

**A STUDY ON PREVALENCE OF MALNUTRITION IN FEMALE MEDICAL WARDS OF
A SOUTH INDIAN TERTIARY CARE TEACHING HOSPITAL**Vannala Girisham*¹ and Divya. G.²¹Department of Pharmacy Practice, Sri Padmavathi School of Pharmacy, Tiruchanoor, AP.²Assistant Professor, Department of Pharmacy Practice, Sri Padmavathi School of Pharmacy, Tiruchanoor, AP.***Corresponding Author: Vannala Girisham**

Department of Pharmacy Practice, Sri Padmavathi School of Pharmacy, Tiruchanoor, AP.

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ABSTRACT

The prevalence of malnutrition in hospitalized patients has been recognized as an important parameter in the outcome of morbidity states. Impaired nutrition support in patients during hospital stay may worsen the patient's nutritional status and increased risk of complications. The present study aimed to estimate the nutritional status by assessment of malnutrition assessment score for early initiation of measures. The data was screened and assessed based on the Mini Nutritional Assessment and the results were drawn. Nutritional programs should be conducted and people in rural areas should be educated regarding aspects of nutrition and regularly assess their health status.

KEY WORDS: Malnutrition, Hospitalized patients, Mini Nutritional Assessment (MNA), Nutritional status.**INTRODUCTION**

Nutritional status has been proved to have a great impact on health in recovery of trauma or diseased states. Malnutrition is associated with negative outcomes for patients, which includes higher infection and complication rates, increased muscle loss, impaired wound healing, increasing susceptibility to chest infection, and reduces cardiac function, longer length of hospital stays and increased morbidity and mortality. Numerous studies have identified strong correlations between the severity of nutritional deficits and an increased risk of subsequent morbid events among the hospitalized elderly and shown the incidence of malnutrition in hospitalized population to be approximately 30-50 %.^[1]

Nutrition research in India has focused primarily on the problem of under nutrition, particularly among vulnerable women and children.^[2] Females are at increased risk of malnutrition. In many instances, their existing nutritional disorders go unrecognized and adversely affect their health, ability to overcome disease, and so are associated with poor clinical outcome.^[2]

The complications lead to delay in hospital stay, duration rise in health care costs and mortality. The nutritional assessment in hospitalized patients has become a prognostic tool from diagnostic tool.^[3]

OBJECTIVES

- To estimate the prevalence of malnutrition in females admitted in medical wards due to various reasons
- To assess nutritional status based on malnutrition assessment score
- To recognize the females who are at risk of malnutrition for early initiation of measures.

METHOD

A cross-sectional study was conducted by taking a purposive sample of 50 patients admitted in the female general medicine department for a period of 2 months.

The patient was screened and assessed using Mini Nutritional Assessment (MNA).^[4] MNA goal is to determine who is at risk of malnutrition and hence to permit early nutritional intervention. The test of MNA comprises of simple measurements and brief questionnaire that involves anthropometric assessment (weight, height, arm and calf circumference), general assessment (life-style, medication and mobility), dietary assessment (number of meals, food and fluid intake, autonomy of eating) and self-assessment (self-perception of health and nutrition).^[4,5,6]

RESULTS AND DISCUSSION

The data obtained was assessed and the results are drawn and divided based on considered criteria as follows.

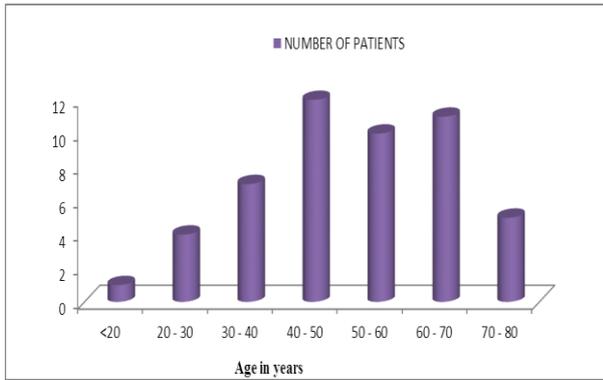


Figure 1: Shows age wise distribution of patients in which 40-50 years age group patients were more followed by 60-70, 50-60 and other age groups.

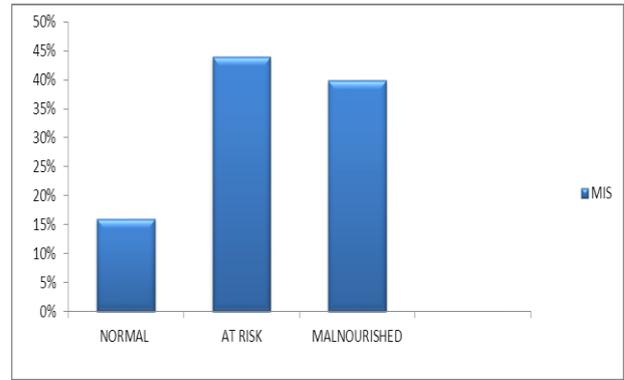


Figure 4: Shows the distribution of patients depending on the Malnutrition Indication Score (MIS) in which patients at risk for malnutrition were higher followed by malnourished patients.

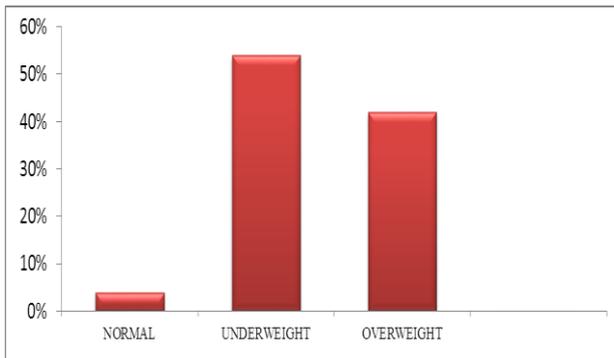


Figure 2: Shows the distribution of patients based on Ideal Body weight in which underweight patients were higher in number when compared to other two.

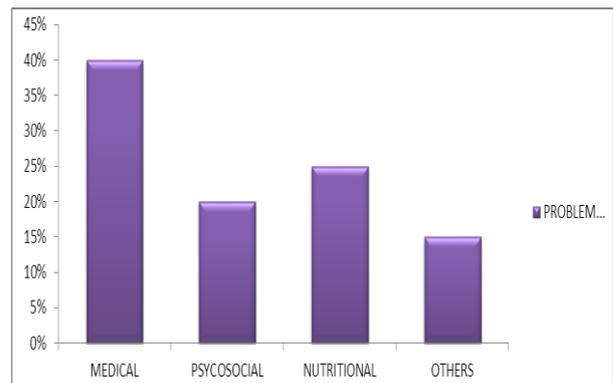


Figure 5 Shows aspects of malnutrition, the problem is assessed and in which medical problems were higher when compared to others.

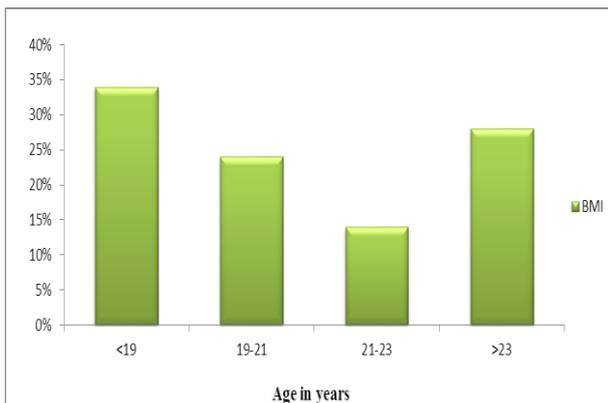


Figure 3: Shows distribution of age according to Body Mass Index (BMI) in which it is more in case of age group of <19 years and followed by others.

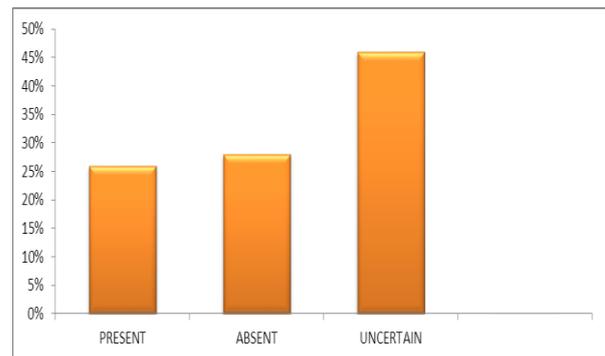


Figure 6: Shows awareness of malnutrition among the studied population in which the knowledge of malnutrition was uncertain in most of the patients followed by absent and then present awareness conditions.

Depending on the malnutrition indicator score, patients at risk for malnutrition were 44%, followed by malnourished patients 40% and then normal ones 16%. Awareness regarding malnutrition in studied population was uncertain in 46%, absent in 28% and present in 26%. Regarding aspects of problems assessed for malnutrition, medical problems 40% and then followed by nutritional 25%, psychosocial 20% and others 15%. Identification of

malnutrition or risk of malnutrition is essential to its treatment and for performing further interventions.^[7]

Malnutrition is also frequently associated with longer duration of hospital stay which leads to higher health care costs.^[8] Prevalence studies always reflect the reality and hence interventions should be performed with care.^[9] People living in rural areas were found to be more likely to be malnourished when compared urban areas.^[10]

Several factors are essential for strengthening the surveys on quality of nutrition and mortality surveys. Several guidelines were available now-a-days and should be widely utilized and distributed.^[11]

CONCLUSION

Nutritional assessment in hospitalized patients has become the prognostic tool. Awareness regarding nutrition is uncertain in most of the rural population. Nutritional programmes are not getting implemented in rural areas. Population in rural areas should be educated about the programmes available, nutritional foods, change their food habits, avoid food faddism and regularly assess their health status.

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