

## INDICATORS OF MALNUTRITION AMONG CLIENTS PRESENTING TO THE ALBION STREET (AIDS) CENTRE.

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Malnutrition can depress immune function, making it a potential cofactor in determining the severity of immune deficit caused by Human Immunodeficiency Virus (HIV). It has been established that deficiencies in macro- and micronutrients can adversely affect the immunocompetence of an individual. Thus it is possible that even in the early stages of HIV disease, poor nutritional intake may compromise immune function and therefore contribute to an increased susceptibility for opportunistic infections. Malnutrition is a major complication of HIV disease and in a person with Acquired Immunodeficiency Syndrome (AIDS), weight loss is associated with poor prognosis and is often so severe it is thought to contribute directly to the person's death (Kotler et al. 1989).

The U.S. National Task Force on Nutrition in AIDS stated in their 1989 guidelines that because 'malnutrition can complicate the course of AIDS, nutritional support should be given before the patient becomes malnourished.' It is hypothesised that such early intervention will increase the productivity and lifespan of patients with HIV. In this context nutrition screening, assessment and education may be one cost-effective solution to the present situation where malnourished people may be hospitalised solely for nutritional repletion.

To assess factors that may precede or result from decreased nutritional intake in HIV infection a self administered nutritional surveillance questionnaire was designed. The questionnaire was issued to all clients of the Albion St Centre, regardless of HIV sero-status, between December 1990 and January 1991. Of the 253 men and women who completed the nutritional surveillance questionnaire, 60% had nutritional complications, with 23% classified as nutritionally depleted or at risk of rapidly becoming so. 55% of clients presenting for the first time had nutritional problems, 20% of them serious. This study indicates that screening and early intervention should be investigated as a means of preventing nutritional complications in HIV disease.

Factors affecting nutritional status	Assessment of risk	
	At possible risk	At risk
Body mass index	16.8%	43.1%
Weight loss	1.1%	51.6%
Diarrhoea	16.8%	22.4%
Dysphagia, mouth pain or nausea	47.3%	28.8%
Anorexia	21.3%	34.9%
Vegetarian / poor diet	15.8%	N/A
Problems per person	1.2	1.8

KOTLER, D.P., TIERNEY, A.R., WANG, J. et al. (1989). *Am J Clin Nutr.* 50:444.  
 TASK FORCE ON NUTRITION SUPPORT IN AIDS. (1989). *Nutrition.* 5:39.