Abstract

Demographics of currently enrolled subjects (N=11):

- 73% (N=8) male,
- 27% female (N=3)

Age at enrollment: 21 to 73 years (mean 60.64, median 62.0)

BMI at first enrollment:

- 9% (N=1) normal weight (BMI 18.5-24.9 kg/m2)
- 55% (N=6) overweight (BMI 25.0-29.9 kg/m2)
- 36% (N=4) obese (BMI ≥30 kg/m2)

Description of weight changes over time (N=10):

- 91% (N=10) of subjects had at least one follow-up assessment
- Weight loss ranged from 4.3% to 9.3%
- 36% (N=4) of subjects had a BMI >40 kg/m2

Methods

At enrollment, all 10 subjects answered eight questions about their nutrition status. These questions (Fig. 1) are part of our hospital’s nutrition screening. The first four questions are related to weight (percent weight change, current and enrollment weight), nutrition focused physical exam scores, and presence of clinical signs of malnutrition. Subjects completed the five PG-SGA© questions using a touchscreen application (Fig. 2).

Results

- No PG-SGA© scores were driven primarily from weight change
- While this may appear to be a supportive tool, it does not account for changes in patient function or symptoms beyond appetite that may be impacting nutritional intake.

Discussion

- The PG-SGA© scores in weeks one through seven were driven primarily by patient-identified symptoms, patient-identified changes in activities and function, and by the presence of fever, PG-SGA© scores beyond week seven were driven primarily by professional screen, with fat and muscle loss noted on nutrition focused physical exam being the most prevalent factors.
- As we continue to enroll and follow subjects, there will likely be additional nutrition scoring trends identified. We expect that nutrition scoring trends will help identify and target highest risk as early as possible.

Because at Mayo Clinic patients receive AML follow up care in a variety of settings (hospitalized inpatient, hospital based outpatient, and ambulatory) being able to identify the highest risk patients through a screening tool is likely to be most efficient and effective. Finding a tool that is also precise in identifying the specific contributors to nutrition risk will also be valuable in targeting nutrition interventions for this patient population.

References


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