

(61.9%) was bedridden or in wheelchair. Most of the individuals showed dementia (82.5%) and depression (79.3%). A positive moderate significant correlation was found between nutritional status and cognitive status ($r=0.407;p=0.001$); and between nutritional status and functional capacity ($r=0.474;p=0.000$). Considering the diagnosis which caused institutionalization, brain pathologies were the most prevalent (79.4%), followed by cardiovascular diseases (49.2%) and skeletal muscle diseases (27.0%).

Mean number of medications taken daily was 7 ± 4 and 74.6% of the residents were polymedicated. The majority (61.9%) was taking antipsychotics and/or neuroleptics and 28.6% were taking antidepressives.

Conclusions:

In this sample, individuals are essentially older adults with a high prevalence of malnutrition. The high level of dependence and the presence of dementia are significant risk factors for the development of this condition. Disturbed emotional status and the use of multiple drugs associated with impaired appetite, although without statistically significant associations with nutritional status, are highly prevalent in this sample.

Nutritional screening in this population is essential and timely necessary, aiming to prevent deterioration or improve nutritional status.

Nutrition Day in nursing homes – risk factors for malnutrition

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Introduction:

Malnutrition in institutionalized older adults has a significant prevalence, and is associated with cognitive decline, higher morbidity and mortality rates.

Objectives:

The aim of this study was to assess risk factors for malnutrition in nursing home residents.

Methods:

Through Nutrition Day audit (2016–2018), demographic and anthropometric data was collected, as well as medical history and nutritional status according to Mini Nutritional Assessment.

Results:

Sixty-three individuals were included (57.1% male), with a mean age of 84 ± 9 years. Mean Body Mass Index was 21.5 ± 5.1 kg/m². Malnutrition was identified in 47.6% of the