

# Continued attention to nutritional status, risk of sarcopenia and nutrition-related complaints should be considered for patients recovering from COVID-19

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## Risk of malnutrition and sarcopenia in patients recovering from COVID-19 attending a primary care dietitian

### BACKGROUND

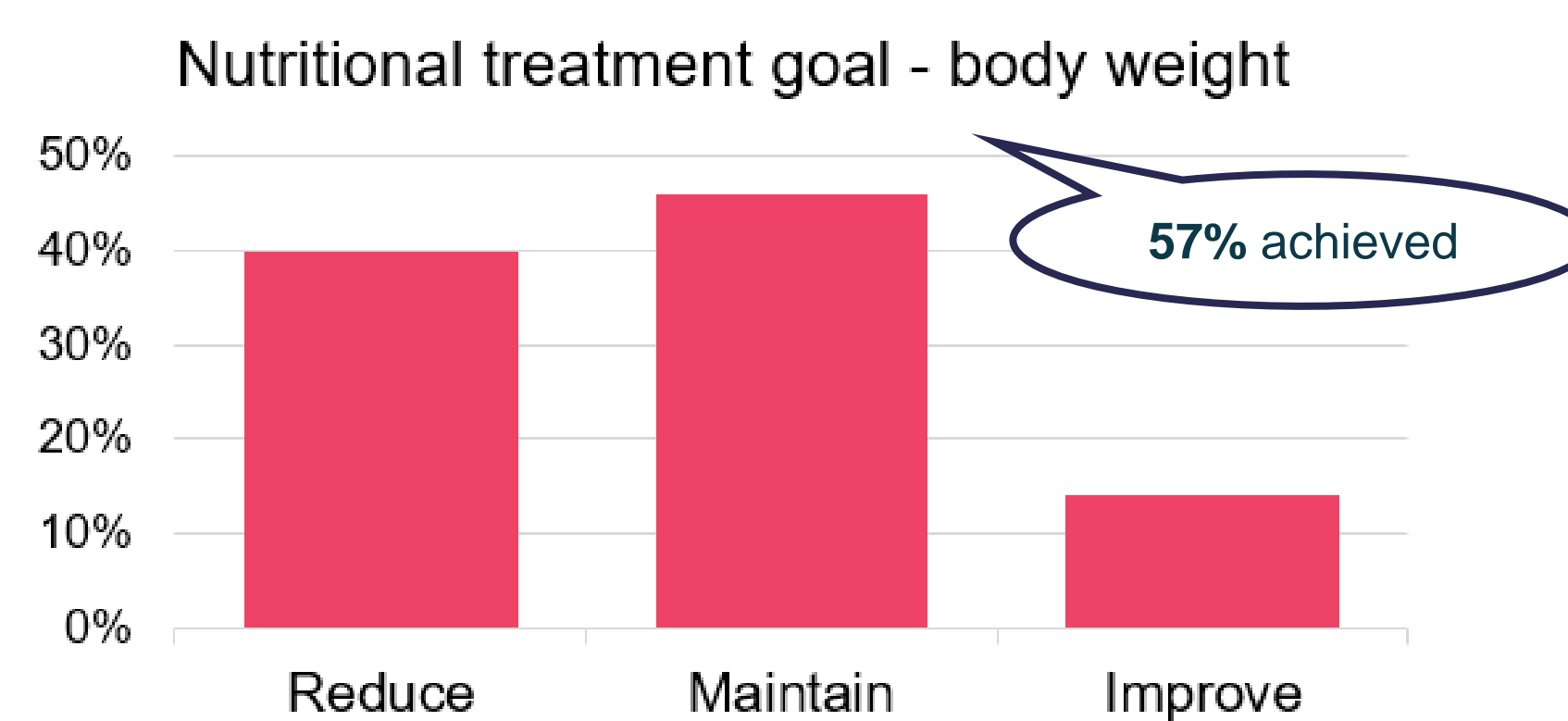
Poor nutritional status, high risk of sarcopenia and nutrition-related complaints are commonly reported problems in **patients recovering from COVID-19**. A **primary care dietitian** can offer support in optimizing nutritional status, improving nutritional intake and other goals. Insight into the **recovery trajectories** of these patients as well as the **content of care** are scarce.

### OBJECTIVES

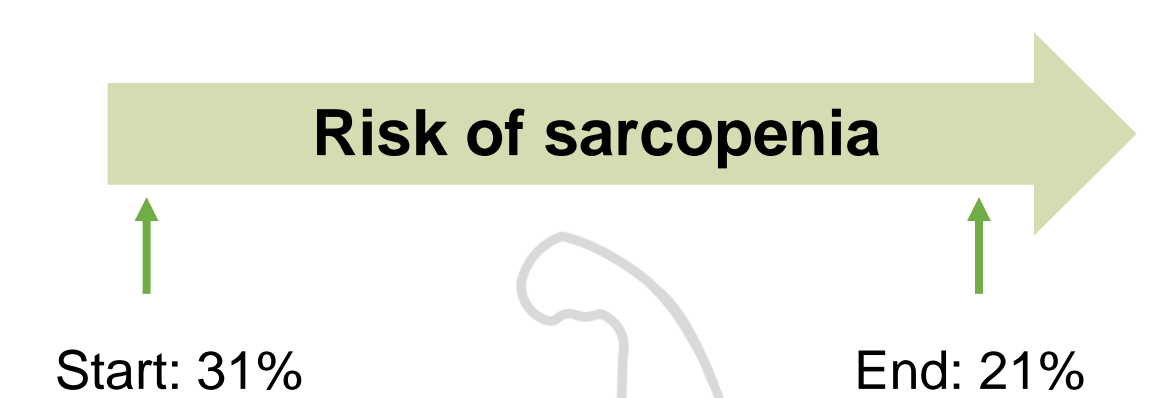
- To describe the characteristics of patients recovering from COVID-19 seeking dietetic support from a primary care dietitian
- To report changes in nutritional status, risk of sarcopenia and nutrition-related complaints at the start and end of dietetic treatment
- To describe the dietetic treatment goals, content and volume of dietetic treatment

### RESULTS

Mean age was 50 (SD 13) years, 58% were female and 32% had been hospitalised for COVID-19. Mean BMI was 29 (6) kg/m<sup>2</sup>; **33% was overweight** and **40% was obese**.

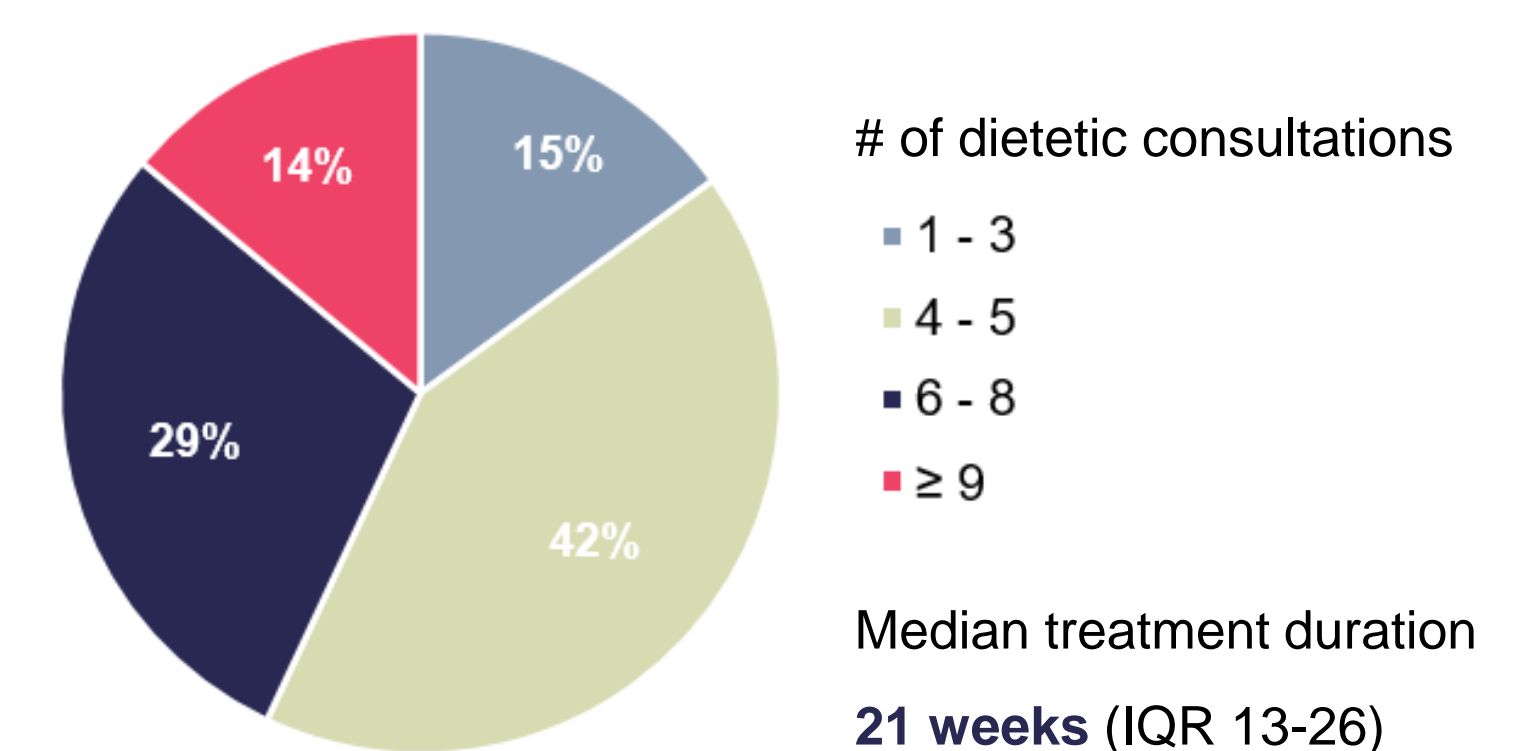


At the start of treatment, **44% of patients were at medium risk of malnutrition (PG-SGA)** and **20% at high risk**; decreasing to 29% and 12% by the end of treatment (p<0.001).



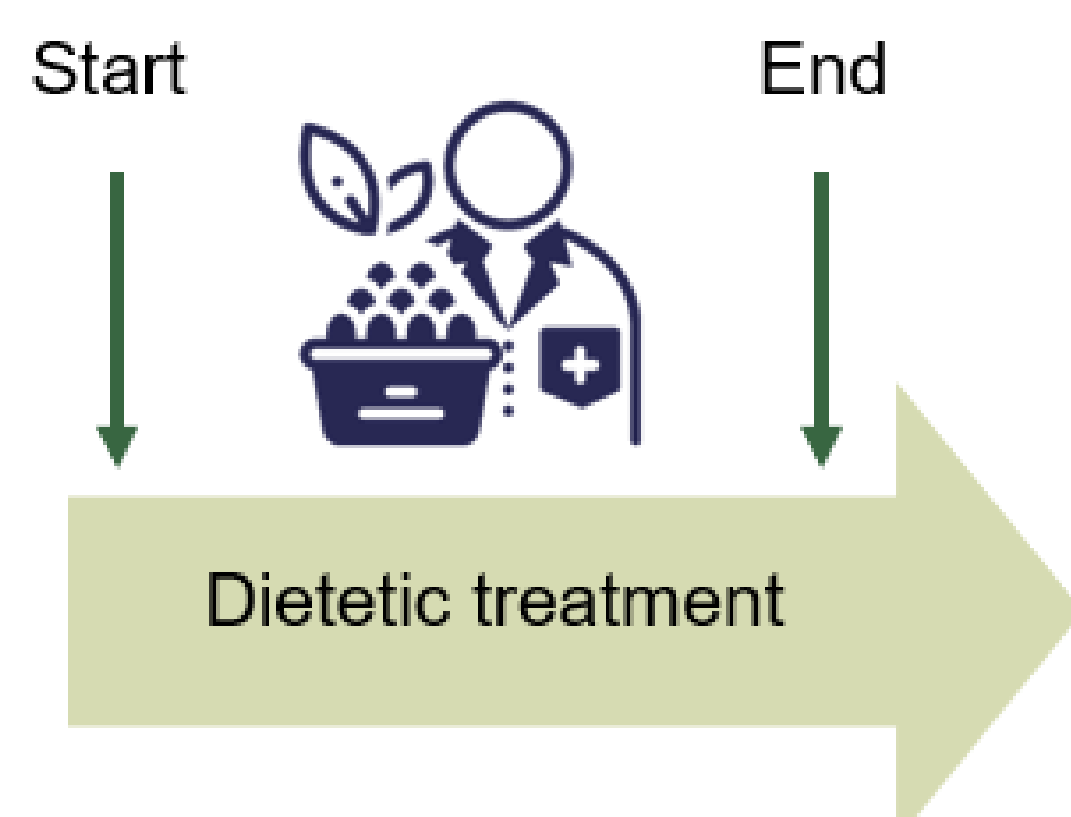
Nutrition-related complaints improved over time but **remained prevalent**. Most common:

- Fatigue
- Decreased appetite
- Feeling of being full
- Changed or loss of taste
- Nausea



### METHODS

223 patients included from a Dutch prospective cohort study



NUTRITIONAL STATUS



RISK OF SARCOPENIA



NUTRITION-RELATED COMPLAINTS



TREATMENT GOALS

### CONCLUSIONS

**Significant improvements** in nutritional status and risk of sarcopenia were observed after dietetic treatment in primary care for COVID-19, and **the majority of patients achieved the dietetic treatment goals**. Nevertheless, nutrition-related complaints, and the risk of malnutrition and sarcopenia **remained prevalent**.

