



BUT WHAT IS THE EVIDENCE? FINDINGS OF A SYSTEMATIC REVIEW AND META-ANALYSES

Judi Porter^{1,2}, Ella Ottrey^{1,2}, Kate Huggins²
¹Allied Health, Eastern Health,
²Dept of Nutrition, Dietetics & Food, Monash University
Judi.Porter@monash.edu

Results

Seven pre-post studies met the inclusion criteria: original research papers (n=3), conference abstracts (n=3) and letter to the editor (n=1). No studies reported a significant effect on energy intake; one study reported a favourable and another study a negative change in protein intake. Quality was rated as neutral in the research papers whilst the brief reports were all negative.

Discussion

Given the small number of studies undertaken and their quality, there appears insufficient evidence to advocate for widespread Protected Mealtimes implementation. This was an unexpected finding given that the intervention is recommended in the nutritional guidelines of various national and charitable organisations as a way to reduce malnutrition prevalence. Future research is warranted to further understand the benefits of Protected Mealtimes.

Background

Protected Mealtimes is an intervention aimed at addressing insufficient food intake during hospitalisation, a risk factor for malnutrition. This systematic review aimed to synthesise the literature to evaluate the effect of Protected Mealtimes on nutritional intake of hospital patients.

Methods

- PROSPERO (CRD42015023423)
- PRISMA guidelines were followed
- Inclusion: studies where Protected Mealtimes was implemented in hospital
- Primary outcome: nutritional intake (including at least energy intake)
- Seven databases searched
- Two reviewers screened studies for inclusion
- Quality assessed using the Quality Criteria Checklist for Primary Research
- Meta-analyses were conducted in RevMan

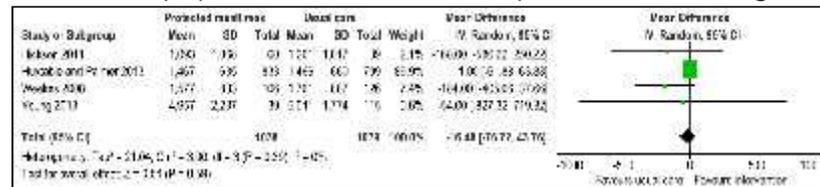


Figure 1. No statistically significant difference in favour of usual care or Protected Mealtimes for energy (mean difference -16.5kJ per day; p=0.59).
<http://dx.doi.org/10.1016/j.jnurstu.2016.11.002>



Figure 2. No statistically significant difference in favour of usual care or Protected Mealtimes for protein (mean difference -1.3g per day; p=0.18).

Implications for practice

This systematic review led to the first high quality trial of Protected Mealtimes at Eastern Health in 2015. This trial adds to the existing body of literature which to this point has been informed by low quality observational studies.

(Porter et al. BMC Medicine 2017 15:25 DOI: 10.1186/s12916-017-0780-1)

References

- Hickson, M., J. Hum. Nutr. Diet. 2011 24, 370-374;
- Huxtable, S. Eur. J. Clin. Nutr. 2013 67, 904-910;
- Weekes, C.E. Proc. Nutr. Soc. 2008 67, OCE3.E119;
- Young, A.M. Clin. Nutr. 2013 32, 543-549.