

INDIVIDUALIZED NUTRITIONAL INTERVENTION TO PREVENT WEIGHT LOSS IN HD PATIENTS DURING HOSPITALIZATION.

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BACKGROUND

Weight loss is a common in Huntington's disease (HD). Disruptive neuropsychiatric symptoms, such as aggression and agitation, along with dysphagia, which typically manifest in moderate or advanced stages, often exacerbate feeding-related issues.

OBJECTIVE

To evaluate the effectiveness of personalized nutritional intervention in preventing weight loss in patients with Huntington's disease during their hospital stay.

METHOD / TECHNIQUES

All patients with Huntington's disease in the Neuropsychiatry Unit underwent a nutritional assessment within the first 7 days of admission. It covers various aspects, including weight, height, body mass index, Mini Nutritional Assessment, information on recent weight loss provided by caregivers, as well as the application of Determination, Dysphagia, and Barthel scales.

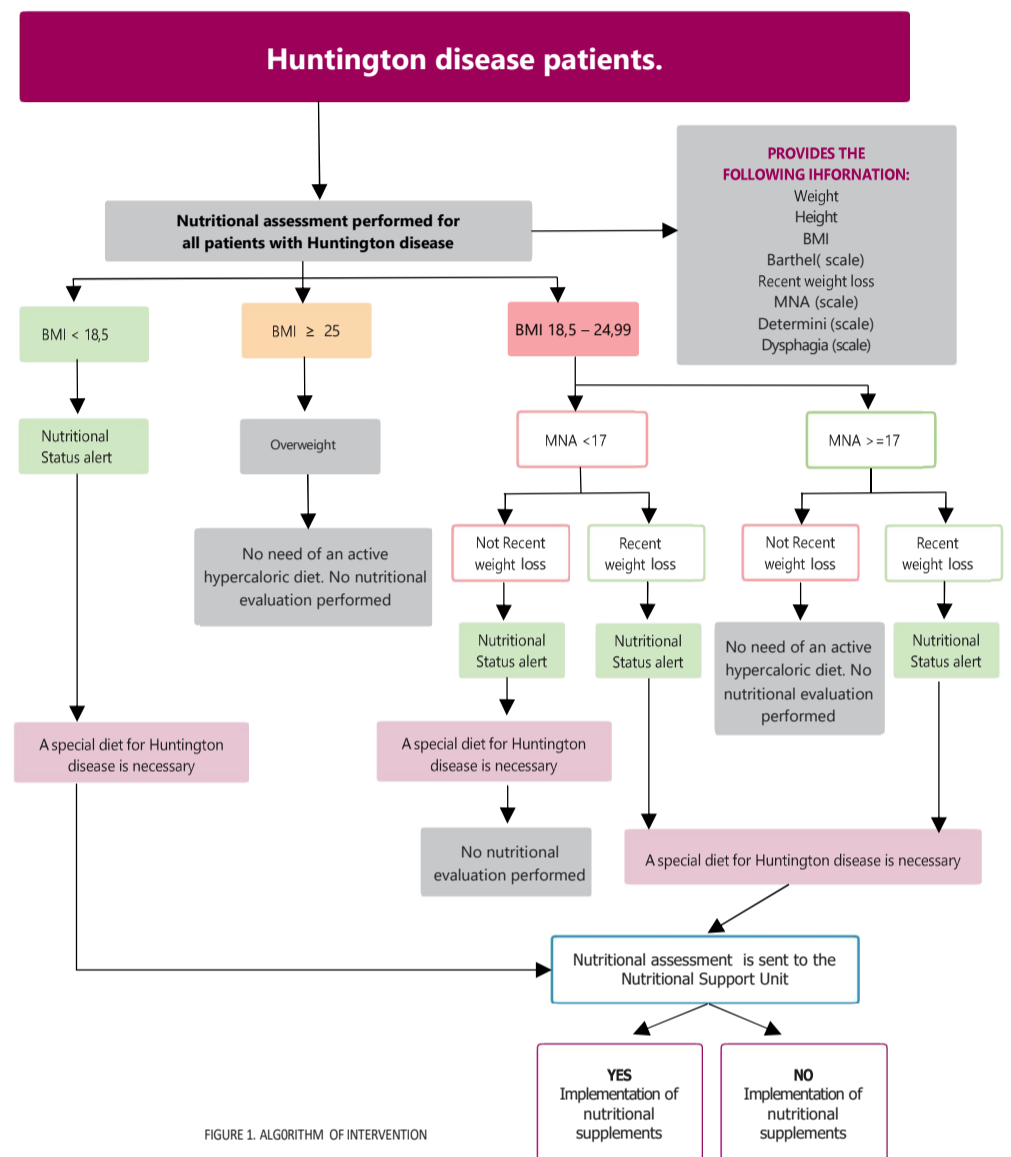
Based on the initial results, a nutritional alert is triggered, and a specific hypercaloric diet for Huntington's disease (HD) is provided. If necessary, nutritional supplements are administered according to the recommendations of the Nutritional Support Unit.

This intervention aims to prevent significant weight loss (as exceeding 5% of the patient's initial weight) during the hospitalization period.

An algorithm designed by our unit was used to know how to act in each of the cases. (Figure 1).

During the study, the patients weight was recorded every week, which allowed a continuous flow of information that could be measured to promptly analyze the results according to the patient's needs.

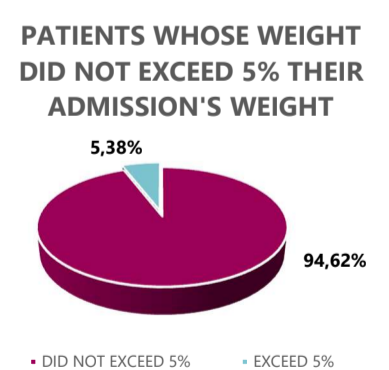
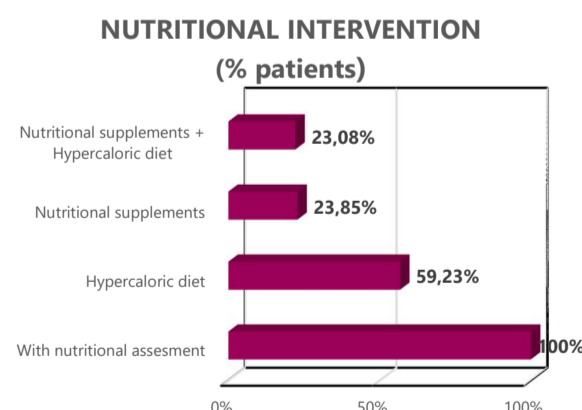
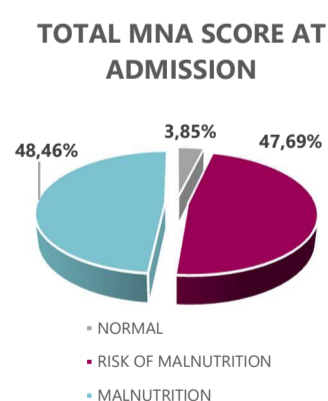
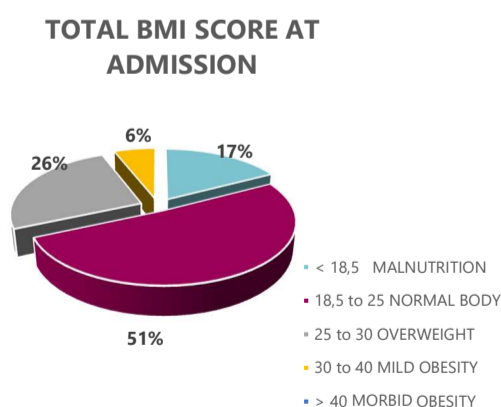
The difference between the weight was calculated at the moment of the admission and discharge. Percentage weight loss was calculated.



RESULTS

BIOGRAPHICAL DATA	
INTERVENTIONS ANALYZED 2012-2023	130
SEX	72 men, 58 women
MEAN AGE	49.4 years
MEAN ADMISSION DURATION	84.6 days
% of patients with Moderate/Advanced stage HD (TFC III/IV/V)	83.31 %

NUTRITIONAL CHARACTERISTICS	
MEAN BMI	22.94
MEAN MNA	16.16
% OF PATIENTS WITH DYSPHAGIA	48.11%
% WEIGHT LOSS PRE-ADMISSION	40.57%



CONCLUSIONS

Malnutrition poses a significant challenge in Huntington's disease, especially in patients with additional disruptive neuropsychiatric symptoms or dysphagia.

Our findings demonstrate that implementing an individualized nutritional program is effective in preventing weight loss during hospitalization, even in patients with dysphagia or who have experienced weight loss before admission. This approach highlights nutritional care tailored to the specific needs of HD patients, which can contribute to improving their quality of life and well-being.

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