INTRODUCTION AND OBJECTIVES

- Prevalence of malnutrition in older patients is estimated at 5-10% in the community.
- Malnutrition in older patients is associated with higher rates of hospitalisations and morbidity, leading to an economic burden.
- Oral nutritional supplements (ONS) improve energy and protein intake and may reduce costs.
- The study compared the health costs in malnourished older patients living at home, depending on ONS being prescribed or not.

METHODS

Study design
- Prospective, multicentre, observational medico-economic study in France.
- Inclusion criteria: Patients ≥ 70 years, living at home, malnourished (i.e. at least one following criteria: weight loss ≥ 5% in 1 month, weight loss ≥ 10% in 6 months, body mass index (BMI) < 21, albuminemia < 35 g/L or mini nutritional assessment short form (MNA) ≤ 7).
- Their general practitioners (GPs) prescribed ONS or not, according to their usual practice.

Data collection
- Collected data included sex, age, comorbidities (CIRS-G), evolutive cancer, disability (ADL), family nucleus in households, self-perception of health status.

Statistical analyses
- Costs and hospitalisation were compared in ONS and no-ONS groups and as a function of ONS protein and energy intake using propensity score method.

RESULTS (1)

A total of 467 older malnourished patients were enrolled by 108 GPs. The baseline population included 441 patients. ONS was prescribed to 375 patients. At 6 months, data were complete for 191 patients (Figure 1).

The baseline population (n = 441) was 82.5 [77.6; 87.1] years old, 63.1% were female. The 375 patients in the ONS group had lower ADL, QoL, and appetite and had lost more weight than the patients that were not prescribed ONS (Table 1).

When intake from ONS was ≥30 g of proteins/day or ≥400 kcal/day, the risk of hospitalisation was reduced by 3 and 5 times, respectively (Figure 2).

CONCLUSIONS

- ONS were prescribed in a population with a poorer health status.
- Nutrition support with ONS prescription in older malnourished outpatients did not lead to an increase of total health care costs.
- Optimal compliance to ONS inducing high protein and energy intake may reduce the risk of hospitalisation, and consequently limit the economic burden.