Letter to the editor

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Dietitians and physiotherapists necessary in rehabilitation of elderly

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Dear Sir

In a recent issue of the Journal, Poulsen et al. (1) studied the effects of individualized nursing care in elderly hospitalized patients. The setting was a geriatric rehabilitation clinic and the authors used a quasi-experimental design using one intervention unit and one control unit. The intervention consisted of intensified focus by nurses on nutrition. As it is stated in the article, "the authors did not have access to dietitians in this study", neither is the term physiotherapy or physiotherapist mentioned. The main result in the study was that the two units did not differ in maintaining weight stability and functionality. However, the authors report that body weight increase was associated with functionality assessed by the Barthel index.

Whether or not the results would had been different if dietitians and physiotherapists had been used as part of the intervention is impossible to say. But in future rehabilitation studies, it is our recommendation that a focus on teamwork, where different professions co-operate with a common goal, should be applied. In a recent study by Højgaard Rasmussen et al. (2), a method for implementation of nutritional therapy in hospitals was presented and examined. They showed that one of the reasons for a successful implementation of nutritional therapy was a participating dietitian, with a clearly defined role, as part of the nutrition team in the unit.

In patients with chronic obstructive pulmonary disease (COPD), it has been shown that a combination of nutritional support and exercise as an anabolic stimulus appears to be the best approach to obtain marked functional improvement (3). To ensure proper exercise, a physiotherapist should be involved. Further, in our opinion, functional improvement should preferably be assessed using standardized tests of muscle function, in addition to different form of indexes. In COPD patients (4), we have shown that body composition, expressed as fat-free mass index, is a better predictor of survival than body mass index (i.e. body weight and height). This is probably also the case for elderly hospitalized patients without COPD, and a measure of body composition as an outcome measure would show the effects of multidisciplinary interventions more clearly than measuring only body weight.

In the future, we hope to see a multidisciplinary approach to rehabilitation and a more focused use of outcome measures. This would increase the evidence base for rehabilitation and also improve the between-disciplines understanding of each specialist's knowledge in the care of patients, and last but not least, give each patient a better chance of improving his or her muscle function and quality of life.

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