

June 1, 2018

Melinda Kelley, Ph.D.  
National Institute on Aging (NIA)

**RE: Request for Information (RFI): Inviting Scientific Interest in Geroscience Summit III, Notice Number NOT-AG-18-011**

Submitted electronically via [geroscience3@mail.nih.gov](mailto:geroscience3@mail.nih.gov).

Dear Dr. Kelley:

Thank you for soliciting comments on the third NIH Geroscience Summit. We are pleased to submit our thoughts on your questions.

For context, Defeat Malnutrition Today is a coalition with over 75 members who are committed to defeating older adult malnutrition across the continuum of care. This is a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

Our responses to your questions:

**1) Recommendations for specific age-related chronic diseases/conditions that should be considered in the planning for a third NIH Geroscience Summit**

Defeat Malnutrition Today believes that older adult malnutrition should be strongly considered in the planning for a third NIH Geroscience Summit.

Malnutrition, a nutrition imbalance that affects both overweight and underweight patients, is unfortunately a common issue across all care settings. In the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.<sup>12345</sup> Chronic disease increases the risk of malnutrition in older adults. Studies estimate the

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<sup>1</sup> Barker LA, Gout BS, Crowe TC. Hospital malnutrition: Prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011; 8(2):514-527.

<sup>2</sup> Bistrain BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. *JAMA*. 1974;230(6):858-860.

<sup>3</sup> Christensen KS, Gstundtner KM. Hospital-wide screening improves basis for nutrition intervention. *J Am Diet Assoc*. 1985;85(6):704-706.

<sup>4</sup> Lim SL, Ong KC, Chan YH, et al. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*. 2012;31(3):345-350.

<sup>5</sup> Somanchi M, Tao X, Mullin GE. The facilitated early enteral and dietary management effectiveness trial in hospitalized patients with malnutrition. *JPEN J Parenter Enteral Nutr*. 2011;35(2):209-216.

prevalence of malnutrition in cancer patients is 30-87 percent,<sup>6</sup> in chronic kidney disease is 20-50 percent,<sup>7</sup> and in chronic obstructive pulmonary disease is 19-60 percent.<sup>8</sup>

Further, malnutrition can cause adverse and costly outcomes. Research documents that malnourished older adults make more visits to physicians, hospitals, and emergency rooms. The nutritional status of malnourished patients can continue to worsen throughout an inpatient stay, which may lead to further increased costs. Studies show that malnutrition, as a contributing factor to post-hospital syndrome, can increase a patient's risk for a 30-day readmission, often for reasons other than the original diagnosis.<sup>9</sup> For example, 45% of patients who fall in the hospital have malnutrition; costs for falls overall to Medicare totaled \$31 billion in 2015.<sup>10</sup><sup>11</sup> The *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*<sup>12</sup> released in 2017 pointed to the increasing body of statistics and health economics data showing the human and economic costs of malnutrition.

Given that older adult malnutrition is such a prominent concern, we think that it is very important to consider it in the Summit.

**2) Feedback on whether individual organizations may be interested in contributing input to the planning of such a Summit, and areas of interest for participation**

Defeat Malnutrition Today would be very interested in contributing input to the Summit planning. Our coalition is very interested in nutrition, malnutrition, and nutrition-related chronic conditions.

**3) Feedback on whether individual organizations may be interested in participating in a summit session that would encompass scientific presentations by public and private stakeholders about the links between specific chronic diseases and geroscience, as well as suggested subtopics for such a session**

Defeat Malnutrition Today would be very interested in participating in said summit session, and we suggest older adult nutrition and malnutrition as a subtopic.

**4) Input on the potential impact of this type of session on future scientific needs and progress in regard to specific diseases affected by aging.**

It would be extremely beneficial to have a session on older adult malnutrition at a national Geroscience Summit; the research needs in this space are many, and the more attention we can draw to the

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<sup>6</sup> Kumar NB. Nutritional Management of Cancer Treatment Effects.2012.

<sup>7</sup> Pupim, L.B. et al. Nutrition and Metabolism in Kidney Disease. *Seminars in Nephrology* 2006;26,134-157.

<sup>8</sup> Hunter AM, et al. The nutritional status of patients with chronic obstructive pulmonary disease. *Am Rev Respir Dis.* 1981;124(4):376–381.

<sup>9</sup> Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. *N Engl J Med.* 2013; 368(2):100-102.

<sup>10</sup> Bauer JD, et al. Nutritional status of patients who have fallen in an acute care setting. *J Hum Nutr Diet.* 2007;20:558-564.

<sup>11</sup> Burns EB, Stevens JA, Lee RL. The direct costs of fatal and non-fatal falls among older adults—United States. *J Safety Res* 2016:58.

<sup>12</sup> The Malnutrition Quality Collaborative. *National Blueprint: Achieving Quality Malnutrition Care for Older Adults.* Washington, DC: Avalere and Defeat Malnutrition Today. March 2017. Available at [http://defeatmalnutrition.today/sites/default/files/documents/MQC\\_Blueprint\\_web.pdf](http://defeatmalnutrition.today/sites/default/files/documents/MQC_Blueprint_web.pdf). Accessed November 20, 2017.

importance of malnutrition studies, the better quality of life we can expect for our nation's aging population.

We thank you for considering our comments, and please let us know if we can provide you with any further information. You may reach us at [info@defeatmalnutrition.today](mailto:info@defeatmalnutrition.today).

Sincerely,

Bob Blancato  
National Coordinator  
Defeat Malnutrition Today