

# Geriatric Nutrition Assessment for Primary Care Providers

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# Nutrition's Role for Seniors

- Prevention of malnutrition
- Obesity intervention
- Lower risk of chronic disease and disability
- Management and treatment of chronic diseases
- Cost effectiveness



85% of older population can be helped with appropriate nutritional interventions



**Fiber**

**Low Fats**

**BMI**

**Low Carbs**

**High Proteins**

**Atkins Diet**

**South Beach Diet**

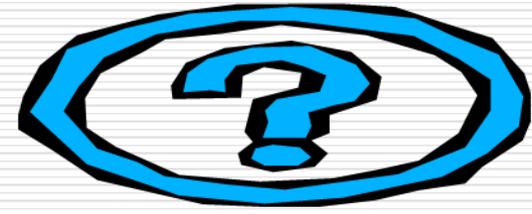
**Fat grams**

No sugar

**Cholesterol**

**Hypertension**

**Obesity**



**Glycemic Index**

**Vitamins**  
**Vitamins**

**Slim Fast**

**Zone Diet**

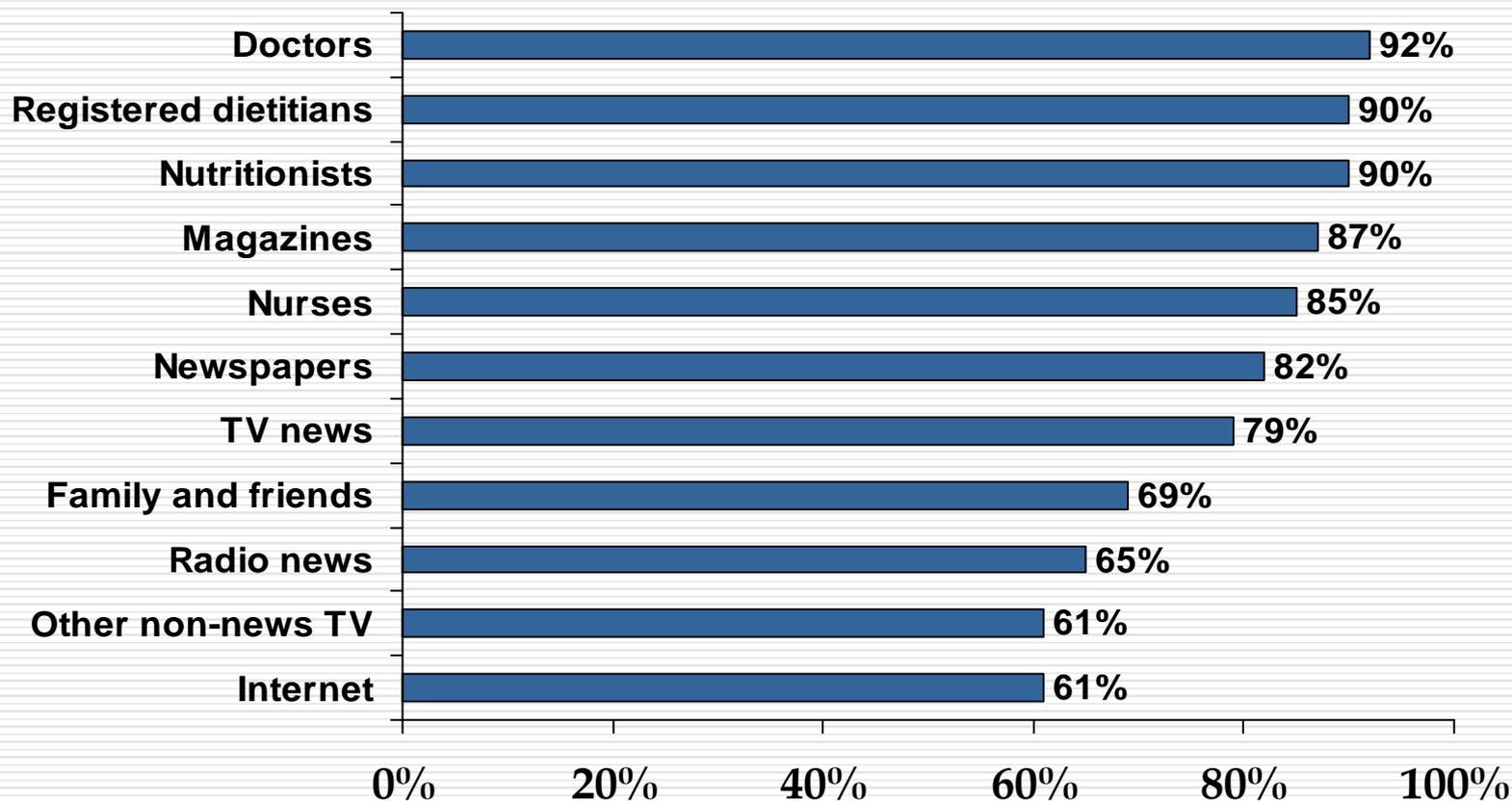
**Saturated Fats**

**No Salt**

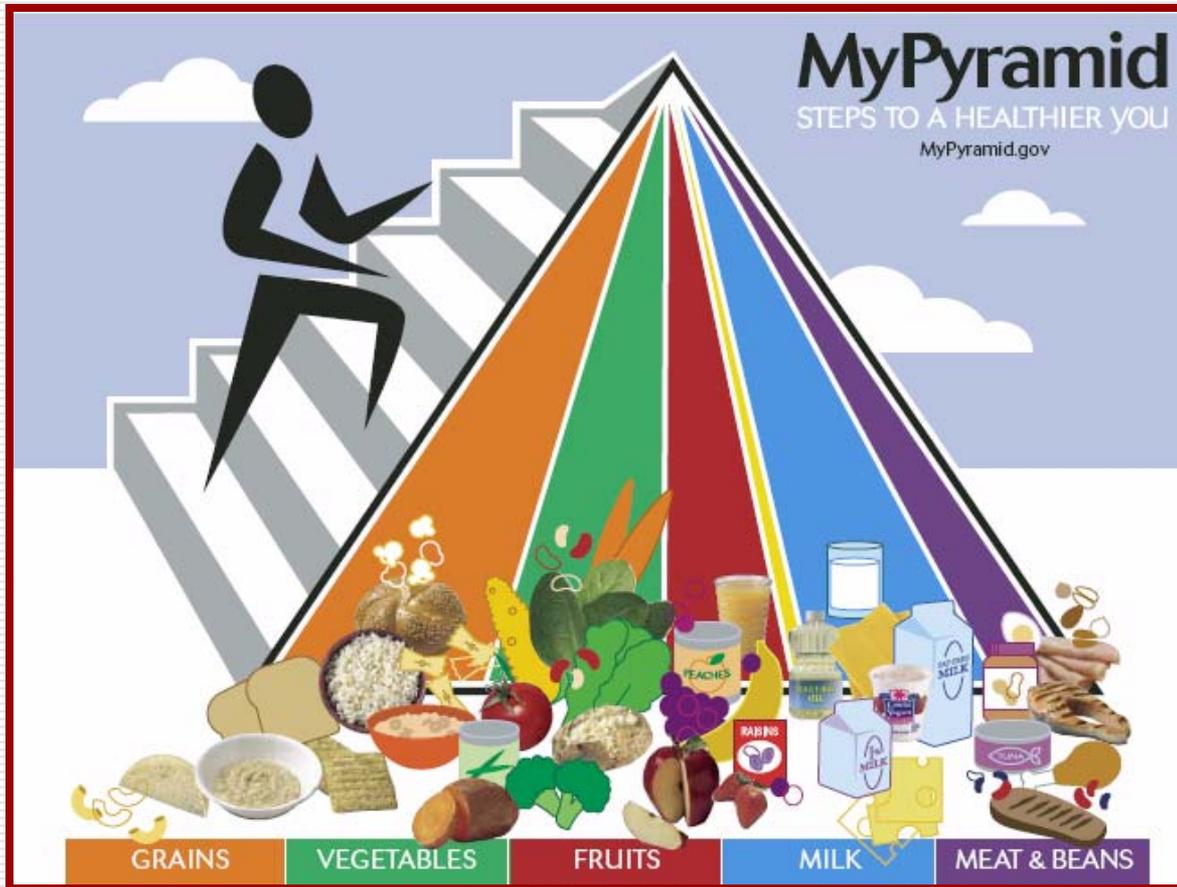
**Trans Fats**

# Sources of Nutrition Information

Nutrition Sources—Those Rated “Very Valuable”



# My Pyramid recommends Steps to a Healthier YOU

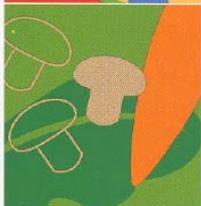


Gives specific guidelines about the **TYPES** and **AMOUNTS** of foods to eat

Mix up your choices within each food group.



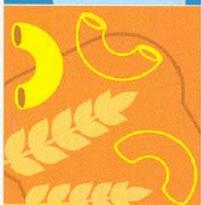
**Focus on fruits.** Eat a variety of fruits—whether fresh, frozen, canned, or dried—rather than fruit juice for most of your fruit choices. For a 2,000-calorie diet, you will need 2 cups of fruit each day (for example, 1 small banana, 1 large orange, and ¼ cup of dried apricots or peaches).



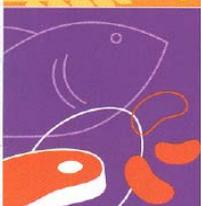
**Vary your veggies.** Eat more dark green veggies, such as broccoli, kale, and other dark leafy greens; orange veggies, such as carrots, sweetpotatoes, pumpkin, and winter squash; and beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas, and lentils.



**Get your calcium-rich foods.** Get 3 cups of low-fat or fat-free milk—or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk)—every day. For kids aged 2 to 8, it's 2 cups of milk. If you don't or can't consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.



**Make half your grains whole.** Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta. Look to see that grains such as wheat, rice, oats, or corn are referred to as "whole" in the list of ingredients.



**Go lean with protein.** Choose lean meats and poultry. Bake it, broil it, or grill it. And vary your protein choices—with more fish, beans, peas, nuts, and seeds.

**Know the limits on fats, salt, and sugars.** Read the Nutrition Facts label on foods. Look for foods low in saturated fats and *trans* fats. Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).

## Key food group messages from the Dietary Guidelines and MyPyramid:

**Focus on fruits.**

**Vary your veggies.**

**Get your calcium-rich foods.**

**Make half your grains whole.**

**Go lean with protein.**

**Know the limits on fats, salt, and sugars.**

# Protein

Protein supplies about 25% of total calories

If supplements are needed “Think outside of the box”

Use food first and supplements last

Normal healthy - 1-1.2 gm/kg

Stressed protein needs – 1- 2 gm/kg



# Carbohydrates

- ❑ Should be approx. 50-55% total calories

## 3 Sources:

- ❑ Starch- *rice, cereal, pasta, bread, starchy veggies*
- ❑ Sugars – *fructose, lactose, sucrose*
- ❑ Fiber – *fruits, veggies, whole grains*



# Fats

Should comprise 20-35% of total calories

- ❑ Saturated fats < 10%
- ❑ Remaining as mono & polyunsaturated- *olive, canola, nuts, seeds, fish (n-3 FA) salmon, herring, trout, fresh tuna*
- ❑ Avoid trans fats – *fast foods, some margarines, baked goods*





# Micro-nutrients

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- Salt <2400mg (1 tsp)
- Calcium – 1000-1500 mg/day
- Vitamin D – 400 mg
- Vitamin B12
- Iron

Vitamin supplements needed only  
with documented deficiencies

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# Water

## Dehydration:

- Skin
- Muscle fat
- Decreased appetite
- Bowel elimination

## Fluid needs/day:

*1 ml/cal at least 1500  
cc  
or 30 cc/kg*





# Expectations of Care for Seniors

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**Curative**



**Assertive Care**

**Rehabilitative**



**Restorative Care**

**Maintenance**



**Supportive Care**

**Palliative**



**Comfort Care**

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# Nutrition Assessment

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- ❑ Should be an integral part of the health care system and includes:
- ❑ Can use a screening tool in primary practice
- ❑ Mini Nutrition Assessment (MNA)

*NSI identified a \$3.25 savings for every \$1.00 spent in nutrition intervention*

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# Purpose of Nutrition Assessment

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- Measure current nutritional status
  - Know present and past diet history
  - Determine at-risk behaviors
  - Identify appropriate nutrition interventions and strategies
  - Make referrals
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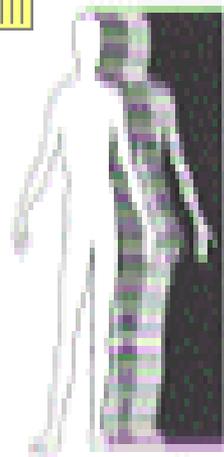


# Nutrition Assessment

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To conduct an assessment we suggest:

- A Nutrition Assessment Form
  - Food Intakes
  - Weight Records
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# NUTRITION SCREENING INITIATIVE

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- Developed to emphasize nutritional screening because few physicians or other health professionals ask about nutrition.

1993 Collaborative effort by AAFP & Ross

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# NSI Determine Check List

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- The Determine Check List is a simple nutrition tool that is useful in a primary care/community setting.
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# DETERMINE Checklist

- D** - Disease
- E** - Eating Poorly
- T** - Tooth Loss or mouth pain
- E** - Economic Hardship
- R** - Reduced Social Contact
- M** - Multiple Meds or drugs
- I** - Involuntary Wt loss/gain
- N** - Needs assistance w/care
- E** - Elder years – above 80

# Nutrition Assessment

## It's as Easy as ABCD.....

- A** – Anthropometrics
- B** – Biochemical
- C** – Clinical Evaluation
- D** – Dietary History



# Anthropometrics

## □ Weight –

Height/weight or IBW

Weight history

## □ BMI – **underweight - <19**

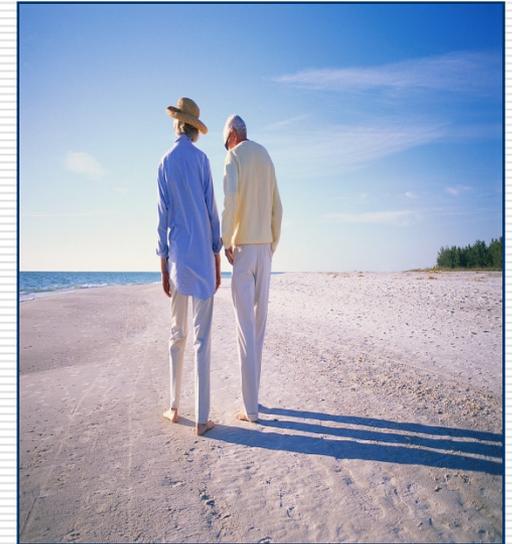
**overweight - > 27.5**

**obese - >33**

## □ Waist Circumference

## □ Skin Folds      Triceps- **subcutaneous fat stores**

Mid-arm circumference – **skeletal stores**



# Quick Guide to Calories

*For Seniors*

*30 calories/kg to maintain*

*35 calories/kg to gain*

Increased calories for  
metabolically stressed



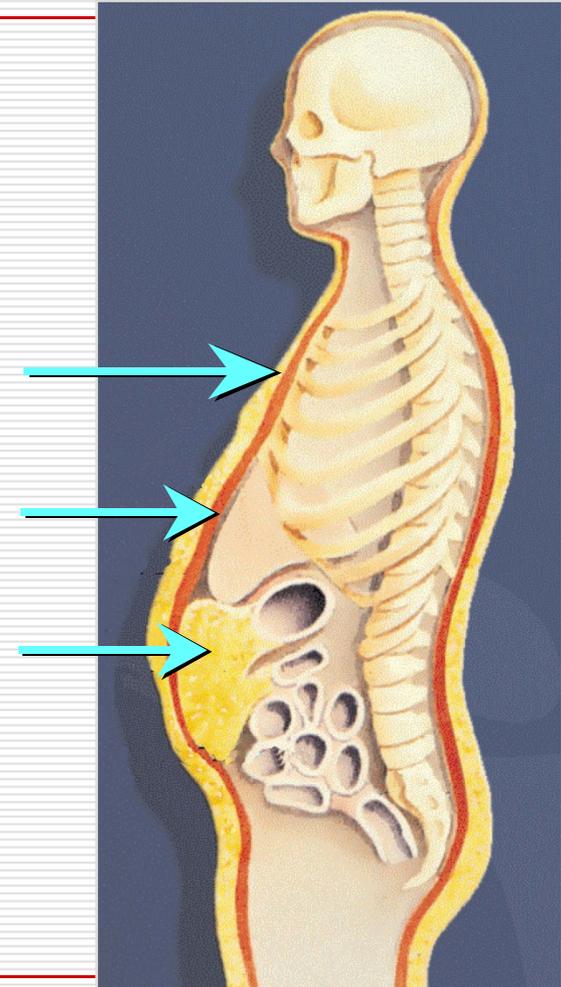
# Waist Circumference



**Subcutaneous  
Fat**

**Abdominal  
Muscle Layer**

**Intra-  
abdominal Fat**





# Ideal Body Weight

- Men – Use 106 for the first 5 ft  
add 6 for each additional inch
- Women – Use 100 for the first 5 ft  
add 5 for each additional inch

*(Small frame deduct 10%, large frame add 10%)*

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# Biochemical

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- Complete Blood Count (CBC)
  - Total Lymphocyte Count (TLC)
  - Serum B 12 and Folate
  - Lipid Profile
  - Protein Studies (*serum albumin, transferrin, prealbumin*)
  - Electrolytes
  - BUN and Creatinine
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# Clinical Evaluation

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- ❑ Increase metabolic needs – *fever, trauma, wounds*
  - ❑ Anorexia or weight changes
  - ❑ Oral problems – *dysphagia, dental*
  - ❑ Cognitive change – *dementia, loss of strength*
  - ❑ Bowel dysfunction – *nausea, vomiting, diarrhea, constipation*
  - ❑ Fluid imbalance- *dehydration, edema, ascites*
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# Dietary History

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- Recent change in appetite
  - Chewing or swallowing problems, nausea or vomiting
  - Vitamin, mineral or herbal supplements
  - Alcohol consumption
  - Loss of taste, smell
  - Economic, cultural and religious needs
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# Malnutrition

Loss of lean body mass

Often caused by low caloric intake or inadequate protein or combination of both

**Incidence:**

**30-40% in acute settings**

**50% in sub acute**

**Up to 85% in Skilled Care**



# Unintentional Weight Loss

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## Gradual physical/mental decline

- Unexplained weight loss
- Reduced appetite
- Social withdrawal

Geriatric Failure to thrive or the “Dwindles”

## Causing:

- Loss of muscle mass
  - Increased risk of falls
  - Presence of decubitus ulcers
  - Effects medication absorption
  - Decreases quality of life
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# Obesity

Adipose tissue is  
metabolically inactive

Goal: preserve lean  
body mass

21 cal/kg



5% wt reduction Impacts  
blood pressure and  
cholesterol levels



# Alternate Assessments

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## □ Dietary Intake data

- Food Frequency Questionnaire
  - 24 hour Dietary recall
  - Diet Records
  - Diet Histories
  - Individual or household survey
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# Counseling Tips

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- Ask what “**they**” want to change
  - Set a **realistic** expectation
  - Give positive encouragement –  
*never criticize*
  - Recommend **support** systems
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# Referral for...

## Nutritional Services

Clients with nutritional concerns should be referred to a Registered Dietitian





# Don't Forget Lifestyle Changes

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Chronic health conditions improve when lifestyle changes are implemented like:

- Healthy diet*
- Exercise*
- Smoking cessation*
- Stress reduction*
- Sleep*

Older adults are willing to change if they are informed of relevance of their needs and understand **HOW** to change

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# Can Teach An Old Dog New Tricks



## Messages to convey:

- Increase whole grains, fiber, fruits and vegetables
- Increase fluids
- Decrease portion size
- Decrease fats & refined sugar



# Healthy Eating

**is one of the best ways to prolong life and enhance the quality of life**

