**Malnutrition Awareness Week Reflections**

Malnutrition is a global health problem that affects people of all ages, with severe consequences if not addressed properly. As RDNs, it’s important that we are aware of how dangerous this problem is and implement interventions and proper nutrition care. The following videos do a great job of bringing to light the problems associated with malnutrition and ways we can improve the health of the patients we are working with.

**Malnutrition in the Patient with Obesity: How to Address the Under Recognition**

The trends in obesity have increased, worldwide, over the years. This video discussed obesity as a chronic disease, its relationship with malnutrition, and the various approaches to diagnosing malnutrition in critically ill patients with this disease.

I was appalled to see the degree to which obesity rates have risen. I also didn’t realize that obesity was first declared a disease in 1998. That’s about how long I’ve been alive, which is shocking. The different diagrams and infographics the speakers showed during their presentations were very eye-catching, engaging and easy to understand. The section I enjoyed the most was the approaches to diagnosing malnutrition in critically ill patients and then applying what we learned in a case study.

One thing I didn’t really like was the section of the presentation where the speaker was talking about different bedside muscle assessment tools used in the hospital, like the Computed Tomography (CT), Dual-energy X-ray absorptiometry (DXA), Bioimpedance techniques etc. Nothing wrong with the material, but most of it was just going over different researches and their diagrams and graphs, which was very boring. I didn’t find myself engaged in what was being discussed.

**Is This Malnutrition? How to Approach Common Diagnostic Challenges**

The topics discussed in this video were related to malnutrition diagnosis in a long-term care setting, the difference between sarcopenia and malnutrition, and using the Global Leadership Initiative on Malnutrition (GLIM) criteria for assessment of inflammation using underlying diagnosis, laboratory indicators, and clinical signs.

I didn’t realize there were several obstacles to identifying malnutrition in residents at long-term care facilities, but it makes sense why this is an issue. Interactions with family and friends may be limited, the RDN may stay at the facility for a limited time, and there is usually limited access to lab tests due to unit policies or costs. The section where the speaker talked about the importance of building visual thinking skills and strategies was very interesting. I also enjoyed learning about the assessment for frailty and the differences between sarcopenia and malnutrition.

I didn’t really the enjoy the section about the GLIM criteria for assessing inflammation. Once again, it was mostly an in-depth talk about research and I didn’t feel very engaged or interested in what was being discussed. However, I recognize the importance of this tool for assessing malnutrition.

**Addiction: The New Skeleton in the Hospital Closet**

This was perhaps my favorite out of all the Malnutrition Awareness Week videos. As eating disorders is my area of interest, that extends to substance abuse as well. The speakers discussed addiction and drug-use in patient care settings, micronutrient imbalances in those with substance use disorder (SUD) and various nutrition approaches and interventions used in addiction.

I really enjoyed the discussion of advocating for person-centered language around substance use, since drug use is something that is mainly seen as a moral problem rather than a medical one. This causes society to label these people as “addicts, alcoholics, junkies or drug abusers” etc., which is stigmatizing. It’s important that we do not define people by their behaviors and actually look at substance abuse disorder as a medical problem that needs to be addressed. Racism is also rampant which has a negative impact on nutrition, as these people will oftentimes not get the medical or nutritional help they need.

I thought the different approaches used in addiction were fascinating. Timing of meals and snacks is important and intuitive eating is something I didn’t know about, so it’s definitely a great tool for bring about positive changes in eating habits, body image and improved psychological “health”.

**Malnutrition and Transitions of Care Between Health Care Settings**

This video presentation discussed the malnutrition risk factors in older adults, the continuum of care, and the Patient-Generated Subjective Global Assessment (PG-SGA) as a tool for nutrition screening, assessment and monitoring etc.

My favorite segment was learning about how the PG-SGA works. In several nutrition case studies I’ve done, I have often seen different assessment tools being used for patients, but I didn’t know about them in great detail. It was interesting to hear the speaker discuss how PG-SGA could be used for nutrition screening and assessment when built into the Epic® electronic health record. It really is incredibly beneficial over other tools to assess patients’ nutritional status. I was surprised to find out it was used internationally for 25 years with 22 validated language translations.

This video also talked about the importance of nutrition screening at hospital discharge for adult patients that were identified as malnourished. It was astonishing how a lot of research showed that these patients didn’t receive proper instructions or resources and the low percentage of hospitals that re-evaluated nutrition status at discharge. This is a very high-risk timeframe for these patients and it’s important that RDNs are aware of this and identify interventions that can be implemented across health care settings to support these patients.

Overall, I had fun listening to most of these videos for Malnutrition Awareness Week. It’s important that this problem is highlighted and looked at in detail, and that is what these presentations did. I learned a lot that I didn’t know and the stuff I did know, I was glad to get a refresher on.