

Malnutrition in diabetic elderly patients: an actual problem

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Introduction: Type 2 diabetes (DM2) is a chronic disease with a significant prevalence in the elderly patients (EP) contributing to higher risk of malnutrition, caused not only by the impact of the disease in the metabolism but also by the adoption of carbohydrate restrictive and unattractive diets as therapy. The aim of this study was to disclose data from 9 years of assessment of nutritional risk (NR) of diabetic EP in a medical service.

Methods: Observational cross-sectional study, including hospitalized EP caused by different pathologies, between June 2009 and June 2018. Mini Nutritional Assessment (MNA) was applied. Patients $\geq$ 65 years-old, admitted in the previous 72 h with absence of oedema and metallic prostheses were included.

Results: A sample of 4796 patients (selected from 7164 admitted to ward) was evaluated; 43.5% (n = 2085) were EP and showed DM2. These were similar with non-DM2 concerning with age (p = 0.151) and gender (p = 0.50). MNA score was significantly lower in DM2-EP than non-DM2-EP (16.29 ± 5.6 pts vs 19.04 ± 5.04 pts) (p = 0.00). Previously institutionalized EP without DM2 diagnosis showed significantly lower score of MNA (14.49 ± 4.91 pts; n = 1834) than community EP (19.92 ± 5 pts; n = 2962) (p = 0.00). MNA score was also lower in DM2-EP previously institutionalized (n = 965) than in community DM2-EP (n = 1120) (13.74 ± 4.82 pts vs 18.48 ± 5.34 pts) (p = 0.00).

Key conclusions: In this sample of elderly patients, malnutrition risk was higher in DM2-EP and this risk seems to be higher when patients are previously institutionalized. As others, elderly patients should be assessed for nutritional risk and close monitored during hospital stay.