Exploring factors contributing to unintentional weight loss in hospitalised patients with overweight or obesity

Natasha N. Mwala¹, Emmelyne Vasse^{1,2}, Pien Sinnige³, Jeanne in' t Hulst¹, Marian A. de van de Schueren^{1,3} and Barbara van der Meij^{1,3}

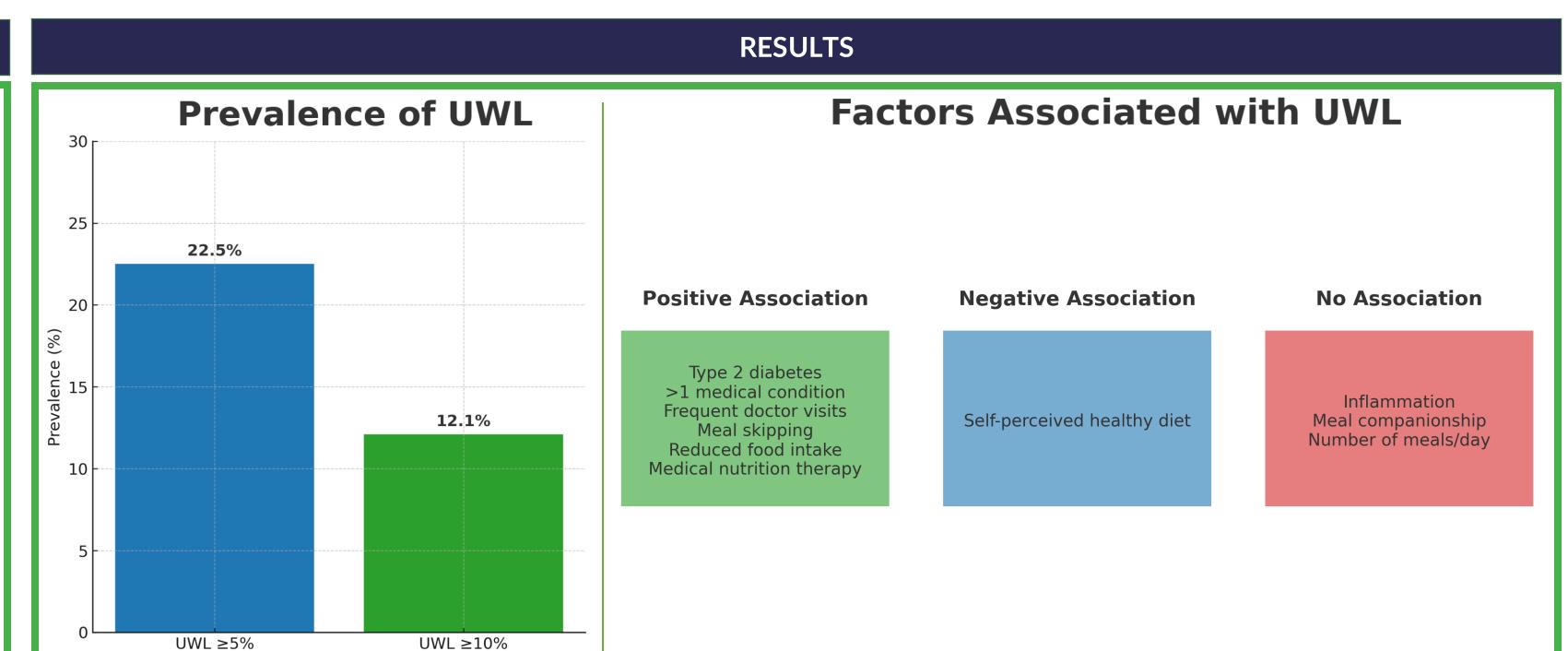
1. Department of Nutrition, Dietetics and Lifestyle, HAN University of Applied Sciences, Nijmegen, 2. The Nutrition & Healthcare Alliance, Ede, 3. Division of Human Nutrition and Health, Wageningen, The Netherlands.

BACKGROUND

- •Unintentional weight loss (UWL) is an important marker of malnutrition risk, even in patients not classified as underweight by body mass index (BMI).
- •>5% or >10% UWL (GLIM criteria) may have different implications in patients with overweight or obesity compared to those of a healthy weight.
- •The factors contributing to UWL in patients with overweight or obesity remain unclear.

OBJECTIVES

•To examine the associations between UWL and medical conditions, mealtime habits, and eating behaviours of hospitalised patients with overweight or obesity



Factors Associated with UWL (Odds Ratios [95% CI])

Factor	UWL ≥5%	UWL ≥10%
Type 2 Diabetes	2.40 [1.24-4.63]	3.33 [1.47-7.50]
Medical Conditions (0-11)	1.24 [1.03-1.51]	1.38 [1.09-1.75]
Doctor's Visits (0-6)	1.39 [1.19-1.65]	1.49 [1.20-1.94]
Meal Skipping	2.71 [1.56-4.77]	2.57 [1.28-5.27]
Reduced Food Intake	3.32 [1.87-5.99]	2.11 [1.02-4.38]
Medical Nutrition Therapy	4.87 [2.20–10.95]	5.84 [2.41-13.83]
Healthy Diet Perception	0.50 [0.26-0.98]	0.34 [0.16-0.74]
Gastrointestinal Diseases	n.s.	2.36 [1.11-4.96]

METHODS

- Cross-sectional study in 5 Dutch hospitals
- •Preliminary data from 306 adult patients with a BMI ≥ 25 kg/m²
- •UWL (\geq 5 % or \geq 10) self-reported
- •Data sources:
- -Questionnaires (medical conditions, number of doctor's visits, mealtime habits and eating behaviours)
- -Electronic records (C-reactive protein and albumin)
- Associations tested with logistic regression







CONCLUSIONS

- UWL in hospitalised patients with overweight or obesity is linked to type 2 diabetes, gastrointestinal diseases, meal skipping and reduced food intake while protected by a self-perceived healthy diet.
- Associations were comparable in both>5% and >10% UWL and are relevant for understanding the applicability of the GLIM criteria in this patient population.









