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Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality

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Background

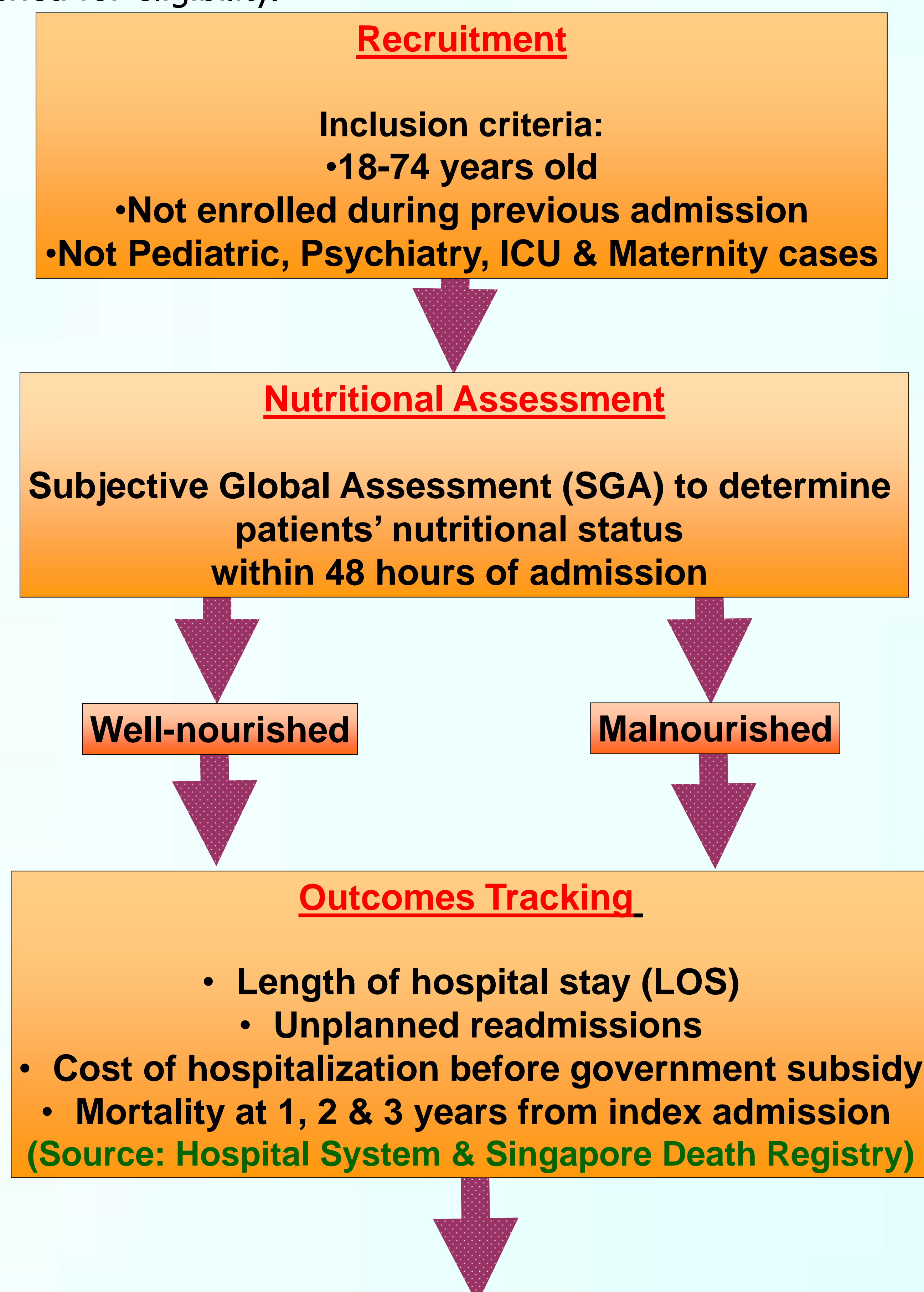
It is widely agreed that disease and malnutrition are closely linked and that disease may cause secondary malnutrition and vice-versa. However, the confounding effect of disease on the outcomes of malnutrition using diagnosis-related groups (DRG) has never been studied in a multidisciplinary setting.

Objective

This study aims to determine the impact of malnutrition on hospitalization outcomes and costs, controlling for DRG.

Methodology

This prospective cohort study included a matched case control study on 818 patients newly admitted to a tertiary acute hospital. To ensure that study subjects were as representative of the institution's patient profile as possible, consecutive patients newly admitted to a pre-determined sequence of 16 wards were screened for eligibility.



Results

Using SGA, 29% patients were classified as malnourished. Out of the 235 patients that were identified as malnourished in this study, only three had been documented under the DRG co-morbidity as malnourished.

After controlling for the potential confounders of age, gender, ethnicity and DRG, we found that malnourished patients stayed in hospital on average two days longer and were almost twice as likely as well-nourished patients to be readmitted within 15 days of discharge (Table 1). Malnutrition posed almost a four-fold and three-fold increase in risk of death at 1-year and 3-year follow-up, respectively. It was a significant predictor of overall mortality (Figure 1).

TABLE 1. Comparison of hospitalization outcomes, cost and mortality between well-nourished and malnourished patients (n=818)

Outcome variables	Well-nourished (n=583)	Malnourished (n=235)	Results, unadjusted	Results, adjusted ^a	Results, DRG matched, adjusted ^b
Length of hospital stay (days), mean ± sd	4.6 ± 5.6	6.9 ± 7.3	P = 0.001*	P = 0.001*	P = 0.001*
Readmission within 15 days of index admission, n (%)	61 (10.5)	40 (17.0)	RR: 1.6 (CI: 1.1-2.3) P = 0.013*	RR: 1.6 (CI: 1.0-2.4) P = 0.040*	RR: 1.9 (CI: 1.1-3.2) P = 0.025*
1-year mortality, cumulative, n (%)	24 (4.1)	80 (34.0)	RR=8.3 (CI: 5.4-12.6) P < 0.001*	RR: 7.4 (CI: 4.6-11.9) P < 0.001*	RR: 4.4 (CI: 2.3-8.3) P < 0.001*
2-year mortality, cumulative, n (%)	39 (6.7)	100 (42.6)	RR: 6.3 (CI: 4.5-8.9) P < 0.001*	RR: 5.2 (CI: 3.6-7.7) P < 0.001*	RR: 3.2 (CI: 1.9-5.3) P < 0.001*
3-year mortality, cumulative, n (%)	58 (9.9)	114 (48.5)	RR: 4.8 (CI: 3.7-6.5) P < 0.001*	RR: 3.9 (CI: 2.8-5.4) P < 0.001*	RR: 2.8 (CI: 1.8-4.4) P < 0.001*
Cost of hospitalization for individual patient (S\$), mean ± sd	3707 ± 5541	4606 ± 6665	P = 0.049*	P = 0.085	P = 0.070

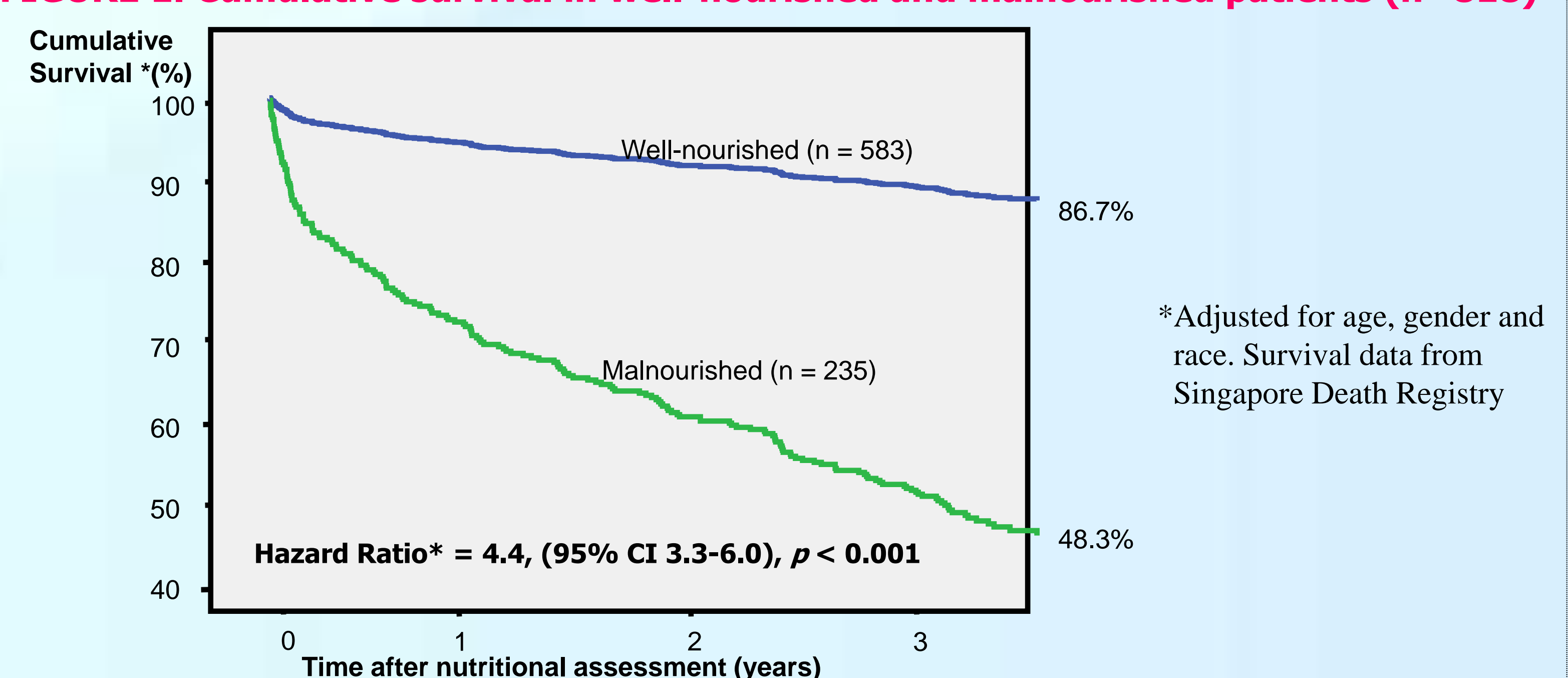
DRG = diagnosis-related group; RR = relative risk; CI = 95% Confidence Intervals; S\$ = Singapore dollars.

*Statistical significance

^aAdjusted for ethnicity, age, gender.

^bAdjusted for ethnicity, age, gender and matching for diagnosis-related group (DRG). Only 530 subjects could be matched for 95 DRGs.

FIGURE 1. Cumulative survival in well-nourished and malnourished patients (n=818)



Conclusions

Malnutrition is evident in up to one third of the patients and leads to substantial increases in length of hospital stay, readmission rate, mortality and hospitalization cost when compared with well-nourished patients of similar diagnosis. This study provides evidence that the adverse outcomes of malnutrition are not just a consequence of the underlying disease process. Given the prevalence of malnutrition its poor outcomes, strategies are required to systematically identify and effectively prevent and treat malnutrition in the community, hospital and post-discharge.