The nutritional status of adult female patients with disabilities in Kuwait

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Abstract

Objectives: Adults with disabilities are at a higher risk of malnutrition than are their non-disabled counterparts owing to feeding problems and associated medical conditions. We evaluated the prevalence of malnutrition in a group of institutionalized women and investigated any feeding difficulties and nutrition-related medical problems.

Methods: This study used two versions of the Mini Nutritional Assessment-Short Form (MNA-SF) to screen malnutrition: the MNA-SF1 which uses the body mass index, and the MNA-SF2 which uses the calf circumference.

Results: Of all participants, 63.5% were found to be overweight or obese, while 11.5% were underweight. Using the MNA-SF1, 57.7% were found to be at risk of malnutrition while 11.5% were underweight. More participants were identified to be at risk of malnutrition or to be actually malnourished using the MNA-SF2 (59.6% and 23.1%, respectively). Reported feeding problems included difficulties in maintaining a sitting position, manipulating food on a plate, conveying food to the mouth, and in swallowing. The presence of infections...
Introduction

Disability and malnutrition are closely linked, and both are reportedly common among institutionalized adults. Several studies have found that nutritional care is neglected in people with disabilities. Individuals with disabilities require greater nutritional attention due to feeding problems and other physical and mental limitations that impede their food intake. Dysphagia, aspiration, pneumonia, respiratory disease, and choking cause mortality in individuals with intellectual disabilities more often than they do in the general population. Individuals with intellectual disabilities are at increased risk of being underweight or of being obese. Timely recognition of nutritional problems facilitates providing cost-effective management, including both nutritional interventions and medical treatments, for this population group. Proper nutritional screening can also promote health maintenance and reduce the risk and cost of comorbidities and complications.

The complexities of handling patients with disabilities often present challenges to dieticians in providing adequate nutritional care. Nutritional negligence is linked to deteriorating health status and a concomitant increase in health costs, as the lack of nutritional evaluation and monitoring may worsen patient health status and aggravate medical symptoms. Identifying practical tools for the assessment of nutritional status is crucial for establishing an active role for dietitians working with intellectually disabled adults. Such tools are critical for the patient’s nutritional care process, as they can lead to the development of a systematic approach to assess, monitor, and manage nutritional problems.

The Mini Nutritional Assessment-Short Form (MNA-SF) has previously been used in adults with intellectual disabilities as a routine non-invasive screening tool for under- and overweight. This tool has the potential to be adopted in Kuwait as an effective means of nutritional screening and assessment of nutritional care in adults with intellectual disabilities. The objectives of this study, which was performed in women with intellectual disabilities, were to: (a) examine the appropriateness of using the MNA-SF for evaluating patients’ nutritional status; and (b) identify dietary and feeding problems related to the nutritional status of these patients.

Materials and Methods

Study subjects

In Kuwait, the Ministry of Social Affairs and Labour is responsible for providing care for people with mental/ intellectual and physical disabilities. The Ministry oversees Kuwait’s Rehabilitation Centre, which comprises three departments: The Medical Centre, Disabilities Administration, and Rehabilitation Centre. Based on the latest (November 2015) report by the Centre’s administration, there were 73, 96, and 26 patients with physical, intellectual, and sensory disabilities, respectively, of varying severities. The patients’ ages ranged from 31 to 65 years, with an average length of institutional stay of 15 years. Most mental and intellectual disabilities were reported to be severe and profound, based on diagnostic tests performed by specialists and physicians during admission. The mobility of patients varied greatly; most patients were bedridden, while others used wheelchairs or assistive devices to allow folding of the lower body. The bedridden patients presented with severely debilitating ailments such as cerebral palsy, epilepsy, severe intellectual disability, spastic quadriplegia, or blindness. Virtually all patients required mealtime assistance and permanent 24-h domestic assistance for cleaning, bathing, and other daily living practices. Each ward was assigned to an attending physician, who was responsible for the medical care and supervision of all the residents. A dietitian was included in the care team, and supervised kitchen-side meal preparation.

Access to patients, permissions, and ethics

The Rehabilitation Centre’s administrators, who are the legally authorized representatives of the patients, approved our access to the patients and their medical files. The administrators approved the study protocol and participated willingly in the study; they also provided written informed consent. This study was performed in accordance with the principles established by the Declaration of Helsinki. There was no direct contact between the patients and the research team. All patient information was coded and handled professionally and confidentially for the purposes of this research study. Ethical approval and human subjects’ consent were also obtained from the Health Sciences Centre Ethical Committee at Kuwait University (VDR/EC/3142).

Study design and population

This cross-sectional study utilized a descriptive survey, and participants included all of the institutionalized female adults with mental, intellectual, or physical disabilities who reside at the Kuwait Rehabilitation Centre \( (N = 53) \). Only women were targeted for this pilot study to assess the feasibility of performing a future larger-scale survey. The study was conducted between February 14 and March 15, 2016. A thorough review of the patients’ files was performed to gather the most recent data recorded during the timeframe of the pilot study. All data were extracted from patient files, and included the diagnosis, method of mobility.
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