December 10, 2018

Office of Planning, Analysis, and Evaluation (OPAE)
National Institute on Aging (NIA)

Submitted via email: niaplanning@nia.nih.gov

Re: RFI: National Institute on Aging (NIA) Strategic Directions for Research

The Defeat Malnutrition Today coalition is pleased to submit comments on the National Institute on Aging (NIA) Strategic Directions for Research.

Defeat Malnutrition Today is a diverse coalition of over 80 national, state, and local organizations who are committed to defeating older adult malnutrition across the continuum of care, including community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector groups. We are focused on advancing this fight through federal and state policy and advocacy.

To date, diet quality and excess body weight have been the primary areas of focus in government goals and strategies for older adult nutrition. Malnutrition has generally not been accounted for in the educational opportunities and literature, and especially not in materials distributed and rules created by the federal government, or in national health surveys that include the older adult population. However, malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass.

We believe that older adult malnutrition and nutrition status should be more thoroughly included in the Strategic Directions for Research, particularly falling under Goal C, "Develop effective interventions to maintain health, well-being, and function and prevent or reduce the burden of age-related diseases, disorders, and disabilities." Lifestyle advances that have successfully contributed to increased longevity have also brought opportunities to learn about how good nutrition helps maintain functionality and reduce mobility-disability and dependency in older adults.

Malnutrition is unfortunately a common issue among older adults. 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.[1,2,3,4,5] According to the National Resource Center on Nutrition and Aging, nearly 35-50 percent of older residents in long term care facilities are malnourished.

However, by the time older adults reach these settings, it is already too late for cost reductions across the system. Research documents malnourished older adults make more visits to physicians, hospitals,

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[1] 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.

[2] Bistrian BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. JAMA. 1974;230(6):858-860.

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

[4] 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.

[5] 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.

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.[6] For example, 45% of patients who fall in the hospital have malnutrition; costs for falls overall to Medicare totaled $31 billion in 2015.[7][8]

One example of needed research is to explore what modifications to nutrition and/or dietary patterns are effective in preventing or reversing declines in muscle mass, bone density, and tissue regeneration.

Older adults may have different nutritional requirements than the average adult population; for example, they may have increased protein needs to help maintain muscle mass and prevent sarcopenia, and also the quality and timing of protein intake can be important. In addition, as explained in our National Blueprint: Achieving Quality Malnutrition Care for Older Adults,[9] older adults often face barriers, including chronic disease or illness, to choosing the right foods or eating enough of those foods. In its position on Food and Nutrition for Older Adults: Promoting Health and Wellness, the Academy of Nutrition and Dietetics wrote "Health, physiologic, and functional changes associated with the aging process can influence nutrition needs and nutrient intake" and that "To ensure successful aging and minimize the effects of disease and disability, a wide range of flexible dietary recommendations, culturally sensitive food and nutrition services, physical activities, and supportive care tailored to older adults are necessary."

Another example of needed research includes the establishment of disease recognition and diagnostic criteria for sarcopenia, with emphasis on basic research and accumulation of clinical evidence.

Aging in Motion (AIM), a coalition of organizations working to advance research and treatment on sarcopenia, submitted a proposal for a code to the ICD-10 Coordination and Maintenance Committee, Centers for Disease Control and Prevention (CDC) in July 2014. As a result, the CDC has established an ICD- 10-CM (Clinical Modification) code for sarcopenia. M62.84, the new 2017 ICD-10-CM code, became effective on October 1, 2016. The establishment of disease recognition and diagnostic criteria is the basis for research, translation, and clinical efficacy of various treatments, rehabilitation, and prevention measures.[10]

Malnutrition research also addresses the Strategic Directions' Goal F, "Understand health differences and develop strategies to improve the health status of older adults in diverse populations." As a 2017 Administration for Community Living malnutrition issue brief summarized, "many studies document undernutrition among older adults. Those at greatest risk of undernutrition are older women,

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[6] Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. N Engl J Med. 2013; 368(2):100-102.

[7] Bauer JD, et al. Nutritional status of patients who have fallen in an acute care setting. J Hum Nutr Diet. 2007;20:558-564.

[8] 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.

[9] In March 2017, Defeat Malnutrition Today's Malnutrition Quality Collaborative launched the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults* (available at http://defeatmalnutrition.today/blueprint). The Blueprint outlines potential actions to combat malnutrition and improve health outcomes for older adults. It provides suggested strategies for policymakers, organizations, healthcare providers, patients and caregivers to address malnutrition.

[10] Ann Geriatr Med Res 2016; 20(4): 167; Sarcopenia: An Emerging Giant Greater than Osteoporosis

minorities, and people who are poor or live in rural areas. Being age 75+ is an independent risk factor for poor nutrition."[11] Understanding malnutrition and ways to combat it squarely falls into this Goal.

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.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today

[11] Tilly J. Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes. https://nutritionandaging.org/wp-content/uploads/2017/03/Malnutrition-Issue-Brief-final-3-2017.pdf.