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OC-042 THE BURDEN OF MALNUTRITION IN GENERAL PRACTICE

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Introduction Although most malnutrition exists in the community, there is a lack of information about its burden in General Practice (GP). The aim of this survey was to establish the prevalence of malnutrition in GP and its relationship to use of nutrition support, health outcomes and healthcare use (infections requiring antibiotics, frequency of wounds and GP visits). The dataset represents an extension of information obtained from a preliminary study.1

Methods Of a total of 1150 consecutive individuals attending nine GPs in the Southampton area (November 2010–December 2011), 65% (n 758) agreed to participate (main reason for non-participation was fear of missing their appointment). After excluding 160 people who were accompanying friends/relatives or carers, 578 patients visiting the GP or nurse formed the survey population. Subjects had their height and weight measured and provided information about unintentional weight loss, infections requiring antibiotics, wounds, GP visits, dietetic input, and use of any form of oral nutritional support, during the preceding 6 months. The risk of malnutrition according to the “Malnutrition Universal Screening Tool” (“MUST”) was established.

Results Patients had a mean age, weight and Body Mass Index (BMI) of 43.1 (SD ±18.7) years, 73.6 (SD ±17.0) kg, and 26.2 (SD ±5.5) kg/m2 respectively. The overall prevalence of malnutrition was 11.1% (95% CI 8.8% to 13.9%), comprising of 6.7% at medium risk and 4.4% at high risk. Compared to people at low risk of malnutrition, those “at risk” (medium + high risk) had significantly more infections requiring antibiotics (17.1% vs 28.1%, RR 1.643 (95% CI 1.063 to 2.539); p = 0.025), a significantly higher frequency of wounds (2.1% vs 9.4%, RR 4.381 (95%CI 1.667 to 11.443); p = 0.003) and more GP visits in the previous 6 months (59.3% vs 68.8%, RR 1.159 (95% CI 0.968 to 1.387); p = 0.109). None of the subjects identified as “at risk” of malnutrition were receiving dietetic input or any form of oral nutritional support.

Conclusion This survey has established that the prevalence of malnutrition among people visiting their GP in the Southampton area is 11.1% (95% CI 8.8% to 13.9%). The results indicate that those “at risk” of malnutrition have more infections, wounds, and tend to visit their GP more frequently. Furthermore, malnutrition is under-detected and under-treated in this setting.

Competing interests None declared.

REFERENCE


OC-043 CONTROLLED TRIAL OF IMMUNOABOLATION AND AUTOLOGOUS HAEMOPETOIC STEM CELL TRANSPLANTATION IN CROHN’S DISEASE: INTERIM REPORT ON BEHALF OF THE ASTIC TRIALISTS

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Introduction The Autologous Stem Cell Transplantation International Crohn’s Disease (ASTIC) Trial is a randomised controlled evaluation of the proposition that immunoablation and hematopoietic stem cell transplantation improves the course of Crohn’s disease.