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## **PREVALENCE OF MALNUTRITION AND POOR FOOD INTAKE AND THEIR ASSOCIATION WITH HEALTH-RELATED OUTCOMES IN OLDER ADULTS IN INDIAN HOSPITALS**

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Malnutrition estimates in India vary greatly and largely focus on micronutrient deficiencies in rural populations and protein-energy malnutrition in children. To meet gaps in existing literature, this observational prospective cohort study aimed to determine the prevalence of malnutrition and poor food intake and their association with health-related outcomes in older adults in Indian hospitals. As part of the annual nutritionDay worldwide initiative, dietitians from five urban private hospitals collected demographic and clinical (admission date, medical diagnosis, comorbidities, complications) data on patients aged  $\geq 60$  years, from 2014-2016. Proportion of food consumed (0%, 25%, 50%, 100%) at one main meal was recorded and data on length of stay (LOS) in hospital, readmissions, and in-hospital mortality were collected 30 days post initial data collection. Malnutrition risk was determined by mapping nutritionDay survey questions to the Malnutrition Screening Tool (MST). Overall, 262 patients (mean age:  $69 \pm 8$  years; 65% males) were recruited. The prevalence of malnutrition risk (MST score  $\geq 2$ ) was 44% (n=109) and one-in-four participants (n=68, 28%) consumed up to half the meal, with “not hungry” being the most cited reason for poor intake. The median LOS was 8 days (range: 1-369), 30-day readmission rates were 7% (n=18) and in-hospital mortality rate was 0.4% (n=1). This study highlights high prevalence of malnutrition risk and poor food intake amongst older adults in Indian hospitals. Findings provide an opportunity for future research, in the Indian acute care setting, to focus on managing nutritional issues and related outcomes in hospitalised older adults.