

Short Communication
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Long-term Care, Malnutrition and Covid-19: A Framework of Situation

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Coronavirus disease 2019 (COVID-19), induced by the severe acute respiratory syndrome coronavirus-2, first developed in China in December 2019 and has since spread throughout the world [1]. It may progress to pneumonia, which necessitates hospitalization, or to severe acute respiratory distress syndrome, which requires treatment in an intensive care unit (ICU) [2]. Malnutrition is a side effect of infectious respiratory diseases, and this can exacerbate the prognosis [3]. According to research, approximately 50 % of the patients with COVID-19 have gustatory and olfactory nerves dysfunction [4].

Nutritional intakes can be reduced as a result of these disorders. Yu et al. showed that malnutrition was found to play a role in increasing the likelihood of prolonged hospitalization in COVID-19 disease patients who would have been given special care and precautions during clinical treatments [5]. According to the findings, inpatients with nutritional risk or malnutrition should begin nutritional support care as soon as possible [5]. By offering ten practical guidelines, the European Society for Clinical Nutrition and Metabolism (ESPEN) hopes to provide detailed instructions for nutritional treatment of COVID-19 patients [6]. The realistic advice is aimed at those who work in intensive care units (ICUs) or who have older age or polymorbidity, all of which are separately linked to malnutrition and its detrimental effect on patient survival [6]. Nevertheless, limited data on the prevalence of malnutrition in COVID-19 patients has been collected to date.

The pandemic of COVID-19 has greatly damaged older people. Infact, some research will focus on the individual's relationship with their families and caregivers, as well as institutions, communities, and particular policy decisions that affect older adults' vulnerability [7, 8]. Total number of deaths include an approximation of the full COVID-19 effect, implying that official counts are likely undercounting virus-related deaths [9]. The mortality burden and the accuracy of the tallies differ significantly between nations [9]. Acute respiratory distress syndrome is common in COVID-19 patients who are hospitalized. These patients are chronically ill, have a high metabolic rate, and are unable to feed.

Malnutrition is, in the most part, a potentially preventable disease. It leads to poor health and economic conditions when left untreated. The elderly are especially affected by malnutrition. Several older adults are either at risk of being undernourished or are already undernourished [10]. Hospitalizations due to protein-calorie malnutrition are five times more likely to be fatal, and diagnosis rates are markedly larger in the elderly [11]. It's also linked to longer hospital stays and more expensive medical bills [11]. Diet and nutrition may be affected by typical aging symptoms such as lack of appetite, difficulty chewing or swallowing, the use of several drugs, and neurocognitive limitations. Malnutrition is a risk for elderly people due to chronic illness, cancer, accident, and hospitalization. Medical emergencies that necessitate surgery or intensive care, but also chronic diseases like cancer, diabetes, and gastrointestinal, lung, and heart diseases, as well as their treatments, may trigger nutritional intake modifications that contribute to malnutrition. Poverty and unemployment are major social determinants of malnutrition danger, and pandemic security procedures like stay-at-home orders contribute to social exclusion and restricted food access [12].

COVID-19 disease is linked with an increased risk of malnutrition, and disease-related malnutrition leaves immunocompromised people at risk of contracting the virus. Fever, cough, shortness of breath, muscle ache, confusion, headache, sore throat, chest pain, pneumonia, diarrhea, nausea and vomiting, and loss of taste and smell are common symptoms in these patients, all of which can affect nutrition and immune function [13]. These signs and symptoms specifically reduce food intake and raise the risk of malnutrition. It's well recognized that advancing age and the prevalence of comorbid conditions are linked to poor nutrition and sarcopenia [14]. A high BMI appears to be linked to bad outcomes in COVID-19, implying that sarcopenic obesity is a factor [15].

In conclusion, COVID-19 and malnutrition are also risks for elderly people. These conditions can exacerbate one another and are linked to negative outcomes. Patients with COVID-19 can benefit from nutritional screening, evaluation, and therapeutic steps.

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