

LETTER TO THE EDITOR

Abhay Kumar Das, Ajith Pillai, Lopa Das

Dear Editor,

We read the paper by Drs Patel and Martin exploring reasons why elderly patients do not eat adequately in the hospital (1). Out of seven contributory factors, catering limitations were found the least significant. These were even less important during the longer hospital stay.

This is contrary to the lay perception which led to the Department of Health's 'Better Hospital Food Programme'. Protecting mealtimes through the 'Modern Matrons' is a common sense driven imaginative solution for some of the catering limitations. We looked into the effect of 'Protected Mealtimes' in a pilot of elderly inpatients in 2004 (2). In that small study of 17 cases and 22 controls, the minimum length of stay was two weeks. We found weight loss and reduction in hand grip were reduced by protecting mealtimes when staff could offer patients more assistance while eating. There was also a small gain in mid-arm circumference compared to the

control group.

Interestingly, we did not find that protecting mealtimes improved the food intake. Similar studies showed equivocal results in the past among elderly hospital patients as mentioned by Milne et al. (3). Implementing protected mealtimes may affect rehabilitation by reducing therapy time. Maybe we should target patients who have mood disturbances, confusion or under-nourished on admission.

References

1. Patel MD, Martin FC. Why don't elderly hospital inpatients eat adequately? The journal of Nutrition, Health & Ageing 2008;12(4):227-31
2. Das AK, McDougall T, Smithson JAJ. Benefits of family mealtimes for nursing home residents: Protecting mealtimes may similarly benefit elderly inpatients. BMJ 2006;332:134-5
3. Milne AC, Avenell A, Potter J. Improved food intake in frail older people. BMJ 2006;332:1165-6

REPLY TO THE LETTER TO THE EDITOR

Mehool Patel, Finbarr Martin

Dear Editor,

We read with interest the letter by Dr A Kumar in response to our paper (1). We welcome his supportive comments regarding our findings that catering limitations were not major contributory factors for inadequate food intake by hospitalised elderly patients. Protected mealtimes have been an imaginative solution proposed to address some of these limitations. It is interesting to note that their study (2) showed that protected mealtimes did not improve food intake, though it did reduce weight loss.

With equivocal results to date, it is important to conduct larger further studies to explore this important issue regarding nutrition in hospitalised elderly patients.

References

1. Patel MD, Martin FC. Why don't elderly hospital inpatients eat adequately? The journal of Nutrition, Health & Ageing 2008;12(4):227-31
2. Das AK, McDougall T, Smithson JAJ. Benefits of family mealtimes for nursing home residents: Protecting mealtimes may similarly benefit elderly inpatients. BMJ 2006;332:1134-5.