Malnutrition and weak oral health trouble Aussie nursing homes

RHODES, Australia: According to a study in the Australian Journal of Aging, malnutrition is rife in Australian nursing homes, affecting half of its residents. Nursing specialists are calling for an overhaul of the nutritional care of vulnerable elderly people after survey results indicated that only 59.5 per cent of elderly people in nursing homes are well nourished. The nutritional assessment of more than 550 high-care residents in eight aged care facilities in Queensland found 45 per cent moderately and 6.5 per cent severely malnourished.

Residents’ dental health, which is known to influence general health, was also found to be poorly recorded, with oral assessments of ten outdated. The situation will be the best improved with advanced staff training and a greater focus on dietary intake, the researchers suggest. “Most causes of malnutrition (in nursing homes) are modifiable and central to improving this is greater staff awareness, better assessment skills of care staff and adequate overall management of nutritional care,” they write.

The study also showed that older patients and those requiring the most care were the most malnourished. The research team, lead by Queensland University of Technology, also found that only 15 per cent of the malnourished residents had been seen by a dietician, and only 29 per cent were receiving supplements.

These high percentages are probably due to responsibility for daily nutritional care, such as assistance with meals, supplements, and monitoring of food intake, falling largely onto care staff, with little intervention by management or external healthcare practitioners. The study also showed that staff awareness of the importance of nutrition on resident outcomes was inconsistent.

Dentaid supports nurses in Cambodia

SALISBURY, UK: Twenty-four basic sets of dental equipment and portable chairs are helping newly qualified dental nurses set up mobile health clinics in Cambodia, the UK-based organisation Dentaid has announced. The nurses will be trained to provide extractions, scaling, anaesthetic, and simple Restorative Treatment (ART), which is ideal for taking into health examinations is inconsistent.

SALISBURY, UK: Twenty-four basic sets of dental equipment and portable chairs are helping newly qualified dental nurses set up mobile health clinics in Cambodia, the UK-based organisation Dentaid has announced. The nurses will be trained to provide extractions, scaling, anaesthetic, and simple Restorative Treatment (ART), which is ideal for taking into health centres in rural communities in the country who may not have electrically running water. They can also identify conditions, such as oral cancer, and refer patients on for further treatment.

Dentaid has received funding of £14,400 (US$21,455) for this project from Dr Neil Sikka of Barbican Dental Care in London. It is hoped that this will be the start of a long-standing relationship with the training board, as there will be nurses graduating each year who require equipment to take out into the community, Dentaid officials told Dental Tribune. The Cambodian Ministry of Health supports the continued training, as the nurses are considered an essential and valuable asset for these rural areas where dentists are almost non-existent.

According to figures from the World Health Organisation, Cambodian dental needs is a significant gap. This is due to a lack of resources, equipment and training. Dentaid provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high quality prevention and treatment services.”

Rising southeast Asia mobility calls for better coordinated HIV efforts

JAKARTA, Philippines: A new country-by-country assessment of HIV and mobility in the ten member countries of the Association of Southeast Asian Nations (ASEAN) in 2007 and 2008 has revealed that despite their contributions to national economies, migrants have little or no right to legal or social protection and generally have little access to HIV and AIDS health services and information.

Although comprehensive data on HIV prevalence among migrants in Southeast Asia is not available, the report HIV/AIDS and Mobility in South-East Asia indicates that risk behaviour and HIV infection rates are considerably higher among migrants than in the general population. In Thailand, for instance, registered migrants have access to health services with subsidised medical costs, but antiretroviral (ARV) treatment is not included. Subsidised ARV treatment is not available to migrants in any ASEAN destination country. While mandatory HIV testing in health examinations is required by most ASEAN destination countries, except Thailand, such testing breaches migrant rights, including confidentiality and consent, the report states. If migrants are found to be HIV-positive through routine testing, they are repatriated in some countries.

Countries of origin, especially Cambodia, Indonesia, Laos, the Philippines, and Vietnam have recently developed pre-departure training on HIV prevention for outbound, documented migrant workers. Many of these training sessions, however, have proved to be ineffective because they are too brief and offered too late in the moving process, according to the report.

The ASEAN report is the first such publication to include information on current migration patterns in conjunction with HIV statistics across the region. According to Dr Surin Pitsuwan, Secretary General of ASEAN, “this assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high quality prevention and treatment services.”