## EFFECT OF NUTRITIONAL INTERVENTION IN PATIENTS AT-RISK OF DISEASE-RELATED MALNUTRITION

Andersson JH,<sup>1</sup> Johansson L,<sup>1</sup> Berstad K,<sup>1</sup> M Sørensen M,<sup>1</sup> Rothenberg E<sup>2</sup> <sup>1</sup>Research and development, Godthaab Helse og Rehabilitering, Oslo, Norway <sup>2</sup>Department of Clinical Nutrition, Sahlgrenska University Hospital, Gothenburg, Sweden

**Rationale:** There is a serious lack of evidence to support interventions designed to improve nutritional care. The aim of this study was to evaluate the effect of nutritional care during intervention and three month after the end of the intervention, in patents at-risk of disease-related malnutrition (DRM) defined by the Nutritional Risk Screening 2002.

**Methods:** 63 patients were recruited from a rehabilitation institution in Norway to a controlled trial with a historical control group. The subjects received nutritional care during their approx 2 weeks stay at the institution. The intervention group received extra nutritional care focused on teaching the patients how to receive and maintain a good nutritional status during and after institutional care. The control group received nutritional treatment according to the standard procedure of the institution. Data were collected on nutritional risk score, body weight (BW), BMI, energy and protein intake, quality of life (QoL) and physical activity (PA). Data were collected at the start of the treatment, at the end of the treatment and three month after the end of the treatment.

**Results:** Intervention led to better results in all variables in the intervention group compared to the control group. There were a significant difference in; energy intake, protein intake, weight gain and BMI from start of intervention to 3 month after the end, weight gain and BMI after ended intervention, energy and protein intake during intervention. Changes in; nutritional risk score, QoL and PA were not significantly difference between the two study groups.

**Conclusion:** The findings suggest that screening for DRM at admission to institutions followed by a relatively short structured nutritional care programme was beneficial to the patients at risk of DRM by improved long term energy and protein intake, and body weight.

## Disclosure of Interest: None Declared

Corresponding author:

Joanna H. Andersson, FoU, Godthaab Helse og Rehabilitering, Gamle ringeriksvei 148, 1356 Bekkestua. Tlf.: 67836063, e-postadresse: Joanna.Andersson@godthaab.no