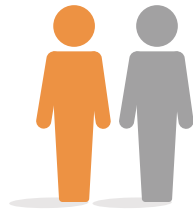




MALNUTRITION

A Hidden Epidemic in Older Adults



As many as
1 in 2
OLDER ADULTS

are at **RISK** for
MALNUTRITION

(Defeat Malnutrition Today, 2015. *Malnutrition: An older-adult crisis*)



~**3.7 MILLION**
OLDER AMERICANS are
MALNOURISHED

(AAFP, 2012. *Preventing Malnutrition in Older Adults*)

Many cases of malnutrition in older adults go undetected because the signs are subtle, those at risk are often difficult to recognize, and the symptoms may look like a normal part of aging. You play an important role in identifying those that are impacted by this hidden epidemic.

Use this **tip sheet** to help you identify your at-risk patients, screen for malnutrition, and personalize a treatment plan if necessary. **Share the tear off section with your patients who could benefit from additional information.**

WHO IS AT RISK?

Older Adults	People with Chronic Diseases	Hospitalized Patients	Long-Term Care Residents
Dietary needs change with age and older adults are particularly vulnerable because of physical and social factors such as:	Chronic diseases like cancer, diabetes, heart disease, chronic pain, GI disease, dementia, and depression can:	Malnutrition can lead to hospitalization, and hospitalization itself puts people at risk because:	Residents are more likely to have multiple chronic diseases and conditions and may also:
<ul style="list-style-type: none"> ⊖ Dental/oral problems ⊖ Appetite-reducing medications ⊖ Social isolation ⊖ Disability ⊖ Financial barriers 	<ul style="list-style-type: none"> ⊖ Reduce appetite ⊖ Make it physically difficult to shop, cook, and eat ⊖ Make it difficult to remember to eat ⊖ Change metabolism and digestion ⊖ Require the use of appetite-reducing medications 	<ul style="list-style-type: none"> ⊖ Surgeries and other procedures may require restricted diets ⊖ Illnesses and procedures can decrease appetite ⊖ People may eat less because they don't feel well, like their food choices, or are worried or depressed 	<ul style="list-style-type: none"> ⊖ Feel socially isolated or depressed ⊖ Lack interest in food ⊖ Depend on staff for help with eating

▼ FOR YOUR PATIENTS

IF YOU OR A LOVED ONE IS AT RISK FOR MALNUTRITION:

- Request a consultation with a dietitian to be sure you are getting enough nutrients, especially protein
- If you have a chronic disease, have regular discussions with your health care team about your nutritional status
- If you will require a hospital stay, discuss a nutrition plan for your stay and for after discharge
- Connect with community nutrition programs such as home-delivered meals and nutrition counseling
- Monitor your weight and eating habits between visits to your health care team
- If you don't feel like eating or can't eat enough, try including oral nutritional supplements as part of your diet

ABOUT 60% OF HOSPITALIZED OLDER ADULTS (AGE 65 OR OLDER) AND 35-85% IN LONG-TERM CARE FACILITIES ARE EXPERIENCING MALNUTRITION

(Furman, 2006. *Undernutrition in Older Adults*)



NURSING HOME

SIGNS & SYMPTOMS

People of any body size or type — even those who are overweight or obese — can become malnourished. Weigh your patients at every visit to look for changes, take a food history, and watch for the two most common signs of malnutrition:

- 1 Sudden, unintended weight loss
AND/OR
- 2 Loss of appetite & decreased food intake

Other signs of malnutrition:



FATIGUE



POOR CONCENTRATION



DIFFICULTY BREATHING



TROUBLE STAYING WARM



FLUID ACCUMULATION



DIZZINESS



WEAKNESS
POOR GRIP STRENGTH
MUSCLE WASTING



CONSTIPATION
DIARRHEA



SLOW WOUND HEALING
FREQUENT ILLNESS WITH
LONG RECOVERY



INABILITY TO COMPLETE
DAILY ACTIVITIES

SCREENING TOOLS

If you think your patient may be malnourished, use one of these **validated screening and assessment tools**:

Assessment Tool	Best Use
Malnutrition Screening Tool (MST)	Older adults in hospital settings
Mini Nutritional Assessment (MNA)	Older adults in community or hospital settings
Mini Nutritional Assessment Short-Form (MNA-SF)	Older adults in all settings
Simplified Nutritional Appetite Questionnaire (SNAQ)	Older adults in long-term care facilities

INTERVENTION

Consider the cause of malnutrition when choosing a treatment plan that is best for your patient. Optimal treatment may involve the whole health care team and include:

- Treating the underlying cause if possible
- Referring patient to a dietitian for a personalized nutrition plan
- Connecting patient to social services like in-home support, meal delivery, government food programs, or community-based nutrition programs if needed
- Considering the need for oral nutritional supplements to help provide important nutrients, particularly protein
- If your patient requires a hospital stay, discussing a nutrition plan or referring them to a dietitian so they don't lose weight during their stay

CHECK OUT OUR FILM

For more information on malnutrition, watch our "pocket film" **Malnutrition: A Hidden Epidemic in Older Adults** available on our YouTube channel. And visit the Alliance for Aging Research at www.agingresearch.org/malnutrition.



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Made possible
by support from
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AN ESTIMATED 5-10% OF
ELDERLY PEOPLE LIVING IN
THE COMMUNITY SETTING
ARE MALNOURISHED.

(Furman, 2006. *Undernutrition in Older Adults*)

