

Does appetite affect the health of older adults with an upper limb fracture?

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Introduction

Older people can commonly experience reduced appetite, and this can be assessed very simply by questionnaires such as the Simplified Nutritional Appetite Questionnaire (SNAQ). Decreased appetite is associated with sarcopenia and frailty, which in turn are related to falls.



Objective

The aim was to assess if screening for poor appetite might aid in predicting the risk of future falls by exploring the association between appetite score and falls at three and six months in older people with upper limb fracture.



Methods

A secondary data analysis was performed. Baseline appetite was assessed using the SNAQ, with score <14/20 defining poor appetite¹. Descriptive statistics summarised characteristics associated with poor appetite. Association between baseline characteristics and the presence of falls at 3 and 6 months were measured using logistic regression.



Results

- N=100 at baseline
- Median age 73 (IQR 9.75)
- Median SNAQ score 16 (IQR 2)
- 80% females, 20% males
- 9% poor appetite
- Sarcopenia (SARC-F ≥ 4), Frailty (FRIED phenotype) and a higher number of comorbidities and medications were more prevalent in individuals with a poor appetite.

Appetite is not related to the occurrence of falls at 3 or 6 months in this population

Table 1: Univariate variables (3-months follow-up)

Variable	Odds ratio (95% CI)	p-value
SNAQ	0.944 (0.748, 1.191)	0.627
Sarcopenia (SARC-F, categorical)	5.286 (1.181, 23.665)	0.029
Number of comorbidities	1.209 (1.021, 1.431)	0.028
EQ5D5L Mobility*	2.413 (1.124, 5.178)	0.024
EQ5D5L Self-care*	2.265 (1.076, 4.765)	0.031
EQ5D5L Activities*	3.731 (1.735, 8.025)	<0.001

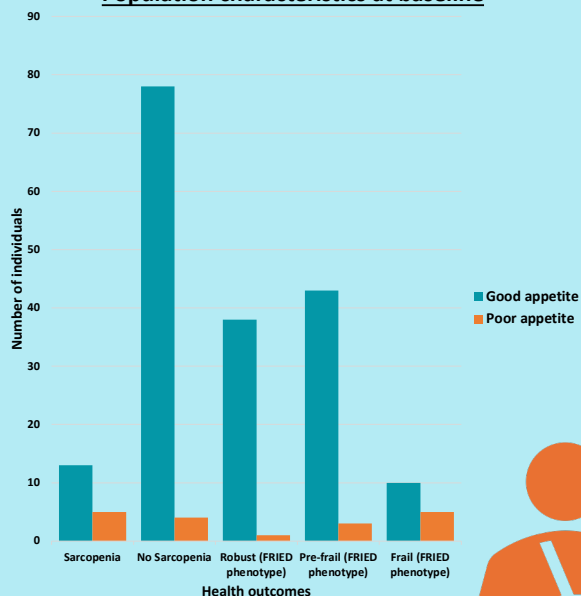
*EQ5D5L is a self-complete questionnaire assessing mobility, self-care, activities, anxiety and pain (5 dimensions) at 5 response levels. The data was split into two categories: level 1 (no problem) and levels 2-5 (any problem)

Table 2: Multivariate model (3-months follow-up)

Variable	Odds ratio (95% CI)	p-value
Sarcopenia (SARC-F, categorical)	2.781 (0.167, 46.266)	0.476
Number of comorbidities	0.988 (0.728, 1.341)	0.940
EQ5D5L Mobility*	1.012 (0.306, 3.340)	0.985
EQ5D5L Self-care*	1.508 (0.562, 4.044)	0.415
EQ5D5L Activities*	3.485 (1.463, 8.302)	0.005

*EQ5D5L is a self-complete questionnaire assessing mobility, self-care, activities, anxiety and pain (5 dimensions) at 5 response levels. The data was split into two categories: level 1 (no problem) and levels 2-5 (any problem)

Population characteristics at baseline



Conclusion



In this study population, poor appetite was related to higher prevalence of sarcopenia and frailty but was not predictive of future falls. Sarcopenia, comorbidities, EQ5D5L mobility and self-care were associated with falls at 3 months. Identifying individuals with sarcopenia and difficulty in performing routine activities continues to be imperative to minimise the risk of future falls.

References

1. Cox NJ, Morrison L, Ibrahim K, Robinson SM, Sayer AA, Roberts HC. New horizons in appetite and the anorexia of ageing. *Age Ageing*. 2020;49(4):526-34.



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