

**Abstract Type : Poster**

**Abstract Submission No. : 1366**

## **Poor Appetite Affects Maintenance Hemodialysis Patients' Dietary Intake and Nutritional Status: A Cross-Sectional Study**

**Amalia Sarah Sholikhati**, Susetyowati Susetyowati  
Department of Nutrition and Health, Universitas Gadjah Mada (UGM), Indonesia

**Objectives:** High urea and creatinine levels in MHD patients stimulate gastric acid production, resulting in symptoms such as nausea, vomiting, and loss of appetite. Poor food intake may be one of the causes of malnutrition in MHD patients. To identify the association between appetite and nutritional status in MHD patients.

**Methods:** A cross-sectional was conducted in Hemodialysis Unit-Sleman Hospital in 2022, involving 85 MHD patients. Data was collected and measured by the trained nutritionists, including body mass index (BMI), mid-upper arm circumference (MUAC), albumin, total iron-binding capacity (TIBC), 3 days food record, handgrip strength (HGS), and appetite using Simplified Nutritional Appetite Questionnaire (SNAQ). The Malnutrition Inflammation Score (MIS) was examined to evaluate nutritional status of the subject.

**Results:** Most of subjects were male (54.1%), average age of 48 years old, and HD vintage ranging from 1-5 years (51.8%). According to MIS, subject who had a poor appetite were more likely to be malnourished (PR 5.39, 95%CI 1.65 – 17.50,  $p=0.003$ ) than good appetite. Subject who had poor appetite tend to have lower macro- and micro-nutrient intake than good appetite (887 vs. 1443 kcal/d,  $p<0.001$  for energy; 31.4 vs. 47.7 g/d,  $p<0.001$  for protein; 135.8 vs. 179.1 g/d,  $p<0.001$  for carbohydrate; 30.5 vs. 49.3 g/d,  $p<0.001$  for fat; 5.1 vs. 8.1 g/d,  $p=0.014$  for Fe; 402.9 vs. 566.2 mg/d,  $p<0.001$  for phosphor; and 726.4 vs. 1169 mg/d,  $p=0.001$  for potassium). Subject who had poor appetite tend to have lower BMI, MUAC, and HGS, even though not significant.

**Conclusions:** The MHD patients with poor appetite had 5-times higher risk of malnutrition, as well as had lower intake of macro- and micro-nutrients intake than good appetite. Appetite affected food intake and nutritional status of MHD patients. It is critical to monitor and manage HD patients' poor appetites in order to achieve adequate food intake and optimal nutritional status.

Table 1. Socio-demographic characteristics, nutritional status profile, and dietary intake (n=85)