the** best evidence based **therapy**. Monitoring of this **nutritional therapy** is discussed in a separate document.

Publication Type Journal Article.

Year of Publication 2019

43.

Unique Identifier 32021725

Title **Cell-Free Biomimetic Osteochondral Scaffold: Implantation Technique.**

Source Jbjs Essential Surgical Techniques. 9(3):e27, 2019 Jul-Sep.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

Authors Sessa A; Perdisa F; Di Martino A; Zaffagnini S; Filardo G.

Authors Full Name Sessa, Andrea; Perdisa, Francesco; Di Martino, Alessandro; Zaffagnini, Stefano; Filardo, Giuseppe.

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Abstract This 1-stage cell-free scaffold-based technique is indicated **for the** treatment of full-thickness chondral and osteochondral lesions in **the** knee, regardless of **the** lesion size. **The** aim of **the** procedure is restoration of **the** osteochondral unit while avoiding **the** issues of donor site morbidity and those related to cell **management**.

Description: **The** surgical technique is simple and can be performed as a 1-stage procedure. **The** lesion site is visualized through a standard knee medial or lateral parapatellar arthrotomy. **The** defect is prepared by excision of **the** injured cartilage and subchondral bone to ensure adequate bone-marrow blood flow and to create a squared, regularly shaped lodging **for the** device. **The** scaffold is then shaped and sized according to **the** dimensions of **the** prepared lesion site and implanted by press-fitting or with addition of fibrin glue. Finally, **the** complete range of motion is tested to assess **the** stability of **the** implant before and after releasing **the** tourniquet.

Alternatives: Nonsurgical alternatives have been reported to include nonpharmacological modalities, such as **dietary supplements**, and pharmacological therapies as well as physical therapies and novel biological procedures involving injections of various substances[1]. There are several surgical alternatives, including among others microfracture, mosaicplasty, osteochondral allograft, and total knee arthroplasty, depending primarily on **the** disease stage and etiology as well as **the** specific **patient** conditions[2,3].

Rationale: This cell-free device is engineered in 3 layers to mimic **the** structure and composition of **the** osteochondral unit in order to guide resident cells toward an ordered regeneration of both bone and cartilage layers, providing a better quality of regenerated articular surface. **The** treatment approach offers a useful alternative to current procedures in **the** field of osteochondral lesions, in particular **for** young and middle-aged **patients** affected by symptomatic defects in which subchondral bone is likely involved. **The** advantages of this scaffold include **the** ability to perform a 1-stage surgical procedure, off-the-shelf availability, a straightforward surgical technique, and lower costs compared with cell-based regenerative

options. Furthermore, in contrast to some more traditional treatments, it can be used **for** large lesions.

Publication Type Journal Article.

Year of Publication 2019

Article as PDF (829KB) + My Projects + Annotate

44.

Ovid Full Text
Abstract Reference
Complete Reference

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Full Text

Unique Identifier 32021724

Title **Cell-Free Biomimetic Osteochondral Scaffold: Implantation Technique.**

Source Jbjs Essential Surgical Techniques. 9(3):e27, 2019 Jul-Sep.

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Authors Sessa A; Perdisa F; Di Martino A; Zaffagnini S; Filardo G.

Authors Full Name Sessa, Andrea; Perdisa, Francesco; Di Martino, Alessandro; Zaffagnini, Stefano; Filardo, Giuseppe.

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Filardo, Giuseppe. II Orthopedic and Traumatologic Clinic (A.S., A.D.M., and S.Z.), Knee and Hip Replacement Department (F.P.), and Applied Translational Research (ATR) Center (G.F.), IRCCS Istituto Ortopedico Rizzoli, Bologna, Italy.

Abstract This 1-stage cell-free scaffold-based technique is indicated **for the** treatment of full-thickness chondral and osteochondral lesions in **the** knee, regardless of **the** lesion size. **The** aim of **the** procedure is restoration of **the** osteochondral unit while avoiding **the** issues of donor site morbidity and those related to cell **management**.

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Publication Type Journal Article.

Year of Publication 2019

Article as PDF (829KB) + My Projects + Annotate

45.

Abstract Reference
Complete Reference

Unique Identifier	31153978
Title	**A novel nutritional supplement prevents muscle loss and accelerates muscle mass recovery in caloric-restricted mice.**
Source	Metabolism: Clinical & Experimental. 97:57-67, 2019 08.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	van den Hoek AM; Zondag GCM; Verschuren L; de Ruiter C; Attema J; de Wit EC; Schwerk AMK; Guigas B; Lek S; Rietman A; Strijker R; Kleemann R.
Authors Full Name	van den Hoek, Anita M; Zondag, Gerben C M; Verschuren, Lars; de Ruiter, Christa; Attema, Joline; de Wit, Elly C; Schwerk, Anne M K; Guigas, Bruno; Lek, Serene; Rietman, Annemarie; Strijker, Rein; Kleemann, Robert.
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Keyword Heading	*Malnutrition *Medical nutrition *Muscle atrophy *Sarcopenia
Abstract	**BACKGROUND:** Muscle atrophy is defined as decreased muscle mass, associated with aging as well as with various chronic diseases and is a fundamental cause of **frailty**, functional decline and disability. **Frailty** represents a huge potential public health issue worldwide with high impact on healthcare costs. A major clinical issue is therefore to devise new strategies **preventing** muscle atrophy. In this study, we tested **the** efficacy of Vital01, a novel **oral nutritional supplement** (ONS), on body weight and muscle mass using a caloric restriction-induced mouse model **for** muscle atrophy. **METHODS:** Mice were calorically restricted **for** 2weeks to induce muscle atrophy: one control group received 60% kcal of **the** normal chow diet and one **intervention** group received 30% kcal chow and 30kcal% Vital01. **The** effects on body weight, lean body mass, muscle histology and transcriptome were assessed. In addition, **the** effects of Vital01, in mice with established muscle atrophy, were assessed and compared to a standard ONS. To this end, mice were first calorically restricted on a 60% kcal chow diet and then refed with either 100kcal% chow, a mix of Vital01 (receiving 60% kcal chow and 40kcal% Vital01) or with a mix of standard, widely prescribed ONS (receiving 60kcal% chow and 40kcal% Fortisip Compact). **RESULTS:** Vital01 attenuated weight loss (-15% weight loss **for** Vital01 vs. -25% **for** control group, p<0.01) and loss of muscle mass (Vital01 with -13%, -12% and -18%, respectively, **for** gastrocnemius, quadriceps and tibialis vs. 25%, -23% and -28%, respectively, **for** control group, all p<0.05) and also restored body weight, fat and muscle mass more efficiently when compared to Fortisip Compact. As assessed by transcriptome analysis and Western blotting of key proteins (e.g. phospoAKT, mTOR and S6K), Vital01 attenuated **the** catabolic and anabolic signaling pathways induced by caloric restriction and modulated inflammatory and mitochondrial pathways. In addition, Vital01 affected pathways related to matrix proteins/collagens **homeostasis** and tended to reduce caloric restriction-induced collagen fiber density in **the** quadriceps (with -27%, p=0.051). **CONCLUSIONS:** We demonstrate that Vital01 preserves muscle mass in a calorically restricted mouse model **for** muscle atrophy. Vital01 had **preventive** effects when administered during development of muscle atrophy. Furthermore, when administered in a therapeutic setting to mice with established muscle atrophy, Vital01 rapidly restored body weight and accelerated **the** recurrence of fat and lean body mass more efficiently than Fortisip Compact. Bioinformatics analysis of gene expression data identified regulatory pathways that were specifically influenced by Vital01 in muscle.
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

46.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier	31121014
Title	**Sensory Profile of Adults with Reduced Food Intake and the Potential Roles of Nutrition and Physical Activity Interventions.**
Source	Advances in Nutrition. 10(6):1120-1125, 2019 11 01.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Mathieu ME; Reid RER; King NA.
Authors Full Name	Mathieu, Marie-Eve; Reid, Ryan E R; King, Neil A.
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Keyword Heading	*aging *chemosensory *exercise *lifestyle *nutrition
Abstract	**The** sensory profile, referring to sight, smell, taste, hearing, and touch, plays an essential role in optimizing **the** habitual intake of energy and macronutrients. However, specific **populations**, such as **older** adults, are known to have impaired energy intake. In this paper, **the** relevance of sensory impairments in this **older population** is described, and **the** extent to which **nutritional** and physical activity **interventions** can modulate these sensory responses when **food** intake is insufficient is explored. With aging, all senses deteriorate, and in most cases, such deteriorations diminish **the nutritional** response. **The** only exception is sight, **for** which both positive and negative impacts on **nutritional** response have been reported. From a **prevention** perspective, **nutritional interventions** have been understudied, and to date, only hearing is known to be positively affected by a good **nutritional** profile. In comparison, physical activity has been more frequently studied in this context, and is linked to an improved preservation of 4 senses. Regarding treatment, very few studies have directly targeted sensory training, and **the** focus of research has tended to be on **nutrition** and physical activity **intervention**. Sensory training, and **nutritional** and physical activity treatments all have beneficial effects on **the** senses. In **the** future, researchers should focus on exploring gaps in **the** literature specifically concerning **prevention**, treatment, and sensory response to understand how to improve **the** efficacy of current approaches. In order to maintain sensory acuity and recover from sensory impairment, **the** current state of knowledge supports **the** importance of improving **nutritional** habits as well as physical activity early on in life. A combined approach, linking a detailed lifestyle profile with **the** assessment of numerous senses and one or more **interventional** approaches (**nutrition**, physical activity, sensory training, etc.), would be required to identify effective strategies to improve **the nutritional** state of **older** individuals.
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

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47.

Abstract Reference
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Unique Identifier	30829853
Title	**Nutritional interventions to prevent and treat frailty.**
Source	Current Opinion in Clinical Nutrition & Metabolic Care. 22(3):191-195, 2019 05.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Cruz-Jentoft AJ; Woo J.
Authors Full Name	Cruz-Jentoft, Alfonso J; Woo, Jean.
Institution	Cruz-Jentoft, Alfonso J. Servicio de Geriatria, Hospital Universitario Ramon y Cajal (IRYCIS), Madrid, Spain. Woo, Jean. Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hongkong, Hong Kong, China.
Abstract	**PURPOSE OF REVIEW: Frailty** is a multidimensional condition common in **older** adults, where reduced resiliency leads to adverse outcomes. It has strong links with **malnutrition** and sarcopenia, mostly through muscle health. This review explores **the** links between **nutrition** and **frailty** from different perspectives.

RECENT FINDINGS: Studies linking **malnutrition** and **frailty** show that most **malnourished persons** are **frail**, and **malnutrition risk** is increased in **frail people**. Energy and protein intake and some micronutrients are linked to **frailty**. Research on **the** role of microbiota and specific amino acids is increasing. Recent literature on **the prevention** of **frailty** with **nutrition** confirms that an appropriate intake of proteins, vitamin D and other **nutrients** is needed, but this information is still not in **the** public domain. **Interventions** to reverse **frailty** and sarcopenia should include exercise and **nutrition interventions**, usually with a multidomain approach including other elements.

SUMMARY: Public health recommendations to eat an optimal diet with **the** right amount of energy and proteins should be moved to **the** public domain. Whenever **frailty** is present, **nutrition** has a role in reverting it and avoiding adverse outcomes, but high-quality research is still needed in this area.

Publication Type Journal Article.

Year of Publication 2019

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48.

Abstract Reference
Complete Reference

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Unique Identifier 31960014

Title **Outcome of Enhanced Recovery After Surgery (ERAS) for Colorectal Surgery in Early Elderly and Late Elderly Patients.**

Source Annals of the Academy of Medicine, Singapore. 48(11):347-353, 2019 Nov.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Lohsiriwat V.

Authors Full Name Lohsiriwat, Varut.

Institution Lohsiriwat, Varut. Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand.

Abstract **INTRODUCTION:** This study aimed to determine **the** outcome of enhanced recovery after surgery (ERAS) programme in **elderly** colorectal surgery **patients**.

MATERIALS AND METHODS: Details and surgical outcomes of **elderly patients** undergoing elective colectomy and/or proctectomy according to ERAS protocol from 2011 to 2017 were retrospectively reviewed. **Patients** were divided into 2 groups: early **elderly** (EE, n = 107) **aged** 65-74 years **old** and late **elderly** (LE, n = 74) **aged** >=75 years **old**.

RESULTS: This study included 181 **patients**. **The** LE group had poorer baseline characteristics, but **the** operative details in both groups were comparable. Overall complication and severe complication rates were 28% and 3.3%, respectively. **The** LE group had a higher overall complication rate (38% vs 22%; *P* = 0.016) but comparable rate of severe complications (2.7% vs 3.7%; *P* = 1.00). Median postoperative stay was 4 days (interquartile range [IQR], 4-6 days) and it was not significantly different between both groups (5 days **for** LE vs 4 days **for** EE; *P* = 0.176). No difference was seen in time to gastrointestinal recovery and 30-day mortality or readmission between both groups. Overall compliance with ERAS protocol was 76% (IQR, 65-82%) and it did not vary significantly between **the** LE (71%) and EE (76%) groups (*P* = 0.301). However, **the** LE group had lower compliance with fluid **management**, **nutrition therapy** and use of multimodal analgesia.

CONCLUSION: ERAS is a safe and effective protocol that can be used in EE and LE colorectal surgery **patients**.

Publication Type Journal Article.

Year of Publication 2019

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49.

Abstract Reference
Complete Reference

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Unique Identifier 31673924

Title **Nutrition in Chronic Liver Disease. [Review]**

Source Current Treatment Options in Gastroenterology. 17(4):602-618, 2019 Dec.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

Authors Reddy YK; Maliakkal B; Agbim U.

Authors Full Name Reddy, Yala Kirthi; Maliakkal, Benedict; Agbim, Uchenna.

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Keyword Heading
Cirrhosis
Frailty
Liver disease
Malnutrition
NutritionNutrition
Sarcopenia

Abstract
PURPOSE OF REVIEW: **Malnutrition** is a common finding in **patients** with chronic advanced liver disease (CLD) and is an important prognostic predictor **for** morbidity and mortality. This review aims to summarize **the** latest evidence-based guidelines and expert opinion regarding diagnosing **malnutrition** in **patients** with CLD and providing optimal solutions.

RECENT FINDINGS: In addition to diet, evidence demonstrates sarcopenia and **frailty** are emerging concepts critical to outcomes in those with CLD. Thus, adequate assessment of **nutritional** status incorporates **the** interplay of **nutrient** intake, sarcopenia, and **frailty**. Addressing **malnutrition** in **patients** with CLD requires understanding **the** multifactorial mechanisms contributing to **nutritional** deficiencies, but also careful assessment of functional capacity. **Interventions** mitigating or reversing sarcopenia and **frailty** are equally important to **nutritional supplementation**. While **the** latency period between compensated and decompensated cirrhosis provides a good window **for** fruitful **interventions**, we believe providers need to be vigilant early on **the** course of CLD to maximize **nutritional** gains and halt muscle loss.

Publication Type Journal Article. Review.

Year of Publication 2019

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50.

Abstract Reference
Complete Reference

Unique Identifier 31795351

Title **Poor Oral Health as a Determinant of Malnutrition and Sarcopenia. [Review]**

Find Similar
Find Citing Articles

Source Nutrients. 11(12), 2019 Nov 29.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Full Text

Status In-Process

Authors Azzolino D; Passarelli PC; De Angelis P; Piccirillo GB; D'Addona A; Cesari M.

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Keyword Heading
life course approach
malnutrition
nutritionnutrition
older people
oral health
sarcopenia
swallowing

Abstract
Aging is accompanied by profound changes in many physiological functions, leading to a decreased ability to cope with stressors. Many changes are subtle, but can negatively affect **nutrient** intake, leading to overt **malnutrition**. Poor **oral** health may affect **food** selection and **nutrient** intake, leading to **malnutrition** and, consequently, to **frailty** and sarcopenia. On **the** other hand, it has been highlighted that sarcopenia is a whole-body process also

affecting muscles dedicated to chewing and swallowing. Hence, muscle decline of these muscle groups may also have a negative impact on **nutrient** intake, increasing **the risk for malnutrition**. **The** interplay between **oral** diseases and **malnutrition** with **frailty** and sarcopenia may be explained through biological and environmental **factors** that are linked to **the** common burden of inflammation and oxidative stress. **The** presence of **oral** problems, alone or in combination with sarcopenia, may thus represent **the** biological substratum of **the** disabling cascade experienced by many **frail** individuals. A multimodal and multidisciplinary approach, including **personalized dietary counselling** and **oral** health **care**, may thus be helpful to better manage **the** complexity of **older people**. Furthermore, **preventive** strategies applied throughout **the** lifetime could help to preserve both **oral** and muscle function later in life. Here, we provide an overview on **the** relevance of poor **oral** health as a determinant of **malnutrition** and sarcopenia.

Publication Type Journal Article. Review.

Year of Publication 2019

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51.

Abstract Reference
Complete Reference

Unique Identifier 31766576

Title **Vitamin D Deficiency and Sarcopenia in Older Persons. [Review]**

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Source Nutrients. 11(12), 2019 Nov 21.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Full Text

Status In-Process

Authors Remelli F; Vitali A; Zurlo A; Volpato S.

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Keyword Heading Vitamin D
aging
malnutrition
nutritional interventionnutritional intervention
physical frailty
sarcopenia

Abstract Vitamin D deficiency is a common health problem worldwide, in particular among **older people**. Vitamin D regulates and modulates **the** physiology and function of multiple human systems, including **the** skeletal muscle. **The** effect of vitamin D on **the** muscle has been widely investigated, suggesting that this hormone can stimulate **the** proliferation and differentiation of skeletal muscle fibers, maintaining and improving muscle strength and physical performance. **Older persons** have a higher prevalence of low Vitamin D levels as a consequence of low **dietary** intake and reduced ultraviolet irradiation of **the** skin. Therefore, **older people** with vitamin D deficiency might be at **risk** of sarcopenia, a **geriatric** syndrome characterized by **the** progressive loss of skeletal muscle mass and strength often complicated by adverse events, such as falls, disability hospitalization and death. Several randomized clinical trials have been conducted to investigate **the** effect of **oral** vitamin D **supplementation** in **older patients** to **prevent** or treat sarcopenia, but results are still controversial. In this narrative review we summarize **the** biological, clinical and epidemiological evidence supporting **the** hypothesis of a causal association between Vitamin D deficiency and an increased **risk** of sarcopenia in **older people**.

Publication Type Journal Article. Review.

Year of Publication 2019

+ My Projects + Annotate

52.

Abstract Reference
Complete Reference

Unique Identifier 31766324

Title **Lifestyle Interventions with a Focus on Nutritional Strategies to Increase Cardiorespiratory Fitness in Chronic Obstructive Pulmonary Disease, Heart Failure, Obesity, Sarcopenia, and Frailty. [Review]**

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Source Nutrients. 11(12), 2019 Nov 21.

Version ID 1

Full Text

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading cardiopulmonary exercise testing
cardiorespiratory fitness
chronic obstructive pulmonary disease
frailty
heart failure
obesity
peak oxygen consumption
sarcopenia

Abstract Cardiorespiratory fitness (CRF) is an independent predictor **for** all-cause and disease-specific morbidity and mortality. CRF is a modifiable **risk factor**, and exercise training and increased physical activity, as well as targeted medical therapies, can improve CRF. Although **nutrition** is a modifiable **risk factor for** chronic noncommunicable diseases, little is known about **the** effect of **dietary** patterns and specific **nutrients** on modifying CRF. This review focuses specifically on trials that implemented **dietary supplementation**, modified **dietary** pattern, or enacted caloric restriction, with and without exercise training **interventions**, and subsequently measured **the** effect on peak oxygen consumption (VO_2) or surrogate measures of CRF and functional capacity. **Populations** selected **for** this review are those recognized to have a reduced CRF, such as chronic obstructive pulmonary disease, heart failure, obesity, sarcopenia, and **frailty**. We then summarize **the** state of existing knowledge and explore future directions of study in disease states recently recognized to have an abnormal CRF.

Publication Type Journal Article. Review.

Year of Publication 2019

53.

Unique Identifier 31908428

Title **The Favorable Effects of a High-Intensity Resistance Training on Sarcopenia in Older Community-Dwelling Men with Osteosarcopenia: The Randomized Controlled FrOST Study.**

Source Clinical Interventions In Aging. 14:2173-2186, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading HI-RT
SMI
community-dwelling
high-intensity resistance training
older people
osteosarcopenia
sarcopenia

Abstract Purpose: Sarcopenia, **the** loss of muscle mass combined with **the** loss of muscle function, has become a public health issue. There is an urgent need **for interventions**. **The** study aimed to determine **the** effect of high-intensity resistance training (HI-RT), a time- and cost-efficient training modality, on sarcopenia in osteosarcopenic (OS) **older** men.

Methods: Forty-three community-dwelling men **aged** >=72 years from Northern Bavaria,

Germany, with OS were randomly assigned to either an active HI-RT group (HI-RT) or an inactive control group (CG). Both received **dietary** protein (up to 1.5 g/kg/day in HI-RT and 1.2 g/kg/day in CG) and Vitamin-D (up to 800 IE/d) **supplements**. **The** HI-RT was applied as a consistently supervised single-set training on resistance exercise machines using intensifying strategies, with two training sessions/week, structured into three phases (ranging from 8 to 12 weeks) totaling 28 weeks. **The** primary study endpoint was **the** Sarcopenia Z-score; secondary endpoints were changes in **the** underlying physiological parameters, skeletal muscle mass index (SMI), handgrip-strength and gait velocity.

Results: **The** results show a significant effect of **the** exercise **intervention** on **the** sarcopenia Z-score in **the** HI-RT (p<0.001) and a significant worsening of it in **the** CG (p=0.012) in **the** intention-to-treat analysis, as well as a significant intergroup change (p<0.001). Analysis upon **the** underlying parameters showed a significant increase of skeletal muscle mass index (SMI) in **the** HI-RT group (p<0.001) and a significant intergroup difference of SMI (p<0.001) and handgrip strength (p<0.001). There were no adverse effects related to **dietary supplementation** or training.

Conclusion: **The** results clearly confirm **the** favorable effects of HI-RT on sarcopenia. We conclude that HI-RT is a feasible, highly efficient and safe training modality **for** combating sarcopenia, also in **the elderly**.

Publication Type Journal Article.

Year of Publication 2019

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54.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier 31907119

Title **Nutritional factors affecting length of hospital stay in patients undergoing cardiovascular surgery.**

Source Pharmazie. 74(12):760-762, 2019 Dec 01.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Yasuda M; Tachi T; Fukuta M; Kato M; Saito K; Yoshida A; Nagaya K; Setta E; Osawa T; Umeda M; Murakami E; Azuma K; Teramachi H; Goto C.

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Abstract Cardiovascular surgery is a highly invasive **intervention** that is often performed in **elderly patients** at risks of complications because of **malnutrition** and reduced immunity. This study investigated **nutritional factors** that affected length of hospital stay in **patients** undergoing cardiovascular surgery. Among 68 **patients** who underwent surgery at **the** Department of Cardiovascular Surgery of Gifu Municipal Hospital between April 2013 and March 2015, 55 with complete data were included in **the** analysis. Data on serum albumin (ALB), transferrin (Tf), pre-albumin (PA) and retinol binding protein (RBP) levels were collected. **The** median length of hospital stay was 29 days (stays of >=30 days were considered long-term hospitalization). Multivariate analysis (multiple logistic regression) included **age** (>= 65 years), sex (female), and ALB (<= 3.0 g/dL), Tf (<= 150.0 mg/dL), PA (<= 10.0 mg/dL) and RBP (<= 1.5 mg/dL) levels. ALB [odds ratio (OR) 10.37, 95% CI (confidence interval): 1.185-90.80, *P* = 0.035] and Tf [OR 4.743, 95% **CI:** 1.375-16.36, *P* = 0.014] were significantly associated with length of hospital stay. **Nutritional management** of **patients** and careful monitoring of ALB and Tf levels can shorten length of hospital stay in **patients** undergoing cardiovascular surgery.

Publication Type Journal Article.

Year of Publication 2019

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55.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 31885920

Title **Motivational Strategies to Prevent Frailty in Older Adults with Diabetes: A Focused Review. [Review]**

Source Journal of Aging Research. 2019:3582679, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

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Abstract **The** prevalence of diabetes among Americans **aged** 65 years and **older** is greater than 25%. Medical expenditures **for persons** with diabetes are more than twice as high as those **for patients** without diabetes. Diabetes in **older** adults often times coexists with **frailty**, resulting in reduced quality of life and increased health-care use. Many **older** adults with type 2 diabetes have mobility impairments and experience falls, which contributes to increased **frailty**. Exercise has a protective effect **for frailty** and falls, yet less than half of **persons** with diabetes exercise and approximately one-quarter meet exercise recommendations. In addition to exercise, **nutrition** may help reduce **the risk for** falls; however, **nutritional interventions** have not been tested as a fall-prevention **intervention**. According to a review, there is insufficient evidence to create **nutritional** guidelines specific **for frail older** adults with type 2 diabetes. There is a need to motivate and empower **older** adults with type 2 diabetes to make lifestyle changes to **prevent frailty**. **The** purpose of this review was to identify and integrate what is known and what still needs to be done **for** this **population** to be successful in making health behavior changes to reduce **frailty**. There is some evidence that motivational approaches have worked **for older** adults with various chronic disease conditions. However, studies applying motivational strategies are lacking **for frail older** adults with type 2 diabetes. A novel motivational approach was described; it combines aspects of **the** Health Belief Model and Motivational Interviewing. **Intervention** studies incorporating this model are needed to determine whether this client-driven strategy can help various racial/ethnic **populations** make **the** sustainable health behavior changes of increasing exercise and healthy eating while taking into consideration physiological, psychological, and economic barriers.

Publication Type Journal Article. Review.

Year of Publication 2019

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56.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 30668619

Title **Prevalence and Diagnosis of Sarcopenia in Residential Facilities: A Systematic Review.**

Source Advances in Nutrition. 10(1):51-58, 2019 01 01.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Rodriguez-Rejon AI; Ruiz-Lopez MD; Wanden-Berghe C; Artacho R.

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Abstract Assessing sarcopenia, **the** age-related loss of muscle mass and function, in institutionalized **older** adults is a challenging task. Data on its prevalence in **residential facilities** are scant and highly variable. Our objective was to report **the** prevalence of sarcopenia in **older** adults living in **residential facilities** (**nursing**/**long** term-care **homes** and assisted-living **facilities**) and review **the** criteria and methodologies used to diagnose sarcopenia in this setting. Bibliographic searches were carried out in 6 electronic databases (Medline via PubMed, Web of Science, Scopus, CINAHL, LILACS, and Cochrane) with **the** use of **the** Medical Subject Heading terms "Sarcopenia" and "**Residential Facilities**." We included studies that evaluated **the** prevalence of sarcopenia among **older** adults (**aged** >=60 y) living in **residential facilities**. Forty-four studies were identified, of which 21 studies were included after applying eligibility criteria. **The** reported prevalence of sarcopenia ranged widely between 17.7% and 73.3% in **long** term-care **homes** and between 22% and 87% in assisted-living **facilities**. Most studies (n = 14) followed **the** consensus on sarcopenia

diagnosis published by **the** European Working Group on Sarcopenia in **Older People**. In **the** other 7 studies, sarcopenia was diagnosed according to muscle mass, which was measured via 5 different techniques, most frequently bioelectrical impedance analysis, establishing cutoff scores **for** low muscle mass with **the** use of 5 different indexes, most frequently **the** skeletal muscle index. There are major differences in study design, methodology, and **the** approach to sarcopenia diagnosis in this setting, which would, in part, explain **the** enormous variability in **the** reported prevalence data. **The** lack of consensus on **the** correct diagnostic approach hampers **the** implementation of appropriate **nutritional interventions**.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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57.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 31783672

Title **Effect of Nutritional Intervention Programs on Nutritional Status and Readmission Rate in Malnourished Older Adults with Pneumonia: A Randomized Control Trial.**

Source International Journal of Environmental Research & Public Health [Electronic Resource]. 16(23), 2019 11 27.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading
*caregiver
*family care
*hospital stay
*malnutrition
*nutritional intervention
*respiratory disease

Abstract Pneumonia leads to changes in body composition and weakness due to **the malnourished** condition. In addition, **patient** family caregivers always have a lack of **nutritional** information, and they do not know how to manage **patients' nutritional** intake during hospitalization and after discharge. Most **intervention** studies aim to provide **nutritional** support **for older patients**. However, whether long-term **nutritional intervention** by dietitians and caregivers from **patients'** families exert clinical effects-particularly in **malnourished** pneumonia-on **nutritional** status and readmission rate at each **interventional** phase, from hospitalization to postdischarge, remains unclear. To investigate **the** effects of an individualized **nutritional intervention** program (iNIP) on **nutritional** status and readmission rate in **older** adults with pneumonia during hospitalization and three and six months after discharge. Eighty-two **malnourished older** adults with a primary diagnosis of pneumonia participated. **Patients** were randomly allocated to either a **nutrition intervention** (NI) group or a standard **care** (SC) group.
Participants in **the** NI group received an iNIP according to energy and protein intake requirements in addition to **dietary** advice based on face-to-face interviews with their family caregivers during hospitalization. After discharge, phone calls were adopted **for** prescribing iNIPs. Anthropometry (i.e., body mass index, limb circumference, and subcutaneous fat thickness), blood parameters (i.e., albumin and total lymphocyte count), hospital stay, Mini-Nutritional Assessment-Short Form (MNA-SF) score, target daily calorie intake, total calorie intake adherence rate, and three-major-nutrient intakes were assessed during hospitalization and three and six months after discharge. Both groups received regular follow-up through phone calls. Furthermore, **the** rate of readmission resulting from pneumonia was recorded after discharge. During hospital stay, **the** NI group showed significant increases in daily calorie intake, total calorie intake adherence rate, and protein intake compared with **the** SC group ($p < 0.05$); however, no significant difference was found in anthropometry, blood biochemical values, MNA-SF scores, and hospital stay. At three and six months after discharge, **the** NI group showed significantly higher daily calorie intake and MNA-SF scores (8.2 vs. 6.5 scores at three months; 9.3 vs. 7.6 scores at six months) than did **the** SC group ($p < 0.05$). After adjusting **for** sex, **the** readmission rate **for** pneumonia

significantly decreased by 77% in **the** NI group compared with that in **the** SC group (*p* = 0.03, **OR:** 0.228, 95% **CI:** 0.06-0.87). A six-month iNIP under dietitian and **patient** family **nutritional** support **for malnourished older** adults with pneumonia can significantly improve their **nutritional** status and reduce **the** readmission rate.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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58.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 31879638

Title **Bone marrow examination in geriatric patients-An institutional experience from the north Himalayan region of India.**

Source Journal of Family Medicine & Primary Care. 8(12):3931-3934, 2019 Dec.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

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Keyword Heading Bone marrow
geriatrics
nutritional anaemianutritional anaemia

Abstract Background: **The** surge of **the geriatric population** has led to design research studies related to health problems in this **age** group worldwide. Bone marrow examination which is an important diagnostic tool **for** various diseases may vary in **geriatric population** in comparison to younger groups. **The** present study was, therefore, conducted to study **the** indications and morphological features of bone marrow examination in **geriatric population** in north Himalayan region of India. It was also intended to study if there is any variation in these findings from **elderly populations** in other parts of **the** world.

Material and Methods: Study was conducted in an institute situated in north Himalayan Uttarakhand state of India over a period of two years including **patients** above 60 years of **age** who underwent bone marrow examination.

Results: Total 156 cases underwent bone marrow examination with most common indication being suspicion of lymphoma (18.5%) followed by cytopenia (17.3%). **Nutritional** anaemia was most common pathological diagnosis in 16.6% cases. Diagnostic discordance between aspirate and biopsy was observed in 5.7% of total cases with non-Hodgkin's lymphoma (NHL) being **the** most common misdiagnosis on aspirate.

Conclusion: **Nutritional** anaemia particularly iron deficiency anaemia is **the** most common diagnosis of bone marrow examination indicating **the** importance of **nutritional therapy** in **the elderly population** of this region. Bone marrow biopsy proves to be an important adjunct to aspiration in precise diagnosis with minimal complications. **The** awareness of bone marrow findings would not only be helpful to clinicians and pathologists but also provide valuable information to **the** policymakers to improve **the** quality of health in **the geriatric population** of this area.

Publication Type Journal Article.

Year of Publication 2019

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59.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier 31752104

Title **Are There Adverse Events after the Use of Sexual Enhancement Nutrition Supplements? A Nationwide Online Survey from Japan.**

Source Nutrients. 11(11), 2019 Nov 18.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status	In-Process
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Keyword Heading	adverse events dietary supplement internet survey sexual enhancement
Abstract	Dozens of safety alerts **for** sexual enhancement and weight loss **dietary supplements** have been launched from **the** government not only in Japan but also overseas. However, adverse events have been reported only **for the** use of weight loss **supplements**, and **the** prevalence of use and adverse events in sexual enhancement **supplements** is not known in Japan. To address this issue, we assessed **the** situation of sexual enhancement **supplement** use through a nationwide online survey. **The** prevalence of sexual enhancement **supplement** use among males was 23.0%. Use of these **supplements** was higher among younger **people** than among **older people** ($p < 0.001$). In total, 17.6% of users had experienced adverse events, but 58.3% of them did not consult about **the** events with anybody because of **the** temporality of their symptoms and their sense of shame. In addition, eight **supplement** products were found to be possible adulterated **supplements** in this survey. It is necessary to inform **the** public about **the risk** of sexual enhancement **supplement** use and also prepare a place **for** consultation on media channels that younger **people** are more familiar with, in order to monitor adverse events while also preserving their privacy.
Publication Type	Journal Article.
Year of Publication	2019

+ My Projects + Annotate

60.

Abstract Reference
Complete Reference

Find Similar
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Full Text

Unique Identifier	31653011
Title	**Fatty Acid Profile and Antioxidant Status Fingerprint in Sarcopenic Elderly Patients: Role of Diet and Exercise.**
Source	Nutrients. 11(11), 2019 Oct 24.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
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Keyword Heading
antioxidants
elderly
exercise
fatty acid
frailty
sarcopenia
supplement

Abstract
Plasma fatty acids (FAs) and oxidant status contribute to **the** etiology of sarcopenia in **the elderly** concurring to age-related muscle loss and **elderly frailty** through several mechanisms including changes in FA composition within **the** sarcolemma, promotion of chronic low-grade inflammation, and insulin resistance. **The** aim of this study was to determine **the** FA profile and pro-antioxidant status in sarcopenic **frail elderly patients** enrolled in a **nutritional** and physical activity program and to evaluate their correlation with clinical markers. Moreover, **the** possible changes, produced after a short-term clinical protocol, were evaluated. Plasma and erythrocyte FA composition and pro-antioxidant status were analyzed in sarcopenic **elderly** subjects recruited **for the** randomized clinical study and treated with a placebo or **dietary supplement**, a **personalized** diet, and standardized physical activity. Subjects were tested before and after 30 days of treatment. Pearson correlations between biochemical parameters and **patients'** characteristics at recruitment indicate interesting features of sarcopenic status such as negative correlation among **the** plasma FA profile, **age**, and physical characteristics. Physical activity and dietetic program alone **for** 30 days induced a decrease of saturated FA concentration with a significant increase of dihomo-gamma-linolenic acid. **Supplementation** plus physical activity induced a significant decrease of linoleic acid, omega-6 polyunsaturated FAs, and an increase of stearic and oleic acid concentration. Moreover, glutathione reductase activity, which is an indicator of antioxidant status, significantly increased in erythrocytes. Changes over time between groups indicate significant differences **for** saturated FAs, which suggest that **the** amino acid **supplementation** restores FA levels that are consumed during physical activity. A relationship between FA and clinical/metabolic status revealed unique correlations and a specific metabolic and lipidomic fingerprint in sarcopenic **elderly**. **The** results indicate **the** positive beneficial role of **supplementation** and physical activity on plasma FA status and **the** antioxidant system as a co-adjuvant approach in sarcopenic, **frail**, **elderly patients**.

Publication Type Journal Article.

Year of Publication 2019

61.

Unique Identifier 31376068

Title **Neuroprotective and Antioxidant Effect of Ginkgo biloba Extract Against AD and Other Neurological Disorders. [Review]**

Source Neurotherapeutics. 16(3):666-674, 2019 07.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Singh SK; Srivastav S; Castellani RJ; Plascencia-Villa G; Perry G.

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Keyword Heading
*Alzheimer's disease
*Antioxidant
*Dietary supplement
*Ginkgo biloba extract
*Herbal compounds
*Neurodegenerative disease

Abstract
Alzheimer's disease (AD) is **the** most common progressive human neurodegenerative disorder affecting **elderly population** worldwide. Hence, **prevention** of AD has been a priority of AD research worldwide. Based on understanding of disease mechanism, different therapeutic strategies involving synthetic and herbal approaches are being used against AD. Among **the** herbal extract, Ginkgo biloba extract (GBE) is one of **the** most investigated

herbal remedy **for** cognitive disorders and Alzheimer's disease (AD). Standardized extract of Ginkgo biloba is a popular **dietary supplement** taken by **the elderly population** to improve memory and age-related loss of cognitive function. Nevertheless, its efficacy in **the prevention** and treatment of dementia remains controversial. Specifically, **the** added effects of GBE in subjects already receiving "conventional" anti-dementia treatments have been to date very scarcely investigated. This review summarizes recent advancements in our understanding of **the** potential use of Ginkgo biloba extract in **the prevention** of AD including its antioxidant property. A better understanding of **the** mechanisms of action of GBE against AD will be important **for** designing therapeutic strategies, **for** basic understanding of **the** underlying neurodegenerative processes, and **for** a better understanding of **the** effectiveness and complexity of this herbal medicine.

Publication Type Journal Article. Review. Research Support, Non-U.S. Gov't. Research Support, N.I.H., Extramural.

Year of Publication 2019

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62.

Abstract Reference
Complete Reference

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Unique Identifier 30624706

Title **Perioperative nutritional supplementation and skeletal muscle mass in older hip-fracture patients.**

Source Nutrition Reviews. 77(4):254-266, 2019 04 01.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading *hip fracture
*malnutrition
*nutritional supplementation
*protein
*sarcopenia

Abstract **Older people** with hip fractures are often **malnourished** at **the** time of fracture, which can have substantial influence on mortality and clinical outcomes, as well as functional outcome and quality of life. A close relationship between protein intake and muscle maintenance has been demonstrated. Skeletal muscle weakness is an independent **risk factor for** falls and fall-related injuries in **the elderly** and is an independent marker of prognosis. However, **the** effect of perioperative **nutritional interventions** on outcomes in **elderly** hip-fracture **patients** remains controversial. In this narrative review, an overview is presented of **the** existing literature on **nutritional** status and sarcopenia in **elderly** hip-fracture **patients**, clinical outcomes, and **the** effects of **nutritional intervention** on outcome and rehabilitation in this **patient** group.

Publication Type Journal Article.

Year of Publication 2019

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63.

Abstract Reference
Complete Reference

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Unique Identifier 31819617

Title **Controlling Nutritional Status (CONUT) Score Is A Predictor Of Post-Operative Outcomes In Elderly Gastric Cancer Patients Undergoing Curative Gastrectomy: A Prospective Study.**

Source	Cancer management and research. 11:9793-9800, 2019.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	PubMed-not-MEDLINE
Authors	Huang Y; Huang Y; Lu M; Sun W; Sun X; Chen X; Li L; Chandoo A; Li L.
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Keyword Heading	CONUT score **elderly patients** gastric cancer **nutritionnutrition** post-operative complications
Abstract	Purpose: **The** Controlling **Nutritional** Status (CONUT) score is a recently developed measure that is calculated using **the** serum albumin level, total cholesterol level, and lymphocyte counts. **The** aim of this study was to examine whether **the** CONUT score can predict post-operative outcomes in **elderly patients** undergoing curative gastrectomy. **Patients** and methods: Pre-operative CONUT scores were evaluated from August 2014 to September 2016 in 357 gastric cancer **patients** who were scheduled to undergo curative gastrectomy. **The patients** were divided into three groups according to pre-operative CONUT scores: normal, light, moderate, and severe. We then calculated **the** association between **the patient's** CONUT score and post-operative complications. Results: CONUT scores were statistically associated with **age** ($P = 0.015$), body mass index ($P < 0.001$), pre-operative hemoglobin level ($P < 0.001$), tumor-node-metastasis stage (P < 0.001), surgical method ($P = 0.036$), and post-operative complications ($P < 0.001$). Multivariate analysis showed that **age** and **the** CONUT score were independent predictors of post-operative complications and 1-year survival. Conclusion: CONUT scores can be used to predict post-operative complications and 1-year survival in **elderly** gastric cancer **patients** undergoing curative gastrectomy. They can also be used to classify **the nutritional** status of **patients**, which can be helpful **for** pre-and post-operative **nutritional management**.
Publication Type	Journal Article.
Year of Publication	2019

Full Text

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64.

Abstract Reference
Complete Reference

Unique Identifier	31801509
Title	**Association between dietary selenium intake and the prevalence of osteoporosis: a cross-sectional study.**
Source	BMC Musculoskeletal Disorders. 20(1):585, 2019 Dec 04.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Wang Y; Xie D; Li J; Long H; Wu J; Wu Z; He H; Wang H; Yang T; Wang Y.
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Authors Full Name	Wang, Yuqing; Xie, Dongxing; Li, Jiatian; Long, Huizhong; Wu, Jing; Wu, Ziying; He, Hongyi; Wang, Haochen; Yang, Tuo; Wang, Yilun.
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Abstract	**OBJECTIVE:** To examine **the** correlation between **dietary** selenium (Se) intake and **the** prevalence of osteoporosis (OP) in **the** general middle-aged and **older population** in China. **METHODS:** Data **for** analyses were collected from a **population** based cross-sectional study performed at **the** Xiangya Hospital Health **Management** Centre. **Dietary** Se intake was evaluated using a validated semi-quantitative **food** frequency questionnaire. OP was diagnosed on **the** basis of bone mineral density scans using a compact radiographic absorptiometry system. **The** correlation between **dietary** Se intake and **the** prevalence of OP was primarily examined by multivariable logistic regression. **RESULTS:** This cross-sectional study included a total of 6267 subjects (mean **age**: 52.2 +/- 7.4 years; 42% women), and **the** prevalence of OP among **the** included subjects was 9.6% (2.3% in men and 19.7% in women). Compared with **the** lowest quartile, **the** energy intake, **age**, gender and body mass index (BMI)-adjusted odds ratios of OP were 0.72 (95% confidence interval [CI] 0.55-0.94), 0.72 (95% CI 0.51-1.01) and 0.47 (95% CI 0.31-0.73) **for the** second, third and fourth quartiles of **dietary** Se intake, respectively (P **for** trend = 0.001). **The** results remained consistent in male and female subjects. Adjustment **for** additional potential confounders (i.e., smoking status, drinking status, physical activity level, **nutritional supplements**, diabetes, hypertension, fibre intake, and calcium intake) did not cause substantial changes to **the** results. **CONCLUSIONS:** In **the** middle-aged and **older** humans, participants with lower levels of **dietary** Se intake have a higher prevalence of OP in a dose-response manner.
Publication Type	Journal Article.
Year of Publication	2019

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Abstract Reference
Complete Reference

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Unique Identifier	31582361
Title	**Prevalence of Malnutrition Among Elderly People in Iran: Protocol for a Systematic Review and Meta-Analysis.**
Source	JMIR Research Protocols. 8(11):e15334, 2019 Nov 12.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	PubMed-not-MEDLINE
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Keyword Heading
Iran
aged
malnutrition
prevalence
systematic review

Abstract

BACKGROUND: Malnutrition occurs following a decrease or an imbalance in **the** absorption of energy, protein, vitamins, and minerals because of numerous **factors**. Thus, it has serious and life-threatening consequences. To plan **for** this issue, we need information on **the** burden of this problem.

OBJECTIVE: The aim of this study is to determine **the** prevalence of **malnutrition** among **elderly people** in Iran.

METHODS: For the purpose of this study, papers, including original articles, theses, and conference proceedings on **the** prevalence of **malnutrition** among **people aged** 60 years and above, and have been published in national and international journals until September 2018 will be included without any language limitation. **The** following keywords along with their synonyms in Persian will be used in **the** literature search: **malnutrition**, **elderly**, and Iran. At first, **the** screening process will be conducted based on our inclusion and exclusion criteria. Then, **the** full text of **the** remaining articles will be read carefully, and eligible articles will be selected according to **the** objectives of **the** study. Next, **the** methodological quality of **the** selected papers will be reviewed, and **the** required information will be extracted from those with acceptable quality. Finally, a meta-analysis will be performed using **the** Stata software (version 14) when optimum criteria are met. It should be noted that all stages of screening, selection, quality assessment of primary studies, and data extraction will be performed by two reviewers independently.

RESULTS: This review is ongoing and will be completed at **the** end of 2019.

CONCLUSIONS: This review aims to provide comprehensive evidence about **the** prevalence of **malnutrition** among **elderly people** in Iran. This can help Iranian health managers and policy makers make informed decisions **for preventing malnutrition** and promoting **the** health status of **elderly people**.

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INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/15334.

Publication Type Journal Article.

Year of Publication 2019

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66.

Abstract Reference
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Unique Identifier 30851950

Title **Review of Interventions for the Frailty Syndrome and the Role of Metformin as a Potential Pharmacologic Agent for Frailty Prevention. [Review]**

Source Clinical Therapeutics. 41(3):376-386, 2019 03.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Espinoza SE; Jiwani R; Wang J; Wang CP.

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Keyword Heading
*diabetes
*frailty

*inflammation
*insulin resistance
*metformin
*older adults

Abstract

PURPOSE: Frailty is a syndrome of vulnerability and physical decline with aging that increases **risk for** disability, hospitalizations, and death. To date, **interventions for frailty** have primarily focused on exercise and/or **nutritional interventions**, many of which show improvement in **frailty-related** characteristics, such as gait speed and lower extremity strength and function. **The** goal of this article was to review prior research studies investigating **interventions for frailty** and review **the** literature with regard to **the** role of insulin resistance and inflammation in **the** development of **frailty**. Also included is a discussion of potential therapeutic **interventions for frailty**.

METHODS: A literature search was conducted by using PubMed and **the** search terms **frailty**, **interventions**, and **older** adults. This review focused on larger studies (N >= 100 participants) that examined **the** effect of specific **interventions** on **frailty** as a primary outcome or on measures that are closely related to **frailty**, such as gait speed, muscle strength, and/or sarcopenia.

FINDINGS: The results of prior studies of exercise **interventions for the frailty** syndrome as **the** primary outcome are mixed, with some but not all showing benefit. However, many exercise **interventions** have demonstrated improvement in components of **frailty**, such as strength, gait speed, and physical activity. **The** evidence shows that regular physical activity is beneficial **for frail older** adults or those at high **risk** of **frailty** and that **the** adverse effects related to exercise are minimal compared with **the** potential gains. However, questions remain as to **the** optimal type and duration of exercise and whether results of clinical trials are easily and feasibly implemented in a clinical setting in individuals whose motivation **for** exercise may be low. There is now increasing interest in pharmacologic agents that could potentially be useful in **the prevention** or treatment of **frailty**, in part based on advances in basic biology of aging research demonstrating that pharmacological agents extend lifespan in rodents. Several studies now show that obesity, insulin resistance, inflammation, and diabetes are associated with and predict **frailty**. Because metformin targets insulin resistance and inflammation, it is a plausible pharmacologic agent to **prevent frailty**. A clinical trial is underway to examine metformin's usefulness in **frailty prevention**.

IMPLICATIONS: Although **the** benefits of exercise are known, adherence to these regimens may be difficult **for** individual **older** adults due to lack of motivation, access, or limitations due to chronic medical conditions. Studies are currently underway to examine novel agents **for the prevention** of **frailty** in **older** adults.

Publication Type Journal Article. Review. Research Support, N.I.H., Extramural.

Year of Publication 2019

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67.

Abstract Reference
Complete Reference

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Unique Identifier 31826368

Title **Effect of exercise therapy combined with branched-chain amino acid supplementation on muscle strength in elderly women after total hip arthroplasty: a randomized controlled trial.**

Source Asia Pacific Journal of Clinical Nutrition. 28(4):720-726, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Ikeda T; Matsunaga Y; Kanbara M; Kamono A; Masuda T; Watanabe M; Nakanishi R; Jinno T.

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Abstract **BACKGROUND AND OBJECTIVES:** Many **patients** develop a prolonged decrease of muscle strength after total hip arthroplasty (THA) despite their reconstructed hip joint. Physical exercise combined with branched-chain amino acid (BCAA) **supplementation** has been reported to improve muscle strength in **elderly persons** with sarcopenia. However, **the** effect of BCAA **supplementation** in **patients** after THA is unknown. This study examined **the** effects of BCAA **supplementation** combined with exercise **therapy** on **the** improvement of physical function in **elderly patients** after THA.

METHODS AND STUDY DESIGN: The subjects were 31 **elderly** women who underwent THA. **The** participants were randomly assigned to two groups: BCAA (n=18) and control (n=13). **The** combined **therapy** was carried out **for** one month after THA. **For the** exercise **intervention**, a 3-set physical exercise program was conducted. **For the nutritional intervention**, **the** participants consumed 3.4 g of BCAA **supplement** or 1.2 g of starch immediately after **the** exercise **intervention**.

RESULTS: BCAA **supplementation** combined with muscle strengthening exercises had a significant effect on knee extension strength of **the** contralateral side and on upper arm cross-sectional area. **The** improvement ratio of knee extension strength before and after **intervention** on **the** operated side was also significantly higher in **the** BCAA group.

CONCLUSIONS: BCAA **supplementation** is effective **for patients** to improve **the** strength of some muscles when combined with physical exercises, but hip abductor muscle strength of **the** operated leg did not improve. A future study is needed to determine **the** efficacy of this combined **therapy for** hip abductor muscle strength.

Publication Type Journal Article.
Year of Publication 2019

68.

Unique Identifier 31813385
Title **'Prevent undernutrition and prescribe oral nutritional supplements correctly': an educational intervention for district nurses.**
Source Primary Health Care Research & Development. 20:e152, 2019 12 09.
Version ID 1
Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.
Status In-Process
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Keyword Heading *continuing education
*district nurse
*documentation
*nutritional care
*oral nutritional supplements
Abstract **AIM: The** aim of this study was to evaluate district nurses' (DN) perceived **nutritional care** and actual level of knowledge about **nutritional care** before and after a continuing educational **intervention**.

BACKGROUND: **Nutritional** treatment is an important part of **nursing care**, and health professionals responsible **for nutritional care for older** adults must therefore have sufficient understanding of **nutritional** problems to provide appropriate support. Previous research has shown that **nutritional** problems frequently go unrecognized and that health **care personnel** often lacks knowledge about **nutritional care** and relevant methods of assessing **nutritional** status. However, little is known about DNs' knowledge about **nutritional care**.

METHODS: An evaluative study with a study-specific questionnaire administered before and after a 2.5-day continuing educational course **for** DNs in primary health **care** in Stockholm County, Sweden. **The** course was given over a period of two to three months. **The** questionnaire measured DNs' perceived **nutritional care** and actual level of knowledge about **nutritional care**.

FINDINGS: A total of 456 DNs completed **the** questionnaire both before and after **the intervention**. Participants' mean **age** was 50 years. They had worked a mean of 26 years in health **care** and 10 years as DNs. Before **the intervention**, many DNs reported that they did not work with **nutritional care** in an optimal way. After **the intervention**, significant improvements were found in perceived **nutritional care** and actual level of knowledge about **the** topic. However, not all DNs achieved **the** learning objectives of **the** course, so work remains to be done to ensure that DNs have sufficient knowledge of **nutritional care** to provide appropriate support and correctly prescribe **oral nutritional supplements**.

CONCLUSIONS: **The** study provides new information on DNs' perceived **nutritional care** and actual level of knowledge. **The** result of **the intervention** helps lay **the** foundation **for** good **nutritional care for older patients** in primary **care**.

Publication Type Journal Article.

Year of Publication 2019

+ My Projects + Annotate

69.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier 31060718

Title **Effectiveness of an oral diabetes-specific supplement on nutritional status, metabolic control, quality or life, and functional status in elderly patients. A multicentre study.**

Source Clinical Nutrition. 38(3):1253-1261, 2019 06.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Matia Martin P; Robles Agudo F; Lopez Medina JA; Sanz Paris A; Tarazona Santabalbina F; Domenech Pascual JR; Lopez Penabad L; Sanz Barriuso R; GluceNut Study Group.

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Keyword Heading
*Elderly
*Malnutrition
*Oral nutritional supplements
*Type 2 diabetes mellitus

Abstract

BACKGROUND & **AIMS:** **The** purpose of this study was to assess **nutritional** status, quality of life (QoL) and function in **malnourished** or at **risk for malnutrition** community-dwelling (CD) and **nursing home-dwelling** (NHD) **elderly patients** with type 2 diabetes mellitus (DM2), receiving treatment with a diabetes-specific **oral nutritional supplement** (DSONS).

METHODS: A prospective, multicentre, observational study was conducted. A DSONS (high-calorie, high-protein, with slow-digestible carbohydrate and high monounsaturated fatty acid - MUFA-content - Glucerna ^{R} 1.5 Cal) had been prescribed **the** week before inclusion. **The** following assessments were undertaken at baseline (BL), at week 6 (V1) and at month 3 (FV): body mass index (BMI), glycosylated haemoglobin (HbA_{1c}), **nutritional** status (Mini **Nutritional** Assessment - MNA), QoL (EQ-5D questionnaire), and functional status (Katz Index - KI of Independence in Activities of Daily Living). **The** data were reported in **the** overall **population** (OP) and in **the** CD and NHD groups.

RESULTS: A total of 402 **patients aged** 80.8 +/- 8.5 years were evaluable (44.5% men), including 61.7% CD and 38.3% NHD. BMI (kg/m^2) increased in **the** OP from 22.0 +/- 3.5 at BL to 22.5 +/- 3.6 at V1 ($p < 0.001$) and 23.0 +/- 3.7 at **the** FV ($p < 0.001$). BMI also

increased in **the** CD group (p < 0.001) and in **the** NHD group (p < 0.001). HbA_{1c} decreased in **the** OP from 7.3 +/- 1.1% at BL to 7.2 +/- 1.0% at V1 and 7.0 +/- 0.9% at **the** FV (p < 0.001), in both **the** CD (p < 0.001) and **the** NHD groups (p = 0.020). **The** mean overall MNA score increased in **the** OP from 13.1 +/- 4.8 at BL to 17.0 +/- 4.7 at V1 and 18.6 +/- 5.1 at **the** FV (p < 0.001). **The** mean overall MNA score also increased in **the** CD (p < 0.001) and **the** NHD groups (p < 0.001). **The** mean overall EQ-5D score improved in **the** OP from 46.0 +/- 18.0 at BL to 54.8 +/- 17.5 at V1 and 59.7 +/- 18.8 at **the** FV (p < 0.001). **The** mean overall EQ-5D score also improved in **the** CD (p < 0.001) and **the** NHD groups (p < 0.001). Gastrointestinal adverse events were seen in only 2% of **patients**. Treatment compliance was 94.4%.

CONCLUSIONS: In this study, conducted in routine, multicentre, clinical settings, **the** treatment with **the** high-calorie, high-protein, with slow-digestible carbohydrate, and high MUFA content DSNOS - Glucerna ^{R} 1.5 Cal-, was associated with improvements in HbA_{1c}, **nutritional** status, BMI and QoL following 6 weeks and 3 months of treatment in both institutionalised and non-institutionalised **elderly patients** with diabetes who were **malnourished** or at **risk for malnutrition**. A slight improvement in functional status was also observed at 12 weeks. As this is an observational effectiveness study, a randomized controlled trial would be necessary to establish a causal relationship between **the** DSNOS and **the** described events.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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70.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier 30991011

Title **Micro(RNA)-managing muscle wasting.**

Source Journal of Applied Physiology. 127(2):619-632, 2019 Aug 01.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

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Comments Erratum in (EIN)

Keyword Heading fibro-adipogenic progenitors
microRNAs
muscle aging
sarcopenia
satellite cells
senescence

Abstract Progressive skeletal muscle wasting is a natural consequence of aging and is common in chronic and acute diseases. Loss of skeletal muscle mass and function (strength) often leads to **frailty**, decreased independence, and increased **risk** of hospitalization. Despite progress made in our understanding of **the** mechanisms underlying muscle wasting, there is still no treatment available, with exercise training and **dietary supplementation** improving, but not restoring, muscle mass and/or function. There has been slow progress in developing novel therapies **for** muscle wasting, either during aging or disease, partially due to **the** complex nature of processes underlying muscle loss. **The** mechanisms of muscle wasting are multifactorial, with a combination of **factors** underlying age- and disease-related functional muscle decline. These **factors** include well-characterized changes in muscle such as changes in protein turnover and more recently described mechanisms such as autophagy or satellite cell senescence. Advances in transcriptomics and other high-throughput approaches have highlighted significant deregulation of skeletal muscle gene and protein levels during aging and disease. These changes are regulated at different levels, including posttranscriptional gene expression regulation by microRNAs. microRNAs, potent regulators of gene expression, modulate many processes in muscle, and microRNA-based **interventions** have been recently suggested as a promising new therapeutic strategy against alterations in muscle **homeostasis**. Here, we review recent developments in understanding **the** aging-associated mechanisms of muscle wasting and explore potential microRNA-based therapeutic avenues.

Publication Type Journal Article.

Year of Publication 2019

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71.

Abstract Reference
Complete Reference

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Library Holdings
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Unique Identifier	30921603
Title	**Effects of whey protein nutritional supplement on muscle function among community-dwelling frail older people: A multicenter study in China.**
Source	Archives of Gerontology & Geriatrics. 83:7-12, 2019 Jul - Aug.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Kang L; Gao Y; Liu X; Liang Y; Chen Y; Liang Y; Zhang L; Chen W; Pang H; Peng LN.
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Keyword Heading	*Frailty *Muscle function *Resistance exercise *SPPB (Short Physical Performance Battery) *Whey protein
Abstract	**BACKGROUND: Frailty**, featured by **the** presence of fatigue, weight loss, decrease in grip strength, decline gait speed and reduced activities substantially increase **the risk** of falls, disability, hospitalizations, and mortality of **older people**. **Nutritional supplementation** and resistance exercise may improve muscle function and reverse **frailty** status. **OBJECTIVE:** To evaluate whether whey protein **supplements** can improve muscle function of **frail older people** in addition to resistance exercise. **METHODS:** 115 community-dwelling **older** adults who met **the** Fried's criteria **for frailty** from four hospitals' out-patients clinic in Beijing, China completed **the** study. It's a case-control study which whey protein was used as daily **supplementation for** 12 weeks **for** active group and regular resistance exercise **for** active group and control group. Handgrip strength, gait speed, chair-stand test, balance score, and SPPB score were compared in both groups during **the** 12-week follow-up. **RESULTS:** Overall, 115 subjects were enrolled **for** study with 66 in active group and 49 in control group. Handgrip strength, gait speed, and chair-stand time were all significantly improved in both groups with significant between-group differences. **The** active group improved significantly in handgrip strength compared with **the** control group, which between-group effect (95% confidence interval) **for** female was 0.107kg (0.066-0.149), p=0.008 and **for** male was 0.89kg (0.579-1.201), p=0.007. **For** chair-stand time, between-group effect (95% confidence interval) was -2.875s (-3.62 to -2.124), p=0.004 and **for** gait speed, between-group effect (95% confidence interval) was 0.109m/s (0.090 to 0.130), p=0.003. **CONCLUSIONS: The** 12-week **intervention** of whey protein **oral nutritional supplement** revealed significant improvements in muscle function among **the frailty elderly** besides aiding with resistance exercise. These results warrant further investigations into **the** role of a multi-modal **supplementation** approach which could **prevent** adverse outcomes among **frailty elderly** at **risk for** various disabilities.
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

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72.

Abstract Reference
Complete Reference

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Unique Identifier	29749015
Title	**Usual energy and macronutrient intakes in a large sample of Iranian middle-aged and elderly populations.**

Library Holdings
Find @ Newcastle University

Source	Nutrition & Dietetics. 76(2):174-183, 2019 04.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Heidari Z; Feizi A; Azadbakht L; Mohammadifard N; Maghroun M; Sarrafzadegan N.
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Keyword Heading	*NCI method *energy *intake inadequacy and excess *macronutrients *usual dietary intake
Abstract	**AIM: The** present study aimed to assess **the** usual distribution of energy and macronutrient intake among a large representative sample of Iranian healthy middle-aged and **elderly people**. **METHODS:** In this cross-sectional study, a second follow-up survey of **the** Isfahan Cohort Study (ICS) was carried out; 1922 **people aged** 40 years and **older** were investigated. **Dietary** intakes were collected using 24-hour recall and two or more consecutive **food** records. Distribution of energy and macronutrient intake was estimated using traditional and National Cancer Institute (NCI) methods. **RESULTS: The** mean usual intake of energy was 1749.2 kcal based on **the** NCI method. Carbohydrate constituted 59.98% and protein 17.42% of total energy intake. **The** mean contributions of total fat, saturated fatty acids (SFA), polyunsaturated fatty acids (PUFA) and monounsaturated fatty acids (MUFAs) to energy intake were 25.74%, 9.5%, 4.92 and 7.75%, respectively. Approximately 7% of studied females **aged** 51-70 years met **the** recommended or higher levels **for** fibre. Females had significantly higher compliance of **the** recommended cholesterol level than males (**age** range of 40-70 years; P < 0.0001). **CONCLUSIONS:** It appears that Iranian middle-aged and **elderly people** are advancing towards a high **risk** of obesity and non-communicable chronic diseases. **Nutritional interventions for** improving **the** diet amongst this at-risk **population** are necessary.
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

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73.

Abstract Reference
Complete Reference

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Full Text

Unique Identifier	31767591
Title	**Improvement of perioperative care of the elderly patient (PeriAge): protocol of a controlled interventional feasibility study.**
Source	BMJ Open. 9(11):e031837, 2019 Nov 24.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Data-Review
Authors	Olotu C; Lebherz L; Harter M; Mende A; Plumer L; Goetz AE; Zollner C; Kriston L; Kiefmann R.
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Keyword Heading

anaesthesiology
complex interventions
elderly
feasibility
geriatric anaesthesia
instrumental activities of daily life
patient-reported outcomes
perioperative care
post-operative complications
process evaluation
quality of life

Abstract

INTRODUCTION: Geriatric patients have a pronounced **risk** to suffer from postoperative complications. While effective risk-specific perioperative measures have been studied in controlled experimental settings, they are rarely found in routine healthcare. This study aims (1) to implement a multicomponent preoperative and intraoperative **intervention**, and investigate its feasibility, and (2) exploratorily assess **the** effectiveness of **the intervention** in routine healthcare.

METHODS AND ANALYSIS: Feasibility and exploratory effectiveness of **the intervention** will be investigated in a monocentric, prospective, non-randomised, controlled trial. **The intervention** includes systematic information **for patients** and family about measures to **prevent** postoperative complications; preoperative screening **for frailty**, **malnutrition**, strength and mobility with **nutrient supplementation** and physical exercise (prehabilitation) as needed. Further components focus on potentially inadequate medication, **patient** blood-management and carbohydrate loading prior to surgery, retainment of orientation aids in **the** operating room and a **geriatric** anaesthesia concept. Data will successively be collected from control, implementation and **intervention** groups. **Patients aged** 65+ with impending surgery will be included. A sample size of 240, n=80 per group, is planned. Assessments will take place at inclusion and 2, 30 and 180 days after surgery. Mixed-methods analyses will be performed. Exploratory effectiveness will be assessed using mixed segmented regressions. **The** primary endpoint is functional status. Secondary endpoints include cognitive performance, health-related quality of life, length of inpatient stay and occurrence of postoperative complications. Feasibility will be assessed through semi-structured interviews with staff and **patients** and quantitative analyses of **the** data quality, focussing on practicability, acceptance, adoption and fidelity to protocol.

ETHICS AND DISSEMINATION: The study will be carried out in accordance with **the** Helsinki Declaration and to principles of good scientific practice. **The** Ethics Committee of **the** Medical Association Hamburg, Germany, approved **the** protocol (study **ID:** PV5596). Results will be disseminated in scientific journals and healthcare conferences.

TRIAL REGISTRATION NUMBER: ClinicalTrials.gov Identifier: NCT03325413.

Publication Type Journal Article.

Year of Publication 2019

74.

Unique Identifier 30826500

Title **Effect of nutritional supplementations on physical performance and muscle strength parameters in older people: A systematic review and meta-analysis. [Review]**

Source Ageing Research Reviews. 51:48-54, 2019 05.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Veronese N; Stubbs B; Punzi L; Soysal P; Incalzi RA; Saller A; Maggi S.

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Keyword Heading *Meta-analysis
*Muscle strength
*Nutrition
*Physical performance
*Sarcopenia

Abstract **Malnutrition** plays a role in **the** development of poor physical performance, **frailty** and sarcopenia. **The** use of **nutritional supplementations for** improving physical performance and muscle strength parameters in **older people** is unclear. We therefore aimed to summarize **the** effect of **nutritional supplementations** compared to placebo on physical performance (i.e. tests more investigating physical function, utilising aerobic capacity & muscle power) and muscle strength (i.e. tests depending on muscle power) outcomes in **older people** in randomized controlled trials (RCTs). A literature search in major databases was undertaken until **the** 01st September 2018. Eligible studies were RCTs investigating **the** effect of **nutritional supplementations** vs. placebo in **older people** (**people** having an **age** >60 years). Standardized mean differences (SMD) and 95% confidence intervals (CIs) were used through a random effect model. Over 4007 potentially eligible articles, 32 RCTs **for** a total of 4137 **older** participants (2097 treated and 2040 placebo) (mean **age**: 76.3 years; 65% females) were included. Compared to placebo, multi-nutrient **supplementations** significantly improved chair rise time (n = 3; SMD=-0.90; 95%**CI:** -1.46 to -0.33; I^2 = 87%). Multi-nutrients significantly improved handgrip strength when compared to placebo (n = 6; 780 participants; SMD = 0.41; 95%**CI:** 0.06 to 0.76; I^2 = 79%), as did **nutritional supplementations** including protein (n = 7; 535 participants; SMD = 0.24; 95%**CI:** 0.07 to 0.41; I^2 = 16%).**Nutritional supplementations** also led to a significant improvement in chair rise time and in handgrip strength in participants affected by **frailty**/sarcopenia and in those affected by medical conditions. In conclusion, **nutritional supplementation** can improve a number of physical performance outcomes in **older people**, particularly when they include multi-nutrients and in **people** already affected by specific medical conditions, or by **frailty**/sarcopenia.

Publication Type Journal Article. Review. Research Support, Non-U.S. Gov't.

Year of Publication 2019

75.

Unique Identifier 31072850

Title **Multifaceted intervention to enhance cognition in older people at risk of cognitive decline: study protocol for the Protein Omega-3 and Vitamin D Exercise Research (PONDER) study.**

Source BMJ Open. 9(5):e024145, 2019 05 09.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading	*dementia *geriatric medicine
Abstract	**INTRODUCTION:** An increasing number of **people** are living with cognitive impairment and dementia. Current pharmacological therapies at best reduce Alzheimer's disease symptomatology but do not delay dementia onset in those at high **risk**. Structured exercise **interventions** can enhance cognition in **older people**; however, to produce **long** lasting, clinically relevant cognitive benefits, it is proposed that a multifaceted approach incorporating exercise with **dietary supplements** will address a wider range of mechanisms involved in cognitive decline. **The** Protein Omega-3 aNd vitamin D Exercise Research (PONDER) study aims to investigate **the** cognitive effects of a multimodal exercise programme combined with **nutritional supplementation** in **older** adults with subjective memory impairment (SMI). **METHODS AND ANALYSIS: The** PONDER study is a single-centre, 12-month, community-based, parallel group, randomised, double-blind, placebo controlled trial involving a 6-month multifaceted **intervention** with a further 6-month follow-up. Participants will be 148 **people** from Melbourne, Australia, **aged** 60-85 years with SMI who will be randomised (1:1 ratio) to either a 6-month supervised multimodal exercise programme combined with omega-3 fatty acid, vitamin D and protein **supplementation** or a stretching/flexibility exercise programme combined with placebo **supplements**. **The** primary outcome is **the** change in cognition after 6 months as assessed by **the** Trail Making Test and global cognitive function assessed from **the** Cogstate Computerised battery. Secondary outcomes will include memory, working memory/learning and attention/psychomotor function, **the** Montreal Cognitive Assessment, mood, quality of life, muscle strength, physical function, body composition, cardiovascular health and sleep quality. Cognition at 12 months will represent a secondary outcome. **ETHICS AND DISSEMINATION:** This study has been approved by **the** Deakin University Human Research Ethics Committee (project 2016-260). Informed consent will be obtained from all participants. **The** authors intend to submit **the** findings of **the** study to peer-reviewed journals or academic conferences to be published. **TRIAL REGISTRATION NUMBER:** ACTRN12616001549415; Pre-results.
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

+ My Projects + Annotate

76.

Abstract Reference
Complete Reference

Find Similar
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Full Text

Unique Identifier	31618867
Title	**Prevalence of Medication-Dietary Supplement Combined Use and Associated Factors.**
Source	Nutrients. 11(10), 2019 Oct 15.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Aznar-Lou I; Carbonell-Duacastella C; Rodriguez A; Mera I; Rubio-Valera M.
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Keyword Heading	antibiotics antihypertensive medication dietary supplements

interactions
prevalence

Abstract

INTRODUCTION: **The** use of medication has increased in recent years in **the** US while **the** use of **dietary supplements** has remained stable but high. Interactions between these two kinds of products may have important consequences, especially in **the** case of widely used medications such as antihypertensives and antibiotics. **The** aim of this paper is to estimate **the** prevalence of potentially serious drug-dietary **supplement** interactions among tetracyclines, thiazides, and angiotensin II receptor blocker users by means of **the** NHANES 2013-2014 dataset.

METHODS: Data from 2013-2014 NHANES were obtained. Potential interactions analysed were tetracyclines with calcium, magnesium, and zinc, thiazides with vitamin D, and angiotensin II receptors blockers with potassium. Prevalence was calculated **for** each potential interaction. Logistic regression was used to assess associated **factors**.

RESULTS: 864 prescriptions issued to 820 **patients** were analysed. Overall prevalence of potential interaction was 49%. **Older age** and higher educational level were strongly associated with being at **risk** of a potential interaction. **Factors** such as **age**, race, civil status, citizenship, country of birth, BMI, and physical activity did not show notable associations.

CONCLUSIONS: Healthcare professionals should be aware of other medical products when they prescribe or dispense a medication or a **dietary supplement**, especially to **the older population** and **people** with a higher educational level.

Publication Type Journal Article.

Year of Publication 2019

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77.

Abstract Reference
Complete Reference

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Unique Identifier 30661706

Title **Energy and protein intake in 330 geriatric orthopaedic patients: Are the current nutrition guidelines applicable?.**

Source Clinical Nutrition ESPEN. 29:86-91, 2019 02.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Rosenberger C; Rechsteiner M; Dietsche R; Breidert M.

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Keyword Heading
*Elderly
*Guidelines
*Malnutrition
*Oral intake
*Orthogeriatrics

Abstract

BACKGROUND AND AIMS: **Elderly** orthopaedic **patients** are potentially at a high **nutritional risk**. **The** reasons **for** this are numerous as i.e. reduced appetite, sensation of satiety after eating small amounts of **food**, multi-medication or immobility. This is in contrast to **the** increased energy and protein recommendations **for geriatric** orthopaedic **patients**.

METHODS: **Oral** intake during hospitalization of more than 1000 **geriatric** orthopaedic **patients aged** over 80, with or without fracture, was recorded, calculated and then compared to energy and protein requirements by clinical dietitians according to international guidelines.

RESULTS: 330 **patients** were included in **the** sample of which 76.7% were female (n = 253) and 23.3% male (n = 77). **The** mean **age** was 87.4 (+/-4.7) years. Most **patients** (204 = 61.8%) had lived at **home** prior to hospital admission. 72 **patients** (21.8%) lived in a retirement **home**, 54 (16.4%) lived in a **nursing home**. 98.5% of **the** included **patients** were unable to cover their energy needs and 99% were unable to achieve their protein needs. Only five **patients** (1.5%) were able to achieve their energy needs and one single **patient** (0.3%) achieved his recommended protein intake.

CONCLUSION: Orthogeriatric **patients** are at high **risk** of **malnutrition**. Very few of these **patients** were able to cover their estimated energy and protein needs through **dietary** intake. This suggests that there is a high need of dietetic **interventions** in this multimorbid **elderly patient** group. **The** aim of **the nutritional therapy** and its **interventions** should be its continuity, especially after hospital discharge so that long-term optimization of **the nutritional** status can occur. Future research should further investigate if current recommendations are applicable and **the** best way to achieve a better **nutritional** status in

this **population risk** group.

Publication Type Journal Article.

Year of Publication 2019

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78.

Abstract Reference
Complete Reference

Unique Identifier 31737350

Title **Nutritional support in chronic obstructive pulmonary disease (COPD): an evidence update. [Review]**

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Source Journal of Thoracic Disease. 11(Suppl 17):S2230-S2237, 2019 Oct.

Version ID 1

Full Text

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status PubMed-not-MEDLINE

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Keyword Heading Chronic obstructive pulmonary disease (COPD)
malnutrition
nutrition supportnutrition support

Abstract Chronic obstructive pulmonary disease (COPD) primarily affects **the** lungs but due to **the** accompanying chronic systematic inflammation and **the** symptoms associated with **the** disease there are many extrapulmonary effects which include complex physical and metabolic adaptations. These changes have been associated with reduced exercise capacity, increased **nutritional** requirements, altered metabolic processes and compromised **nutritional** intake. As a result, **nutritional** depletion in COPD is multi-faceted and can involve imbalances of energy (weight loss), protein (sarcopenia), and periods of markedly increased inflammation (pulmonary cachexia) which can increase **nutritional** losses. As a result, depletion of both fat-mass (FM) and fat-free mass (FFM) can occur. There is good evidence that **nutritional** support, in **the** form of **oral nutritional supplements** (ONS), can overcome energy and protein imbalances resulting in improved **nutritional** status and functional capacity. However, in order to treat **the** aetiology of sarcopenia, **frailty** and cachexia, it is likely that targeted multi-modal **interventions** are required to address energy and protein imbalance, specific **nutrient** deficiencies, reduced androgens and targeted exercise training. Furthermore, **interventions** taking a disease-course approach, are likely to hold **the** key to effectively managing **the** common and costly problem of **nutritional** depletion in COPD.

Publication Type Journal Article. Review.

Year of Publication 2019

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79.

Abstract Reference
Complete Reference

Unique Identifier 30990918

Title **Sarcopenic obesity predicts nonremission of late-life depression.**

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Source International Journal of Geriatric Psychiatry. 34(8):1226-1234, 2019 08.

Version ID 1

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Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Kokkeler KJE; van den Berg KS; Comijs HC; Oude Voshaar RC; Marijnissen RM.

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Keyword Heading *abdominal obesity
*depression
*elderly
*sarcopenia
*sarcopenic obesity

Abstract BACKGROUND/**OBJECTIVES:** Aging-related physiological changes like metabolic dysregulation and physical **frailty** are associated with depression and worsen its prognosis. Since central obesity is a key component of **the** metabolic syndrome and sarcopenia of physical **frailty**, we examined **the** association of sarcopenic obesity with depression cross-sectional and over time.

METHODS: Cohort study of depressed **patients** and a nondepressed comparison group.

SETTING: Primary and secondary mental health **care**.

PARTICIPANTS: Three hundred seventy-eight **older** (>=60 y) depressed **patients** of which 285 were followed up at 2 years and 132 nondepressed **persons** participating in **the** Netherlands Study of Depression in **Older** (NESDO) **persons**.

MEASUREMENTS: Sarcopenic obesity was based on predefined cutoffs **for** both maximum handgrip strength (assessed with a dynamometer) and waist circumference (dichotomous) as well as **the** product **term** of handgrip strength by waist circumference (dimensional). Depressive disorder according to DSM-IV-TR criteria was assessed with fully structured psychiatric interview at baseline and 2-year follow-up.

RESULTS: Sarcopenic obesity was more prevalent among depressed **patients** compared with nondepressed participants (18.9% versus 10.7%, P = 0.030). Neither **the** dichotomous nor dimensional operationalization of sarcopenic obesity was associated with baseline depressive disorder when adjusted **for** covariates. Nonetheless, among depressed **patients**, logistic regression showed that **the** interaction of handgrip strength by waist circumference was associated with remitted depression at 2-year follow-up (P = 0.044). Only among **patients** with a low handgrip strength, a higher waist circumference predicted nonremission.

CONCLUSION: Among depressed **patients**, sarcopenic obesity predicts nonremission of depression. Therefore, combined exercise and **nutritional interventions** might be effective **for** depressed **patients** with sarcopenic obesity.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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80.

Abstract Reference
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Full Text

Unique Identifier 30334618

Title **Feasibility of early multimodal interventions for elderly patients with advanced pancreatic and non-small-cell lung cancer.**

Source Journal of Cachexia, Sarcopenia and Muscle. 10(1):73-83, 2019 02.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Naito T; Mitsunaga S; Miura S; Tatematsu N; Inano T; Mouri T; Tsuji T; Higashiguchi T; Inui A; Okayama T; Yamaguchi T; Morikawa A; Mori N; Takahashi T; Strasser F; Omae K; Mori K; Takayama K.

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Keyword Heading

*Cancer cachexia
*Elderly
*Multimodal intervention
*Non-small-cell lung cancer
*Pancreatic cancer
*Physical activity

Abstract

BACKGROUND: Combinations of exercise and **nutritional interventions** might improve **the** functional prognosis **for** cachectic cancer **patients**. However, high attrition and poor compliance with **interventions** limit their efficacy. We aimed to test **the** feasibility of **the** early induction of new multimodal **interventions** specific **for elderly patients** with advanced cancer **Nutrition** and Exercise Treatment **for** Advanced Cancer (NEXTAC) programme.

METHODS: This was a multicentre prospective single-arm study. We recruited 30 of 46 screened **patients aged** >=70 years scheduled to receive first-line chemotherapy **for** newly diagnosed, advanced pancreatic, or non-small-cell lung cancer. Physical activity was measured using pedometers/accelerometer (Lifecorder ^{R} , Suzuken Co., Ltd., Japan). An 8 week educational **intervention** comprised three exercise and three **nutritional** sessions. **The** exercise **interventions** combined **home-based** low-intensity resistance training and **counselling** to promote physical activity. **Nutritional interventions** included standard **nutritional counselling** and instruction on how to manage symptoms that interfere with **patient's** appetite and **oral** intake. **Supplements** rich in branched-chain amino acids (Inner Power ^{R} , Otsuka Pharmaceutical Co., Ltd., Japan) were provided. **The** primary endpoint of **the** study was feasibility, which was defined as **the** proportion of **patients** attending >=4 of six sessions. Secondary endpoints included compliance and safety.

RESULTS: The median **patient age** was 75 years (range, 70-84). Twelve **patients** (40%) were cachectic at baseline. Twenty-nine **patients** attended >=4 of **the** six planned sessions (96.7%, 95% confidence interval, 83.3 to 99.4). One **patient** dropped out due to deteriorating health status. **The** median proportion of days of compliance with **supplement** consumption and exercise performance were 99% and 91%, respectively. Adverse events possibly related to **the** NEXTAC programme were observed in five **patients** and included muscle pain (Grade 1 in two **patients**), arthralgia (Grade 1 in one **patient**), dyspnoea on exertion (Grade 1 in one **patient**), and plantar aponeurositis (Grade 1 in one **patient**).

CONCLUSIONS: The early induction of multimodal **interventions** showed excellent compliance and safety in **elderly patients** with newly diagnosed pancreatic and non-small-cell lung cancer receiving concurrent chemotherapy. We are now conducting a randomized phase II study to measure **the** impact of these **interventions** on functional prognosis.

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Year of Publication 2019

81.

Abstract Reference
Complete Reference

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Title	**Combining a high DHA multi-nutrient supplement with aerobic exercise: Protocol for a randomised controlled study assessing mobility and cognitive function in older women.**
Source	Prostaglandins Leukotrienes & Essential Fatty Acids. 143:21-30, 2019 04.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Fairbairn P; Tsofliou F; Johnson A; Dyall SC.
Authors Full Name	Fairbairn, Paul; Tsofliou, Fotini; Johnson, Andrew; Dyall, Simon C.
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Keyword Heading	*Aging *B Vitamins *Docosahexaenoic acid *Gait *Memory *Physical activity
Abstract	There is a complex interplay between cognition and gait in **older people**, with declines in gait speed coexisting with, or preceding cognitive decline. Omega-3 fatty acids, B vitamins, vitamin E, phosphatidylserine, and Ginkgo Biloba show promise in preserving mobility and cognitive function in **older** adults. Exercise benefits mobility and there is evidence suggesting positive interactions between exercise and omega-3 fatty acids on physical and cognitive function in **older** adults. Non-frail or pre-frail females **aged** >=60 years are included in a randomized placebo controlled study. **Intervention** groups are: high DHA multi-nutrient **supplement** and exercise, placebo **supplement** and exercise, high DHA multi-nutrient **supplement**, and placebo **supplement**. **Dietary supplementation** is 24 weeks. **The** exercise **intervention**, two cycle ergometer classes per week, is **for the** final 12 weeks. **The** primary outcome is habitual walking speed, secondary outcomes include gait variables under single and dual task, five times sit to stand, verbal and spatial memory, executive function, interference control and health related quality of life. Blood fatty acids, serum homocysteine, **dietary** intake, physical activity, and verbal intelligence are measured to assess compliance and control **for** confounding **factors**. **The** study is registered at www.clinicaltrials.gov (NCT03228550).
Publication Type	Journal Article. Research Support, Non-U.S. Gov't.
Year of Publication	2019

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82.

Abstract Reference
Complete Reference

Unique Identifier	30583964
Title	**The risk of dysphagia is associated with malnutrition and poor functional outcomes in a large population of outpatient older individuals.**
Source	Clinical Nutrition. 38(6):2684-2689, 2019 Dec.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Data-Review
Authors	Tagliaferri S; Lauretani F; Pela G; Meschi T; Maggio M.
Authors Full Name	Tagliaferri, Sara; Lauretani, Fulvio; Pela, Giovanna; Meschi, Tiziana; Maggio, Marcello.
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Keyword Heading	EAT-10 **Elderly** Functional decline MNA-SF Physical frailty
Abstract	Oropharyngeal dysphagia (OD) is a widespread clinical condition among **older** adults. Although it represents a **risk factor for malnutrition**, dehydration and aspiration pneumonia, its assessment and contribution to functional decline is often ignored. **The** aim of **the** present study was to estimate **the** prevalence of OD in a large **population** of non-institutionalized **older people** and to evaluate its relationship with **malnutrition** and physical

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function. 10-item Eating Assessment Tool (EAT-10) and Mini **Nutritional** Assessment Short Form (MNA-SF) were used to identify **the risk** of dysphagia and **malnutrition**. Short Physical Performance Battery (SPPB) and hand-grip strength were used as functional endpoints. **The** relationship between **risk** of dysphagia and functional outcomes was tested in a multivariate regression analysis adjusted **for age** and sex (Model 1) and **for** other confounders including Mini Mental State Examination (MMSE) and polypharmacy (Model 2). Mean **age** of 773 subjects (61.3% female) was 81.97 years. **The** percentage of participants at **risk** of dysphagia (EAT >= 3) was 30.1%, 37.8% of subjects was **malnourished** (MNA-SF < 8), 46.2% was at **risk** of **malnutrition** (MNA-**SF**:8-11). EAT-10 was significantly and negatively associated to MNA-SF (beta = -0.47 +/- 0.06, p < 0.0001) and **the** strength of **the** relationship was attenuated but still statistically significant in **the** multivariate model (beta = -0.28 +/- 0.07, p < 0.0001). A significant and negative relationship was found between EAT-10 and SPPB and hand-grip strength in Model 1 (beta = -0.25 +/- 0.05, p < 0.0001) and Model 2 (beta = -0.07 +/- 0.03, p < 0.0001). After categorization of **risk** of dysphagia in two groups (at **risk** and not at **risk**), MNA-SF, SPPB and hand-grip strength were independently associated with higher **risk** of dysphagia (OR = 0.91, 95%CI = 0.83-0.99, p = 0.03; OR = 0.83, 95%CI = 0.77-0.89, p < 0.0001; OR = 0.96, 95%CI = 0.92-0.99, p = 0.02, respectively). In a large group of outpatient **older** individuals, we observed a significant negative association between **risk** of dysphagia and **nutritional** and physical performance, suggesting that **the** screening of OD, possibly supported by its assessment, should be implemented in **the geriatric** setting to potentially **prevent the** functional decline.

Publication Type Journal Article.

Year of Publication 2019

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83.

Abstract Reference
Complete Reference

Find Similar
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Full Text

Unique Identifier 31617926

Title **Assessment of Sarcopenia Among Community-Dwelling At-Risk Frail Adults Aged 65 Years and Older Who Received Multidomain Lifestyle Interventions: A Secondary Analysis of a Randomized Clinical Trial.**

Source JAMA Network Open. 2(10):e1913346, 2019 Oct 02.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Lu Y; Niti M; Yap KB; Tan CTY; Zin Nyunt MS; Feng L; Tan BY; Chan G; Khoo SA; Chan SM; Yap P; Larbi A; Ng TP.

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Ng, Tze Pin. Gerontology Research Programme, Yong Loo Lin School of Medicine, Department of Psychological Medicine, National University Health System, National University of Singapore, Singapore.

Abstract Importance: There is little understanding of **the** outcomes associated with active lifestyle **interventions for** sarcopenia among **older persons**.

Objective: To determine **the** association of 6-month multidomain lifestyle **interventions** (physical exercise, **nutritional** enhancement, cognitive training, combined treatment, and standard **care**) with change in sarcopenia status and physical function among adults 65 years and **older**.

Design, Setting, and Participants: Post hoc secondary analysis of a parallel-group randomized clinical trial conducted from September 1, 2012, to September 1, 2014, at community centers providing services to **elderly** individuals in Singapore. Participants included a subsample of 92 community-dwelling prefrail or **frail older persons** with sarcopenia **aged** 65 years and **older**. Data were analyzed from June 1, 2017, to January 1, 2018.

Interventions: **The** 5 **intervention** groups were a 6-month duration of physical exercise that included resistance and balance training, **nutritional** enhancement with a commercial **oral nutrition supplement** formula, cognitive training, a combination of **the** preceding 3 **interventions**, and standard **care** (control).

Main Outcomes and Measures: Primary outcomes were changes in sarcopenia status and its components, appendicular skeletal muscle index (ASMI), knee extension strength (KES), and gait speed (GS) at 3 months and 6 months following **the intervention**. Sarcopenia was defined as **the** presence of both low ASMI and low KES and/or GS.

Results: In 92 participants with sarcopenia, **the** mean (SD) **age** was 70.0 (4.7) years and 59 (64.1%) were female. Seventy-eight participants received active **interventions** and 14 received standard **care**. Of 92 total participants, **the** number who remained sarcopenic was reduced to 48 (of 73) after 3 months and 51 (of 75) after 6 months of **intervention**, indicating that 25 of 92 participants (27.2%) experienced sarcopenia reduction at 3 months and 24 of 92 (26.1%) had sarcopenia reduction at 6 months. Low KES was present in 88 of 92 **patients** (95.6%), and low GS in 30 of 92 **patients** (32.6%) at baseline. Among **the** components of sarcopenia, GS had **the** greatest change associated with active **interventions**, with 22 of 30 participants (73.3%) free of low GS at 6 months; in comparison, 17 of 88 participants (19.3%) were free of low KES at 6 months and 7 of 92 participants (7.6%) were free of low ASMI at 6 months. Men experienced greater reduction in sarcopenia than women (chi2 = 5.925; P = .02), as did those with younger **age** (t = -2.078; P = .04) or higher ASMI (mean [SD] ASMI, 5.74 [0.77] vs 5.14 [0.77] kg/m2; P = .002). Participants in **the** active **intervention** group experienced statistically significant decreases in sarcopenia score and its components at 3 months and 6 months from baseline (F = 14.138; P < .001), but **the intervention** was not associated with significant differences in ASMI, KES, and GS vs standard **care**.

Conclusions and Relevance: This study suggests that **older persons** with sarcopenia are responsive to **the** effects of multidomain lifestyle **interventions**. Sarcopenia reduction was most pronounced through improved gait speed, and occurred more among those who were male, were younger, or had greater muscle mass.

Publication Type Journal Article.

Year of Publication 2019

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84.

Abstract Reference
Complete Reference

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Unique Identifier 31127188

Title **The Refeeding Syndrome revisited: you can only diagnose what you know.**

Source European Journal of Clinical Nutrition. 73(11):1458-1463, 2019 Nov.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Janssen G; Pourhassan M; Lenzen-Grosimlinghaus R; Jager M; Schafer R; Spamer C; Cuvelier I; Volkert D; Wirth R; working group on nutrition and metabolism of the German Geriatric Society (DGG).

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Abstract BACKGROUND/**OBJECTIVES: The** Refeeding Syndrome (RFS) is a serious complication in **patients** receiving **nutrition** support after a period of severe **malnutrition**. We frequently recognize and diagnose **the** RFS due to increased awareness. Thus, we observe that many physicians do not know **the** RFS and that it is rarely diagnosed. **The** aim of **the** study was to determine whether physicians in Germany know **the** RFS.

SUBJECTS/**METHODS:** A questionnaire with a case vignette about an **older person** who developed **the** RFS after initiation of **nutritional therapy** was submitted to German

physicians and fifth year medical students, who were participants of educational lectures.

RESULTS: Of **the** 281 participants who answered **the** respective question, 40 participants (14%) correctly diagnosed **the** RFS of **the** case vignette and 21 participants (8%) gave nearly correct answers. Indeed, **the** majority of **the** participants did not diagnose **the** RFS.

CONCLUSIONS: Although **the** RFS may lead to fatal complications, it is unknown to **the** majority of **the** queried physicians. Therefore, there is a call to implement **the** RFS in respective curricula and increase systematic education on this topic.

Publication Type Journal Article.

Year of Publication 2019

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85.

Abstract Reference
Complete Reference

Unique Identifier 31689246

Title **The role of frailty and prehabilitation in surgery.**

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Source Current Opinion in Critical Care. 25(6):717-722, 2019 Dec.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

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Status In-Data-Review

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Abstract **PURPOSE OF REVIEW: The** aging surgical **population** constitutes a unique challenge to clinicians across **the** spectrum of **care**. **Frailty** is a valuable tool **for** preoperative **risk** stratification and may guide targeted **interventions**, such as prehabilitation. **The** aim of this review is to revise **the** recent literature on **the** role of **frailty** and prehabilitation to optimize **geriatric patients** undergoing surgery.

RECENT FINDINGS: The concept of **frailty** became more refined over **the** past couple of decades, and its various dimensions have been operationalized into an array of different **frailty** scoring systems. **The** association between **frailty** and adverse perioperative events has been demonstrated in many surgical specialties. **The** use of multimodal prehabilitation of **frail patients** is expanding, and most prehabilitation programs (which focus on **nutritional supplementation**, **feedback-based** exercise regimens, and pulmonary optimization) have promising outcomes.

SUMMARY: Frailty is a valuable **risk** stratification tool that better captures **the** state of augmented vulnerability of **older** adults. **Frail patients** benefit from targeted **interventions**, such as multimodal prehabilitation. Thus, **the** implementation of nationwide **geriatric** surgery standards can address ongoing challenges in performing surgery on **older**, **frail patients**.

Publication Type Journal Article.

Year of Publication 2019

PDF (Pay Per View) + My Projects + Annotate

86.

Abstract Reference
Complete Reference

Unique Identifier 31667002

Title **Assessment of Nutrition and Supplementation in Patients With Hip Fractures.**

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Source Geriatric Orthopaedic Surgery & Rehabilitation. 10:2151459319879804, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Full Text

Status PubMed-not-MEDLINE

Authors Arkley J; Dixon J; Wilson F; Charlton K; Ollivere BJ; Eardley W.

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Keyword Heading basic research

dementia
fragility fractures
geriatric trauma
physical medicine and rehabilitation
trauma surgery

Abstract Introduction: **Malnutrition** is common in **older people**, is known to interact with **frailty**, and is a **risk factor for** wound complications and poor functional outcomes postoperatively. Sustaining a hip fracture is a significant life event, often resulting in a decline in mobility and functional ability. A poor **nutritional** state may further impede recovery and rehabilitation, so strategies to improve perioperative **nutrition** are of considerable importance. We provide a review of **nutritional supplement** practices in this vulnerable and growing **population**.

Method: Systematic review of preoperative **oral nutritional supplementation** (ONS) in hip fracture **patients**.

Results: We identified 12 articles pertaining to this important area of perioperative **care**. **The** findings suggest postoperative ONS can improve postoperative outcomes in hip fracture **patients**, especially in terms of increasing total serum protein, improving **nutritional** status to near-optimum levels, and decreasing postoperative complications.

Discussion: There is an absence of evidence specific to preoperative ONS in **patients** admitted following hip fracture. Literature relating to other **populations** is encouraging but is yet to be robustly studied. It is unclear whether these results are generalizable to **the frailer** hip fracture **population**. There is a need **for** studies clearly defining outcome measurement and complication assessment pertaining to preoperative ONS. **The** potential benefit is considerable, and this review will provide a means to inform **the** construction of meaningful trials in preoperative ONS of **patients** sustaining hip fracture.

Conclusion: **Oral nutritional supplementation** in hip fracture **patients** may decrease postoperative complications while increasing **elderly patient's nutritional** state to a near-optimum level. This is extrapolated from postoperative literature, however with a clear gap in research pertaining specifically to preoperative **care**. **The** need **for** well-constructed studies focused on **the** impact and assessment of early ONS in this **population** is transparent.

Publication Type Journal Article.

Year of Publication 2019

87.

Unique Identifier 31132761

Title **Malnutrition-Wasting Conditions in Older Dialysis Patients: An Individualized Approach.**

Source Contributions to Nephrology. 198:12-20, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Nitta, Kosaku. Department of Medicine, Kidney Center, Tokyo Women's Medical University, Tokyo, Japan.

Abstract **BACKGROUND: The** dialysis **population** is growing and aging worldwide. **The** aging dialysis **population** exhibits specific conditions, including sarcopenia, protein-energy wasting, and **frailty**, that are associated with worse outcomes. Thus, strategies to address these conditions are indispensable to improving prognosis, quality of life, and ability to perform activities of daily living in **older patients**.

SUMMARY: Several strategies have been employed to manage these conditions. **The** two major approaches are **nutritional therapy** and exercise training. These correlate strongly with each other and each is necessary to maintain **the** health of **patients**. Ensuring adequate protein and energy intake is **the** mainstay of **nutritional therapy**. However, **older** dialysis **patients** often have reduced appetite, and appropriate **nutritional therapy** can enhance appetite. Conversely, **nutritional therapy** without an appropriate exercise training system will fail to enhance physical function. Thus, **the** focus of attention has been on exercise training both during dialysis treatment and while at **home**. **The** Japanese Society of Renal Rehabilitation has issued a guideline **for** exercise training in **patients** with kidney disease. It encourages using **the** time during dialysis treatment **for** performing both **nutritional** intake measures and exercise training. **Nutritional care** in dialysis **patients** has previously focused on restriction of **dietary** intake. However, **patients** with these **malnutrition-wasting** conditions should be encouraged to improve their **dietary** intake and physical activity. **Older** dialysis **patients** have heterogenic characteristics in terms of **frailty**, so their **nutritional** and exercise plans should be individualized. Key Messages: Individualized **management** should be used in **the** heterogeneous **older** dialysis

population, with special considerations **for malnutrition-wasting** conditions.

Publication Type Journal Article.

Year of Publication 2019

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88.

Abstract Reference
Complete Reference

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Unique Identifier 30462162

Title **Effects of exercise and nutrition supplementation in community-dwelling older Chinese people with sarcopenia: a randomized controlled trial.**

Source Age & Ageing. 48(2):220-228, 2019 03 01.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

Authors Zhu LY; Chan R; Kwok T; Cheng KC; Ha A; Woo J.

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Keyword Heading *exercise
*nutrition
*older people
*sarcopenia

Abstract **BACKGROUND:** Limited trials examining **the** effect of exercise and **nutrition supplementation** in **older people** with sarcopenia are available.

OBJECTIVES: to assess **the** impact of resistance exercise program targeting muscle strength and power with and without **nutrition supplementation** on gait speed, body composition, physical function and quality of life.

METHODS: this trial randomized 113 community-dwelling **older** Chinese adults **aged** >=65 and with sarcopenia defined using **the** Asian Criteria into one of **the** three groups: exercise program alone, combined-exercise program and **nutrition supplement** or waitlist control. **The** exercise program consisted of 90-min group training twice weekly and one-home session weekly **for** 12 weeks. Participants in **the** combined group were additionally asked to consume **nutrition supplement** twice daily **for** 12 weeks. Both groups were encouraged to keep **home** exercise after **intervention** period **for** another 12 weeks to detect sustained effect. **The** primary outcome was gait speed.

RESULTS: at 12 and 24 weeks, gait speed did not differ significantly between groups. Significant improvement in leg extension, and five-chair stand test occurred in both **intervention** groups that persisted to 24 weeks. Physical Activity Scale **for the Elderly** improved in both **intervention** groups that persisted until 24 weeks only in **the** combined group. Lower limb muscle and appendicular skeletal muscle mass increased significantly in **the** combined group but **the** increase was not sustained to 24 weeks.

CONCLUSION: **the** exercise program with and without **nutrition supplementation** had no significant effect on **the** primary outcome of gait speed but improved **the** secondary outcomes of strength and **the** five-chair stand test in community-dwelling Chinese sarcopenic **older** adults.

CLINICALTRIALS.**GOV IDENTIFIER:** NCT02374268.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

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89.

Abstract Reference
Complete Reference

Unique Identifier	29678666
Title	**Biochemical deficits and cognitive decline in brain aging: Intervention by dietary supplements. [Review]**
Source	Journal of Chemical Neuroanatomy. 95:70-80, 2019 01.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Process
Authors	Poddar J; Pradhan M; Ganguly G; Chakrabarti S.
Authors Full Name	Poddar, Jit; Pradhan, Munmun; Ganguly, Gargi; Chakrabarti, Sasanka.
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Keyword Heading	*Alzheimer's disease *Cognitive deficit *Microglia *Mitochondria *Neuroinflammation *Nutraceutical *Oxidative stress
Abstract	**The** aging of brain in **the** absence of neurodegenerative diseases, usually called non-pathological brain aging or normal cognitive aging, is characterized by an impairment of memory and cognitive functions. **The** underlying cellular and molecular changes in **the** aging brain that include oxidative damage, mitochondrial impairment, changes in glucose-energy metabolism and neuroinflammation have been reported widely from animal experiments and human studies. **The** cognitive deficit of non-pathological brain aging is **the** resultant of such inter-dependent and reinforcing molecular pathologies which have striking similarities with those operating in Alzheimer's disease which causes progressive, irreversible and a devastating form of dementia and cognitive decline in **the elderly people**. Further, this article has described elaborately how nutraceuticals present in a wide variety of plants, fruits and seeds, natural vitamins or their analogues, synthetic antioxidants and other compounds taken with **the** diet can ameliorate **the** cognitive decline of brain aging by correcting **the** biochemical alterations at multiple levels. **The** clinical usefulness of such **dietary supplements** should be examined both **for** normal brain aging and Alzheimer's disease through randomized controlled trials.
Publication Type	Journal Article. Review.
Year of Publication	2019

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90.

Unique Identifier	31358387
Title	**No CFH or ARMS2 Interaction with Omega-3 Fatty Acids, Low versus High Zinc, or beta-Carotene versus Lutein and Zeaxanthin on Progression of Age-Related Macular Degeneration in the Age-Related Eye Disease Study 2: Age-Related Eye Disease Study 2 Report No. 18.**
Source	Ophthalmology. 126(11):1541-1548, 2019 Nov.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
Status	In-Data-Review
Authors	van Asten F; Chiu CY; Agron E; Clemons TE; Ratnapriya R; Swaroop A; Klein ML; Fan R; Chew EY; Age-Related Eye Disease Study 2 Research Group.
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Abstract

PURPOSE: To assess whether genotypes at 2 major loci associated with age-related macular degeneration (AMD), complement **factor** H (CFH), or age-related maculopathy susceptibility 2 (ARMS2), modify **the** response to **oral nutrients for the** treatment of AMD in **the** Age-Related Eye Disease Study 2 (AREDS2).

DESIGN: Post hoc analysis of a randomized trial.

PARTICIPANTS: White AREDS2 participants.

METHODS: AREDS2 participants (n = 4203) with bilateral large drusen or late AMD in 1 eye were assigned randomly to lutein and zeaxanthin, omega-3 fatty acids, both, or placebo, and most also received **the** AREDS **supplements**. A secondary randomization assessed modified AREDS **supplements** in 4 treatment arms: lower zinc dosage, omission of beta-carotene, both, or no modification. To evaluate **the** progression to late AMD, fundus photographs were obtained at baseline and annual study visits, and history of treatment **for** late AMD was obtained at study visits and 6-month interim telephone calls. Participants were genotyped **for the** single-nucleotide polymorphisms rs1061170 in CFH and rs10490924 in ARMS2. Bivariate **frailty** models using both eyes were conducted, including a gene-supplement interaction **term** and adjusting **for age**, gender, level of education, and smoking status. **The** main treatment effects, as well as **the** direct comparison between lutein plus zeaxanthin and beta-carotene, were assessed **for** genotype interaction.

MAIN OUTCOME MEASURES: The interaction between genotype and **the** response to AREDS2 **supplements** regarding progression to late AMD, any geographic atrophy (GA), and neovascular AMD.

RESULTS: Complete data were available **for** 2775 eyes without baseline late AMD (1684 participants). **The** participants (mean **age** +/- standard deviation, 72.1+/-7.7 years; 58.5% female) were followed up **for** a median of 5 years. **The** ARMS2 **risk** allele was associated significantly with progression to late AMD and neovascular AMD ($P = 2.40 \times 10^{-5}$ and $P = 0.002$, respectively), but not any GA ($P = 0.097$). **The** CFH **risk** allele was not associated with AMD progression. Genotype did not modify significantly **the** response to any of **the** AREDS2 **supplements**.

CONCLUSIONS: CFH and ARMS2 **risk** alleles do not modify **the** response to **the** AREDS2 **nutrient supplements** with respect to **the** progression to late AMD (GA and neovascular AMD).

Publication Type Journal Article.

Year of Publication 2019

91.

Unique Identifier 31557201

Title **Adherences to oral nutritional supplementation among hospital outpatients: An online cross-sectional survey in Japan.**

Source PLoS ONE [Electronic Resource]. 14(9):e0222972, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Data-Review

Authors Hashizume N; Tanaka Y; Fukahori S; Ishii S; Saikusa N; Koga Y; Higashidate N; Masui D; Sakamoto S; Yagi M.

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Abstract **Oral nutritional supplements** (ONS) are multi-nutrient products used to increase **the** energy and **nutrient** intakes of **patients**. **The** aim of this study was to examine whether or not **the** adherence of **patients** varies according to their receiving prescription or over-the-counter ONS. Data were obtained from an online cross-sectional survey conducted with **patients** in Japan. A total of 107 **patients** who matched **the** inclusion criteria **for the** prescription ONS group and 148 who matched **the** criteria **for the** over-the-counter ONS group were further analyzed. In **the** prescription and over-the-counter ONS groups, **the** main medical reason **for** ONS consumption were "**malnutrition**" (48 **patients** [44.9%] vs. 63 **patients** [42.6%] p = 0.798], "**frailty**" (29 **patients** [27.1%] vs. 36 **patients** [24.3%] p = 0.663) and "aging" (25 **patients** [23.4%] vs. 30 **patients** [20.3%] p = 0.644). **The** proportion of "No particular disease" **for** prescription ONS consumption was significantly lower than that **for** over-the-counter ONS (6 **patients** [5.6%] vs. 24 **patients** [16.2%] p = 0.001). **The** body mass index of **the** prescription ONS group was significantly higher than that of **the** over-the-counter ONS group (21.1+/-4.38 kg/m2 vs. 19.9+/-3.75 kg/m2, p = 0.0161). In **the** prescription ONS group, all **patients** were given medical advice by doctors or registered dietitians. In contrast, in **the** over-the-counter ONS group, only 46 **patients** (31.1%) were given advice by doctors or registered dietitians (p<0.001). In **the** prescription ONS group, ONS was taken significantly more times and **for** a longer duration than in **the** over-the-counter ONS group (p<0.0001). However, among **patients** given advice by doctors or registered dietitians, there were no significant differences between **the** groups. Greater support by **the** medical team is still needed in order to maximize adherence to **supplementation**, especially concerning **the** calories, timing and period, so that benefits can be achieved and sustained.

Publication Type Journal Article.

Year of Publication 2019

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92.

Abstract Reference
Complete Reference

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Unique Identifier 31619613

Title **Rice Flour: A Promising Food Material for Nutrition and Global Health.**

Source Journal of Nutritional Science & Vitaminology. 65(Supplement):S13-S17, 2019.

Version ID 1

Record Owner From MEDLINE, a database of the U.S. National Library of Medicine.

Status In-Process

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Keyword Heading
11S globulin
protein body
protein nutrition
rice flour
starch granule

Abstract Hunger and **malnutrition**, especially children, are still global issues today. Rice is a staple **food for** more than half of **the** world **population** and important **nutritional** source of not only carbohydrate but also protein. In recent aging societies, protein-energy **malnutrition** in **elderly people** emerges also as a social issue. **Malnutrition** in **elderly people** raises **the risk** of falling into age-related chronic diseases. **Nutritional care** can **prevent elderly people** from such age-related diseases. Rice and rice flour would be good foodstuff **for** preparation of diet suitable **for** and preferred by **elderly people**. Protein content of rice grains, like **the** other cereal grains, is less than 10% by weight, which is a little lower than meat and cheese, but higher than dairy milk and yoghurt. **Nutritional** quality of rice proteins is higher than **the** other cereal grains. Such relatively higher **nutritional** quality of rice proteins could be due to high copies of glutelin genes evolved from an ancestral gene common to soybean glycinin and resultant high content of legume-type seed storage proteins. Recently, rice flour became to be utilized **for** various processed **food**. **The** rice seed proteins as well as starch are accumulated in specific organelles termed protein bodies and amyloplast in **the** cells of endosperm and aleurone layer. By milling rice grains to flour particles consisting of protein and starch nanoparticles, processing characteristics of rice starch and proteins could be changed. To develop rice-based processed **food for prevention** of **malnutrition**, rice flour particles from various different rice sources could be blended **for** desired **nutritional** composition without spoiling **the** value of product **food**.

Publication Type Journal Article.

Year of Publication 2019

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Abstract Reference

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Unique Identifier	30005900
Title	**ESPEN guideline on clinical nutrition and hydration in geriatrics.**
Source	Clinical Nutrition. 38(1):10-47, 2019 02.
Version ID	1
Record Owner	From MEDLINE, a database of the U.S. National Library of Medicine.
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Authors	Volkert D; Beck AM; Cederholm T; Cruz-Jentoft A; Goisser S; Hooper L; Kiesswetter E; Maggio M; Raynaud-Simon A; Sieber CC; Sobotka L; van Asselt D; Wirth R; Bischoff SC.
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Keyword Heading	*Dehydration *Geriatrics *Guideline *Malnutrition *Nutritional care *Recommendations

Abstract

BACKGROUND: Malnutrition and dehydration are widespread in **older people**, and obesity is an increasing problem. In clinical practice, it is often unclear which strategies are suitable and effective in counteracting these key health threats.

AIM: To provide evidence-based recommendations **for** clinical **nutrition** and hydration in **older persons** in order to **prevent** and/or treat **malnutrition** and dehydration. Further, to address whether weight-reducing **interventions** are appropriate **for** overweight or obese **older persons**.

METHODS: This guideline was developed according to **the** standard operating procedure **for** ESPEN guidelines and consensus papers. A systematic literature search **for** systematic reviews and primary studies was performed based on 33 clinical questions in PICO format. Existing evidence was graded according to **the** SIGN grading system. Recommendations were developed and agreed in a multistage consensus process.

RESULTS: We provide eighty-two evidence-based recommendations **for nutritional care** in **older persons**, covering four main topics: Basic questions and general principles, recommendations **for older persons** with **malnutrition** or at **risk** of **malnutrition**, recommendations **for older patients** with specific diseases, and recommendations to **prevent**, identify and treat dehydration. Overall, we recommend that all **older persons** shall routinely be screened **for malnutrition** in order to identify an existing **risk** early. **Oral nutrition** can be supported by **nursing interventions**, education, **nutritional** counseling, **food** modification and **oral nutritional supplements**. Enteral **nutrition** should be initiated if **oral**, and parenteral if enteral **nutrition** is insufficient or impossible and **the** general prognosis is altogether favorable. **Dietary** restrictions should generally be avoided, and weight-reducing diets shall only be considered in obese **older persons** with weight-related health problems and combined with physical exercise. All **older persons** should be considered to be at **risk** of low-intake dehydration and encouraged to consume adequate amounts of drinks. Generally, **interventions** shall be individualized, comprehensive and part of a multimodal and multidisciplinary team approach.

CONCLUSION: A range of effective **interventions** is available to support adequate **nutrition** and hydration in **older persons** in order to maintain or improve **nutritional** status and improve clinical course and quality of life. These **interventions** should be implemented in clinical practice and routinely used.

Publication Type Journal Article.

Year of Publication 2019

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Abstract Reference
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Title **A high whey protein, vitamin D and E supplement preserves muscle mass, strength, and quality of life in sarcopenic older adults: A double-blind randomized controlled trial.**

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Keyword Heading
*Older adults
*Sarcopenia
*Vitamin D
*Vitamin E
*Whey protein

Abstract

OBJECTIVE: Sarcopenia, an age-related decline of muscle mass, strength, and physical function, was associated with falls, **frailty**, and poor quality of life. **The** aim of **the** current study is to examine **the** effect of **nutritional supplement** containing whey protein, vitamin D and E on measures of sarcopenia.

METHODS: A total of 60 sarcopenic **older** adult subjects participated in **the** current randomized, double-blind, placebo-controlled (iso-caloric control product) trial **for** 6 months. Muscle mass [Relative skeletal mass index (RSMI) measured by bioimpedance analysis (BIA)], muscle strength (handgrip strength), physical function (6-m gait speed, chair stand test, and timed-up-and-go test, TUG), quality of life (measured by Short-Form 36-Item Health Survey, SF-36), and blood biochemical indexes were measured before and after **the** 6-month **intervention**.

RESULTS: Compared to placebo group, **nutritional supplementation** improves RSMI (mean difference: 0.18 kg/m^2, 95%**CI:** 0.01-0.35, P = 0.040), handgrip strength (mean difference: 2.68 kg, 95%**CI:** 0.71-4.65, P = 0.009), SF-36 mental component summary (SF-36 MCS) (mean difference: 11.26, 95%**CI:** 3.86-18.65, P = 0.004), SF-36 physical component summary (SF-36 PCS) (mean difference: 20.21, 95%**CI:** 11.30-29.12, P < 0.001), serum IGF-1 (mean difference: 14.34 ng/mL, 95%**CI:** 2.06-26.73), IL-2 (mean difference: -575.32 pg/mL, 95%**CI:** -1116.94 ~ -33.70, P = 0.038), serum vitamin D_3 (mean difference: 11.01 ng/mL, 95%**CI:** 6.44-15,58, P < 0.001), and serum vitamin E (mean difference: 4.17 ng/L, 95%**CI:** 1.89-6.45, P = 0.001).

CONCLUSION: The current study demonstrated that **the** combined **supplementation** of whey protein, vitamin D and E can significantly improve RSMI, muscle strength, and anabolic markers such as IGF-I and IL-2 in **older** adults with sarcopenia. Further larger well-designed studies are warranted to evaluate whether long-term whey protein **supplementation** can blunt **the** declines of muscle function and mass in **older** adults with

sarcopenia.

Publication Type Journal Article. Research Support, Non-U.S. Gov't.

Year of Publication 2019

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95.

Abstract Reference
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Title **Postoperative nutritional support of the patient with gut gangrene-a case report.**

Source Journal of Health, Population & Nutrition. 38(1):11, 2019 04 09.

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Keyword Heading
*Intestinal resection
*Mesenteric ischemia
*Nutritional care
*Postoperative diet

Abstract **BACKGROUND:** Bowel necrosis is a commonly observed condition in **elderly patients** with longstanding diabetes. In such condition, intestinal resection is usually performed **for the** removal of **the** gangrenous part. Post-surgical **dietary management** after bowel resection poses several challenges **for the** health **care** team.

CASE PRESENTATION: The case presented in this study is that of an **elderly** diabetic male who developed acute renal failure as a result of neglect in post-surgical **feeding** after intestinal resection. After **the intervention** by a trained dietitian, a transitional diet was planned and successfully executed, resulting in reversal of acute renal failure, dehydration, and post-surgical stress. Several complications including hepatic dysfunction and mouth ulcers were resolved through well-planned transitional diet. **The patient** was finally discharged in a stable health condition and was regularly followed up **for** any **nutritional** or medical issues.

CONCLUSION: Neglects in **nutritional care** of **patients** can have severe implications including development of medical complications, resulting in increased length of hospital stay, augmenting **the** disease stress of **the patient** and family, and finally **the preventable** drainage of several human and monetary resources. Therefore, recognition of **nutritional intervention** as an important part of in-hospital health **care** may have social as well as economic impacts.

Publication Type Journal Article.

Year of Publication 2019

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Title **Influence of Nutrition and Nonnutrition Factors on Pressure Injury Outcomes Among At-Risk Asian Nursing Home Residents.**

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Authors Yap TL; Kennerly S; Horn SD; Barrett R; Dixon J; Bergstrom N.

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Health Houston, Houston, Texas. Acknowledgment: The authors thank Judith C. Hays, PhD, who assisted in writing, preparing, and critically reviewing the manuscript. The authors received funding from the National Institutes of Health, National Institute of Nursing Research, and National Institute on Aging NCT0066535, Ontario Ministry of Health and Long Term Care, and Toronto Health Economic Technology Assessment Collaborative. The authors have disclosed no financial relationships related to this article. Submitted April 19, 2019; accepted June 13, 2019.

Abstract

OBJECTIVE: Given evidence that **malnutrition** and immobility increase **the risk** of pressure injuries (PIs) in **nursing home** (NH) residents and that body mass index guidelines related to undernutrition may differ between Asian and non-Asian **populations**, **the** purpose of this study was to describe differences in overall **nutrition**, **dietary** intake, and nonnutrition **risk factors for** PIs between Asian and non-Asian NH residents.

DESIGN AND SETTING: Secondary data analysis of a 3-week PI **prevention** randomized controlled trial in seven Canadian NHs.

PATIENTS: Asian (n = 97) and non-Asian (n = 408) residents at moderate or high mobility-related **risk** of PI.

MAIN OUTCOME MEASURE: Incident PI by racial subgroups.

MAIN RESULTS: Asian residents (PI = 6) consumed significantly smaller meals and marginally different patterns of daily **dietary** consumption of protein types, **liquid supplements**, and snacks; took more frequent tub baths; and had marginally lower body mass index than non-Asian residents (PI = 4).

CONCLUSIONS: Findings are consistent with earlier research suggesting that **nutrition** consumption and **care** patterns may predispose Asian NH residents to develop more PIs than their non-Asian counterparts. Future research should focus on **the** threshold **for** and types of **nutrition** support sufficient to improve **nutrition** status and reduce PI **risk**.

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Title **Management of Frailty: A Systematic Review and Network Meta-analysis of Randomized Controlled Trials. [Review]**

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Status In-Data-Review

Authors Negm AM; Kennedy CC; Thabane L; Veroniki AA; Adachi JD; Richardson J; Cameron ID; Giangregorio A; Petropoulou M; Alsaad SM; Alzahrani J; Maaz M; Ahmed MM; Kim E; Tehfe H; Dima R; Sabanayagam K; Hewston P; Abu Alrob H; Papaioannou A.

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Keyword Heading

Frailty
aging
geriatric
intervention
meta-analysis
network

Abstract

OBJECTIVE: To analyze and determine **the** comparative effectiveness of **interventions** targeting **frailty prevention** or treatment on **frailty** as a primary outcome and quality of life, cognition, depression, and adverse events as secondary outcomes.

DESIGN: Systematic review and network meta-analysis (NMA).

METHODS: Data sources-Relevant randomized controlled trials (RCTs) were identified by a systematic search of several electronic databases including MEDLINE, EMBASE, CINAHL, and AMED. Duplicate title and abstract and full-text screening, data extraction, and **risk** of bias assessment were performed. Data extraction-All RCTs examining **frailty interventions** aimed to decrease **frailty** were included. Comparators were standard **care**, placebo, or another **intervention**. Data synthesis-We performed both standard pairwise meta-analysis and Bayesian NMA. Dichotomous outcome data were pooled using **the** odds ratio effect size, whereas continuous outcome data were pooled using **the** standardized mean difference (SMD) effect size. **Interventions** were ranked using **the** surface under **the** cumulative ranking curve (SUCRA) **for** each outcome. **The** quality of evidence was evaluated using **the** GRADE approach.

RESULTS: A total of 66 RCTs were included after screening of 7090 citations and 749 full-text articles. NMA of **frailty** outcome (including 21 RCTs, 5262 participants, and 8 **interventions**) suggested that **the** physical activity **intervention**, when compared to placebo and standard **care**, was associated with reductions in **frailty** (SMD -0.92, 95% confidence interval -1.55, -0.29). According to SUCRA, physical activity **intervention** and physical activity plus **nutritional supplementation** were probably **the** most effective **intervention** (100% and 71% likelihood, respectively) to reduce **frailty**. Physical activity was probably **the** most effective or **the** second most effective **interventions for** all included outcomes.

CONCLUSION AND IMPLICATIONS: Physical activity is one of **the** most effective **frailty interventions**. **The** quality of evidence of **the** current review is low and very low. More robust RCTs are needed to increase **the** confidence of our NMA results and **the** quality of evidence.

Publication Type Journal Article. Review.

Year of Publication 2019

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Abstract Reference
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Title **Fixation using alternative implants for the treatment of hip fractures (FAITH-2): design and rationale for a pilot multi-centre 2 x 2 factorial randomized controlled trial in young femoral neck fracture patients.**

Source Pilot & Feasibility Studies. 5:70, 2019.

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Keyword Heading
Clinical protocols
Femoral neck fractures
Fracture fixation, internal
Randomized controlled trial
Vitamin D

Abstract Background: Femoral neck fractures in **patients** <= 60 years of **age** are often very different injuries compared to low-energy, hip fractures in **elderly patients** and are difficult to manage because of inherent problems associated with high-energy trauma mechanisms and increased functional demands **for** recovery. Internal fixation, with multiple cancellous screws or a sliding hip screw (SHS), is **the** most common treatment **for** this injury in young **patients**. However, there is no clinical consensus regarding which surgical technique is optimal. Additionally, there is compelling rationale to use vitamin D **supplementation** to **nutritionally** optimize bone healing in young **patients**. This pilot trial will determine feasibility and provide preliminary clinical data **for** a larger definitive trial.

Methods: We will conduct a multicenter, concealed randomized controlled pilot study, using a 2 x 2 **factorial** design in 60 **patients aged** 18-60 years with a femoral neck fracture. Eligible **patients** will be randomized in equal proportions to one of four groups: 1) SHS and vitamin D **supplementation** (4000 international units (IU) daily dose) **for** 6 months, 2) cancellous screws and vitamin D **supplementation** (4000 IU daily dose) **for** 6 months, 3) SHS and placebo, and 4) cancellous screws and placebo. Participants will be followed **for** 12 months post-fracture. Feasibility outcomes include initiation of clinical sites, recruitment, follow-up, data quality, and protocol adherence. Clinical outcomes, **for** both **the** pilot and planned definitive trials, include a composite of **patient-important** outcomes (re-operation, femoral head osteonecrosis, severe femoral neck malunion, and nonunion), health-related quality of life and **patient-reported** function, fracture healing complications, and radiographic fracture healing. A priori success criteria have been established. If **the** pilot study is deemed successful, study participants will be included in **the** definitive trial and clinical outcomes **for the** pilot will not be analyzed. If **the** pilot study is not deemed successful, clinical outcome data will be analyzed.

Discussion: Results of this study will inform **the** feasibility of a definitive trial. If clinical outcome data are analyzed, they will be disseminated through a publication and presentations.

Trial registration: **The** FAITH-2 trial, described as a definitive trial, was registered at ClinicalTrials.gov (NCT01908751) prior to enrollment of **the** first participant.

Publication Type Journal Article.

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Abstract Reference
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Title	**Effects of a Texture-Modified, Enriched, and Reshaped Diet on Dietary Intake and Body Weight of Nursing Home Residents with Chewing and/or Swallowing Problems: An *Enable* Study.**
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Authors	Ott A; Senger M; Lotzbeyer T; Gefeller O; Sieber CC; Volkert D.
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Keyword Heading	Chewing/swallowing problems enable-cluster enrichment/fortification nursing home reshaped texture-modified diet
Abstract	This proof-of-concept study investigated **the** effects of an innovative **nutrition** concept, comprising texture modification, enrichment, and reshaping, on **dietary** intake and **nutritional** status of 16 **nursing home** residents with chewing and/or swallowing problems (mean **age** 86.5 +/- 7.4 years) in a pre-test post-test design. During 6 weeks with usual texture-modified diet (P1) energy and protein intake were constant. After **the** implementation of **the** innovative diet, daily energy intake increased by 204.2 (median) [interquartile range 95.8-444.4] kcal (*P* = 0.011), and protein intake by 18.3 [9.9-26.3] g (*P* < 0.001) and remained constant during **the** following 6 weeks (P2). Body weight decreased during P1 (-0.5 [-1.4 to 0.2] kg), and increased during P2 (+1.1 [0.0 to 1.7] kg, *P* = 0.004). **The** present **nutrition** concept turned out to be a promising strategy **for nutritional management** of chewing and/or swallowing problems, however, **the** effects need to be confirmed in larger studies.
Publication Type	Journal Article.
Year of Publication	2019

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Unique Identifier	31481078
Title	**Supplementation of enteral nutritional powder decreases surgical site infection, prosthetic joint infection, and readmission after hip arthroplasty in geriatric femoral neck fracture with hypoalbuminemia.**
Source	Journal of Orthopaedic Surgery. 14(1):292, 2019 Sep 03.
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Status	In-Process
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Keyword Heading	Hip arthroplasty Hypoalbuminemia **Nutritional supplementationNutritional supplementation** Periprosthetic joint infection Surgical site infection
Abstract	**BACKGROUND:** Nearly half of **elderly patients** with hip fracture were **malnourished**,

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indicated with a serum marker of hypoalbuminemia. **Malnutrition** was a **risk factor for** poor outcomes in geriatrics after hip replacement. **The** purpose of this study was to investigate if **oral nutritional supplementation** after **the** procedure in geriatrics with hypoalbuminemia was beneficial **for** outcomes.

METHODS: A retrospective cohort study of **older** (>= 65 years **old**) **patients** suffering femoral neck fracture and undergoing hip replacement with hypoalbuminemia was conducted. Outcomes were compared between **patients** with and without postoperative **nutritional supplementation**.

RESULTS: There were 306 **geriatric patients** met **the** criteria. Following adjustment **for** baseline characteristics, **patients** with **nutritional supplementation** showed a lower grade of wound effusion with adjusted OR 0.57 (95% confidence interval (CI), 0.36 to 0.91, P < 0.05). And also a lower rate of surgical site infection (5.5% compared with 13.0% [adjusted OR 0.40, 95% CI, 0.17 to 0.91, P < 0.05]), periprosthetic joint infection (2.8% compared with 9.9% [adjusted OR 0.26, 95% CI, 0.08 to 0.79, P < 0.05]), and 30 days readmission (2.1% compared with 8.7% [adjusted OR 0.22, 95% CI, 0.06 to 0.79, P < 0.05]). **The** average total hospital stay was longer in **patients** without **nutritional supplementation** (10.7 +/- 2.0 compared with 9.2 +/- 1.8 days, P < 0.05).

CONCLUSIONS: The data suggest that postoperative **nutritional supplementation** is a protective **factor for** surgical site infection, periprosthetic joint infection, and 30-days readmission in **geriatric** with hypoalbuminemia undergoing a hip replacement. Postoperative **nutritional supplementation for** these **patients** should be recommended.

Publication Type Journal Article.

Year of Publication 2019