



Barriers and facilitators to nutritional risk screening in primary care and intervention components to address these barriers and facilitators

C.M. Mills

School of Rehabilitation Therapy, Faculty of Health Sciences, Queen's University, Kingston, Canada, K7L 3N6

One-third of community-dwelling Canadians aged 65 and older are at increased nutritional risk, the risk of poor dietary intake and nutritional status¹ with consequences including increased frailty, decreased quality of life, increased hospitalization, and higher mortality rates¹. Identification and treatment can mitigate these outcomes. Nutritional risk starts in the community, making primary care the ideal location for nutritional risk screening². Understanding barriers and facilitators to nutritional risk screening in primary care and identifying intervention components to address them is therefore important.

The peer-reviewed and grey literature were searched for these barriers and facilitators using “aged OR senior* OR older adults” AND “nutrition* risk OR malnutrition OR undernutrition” AND “screen*” AND “community OR general practice OR primary care.” The databases PubMed, Ovid MEDLINE, and Cumulative Index to Nursing & Allied Health were searched. The Cochrane Library, National Institute for Clinical Evidence, Guidelines International Network, Guideline Central, Practice-Based Evidence in Nutrition, and Dietitians of Canada websites were also searched. A regular Google search was then performed, with the first ten pages of search results reviewed. Publications were screened for relevance. Key informants consisting of health care professionals working in primary care were asked to identify additional barriers and facilitators and intervention components. The Theoretical Domains Framework (TDF)³ was used to classify the barriers and facilitators. Intervention components were identified from the Effective Practice and Organisation of Care (EPOC) taxonomy⁴.

Nine relevant barriers and nine relevant facilitators were identified. They were located within the following 12 domains of the TDF: knowledge; skills; social/professional role and identity; beliefs about capabilities; beliefs about consequences; motivation and goals; environmental context and resources; social influences; emotions; memory, attention and decision processes; behavioural regulation; and nature of the behaviours. Regarding intervention components from the EPOC taxonomy, educational materials and meetings can address the first nine of the 12 listed previously. Inter-professional education can address social/professional role and identity; and motivation and goals. Reminders can address memory, attention, and decision processes; and environmental context and resources. Patient-mediated interventions can address environmental context and resources; and nature of the behaviours. Local opinion leaders can address social influences; and environmental context and resources. Communities of practice can address social influences. Tailored interventions and local consensus process can address behavioural regulation.

The TDF can examine the barriers and facilitators to nutritional risk screening of older adults in primary care. The EPOC taxonomy can identify intervention components to address them. Identification and classification of these barriers and facilitators and identification of intervention components can aid in the development and implementation of interventions designed to improve rates of nutritional risk screening in primary care. Identification of nutritional risk before it progresses to malnutrition may reduce morbidity and mortality.

1. Ramage-Morin PL, Gilmour H & Rotermann M (2017) *Health Reports* 28, 9, 17–27.
2. Hamirudin AH, Charlton K & Walton K (2016) *Arch Gerontol Geriatr* 62, 9–25.
3. Michie S, Johnston M, Abraham C *et al.* (2005) *Qual Saf Heal Care* 14, 1, 26–33.
4. Effective Practice and Organisation of Care (2015) [Available at: epoc.cochrane.org/epoc-taxonomy]