



Hello and welcome to the September edition of Nutrition Matters, a quarterly newsletter produced by Melbourne Dietetic Centre. The newsletter is written specifically for Aged Care Facilities to support optimal nutrition practices.

The professional dietitians at Melbourne Dietetic Centre compile the dietetic insights offered in this newsletter. In this issue, we look at the role of nutrition in the prevention and healing of wounds.

Nutrition the key to wound healing and prevention in the elderly

Recent studies have shown wound management to be a significant and growing issue within our elderly population. Between 25% and 43% of residents within aged care will have wounds at any one time (1,2). And wound care is costing tax payers \$286 million in hospital bed days (3), impacted by poor wound care and infections.

Wounds come in many forms and have a significant impact on the quality of life of residents, leading to pain, discomfort, higher risk of infection and in some cases, mortality. In addition the workload of nursing and care staff is increased with the demands of wound care, including dressings and other supportive measures.

Common wounds include:

- Skin tears
- Lower leg ulcers and
- Pressure ulcers (particularly of the sacrum)

Skin tears and pressure ulcers are often classified as preventable wounds. Given adequate nutrition, hygiene, safety and regular re-positioning of residents, such wounds may be avoided and should not adversely affect their quality of life.

Malnutrition has been consistently shown to be an independent risk factor for the development of pressure areas and wounds. Malnutrition is defined as a condition where the body receives inadequate protein, energy or specific nutrients. When a resident is malnourished

they will often have thinner skin, less fatty deposits and padding to protect against bumps and knocks and they consistently have a lower lean body mass or muscle strength. This leads to an increased risk of poor mobility and falls.

Depending on care given within facilities, the prevalence of malnutrition within nursing homes has been reported to be anywhere from 29% to a shocking 85% (4).

Once wounds are present, healing is compromised if adequate care (including nutrition) is not provided, with malnutrition being a predictor of slow wound healing.

Even in well nourished residents, nutritional requirements to optimise wound healing are generally over and above what is provided by standard hostel and nursing home menus. Energy requirements are consistently higher and protein requirements for wound healing can be two to three times that required for maintaining general nutritional status.



Nutrition the key to wound healing and prevention in the elderly Cont...

Other important nutrients in wound healing include:

- Vitamin A
- Zinc
- Vitamin C
- Vitamin E
- Arginine

In some cases, if adequate nutrition is not able to be met through standard foods and fluids, specific supplements may be warranted. Before providing nutrition supplements for wound healing, a dietitian or wound specialist should be consulted.

To ensure best practice wound care, a team approach that includes a dietitian is required to assess nutritional status and determine whether supplementation is needed. While some patients may simply need increased calories and protein, others may need more specific supplementation, an assessment that a dietitian is well trained to make. To minimise the burden of wounds, staff should monitor nutrition intake in all residents with or at risk of developing wounds.

Key Points

- High prevalence of wounds and malnutrition in hospitalised elderly.
- Wound healing is significantly delayed by the presence of malnutrition.
- Nutritional requirements to optimise wound healing are increased, meaning the standard hospital menu may not provide adequate nutrition.
- Specific nutrition supplements may improve wound healing.
- All patients with poor wound healing should be referred to a dietitian for nutrition assessment and management.

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Clinically proven to speed up the healing process



Arginaid®: a nutritional drink that uses L-arginine to promote wound healing.

As the body needs more protein during wound healing the demand for normally nonessential amino acids, such as L-arginine, becomes essential. Dietary supplementation with L-arginine has been shown to enhance protein metabolism, helping to decrease muscle loss, and promote collagen synthesis, which helps to increase the strength of the wound!¹⁻⁴ Not only is L-arginine essential for the stimulation of the nitric oxide pathway but supplementation with L-arginine has been shown to enhance the immune system!⁴



Arginaid®

1. Arana V. *Biomed Pharmacother* 2004. 2. Wallace E. *Br J Nurs* 1994. 3. Desneves KJ. *Clin Nutr* 2005. 4. Langemo D. *Adv Skin Wound Care* 2006. Nestlé Healthcare Nutrition, 20-24 Howleys Road, Notting Hill VIC 3168, Australia. 1800 671 628 (toll free) www.nestlenutrition.com.au ©Reg. Trademark of Société des Produits Nestlé S.A. NHNCN2357

Nursing Homes in the News Facilities failing with nutrition and hydration standards

One-hundred and forty eight nursing homes have recently been sanctioned by the federal government for non-compliance with aged care standards following agency spot checks. "...the worst involve concerns about wound management". Many sanctions imposed have included non-compliance with nutrition and hydration standards.

Lannin, S. Rise in care breaches in nursing homes. ABS News Wednesday July 1, 2009. Accessed online www.abc.net.au/news/stories/2009/07/01/2614037

MDC and Southcity GP Services Complete Aged Care Wound-Healing Clinical Trial

Overview

MDC received funding from Southcity GP Services through the 2008-2009 Aged Care Access Initiative (ACAI) funding to investigate the use of oral nutrition support to promote wound healing. The clinical trial, headed by Accredited Practising Dietitian Samantha Kozica, was completed at Bupa Caulfield, a metropolitan residential aged care facility.

Background

The importance of nutrition in wound healing has been widely accepted, with research showing that the presence of malnutrition delays wound healing, while optimal nutrition promotes wound healing^(1,2). Furthermore, evidence now indicates benefits of specific nutrient supplementation to optimise healing^(3,4).

Aims

- To improve the nutritional status of the residents to promote wound healing
- To assess the benefits of nutrition support in wound healing
- To determine if supplementing the resident's diet with L-Arginine improved wound healing

Methods

Fourteen residents identified with wounds (as per EPUAP standards) were included in the three-week intervention trial. The trial involved commencement of a high energy, high protein diet and wound healing supplement (Arginade Extra). The residents received initial nutrition assessment by the dietitian to determine baseline nutritional status and a second assessment at the conclusion of the trial. Improvements in wounds were

assessed using the EPUAP standards by a wound care nurse at conclusion of the trial.

Results

Of the fourteen residents included in the trial, nine showed improvement in wound status over the three week period. One resident's wound remained unchanged and one wound deteriorated. Three residents passed away during intervention period.

Conclusion

Wound healing benefits were observed in 9 out of 14 residents following a three week nutrition intervention period that included the use of a high energy, high protein diet. A multi-disciplinary approach to wound management, including regular dietetic assessment, appears to optimise wound healing. Further investigation of wound management in aged care is encouraged.

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***ACAI funding has been approved for many GP Networks throughout Victoria for the 2009-2010 financial year. MDC are committed to improving the nutrition within residential aged care facilities and this funding provides opportunity for an MDC Dietitian to be involved in projects at your facility with reduced out of pocket costs. For more details contact your local GP Network or phone Melbourne Dietetic Centre (03) 9817 1544**

What is ACAI Funding and how can MDC be involved?

The Aged Care Access Initiative (ACAI) was developed in July 2008 to replace the Aged Care GP Panels Initiative. The funding is aimed at increasing access of GP and Allied Health Services to residents of residential aged care facilities which would

not otherwise be covered by government funding, including the Medicare system⁽¹⁾.

In the 2008-2009 financial year MDC's Accredited Practising Dietitians have been involved in ACAI projects with the following General Practice Victoria Networks: Peninsula GP Network, GPA South Gippsland, Southcity GP Services.

Projects have involved individual resident assessments, review of facility menus, facility nutrition and hydration audits, education and training, a swallowing and malnutrition risk study and a wound-healing clinical trial.

In 2009-2010 MDC have already confirmed commitment to continuing to work with Peninsula GP Network and will commence work with Melbourne East and South City GP Networks. MDC would welcome expressions of interest from other networks within the state.

(1) Aged Care Access Initiative http://www.health.gov.au/internet/main/publishing.nsf/Content/aged_care_access

Accessed online July 10, 2009.

MDC are proud to introduce some exciting additions to our comprehensive and holistic aged care nutrition services.

As part of internal ongoing continuous improvement, MDC have recently introduced the Customer Partner role as a free service to all MDC customers. MDC's Customer Partner, Miling Toyle, has been appointed to ensure that we are constantly improving overall operations, maintaining excellent customer relationships and outstanding customer satisfaction with all MDC services.

MDC has also recently welcomed Lynette Hogan as a Business Development Officer. Looking after new sales, Lynette has embraced the opportunity to be able to offer our superior and cost-effective services to new facilities in need of a higher standard of nutrition services.

Meet The Customer Care Team

Miling Toyle – Customer Partner



As MDC's Customer Partner, Miling is responsible for maintaining customer relationships and ensuring that MDC continues to provide the excellent service on which our reputation rests.

Miling is also the Assistant Business Manager for MDC, which gives her an invaluable insight into matching customer needs with strategic business direction.

Miling began her career as a dietitian in the weight loss industry, working in nutrition program development and as a 1:1 consultant. Since then, Miling has worked as a dietitian in a number of aged care facilities across Melbourne. Miling has had extensive experience in aged-care and is passionate about improving nutrition systems and processes through providing customised, aged-care specific services.

When not working on maintaining MDC's reputation as the premium service for aged-care nutrition, Miling loves to keep fit by playing hockey, running and boxing, and enjoys travelling to wine regions, hosting dinner parties and taking advantage of Melbourne's world-class restaurant and dining scene.

Lynette Hogan – Business Development Officer



Lynette is the new Business Development Officer for MDC. She has a background in science and has worked for many years in market research and business development in the food and pharmaceutical industries. She has long had an interest in nutrition, with personal experience of how significantly diet can influence health and well-being.

Lynette is passionate about meeting your needs as a customer, through exploring your requirements for services in the area of nutrition and hydration. She strives for excellent business practice and quality outcomes for customers. Her aim is to always exceed expectations!

When not working, Lynette enjoys walking and welcomes any opportunity to explore the great outdoors with her family. As a newcomer to the area, she is having a great time meeting new people and discovering all the good things that are on offer in the state of Victoria.

To discuss use of MDC dietetic services at your facility, please contact Lynette via MDC main office, 9817 1544.



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