

**Publication****Association of nutritional risk and adverse medical outcomes across different medical inpatient populations****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 3975365**Author(s)** Felder, S.; Lechtenboehmer, C.; Bally, M.; Fehr, R.; Deiss, M.; Faessler, L.; Kutz, A.; Steiner, D.; Rast, A. C.; Laukemann, S.; Kulkarni, P.; Stanga, Z.; Haubitz, S.; Huber, A.; Mueller, B.; Schuetz, P.**Author(s) at UniBasel** Müller, Beat ;**Year** 2015**Title** Association of nutritional risk and adverse medical outcomes across different medical inpatient populations**Journal** Nutrition**Volume** 31**Number** 11-12**Pages / Article-Number** 1385-93**Keywords** Length of stay; Mortality; Nrs; Nutritional risk screening; Prevalence; Readmission

**OBJECTIVE:** The aim of this study was to examine the prevalence of nutritional risk and its association with multiple adverse clinical outcomes in a large cohort of acutely ill medical inpatients from a Swiss tertiary care hospital. **METHODS:** We prospectively followed consecutive adult medical inpatients for 30 d. Multivariate regression models were used to investigate the association of the initial Nutritional Risk Score (NRS 2002) with mortality, impairment in activities of daily living (Barthel Index  $\geq 3$  points). We found strong associations (odds ratio/hazard ratio [OR/HR], 95% confidence interval [CI]) between nutritional risk and mortality (OR/HR, 7.82; 95% CI, 6.04-10.12), impaired Barthel Index (OR/HR, 2.56; 95% CI, 2.12-3.09), time to hospital discharge (OR/HR, 0.48; 95% CI, 0.43-0.52), hospital readmission (OR/HR, 1.46; 95% CI, 1.08-1.97), and all five dimensions of QoL measures. Associations remained significant after adjustment for sociodemographic characteristics, comorbidities, and medical diagnoses. Results were robust in subgroup analysis with evidence of effect modification ( $P$  for interaction  $> 0.05$ ) based on age and main diagnosis groups. **CONCLUSION:** Nutritional risk is significant in acutely ill medical inpatients and is associated with increased medical resource use, adverse clinical outcomes, and impairments in functional ability and QoL. Randomized trials are needed to evaluate evidence-based preventive and treatment strategies focusing on nutritional factors to improve outcomes in these high-risk patients.

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