Clinical effectiveness

WEIGHT LOSS AND NUTRITIONAL ASSESSMENT IN MOVEMENT DISORDER CLINICS (MDCS) IN THE WEST OF SCOTLAND

R. Stewart1, L. Fielden1, Z. Muir1, L. McNeil2, H. Morgan2
1Department of Medicine for the Elderly, NHS Greater Glasgow
2Care of the Elderly, NHS Lanarkshire

Background: Patients with degenerative Parkinsonism are susceptible to weight loss and malnutrition due to increased energy expenditure from involuntary movements and limited food intake due to symptoms and medication side effects. Weight loss and poor nutrition has a detrimental effect on function and quality of life. Further, there is a suggestion that weight loss may be a predictor of mortality in men (Walker R et al. Int J Palliat Nurs, 2012 Jan, 18(1) 35-9).

Sampling methods: We reviewed notes for 100 patients across 5 sites in the West of Scotland. Our inclusion criteria were age 65 and over, diagnosis of degenerative Parkinsonism and clinical review in the past six months. We reviewed documentation of weight/BMI recordings, weight loss, swallowing impairment, issues with meal preparation and subsequent approaches to management in patients with weight loss.

Results: 94% of patients had a weight documented, 79% had serial weights recorded. Only 12% had a BMI (body mass index) calculated. Of those with serial weights recorded; 54% experienced a weight loss with 18% having lost >1kg and 18% had a weight gain. 20% of patients had documentation of assisted meal preparation. 17% had a dietetic referral. Dysphagia was recorded in 14% of patients; however documentation of swallowing in general was poor. 71% of these patients were referred to Speech and Language Therapy.

Conclusions: Measurement of weight is performed well at MDC’s but not at repeat attendances. Body mass index is recorded less often. We found over half of our patients experience weight loss between clinic visits. This study suggests we need to improve our approach to weight and nutrition in patients with degenerative Parkinsonism. This requires a comprehensive assessment including serial weight or BMI measurements, identifying swallowing impairment, recognising a need for assisted meals or preparation and dietetic referral.