



Comparing Assessment Techniques as Potential Candidates for Customized Nutritional Evaluation of Older Persons in Nursing Home

Jorge Simard*

Department of health Professor, University of Western Sydney, Geriatric Consultant, Sydney, Australia

DESCRIPTION

Nutrition is a crucial aspect of their health. Simple, affordable, quick, and proven techniques to evaluate nutritional risk status are essential in nursing homes. The most practical tool for a nursing home environment was determined by evaluating five nutritional screening assessment tools and the time needed for each in a multisurvey cross-sectional research with a practical sample. The following instruments were used to assess nutritional risk or status: Quick Form for Subjective Global Assessment and Nutritional Evaluation Malnutrition Tool for Universal Screening Calf girth and the Nutritional Risk Screening. Each tool's completion time was tracked. There were 83 subjects total. In terms of identifying malnutrition, and were the screening techniques that rated best. Elderly people with lower leg edoema who were at risk for malnutrition were not identified. The quickest tool the tool that moved the fastest and the slowest. This was the first research to compare non-invasive nutritional methods while taking implementation time into account. In elderly patients without is receptive, quick, and dependable. Was better at identifying incidences of malnutrition in the senior population. thought to be the most appropriate for a nursing home environment [1,2].

Men and women 65 years of age or older who are living in or visiting a nursing home and who signed the informed permission were required to meet the inclusion criteria for the current study. The institution psychologist's mini-mental score, the existence of psychiatric diseases, or other conditions that would make it difficult to take the necessary anthropometric measures were among the exclusion criteria. Participants in this study included elderly residents of nursing facilities in Lisbon's outer suburbs. We got a final sample of 83 seniors after applying the aforementioned exclusion criteria, including seniors who were enrolled in adult daycare programmes and institutionalised participants. The same dietician evaluated each participant at a single visit, using the same tools.

All of the nutritional screening assessment techniques in use have shown a significant prevalence of malnutrition in senior care facilities. This result is consistent with other studies involving nursing

homes for institutionalised senior citizens, which demonstrate the need for and importance of providing individualised nutritional care in accordance with senior citizens' preferences, habits, and the outcomes of screening and assessment tools. Even when all tools are adjusted for age, sex, and institutionalised seniors, there is still a greater prevalence of nutritional risk malnutrition in the latter group than in the former. Within the same clinical demography, this outcome is seen in the majority of nursing facilities. In recent years, the term "geriatric syndrome" has been used to refer to a variety of health issues that are particularly prevalent in the elderly and have received a lot of attention in clinical practices, academic research, and medical education. The significant normality of these medical conditions is that rather than a solitary etiology or pathology, essentially this large number of disorders of more established grown-ups is brought about by numerous infections as well as various gambles factors. A geriatric textbook had proposed a similar, albeit somewhat different, list of geriatric syndromes. As a result, the definition and "list" of geriatric syndromes have remained a task marked by controversies. Some scholars proposed that health problems that concern hearing, eyesight, dental oral conditions, frailty, delirium, depression, insomnia, sleep disturbance, dizziness, falls, lower extremity problems, malnutrition, dementia, impaired cognition, language [3-5].

CONCLUSION

Given the high frequency of malnutrition in nursing homes for seniors, it's critical to find a quick, easy, proven, affordable, and non-invasive nutritional screening method for regular assessment. This is essential to ensure individualised nutritional treatments and to improve nutritional care. We recommend the use of in nursing care residents with retained cognitive skills based on the findings of the current study. The seems to be a better option for older citizens with diminished cognitive abilities and no limb oedema.

ACKNOWLEDGEMENT

None.

Correspondence to: Joyce Simard, Department of health Professor, University of Western Sydney, Geriatric Consultant, Sydney, Australia; E-mail: Sydneyjorge732@gmail.com

Received: 02-December-2022, Manuscript No. jggr-23-20016; **Editor assigned:** 05-December -2022, Pre QC No. P-20016; **Reviewed:** 17-December-2022, QC No. Q-20016; **Revised:** 22-December-2022, Manuscript No. R-20016; **Published:** 29-December-2022, DOI: 10.35248/2167-7182.2022.11.649

Citation: Simard J (2022) Comparing Assessment Techniques as Potential Candidates for Customized Nutritional Evaluation of Older Persons in Nursing Home. J Gerontol Geriatr Res.11: 649.

Copyright: © 2022 Simard J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

CONFLICT OF INTEREST

None.

REFERENCES

1. Mills KT. Global disparities of hypertension prevalence and control: a systematic analysis of population-based studies from 90 countries. *Circulation*. 2016; 134; 441-450.
2. Taherkhani A. A. Chronic kidney disease: A review of proteomic and metabolomic approaches to membranous glomerulonephritis, focal segmental glomerulosclerosis, and IgA nephropathy biomarkers. *Proteome Sci*.2019;17:1-8.
3. Bulow RD. Extracellular matrix in kidney fibrosis: More than just a scaffold. *J Histochem Cytochem*.2019; 67; 643-61.
4. Baker-SC. Diagnosis, evaluation, and management of high blood pressure in children and adolescents. *Pediatrics*. 2018;1;142-143.
5. Oparil, S. New approaches in the treatment of hypertension. *Circ. Res*. 2015;116; 1074-1095.