

Malnutrition defined by dietary problems, not just starvation

Q We learned our mother was diagnosed as malnourished during her hospital stay. We were surprised because while she looks a bit frail, she doesn't look like the starving women and children in Somalia. Can you tell us more? JM, Winterville

A You are right, most of us that hear the term malnutrition think of starving children in undeveloped countries. But malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients everywhere in our world. The starving children would have undernutrition, which includes wasting, stunting and being underweight. A second category, often called hidden malnutrition, includes either a lack or too much of important vitamins and minerals. The third group is overweight, obesity and diet-related noncommunicable diseases such as heart disease, stroke, diabetes, and some cancers.

We are fortunate to have Ashley Strickland RDN, LDN, CNSC as an ECU Health team member. She is the adult clinical dietitian supervisor and surgical/trauma intensive care Dietitian at ECU Health Medical Center in Greenville. I asked her to answer your question because not only is she the subject matter expert on malnutrition at our hospital, she also trains clinicians across the country on how to assess a person for malnutrition including completing a nutrition-focused physical exam, to document, and plan an intervention to correct the condition. Here is what Ashley wants you to know:

People are surprised that malnutrition affects many patients in acute care hospitals, including ours. Statistically speaking, between two and five patients admitted nationwide to a hospital have some degree of malnutrition. We don't have exact numbers, but in eastern North Carolina, the number is closer to five patients. If left untreated, the person's nutritional status will only worsen. We



KATHY KOLASA

know that patients with malnutrition are twice as likely to develop a pressure ulcer, more likely to fall while in the hospital, are three times as likely to develop a surgical site infection and stay at least two more days in the hospital.

Additionally, The Agency for Healthcare Research and Quality (AHRQ) reports that the readmission rate of patients with malnutrition is about 50% higher (for all causes) than of patients with no malnutrition. ECU Health screens patients at admission to identify those who may be at risk of being malnourished. The nurse asks if they have lost weight without trying or have changes in their appetite. Patients already in the hospital might be assessed if they have been there for more than 10 days or on a clear diet or NPO (no food by mouth) for more than five days.

The Registered Dietitian Nutritionists (RDNs) who are the experts and best qualified to assess, diagnose and recommend an intervention for those found to have malnutrition are notified. ECU Health RDNs have been using the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition Indicators of Malnutrition (AAIM) to ensure quality patient care since 2014. ECU Health RDNs continually update their competency in malnutrition care by receiving training on the application of AAIM or the assessment of six criteria: reduced energy intake, weight loss, identification of fat and muscle wasting, edema, and reduction of hand grip strength. Four of these assessments are performed in a nutrition-focused physical exam.

Following the AAIM criteria better captures a diagnosis of malnutrition than use of earlier tools such as low body mass index (BMI), frailty, starva-

tion, and/or blood protein markers that relied on the "look" of malnutrition. AAIM criteria consider the etiology or cause that contributes to the patient's malnourished state, such as acute illness/injury, chronic disease state or social/environmental factors. The treatment for malnutrition is nourishment. Think "Food As Medicine." The RDNs provide individualized plans tailored to the patient's needs and resources. Interventions may include counseling, oral nutrition supplements, like protein shakes, vitamins/minerals and texture modification to foods and drinks to ease swallowing and digestion. Some patients need more invasive interventions such as tube feeds or intravenous nutrition called parenteral nutrition.

Undernutrition is seen in eastern North Carolina. Not all patients have the resources to follow a healthy diet. Food insecurity and lack of food and nutrition literacy are prominent causes of malnutrition. ECU Health developed a Medical Food Pantry to provide one way to address malnutrition. RDNs provide food vouchers for an emergency healthy food box for patients to receive at discharge along with counseling on appropriate foods and beverages for their conditions and ways to obtain additional food aid. Malnutrition is a profound diagnosis, which can affect the total care of the patient. ECU Health has taken proactive steps toward ensuring patients are assessed, diagnosed, and treated for malnutrition. The dietitian plays a crucial role in recommending the physician diagnosis and treat malnutrition. ECU Health prides itself on a team approach to providing comprehensive care for patients.

Professor emerita Kathy Kolasa, a registered dietitian nutritionist and Ph.D., is an affiliate professor in the Brody School of Medicine at ECU. Contact her at kolaska@ecu.edu.

Council on Aging offers June activities

The Daily Reflector

The Pitt County Council on Aging is offering the following classes and programs at the Pitt County Senior Wellness Center, 4551 County Home Road.

All offerings are free and located at the wellness center unless otherwise noted. Registration is required unless otherwise noted by calling 752-1717, Ext. 201. Here's what is coming up:

■ Rummikub 9 a.m. to noon on Mondays. Beginners are welcome and no registration required.

■ Zumba Gold, 10:30-11:15 a.m. every Tuesday and Saturday. Registration recommended, not required. Donation requested.

■ Yoga for Every Body, 11:15 a.m. to noon, Tuesday and Saturday. Regis-

tration recommended, not required. Donation requested.

■ Health screenings 10 a.m.-noon on Thursdays: Physical Therapy, June 15; auditory, June 20.

■ Vacations in U.S. History 1880-1920 seminar, 2-3 p.m. Thursday, June 15.

■ Scam Prevention 101, 10-11 a.m. Friday, June 16.

■ Matter of Balance class, 9:30-11:30 a.m. Wednesdays and Thursdays, June 21-July 12

■ Laughter Yoga 9:30-10:30 a.m., Wednesday, June 21.

■ Beginner Wood Carving Class, 12:30-3 p.m., Thursdays, June 22-July 20.

■ Jewelry Class, 2-4 p.m. Wednesday, June 28, Cost is \$5. Call 752-1717, x201 to register.

■ Fall Foliage in Vermont trip on Sept. 24-29.

The trip will include an Amish style feast in Lancaster, a dinner cruise on Lake Champlain, the Trapp Family Inn and History Tour, the New England Maple Museum, Vermont Teddy Bear Factory and much more! Cost is \$899 per person/double occupancy. Go to pittcoa.com/wp-content/uploads/Vermon-2.pdf for more details or call 752-1717, x201.

■ Iceland: Land of Fire and Ice trip is being offered Oct. 4-11. The trip includes traditional Viking dinner/entertainment, Amphibian boat ride, tour of the Golden Circle, iconic Blue Lagoon, lunch at Fridheimar Farms and much more. Go to pittcoa.com/wp-content/uploads/10-04-Pitt-County-Senior-Center-COA-ICE-LAND-c23.041.pdf or call 752-1717, Ext. 201.

Neuropathy develops with other conditions

Q I would like to know more about peripheral neuropathy. It seems like it's pretty common, especially as you start getting older, but you never hear much about it. Why does someone get peripheral neuropathy? Are there drugs or treatments that can cure it?

A Peripheral neuropathy, sometimes referred to simply as neuropathy, refers to the symptoms that can arise when certain nerves in the body become damaged.

As the name indicates, the condition involves the peripheral nervous system. This is the vast neural network that allows the body to communicate with the spinal cord and the brain. These nerves are involved in physical sensation, the control of movement and involuntary processes such as bladder function, digestion and blood pressure regulation.

A number of diseases and conditions can lead to someone developing peripheral neuropathy. It can also be a side effect of some medical treatments. A common cause of the condition is Type 2 diabetes, particularly when it goes unmanaged. This occurs because chronically high blood glucose levels can damage the capillaries, including those that nourish the nerves and keep them healthy.

Additional causes can include physical injury or trauma, chronic inflammation, alcoholism, autoimmune diseases, chemotherapy drugs, certain medications, smoking, nutritional deficiencies, toxins and inherited conditions. Sometimes, a cause cannot be determined. This is known as idiopathic neuropathy.

Symptoms of the condition can include numbness; sensations of tingling, prickling or burning; difficulty discerning hot or cold temperatures; a dulled pain reflex;

ASK THE DOCTORS



ELIZABETH KO



EVE GLAZIER

and a loss of spatial awareness of the hands or feet, which can lead to difficulties with balance.

You're correct that peripheral neuropathy is seen more often in older adults. The condition is estimated to affect between 8% and 10% of people over the age of 50. However, it's not a direct result of the aging process. Rather, it is because older adults are at increased risk of developing the diseases or conditions or undergoing the medical treatments that can lead to neuropathic pain.

Treatment focuses on managing the specific disease or condition that is believed to be the root cause.

Depending on the parts of the body affected, physical therapy, supportive footwear, neurostimulation, acupuncture and certain medications may be used. Lifestyle changes, such as maintaining a healthy weight and limiting alcohol, can play a role in treating this condition.

Eve Glazier, M.D., MBA, is an internist and associate professor of medicine at UCLA Health. Elizabeth Ko, M.D., is an internist and assistant professor of medicine at UCLA Health.

GUC natural gas pipeline inspection underway

The Daily Reflector

An annual inspection of Greenville Utilities natural gas pipelines is underway, the utility reported on Friday.

GUC maintains more than 1,100 miles of nature gas pipeline in Pitt County, the utility said.

Workers will inspect about 9,072 gas meters and risers and more than 501 miles of pipeline, following federal, state and local

guidelines to ensure compliance, system operation, and public safety.

Between now and October, people living along or near gas pipelines may notice a contractor from Southern Cross Utilities Inspection Services conducting the inspection for GUC, looking for possible leaks.

Since gas pipelines are usually buried underground, it may not be obvious that a pipeline

is nearby, the utility said. The work involves walking around roads, fields, and yards, including all gas meters.

Each contractor will have identification and will not need access to any homes, businesses, or offices, nor will they ask for any money or personal information.

Anyone with questions about this program, should call the GUC Gas Department at 252-551-1587



CONTRIBUTED PHOTO

Alani Leak, Mary Nobles Maultsby, Carleana Brown, Zoie Willis, from left, helped Operation Sunshine celebrate its 55th anniversary in June 3 with a program and the Miss Sunshine pageant.

Operation Sunshine celebrates 55th anniversary

Nonprofit revives Miss Sunshine Pageant.

The Daily Reflector

Greenville's Operation Sunshine revived its Miss Sunshine Pageant this month during a fundraiser and celebration of the programs 55th Anniversary.

The after-school and summer program was established by Church Women United on Chestnut Street in west Greenville in 1968 for girls ages 5-13. The Rev. Veronica Stokes is the executive director of the nonprofit, operated with assistance of a volunteer board of directors.

Stokes and the board

commemorated the 55th anniversary of the program on June 3 at Jarvis United Methodist Church with the fundraising pageant and banquet to celebrate with alumni and community members as well as current members and families.

The last Miss Operation Sunshine Pageant was held in 2006 with Jasmine Willis wearing the crown. The 2023 winner is Miss Carleana Brown, daughter of Mr. and Mrs. Bernard Brown. Zoie Willis, daughter of Jasmine Willis, is first runner up and J'Alani Leak, daughter of Jaye Leak, is second runner up.

Mary Nobles Maultsby, a retired educator of 44 years and an Operation Sunshine

alumni, was guest speaker. She and other alumni present shared their experiences with the program and how influential it was in their lives.

With her family present, a memorial tribute was given to Mrs. Gloria C. Pearsall, a former Operation Sunshine director of 15 years.

Two of board members, Freddie and Lillian Outterbridge, were recognized for their support and contributions to keeping the Operation Sunshine Program alive after the COVID-19 pandemic.

"We would like to thank all of our community supporters for their continued support of this outstanding program," Stokes said.

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