

Malnutrition Management in Adults in Times of Covid-19 Pandemic

Janice A. Padilla^{1*} and Yodali Jiménez Fuentes²

¹PhD Candidate, Nutrition Clinical Manager/Dietitian en Sodexo, United States

²Dietitian or Nutrition Professional Specialist, United States

*Correspondence to: Janice A. Padilla, PhD Candidate, Nutrition Clinical Manager/Dietitian en Sodexo, United States, E-mail: annette.smartdietetics@yahoo.com

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Short Communication

Malnutrition is one of the most impactful conditions among the elderly population and affects the mortality rate among chronic conditions. Awareness Seminars have been developed, related to many studies that indicate the impact of malnutrition in the wellness being and clinical outcomes. Since the Pandemic of Coronavirus of 2019, malnutrition is one of the affecting risk factors on the recovery process due to symptoms develop by the virus: like the lack of appetite due to loss of smell and taste, fever, and weakness that are symptoms that affects the caloric and nutrients needed for the body healing.

Some of the screening tools available to identify malnutrition in adults are the Geriatric Nutritional Risk Index (GNRI), Malnutrition Screening Tool (MST), Mini Nutritional Assessment Short Form (MNA-SF), Nutritional Risk Screening 2002 (NRS 2002), Malnutrition Universal Screening Tool (MUST). These tools show the validity and make clear the nutritional status of the patient. The tool must be adequate for the population and easy to use for the evaluator to make an appropriate interpretation for the referral, primarily when other trained personnel is not a Dietitian. Many studies have shown that missing this initial step is the principal mistake in the appropriate management of malnutrition among the elderly and other at-risk populations in the Hospital setting, increasing the chances of Hospital stay and mortality [1].

However, identifying malnutrition is only one-step of managing the solution to attend the malnutrition diagnostic. We must consider there are many options to treat malnutrition available. Still, it is essential to understand the specified needs to facilitate the dietary plan's choosing process to meet the nutritional and individual needs. First, we must always consider the initial assessment perform with the Dietitian or Dietetic Technician to be aware of the food preferences (likes/dislikes, food allergies). Including food choices based on cultural belief, food consistency, and liquids that are appropriate and easy to handle for the person based on their motor skills [2].

Keywords: Malnutrition; Coronavirus; Pandemic; Dietitian; Nutritional Risk Screening (NRS)

Discussion and Conclusion

It means that the individual care process is primordial for each person identified with malnutrition risk. Also, to attend malnutrition, liquid supplementation is highly recommended based on treating specific medical conditions. One of the essential points in the supplementation process is to consider the specifications that indicate the ingredients. Consideration with milk protein allergy and other nutrients are necessary in supplementation. It may contain gluten, residuals, and other characteristics that may affect the digestion process capacity of the person and his/her medical history [3].

The supplementation option offers high nutrient density in small amounts, protein, and vitamins. It considers consistency-modified foods needed for Dysphagia patients who have swallowing challenges that may require thickened liquids or mechanically altered food items. Nevertheless, when supplementation is not the option based on these considerations, we can still reach the high nutrient diet by adding heavy cream, milk, butter, syrup, and other modular powders sources to fortify the food. Snacks high in protein sources like peanut butter sandwich, almonds, nuts, and cheese are desirable ways of adding calories and protein.

Attending malnutrition has been shown to improve the Hospitalization outcomes and wound recovery process too. In the Covid-19 virus, most medical, nutritional guidelines showed that high caloric and dense foods could contribute to adequate food intake and improve the recovery process's well-being. Working hand in hand with an Interdisciplinary Team to empower malnutrition management and provide documentation on oral intakes and fluids to prevent wt. loss, dehydration, and reduce the mortality risk until the cure is available [4].

References

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