

Integrated Dietetic Frailty Pathway

Introduction

Frailty, characterised by increased vulnerability and reduced physiological reserves, poses challenges to older individuals, increasing the risk of adverse health outcomes, functional decline and increased healthcare utilisation [1]. Sarcopenia is a common and progressive skeletal muscle disease characterised by the loss of muscle mass, strength and function [2] and is highly associated with frailty, however, can be targeted by improved nutritional intake. A test of change (ToC) was initiated following concerns that many frail in-patients referred for dietetic input were discharged before assessment (DBA), creating risks of delayed or missed opportunities for intervention.

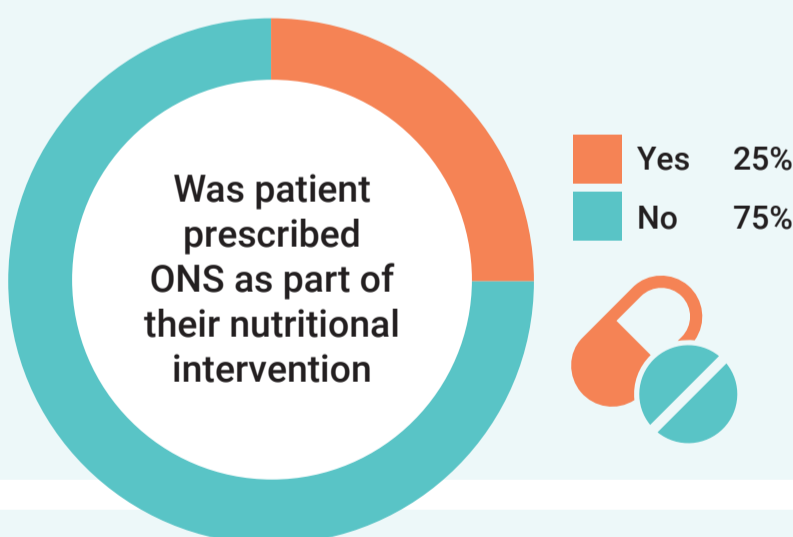
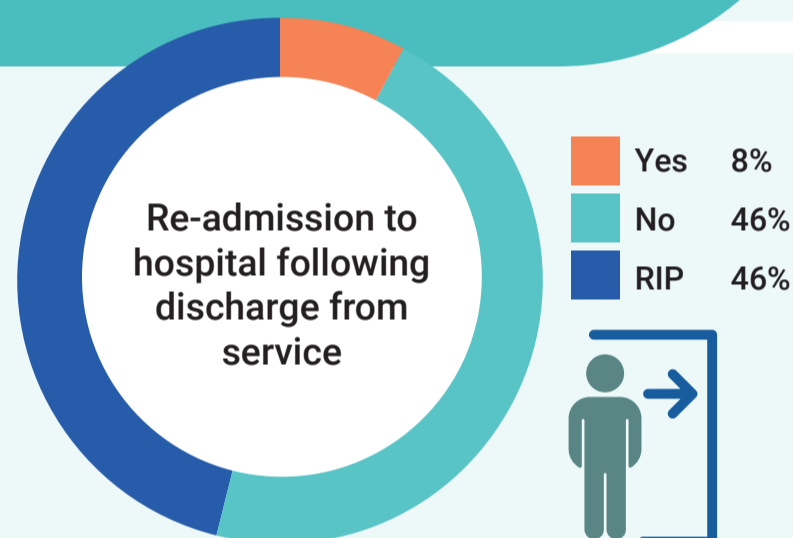
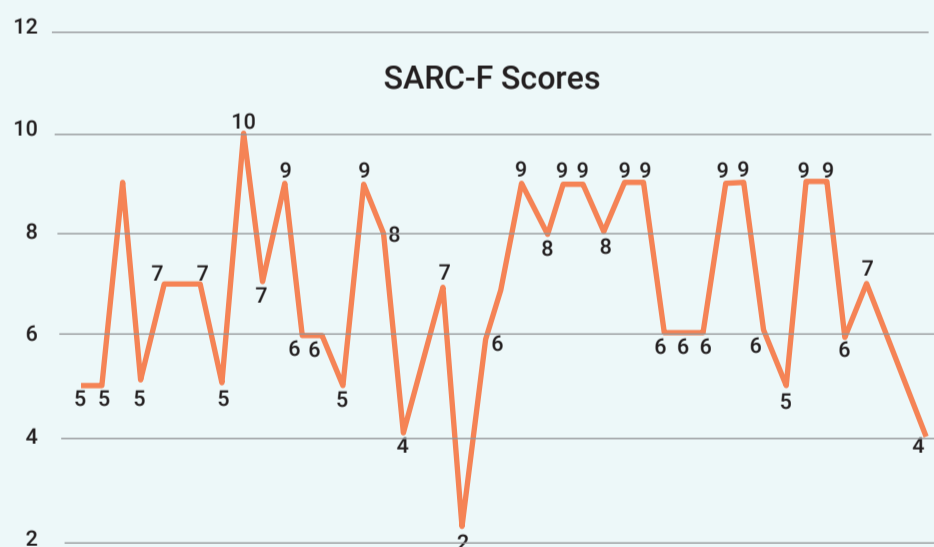
1. Hoogendijk EO, Afilalo J, Ensrud KE, Kowal P, Onder G, Fried LP. Frailty: implications for clinical practice and public health. *The Lancet* 2019; 394: 1365–75; 2. Cruz-Jentoft AJ, Sayer AA. Sarcopenia. *Lancet* (London, England) 2019; 393: 2636–46.

Method

Between March 2024 and June 2025, a collaborative process between acute and community dietitians was implemented. Acute dietitians emailed details of patients DBA to the community service. Patients were screened to determine if they were already known to the service and three virtual community frailty clinics per month were established and patients booked within four weeks. Reported weight, BMI and food intake was assessed as well as risk of sarcopenia using the SARC-F tool. Further data was also collected such as the use of oral nutritional supplements (ONS), number of admissions to hospital following discharge from service and if outcomes were met upon discharge.

Results

Outcome Factor	Mean before input	Mean After input	% improved	% decreased	% stable
Weight kg	47.4	47.9	60	20	20
BMI kg/m ²	19.1	19.4	62	19	19



Conclusion

The ToC demonstrated positive outcomes and highlighted the importance of early dietetic input. 97 patients were identified to be DBA, 43 patients were offered and required dietetic input within the frailty service. The remainder did not require an appointment for a number of reasons, including already under community dietetics, in a care home, end of life care. Using the SARC-F tool, 98% were identified as at risk of sarcopenia (39 subjects included). Food-first strategies effectively prevented weight loss and supported nutritional goals and served as the primary intervention. The low readmission to hospital rate suggests early dietetic involvement may reduce hospital re-admissions. It was agreed the process will continue to ensure timely nutritional assessment for frail patients.

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