

Preventing Malnutrition in Older Adults



It may seem unbelievable, considering the abundance of food in the U.S., but malnutrition is a very real problem among older adults. It's estimated that as many as one out of every four older adults suffers from poor nutrition. This can have a serious negative impact on health, from lowered immunity to slower wound healing and exacerbation of existing diseases. It can lead to loss of weight and muscle strength, making daily activities more difficult and increasing the likelihood of falls.

Older adults with poor nutrition make more visits to doctors, hospitals, and even emergency rooms, and their stays are almost twice as long as those of well-nourished patients. Healthcare professionals and other caregivers should be aware of the warning signs for sub-optimal nutrition as they are in an ideal position to coordinate solutions with family and other caregivers before patient discharge.

Warning Signs of Poor Nutrition

Poor nutrition can be a result of many things, from difficulty chewing or swallowing to lack of money for buying food. Being aware of the situations that can lead to malnutrition, and the warning signs that a patient or family member is

suffering from poor nutrition is an important part of senior care. If your patient or family member is experiencing any of the following issues, they may be at risk:

Decreased appetite – Reduced appetite is often part of the aging process itself. The ability to taste also declines with age, making food less palatable. Decreased appetite may be a side effect of certain medications, or a symptom of depression.

Unplanned weight loss – This is usually a loss of muscle, not fat. This may be as obvious as the numbers on the scale when the person is being weighed, or you may simply notice that clothes are too loose.

Difficulty swallowing or chewing – Loss of teeth, poorly fitting dentures, or mouth pain can all cause difficulty when eating. This may also be a symptom of cognitive issues.

Chronic illness – Those on special diets for conditions such as diabetes, hypertension, hyperlipidemia, etc. may need help with managing their diet. Special diets such as these may also exclude foods the patient prefers to eat and they may need help adapting their eating patterns.

Recent hospitalization – Lack of appetite is a common aftereffect of illness or injury. While still in recovery mode, the patient may not feel like eating or have the energy to cook.

Fatigue or limited physical function – For some, going shopping for groceries is too tiring. Going to the store, picking out foods, and bringing them home may require more energy than they have to give. Likewise, cooking a meal may be too exhausting for some. Age-related loss of muscle may limit their functional capabilities, putting both these activities beyond their reach.

Minimizing Malnutrition Among Older Adults

It may be difficult for those who are lacking food and most at-risk for malnutrition to ask for help, even when they have supportive friends and family; for those with no support system, the problem is even worse. They may feel that they have no options, or be ashamed of their situation. Opening a discussion and talking about the subject in a non-judgmental and unpatronizing way can be very beneficial. You can then suggest strategies for dealing with some of the more common food-related issues listed above, such as:

Eating several smaller meals per day, including snacks, and increasing activity to stimulate the appetite.

Including favorite foods in meals.

Using spices to flavor foods - particularly helpful for those with decreased sense of taste, or people who are restricting their salt or sugar intake.

Asking family or friends to help with shopping or/and meal preparation - this may be a particular problem for those with limited support, and in some cases home health services may be available.

Inviting family or friends over to eat once or twice per week - not only does this provide the opportunity to check in and keep tabs on the patient's well-being, it also provides social interaction and helps stave off depression.

Looking into home-delivered meal service - you can use www.eldercare.gov to help locate services in your area. Providers offer varying levels of service, from one meal per day to several, and at different costs.

Caring for older adults is a community effort. Those in caregiving professions play an important role, not just in healthcare, but in making sure that the day-to-day needs of one of our most vulnerable populations are met—and adequate nutrition is high on the list of day-to-day needs.

MALNUTRITION



1 out of 3

Patients are admitted to the hospital with malnutrition

93% of **home-delivered meals recipients**

report that the meals allowed them to continue living in **their own homes**



Being **underweight** is one of the strongest predictors for **hospital readmissions**



The estimated **annual cost** of disease-associated **malnutrition** in older adults in the US is **\$51.3 Billion**