Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
The COVID-19 pandemic has resulted in higher numbers of intensive care unit (ICU) admissions requiring mechanical ventilation. Research has mostly focused on respiratory, renal, hematomatological, and infectious manifestations of the disease, but authors note there is still limited data regarding nutritional and metabolic status of COVID-19 patients. Of the limited data, some authors report challenges to achieve adequate nutrition with the gastrointestinal tract (GI) limited tolerance of enteral nutrition (EN) while on heavy sedation and neuromuscular blocking drugs. This prospective observational study sought to collect information regarding nutrition and metabolism related variables of patients with COVID-19 and to compare them with non-COVID-19 patients to determine specific problems related to nutrition management, with emphasis on energy balance. Two cohorts of patients on mechanical ventilation and a retrospective analysis were included. A total of 104 patients (52 non-COVID and 52 COVID) were analyzed. Patients with COVID had higher weights, but the overall weight proportion between cohorts was similar. The main mode of sedation was propofol and much higher doses were necessary for COVID patients. EN occurred much more quickly in COVID ICU patients, with a median time-to-feeding being 0.5 days. Thus, the average daily energy balances and mean protein intake in the first 10 days of ventilation were calculated to be greater in COVID patients, given quick EN starts. Weight loss among the two cohorts did not differ. Overall protein delivery over 30 days was lower in COVID patients, likely related to the higher propofol rates and concern for over feeding limiting amount of EN formula provided. Additionally, lipid intake of the first 10 days of ventilation was significantly higher in COVID patients, again resulting from higher propofol rates. The doses of propofol and lipids remained higher for COVID patients over 30 days compared to those without COVID. These results provide insight into EN in ICU patients with COVID, as well as describes potential deficits in energy and protein intake due to higher lipid and propofol delivery, thus taking the place of other necessary nutrients.

**DIABETES CARE**

**Persistence of Risk for Type 2 Diabetes After Gestational Diabetes Mellitus.**

Diaz-Santana MV, O’Brien KM, Park YMM, Sandler DP, Weinberg CR. *Diabetes Care.* 2022; https://doi.org/10.2337/dc21-1430.

Gestational diabetes mellitus (GDM) is defined as hyperglycemia in the second or third trimester of pregnancy in women without a previous diagnosis on diabetes. GDM is believed to be a dysfunction of beta-cells in the pancreas, causing insulin resistance. These issues can progress and pose a greater risk for Type 2 diabetes mellitus (T2DM) later in life. This retrospective observational cohort study sought to evaluate how the risk of BMI and the cumulative number of pregnancies affected by GDM, and the investigate the relative risk of T2DM related to age changes over time related to GDM diagnoses. Researchers utilized the Sister Study to gather data regarding GDM diagnoses and T2DM risk. The final sample included 47,471 women. Researchers noted that 1,414 women at baseline reported a diagnosis of GDM. Of these, women reporting GDM were slightly younger and had a higher baseline BMI. Within a 10.2 year follow up, 190 with GDM (13.4%) reported developing T2DM and 428 T2DM. The strength of this association was found to decrease over time, declining about 24% with each passing decade. Researchers noted that the risk of developing T2DM later in life increased steeply with multiple pregnancies with GDM diagnoses. Of note, women with three or greater affected pregnancies were at a seven-fold increased risk of developing T2DM within 6-15 years of their most recent GDM diagnosis. In all instances, cumulative incidence of T2DM was considerably higher among participants with GDM than those without; those with a history of GDM by age 80 years was 67.5% for obese women, 44.3% for overweight women, and 16.1% for women who were normal or underweight. These results suggest that a history of GDM greatly increased a woman’s risk for developing T2DM later in life, thus placing special emphasis on regular, earlier, and adequate screening for T2DM among women with a history of GDM.
students’ confidence in diagnosing malnutrition and including RDN in patient care.

GERONTOLOGY

Mortality risks of body mass index and energy intake trajectories in institutionalized elderly people: a retrospective cohort study.
Kawakami Y, Hamano J. BMC Geriatrics. 2022; https://doi.org/10.1186/s12877-022-02778-1.
Palliation is considered an important goal for institutionalized older adults, but it is possible that older adults who pass away in such facilities do not receive true palliative care. Family members providing care may not be receptive to the idea their loved one is dying, and physicians may not consider certain disease states to be terminal, leading to a hinderance in palliative care. Thus, it is important to make an accurate assessment of prognosis and death. Nutritional status is associated with mortality and may be used to predict risk of mortality. Many studies have shown that decrease in body weight (BW) and BMI, and unintentional weight loss among older adults increased the risk of death. This single-center, retrospective study sought to understand the relationship between BMI and energy intake (EI) and determine if both could be used to make an accurate mortality prediction and risk assessment for older adults. Baseline data was collected on institutionalized older adults in Japan who died between April 2007 and February 2020. All 218 subjects received the same assistance and care, the same living conditions, and had meals managed and EI calculated by registered dietitians. Subjects were weighed at time of admission and monthly, and average monthly EI was calculated by the dietitian. Subjects were divided in to four groups based on amount of time survived after admission: 6-12 months, 12-36 months, 36-60 months, >60 months. The rate of change for BMI and EI per BW were calculated. BMI continuously decreased for 60 months prior to death but was most significant at 36 months prior to death. At 12 months before death, researchers noted the most significant decrease in rate of change for EI to BW, continuing to worsen until death. Researchers noted that the mean rate of change for EI to BW that exceeded the decrease in BMI was at 4 months prior to death. Researchers additionally noted that those with lower BMIs had a higher mortality risk. The mean BMI at 50 months prior to death was <20.0kg/m² and was <18.5kg/m² 17 months prior to death, showing a worsening trajectory and an irreversible trend among all participants. The present study allowed researchers to determine that rate of change for BMI and EI per BW could be used to determine mortality risk and estimate time to death based on the severity of both rates. This study provides additional data for encouraging true palliative care in institutionalized or home settings for older adults.

NUTRITION SUPPORT

Update on use of enteral and parenteral nutrition in hospitalized patients with a diagnosis of malnutrition in the United States.
Guenter P, Blackmer A, Malone A, et al. Nutr Clin Pract. 2022; https://doi.org/10.1002/ncp.10827.
The American Society of Parenteral and Enteral Nutrition (ASPEN) has been following documented uses of enteral nutrition (EN) and parenteral nutrition (PN) in hospitalized patients for greater than 20 years. ASPEN has published two data briefs, one being the 2010 Healthcare Cost and Utilization Project (HCUP) and the 2020 Value Project. HCUP described documented use of EN and PN showing that only a small percentage of patients had a coded diagnosis of malnutrition (CDM) and/or received EN and/or PN. The Value Project modeled clinical outcome and cost findings related to EN and PN use in selected therapeutic areas. The data presented in this article provide information from both the Value Project and HCUP as an effort to report continually.
ongoing documented use of PN and EN among hospitalized patients with CDM. Both reports note that patients with CDM were older, had longer lengths of stay, incurred higher costs, associated with higher mortality risks, and higher readmission rates. HCUP and the Value Project note approximately 46% patients who received EN and 40% PN were ≥65 years. Pediatric patients accounted for 18.3% EN use and of these, 48% EN pediatric patients were ≤1 year. For PN use, 17% were pediatric patients, and 43% of these were ≤1 year. The reports continue to share information, such as the percentage of adults and children who received EN and/ or PN with CDM, the use of nutrition support (NS) without CDM, the use of EN and PN trending down, patients with CDM but did not receive NS had higher readmission rates, and discusses potential reasoning for not using NS or under coding of malnutrition and nutrition support.

PUBLIC HEALTH

Severity of Anemia During Pregnancy and Adverse Maternal and Fetal Outcomes.
Shi H, Chen L, Wang Y, et al. JAMA Netw Open. 2022; https://doi.org/10.1001/jamanetworkopen.2021.47046.

Anemia is the most widespread nutritional deficiency affecting pregnant females globally. In 2016, an estimated 40.5% of pregnant females had anemia, with the highest prevalence in Southeast Asia (48.15%). The literature has reported adverse maternal and neonatal outcomes related to anemia (e.g., low birth weight, stillbirth, etc.), all differing with severity of anemia. This study aimed to examine the association of adverse outcomes and severity of anemia during pregnancy via retrospective cohort analysis of pregnant women in China. Data was obtained from the Hospital Quality Monitoring System, an ongoing patient-level, national surveillance study in China, and includes more than 600 variables. Data from all tertiary hospitals providing maternal services were used from January 2016 to December 2019. The final cohort included 18,948,443 pregnant females, accounting for one-third of all pregnancies in China during the time span. Anemia was defined as mild, moderate, and severe based on hemoglobin levels and identified using ICD-10 codes. Maternal and fetal outcomes, and complications during pregnancy were also analyzed using ICD-9 and ICD-10 codes. For this sample, females with anemia had a higher proportion of adverse pregnancy related outcomes (e.g., placental abruption, preterm birth, shock, postpartum hemorrhage, etc.). A total of 17.8% of participants were diagnosed with anemia during pregnancy and decreased with age; 20.62% at age 15 to 16.85% at age 28 and then leveling off. Overall, females with anemia had a higher risk of adverse outcomes, and it was noted that severity of anemia increased the risk of adverse maternal and fetal outcomes via an upward curve. This large cohort study revealed the risk of anemia among pregnant females in China and can be used to increase effort to reduce incidence of anemia during pregnancy, as well as implement evidence-based interventions via national policies, strategies, and plans for intervention. The authors note that interventions for moderate to severe anemia in pregnancy should include regular monitoring to avoid potential adverse outcomes.

RESEARCH

Evaluation of Adiposity and Cognitive Function in Adults.
Anand SS, Friedrich MG, Lee DS, et al. JAMA Netw Open. 2022; https://doi.org/10.1001/jamanetworkopen.2021.46324.

Generalized adiposity is associated with higher levels of cardiovascular disease (CVD) factors, and total body adiposity is associated with higher circulating markers of inflammation and severe cardiac outcomes. Visceral adipose fat (VAT) reflects adipose tissue in the abdominal cavity and is highly associated with CVD. VAT is also considered to be a source of increased inflammatory proteins, leading to other potentially harmful effects, such as
cognitive decline. The relationship between VAT and cognitive function is uncertain; some studies have shown associations while others have provided inconclusive evidence of such a relationship. This cross-sectional study enrolled adults from two large national surveillance surveys, one in Poland, one in Canada. A total of 9,189 participants were included. Those with diagnosed CVD, stroke history, CAD, heart failure, or other types of heart disease were excluded. All underwent MRI of the brain to measure vascular brain injury (VBI). Cardiovascular risk factors were measured via survey of health and lifestyle questions and physical exam. Cognitive assessment was measured by the Digital Symbol Substitution Test (DSST) and the Montreal Cognitive Assessment (MoCA). Women in the sample had a higher body fat percentage than men, but men had a higher VAT volume. Regarding cognitive tests, higher total body fat percentage was associated with lower DSST scores and MoCA scores when adjusted for sex, education, race, and ethnicity. Higher VAT was associated with lower DSST scores, but not with MoCA scores. Researchers concluded that for this sample, for each one standard-deviation increase in adiposity, there was a 0.8 reduction in DSST score, equivalent to 2.8 years of aging. A similar decrease in DSST score was associated with VAT percentage. Body fat and VAT had no associations to MoCA scores. This study reports excess body adiposity is a risk factor for reduced cognitive function, independent of CVD risk factors, education, and VBI. Thus, this research provides information for developing strategies to prevent or reduce body adiposity to aid in preserving cognitive function among adults.

WEIGHT MANAGEMENT

Effect of Sleep Extension on Objectively Assessed Energy Intake Among Adults with Overweight in Real-life Settings: A Randomized Clinical Trial.

Tasali E, Wroblewski K, Kahn E, et al. JAMA Intern Med. 2022; https://doi.org/10.1001/jamainternmed.2021.8098.

Sleeping less may coincide with the obesity epidemic. One-third of the US population reported not meeting sleep recommendations, and evidence suggests that nightly lack of sleep is a risk factor for obesity. Short term experimental studies report that sleep restriction in healthy persons is associated with an increased energy intake (EI) of 250-350kcal/d, and current literature provides little evidence that sleep intervention intended to increase sleep duration affects EI and body weight. This randomized-controlled trial sought to determine the effects of a sleep-extension intervention on EI and expenditure, and body weight among overweight adults. Participants had an overweight BMI (25.0-29.9kg/m²) and a mean sleep-time of 6.5 hours nightly were enrolled, completed an online survey, and in-person interview. Diagnoses of obstructed sleep apnea, insomnia, or other sleep disorders, and those with night shift or rotating work schedules were excluded. Participants underwent a two-week sleep period at baseline and were then randomized into the two-week sleep intervention group (n=40) or two-week habitual sleep group (control, n=40). Sleep-wake patterns were continuously monitored at home via wrist actigraphy throughout the study. Those in the sleep-intervention group received sleep hygiene counseling and recommendations on extending sleep time while at home for two weeks. Control group members briefly visited the researchers to provide actigraphy data without sleep counseling or recommendations. EI was calculated each two-week period via sum of energy expenditure and change in body stores. Participants in the sleep-extension group had a significantly increased mean-sleep time via actigraphy than controls. EI was
significantly decreased in the sleep-extension group than controls. Researchers reported an increase in EI from baseline among controls (+114.9 kcal/d) and a significant decrease in EI in sleep-extension group (-15.5 kcal/d). Thus, the mean EI was inversely correlated with change in sleep duration. No statistical difference regarding energy expenditure was found. This study provides evidence of beneficial effects of extending sleep, and this can be considered a modest lifestyle change which can be promoted as a viable intervention for reducing the prevalence of overweight and obesity.

Impact of mothers’ distress and emotional eating on calories served to themselves and their young children: an experimental study.
Warnick J, Cardel M, Jones L, Gonzalez-Louis R, Janicke D. Ped Obes. 2022; https://doi.org/10.1111/jipo.12886.

Motivational interviewing to reduce anthropometrics among children: A meta-analysis, moderation analysis and Grading Recommendations Assessment, Development, and Evaluation assessment.
Ling J, Wen F, Robbins LB, Pageau L. Ped Obes. 2022; https://doi.org/10.1111/jipo.12896.

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CLINICAL NUTRITION

Admission serum albumin concentrations and response to nutritional therapy in hospitalised patients at malnutrition risk: Secondary analysis of a randomised clinical trial.
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