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
Sources of Nutrition Information

Nutrition Sources—Those Rated “Very Valuable”

- Doctors: 92%
- Registered dietitians: 90%
- Nutritionists: 90%
- Magazines: 87%
- Nurses: 85%
- Newspapers: 82%
- TV news: 79%
- Family and friends: 69%
- Radio news: 65%
- Other non-news TV: 61%
- Internet: 61%

ADA Trends Survey 2000
My Pyramid recommends Steps to a Healthier YOU

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

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

Vitamin supplements needed only with documented deficiencies
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

Curative → Assertive Care

Rehabilitative → Restorative Care

Maintenance → Supportive Care

Palliative → Comfort Care
Nutrition Assessment

- 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*
Purpose of Nutrition Assessment

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

To conduct an assessment we suggest:

- A Nutrition Assessment Form
- Food Intakes
- Weight Records
Developed to emphasize nutritional screening because few physicians or other health professionals ask about nutrition.

1993 Collaborative effort by AAFP & Ross
The Determine Check List is a simple nutrition tool that is useful in a primary care/community setting.
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

Image shows a person measuring their waist circumference.
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%)
Biochemical

- 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
Clinical Evaluation

- 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
Dietary History

- 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
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

**Gradual physical/mental decline**
- Unexplained weight loss
- Reduced appetite
- Social withdrawal

**Causing:**
- Loss of muscle mass
- Increased risk of falls
- Presence of decubitus ulcers
- Effects medication absorption
- Decreases quality of life

Geriatric Failure to thrive or the “Dwindles”
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

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

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

Nutritional Services

Clients with nutritional concerns should be referred to a Registered Dietitian
Don’t Forget Lifestyle Changes

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
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