sfCare Learning Series

Nutrition Risk and **Malnutrition**

An introductory module for clinicians

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sfCare™
Senior Friendly Care

rgptoronto.ca

This module is part of the sfCare approach

PowerPoint Presentation

8.5 x 11 Poster

Patient Handout

2

Objectives

1. Identify the negative health outcomes associated with malnutrition
2. Recognize the factors that can lead to nutrition risk
3. Define and detect nutrition risk and malnutrition
4. Describe interventions to manage malnutrition
5. Apply a structured approach to mitigate nutrition risk across the continuum of care using a case study
6. Apply a senior friendly care approach to nutrition risk and malnutrition

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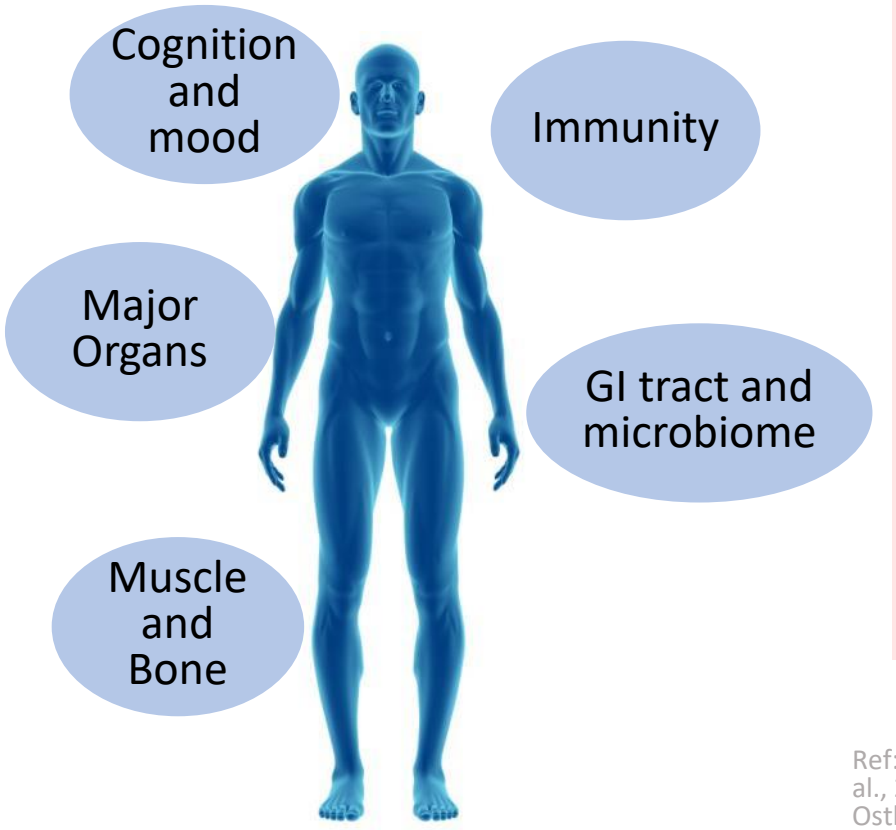
Hazards of poor nutrition

What we eat affects every system of the body



Malnutrition increases the risk of:

- Delirium
- Depression
- Falls
- Impaired activity/function
- Mortality
- Poor surgical outcome
- Longer hospital stay
- Readmission

Ref: Ahmed et al., 2014; Al-Rasheed et al., 2018; Chien et al., 2014; Neyens et al., 2013; Lim et al., 2011; Keller & Ostbye, 2003; Ho et al., 2015; Allard et al., 2015; Lim et al., 2012

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The continuum of risk to malnutrition

Adapted from Keller 2007

The continuum of risk to malnutrition

Continuum of risk to malnutrition

Nutrition Risk

- Low or poor food /nutrient intake
- Common in older adults in Canada
- Occurs before overt signs of undernutrition

34% of older adults are at high nutrition risk

Undernutrition

- Inadequate intake of energy, macro or micronutrients
- Leads to functional change in tissues of the body e.g. muscle loss, immune function
- Patient responds to re-feeding

45% of older adults admitted to hospital are malnourished

Adapted from Keller 2007; CMTF website adapted from: McKinlay, 2008

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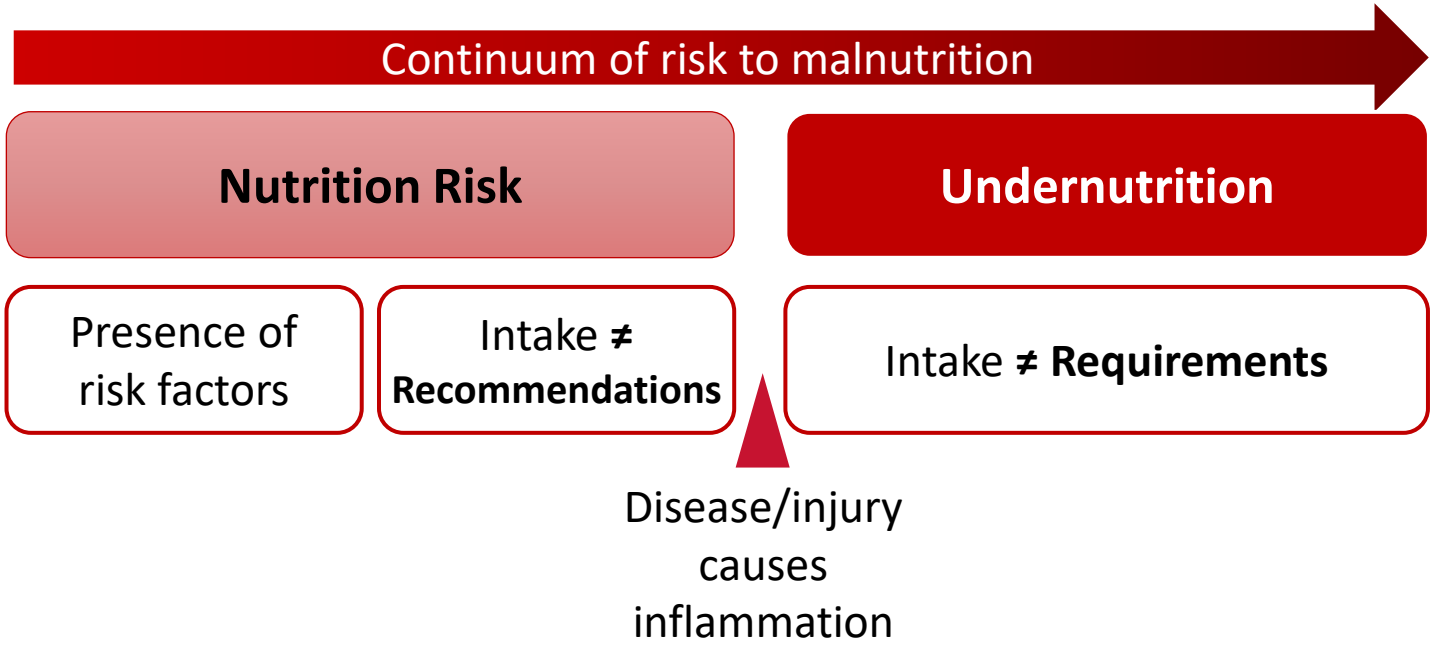
The continuum of risk to malnutrition



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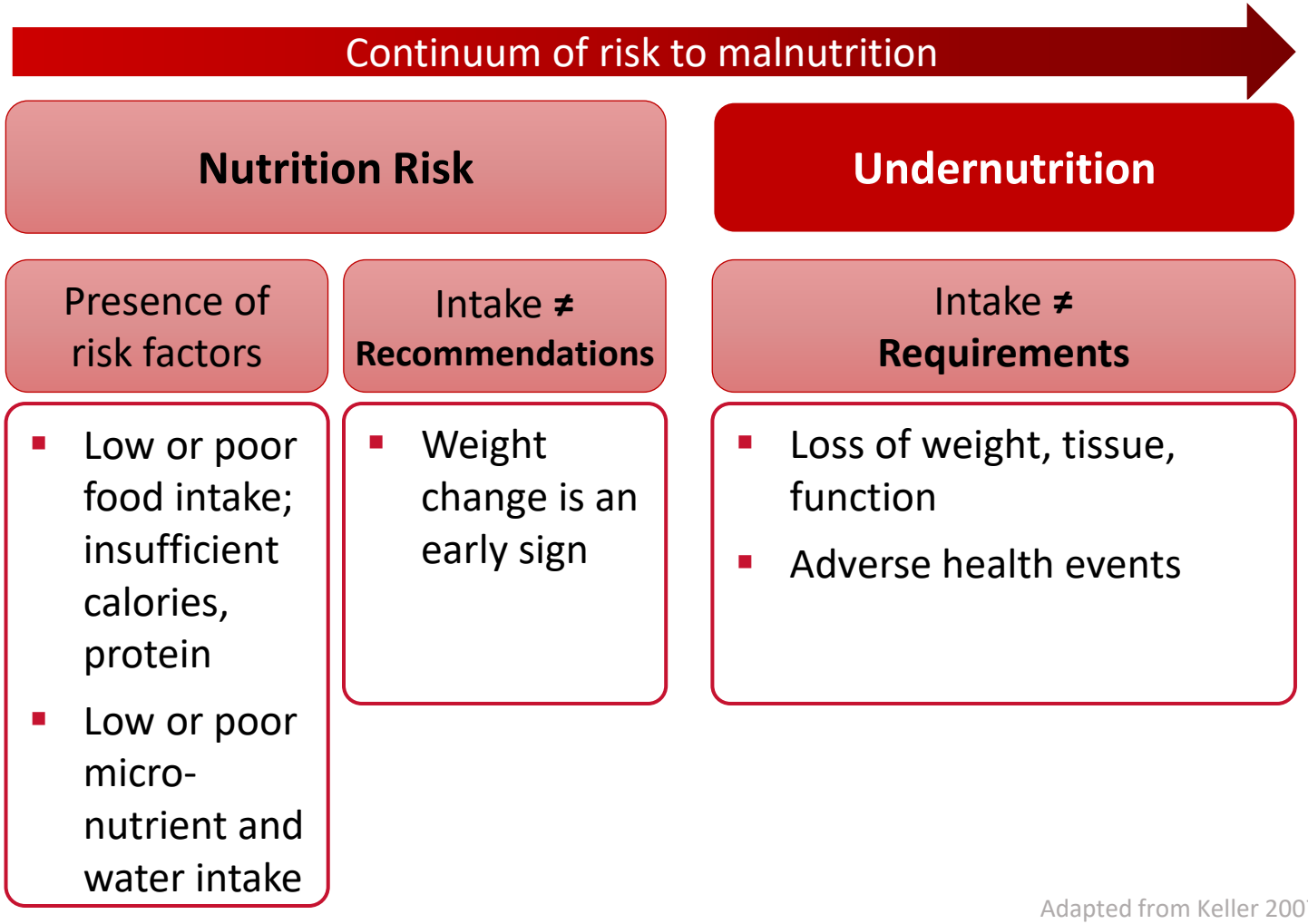
The continuum of risk to malnutrition



Adapted from Keller 2007

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Determinants of food intake in older adults living with nutrition risk

Presence of risk factors

- Low or poor food intake
- Low or poor nutrient intake

- Are low income
- Live alone
- Have low social support
- Do not socialize frequently
- Don't drive
- Report that they are depressed
- Are disabled
- Take 5+ medications
- Poor oral health

These risk factors are present in 40-60% of older adults with nutrition risk

(Ramage-Morin & Garriguet 2013)

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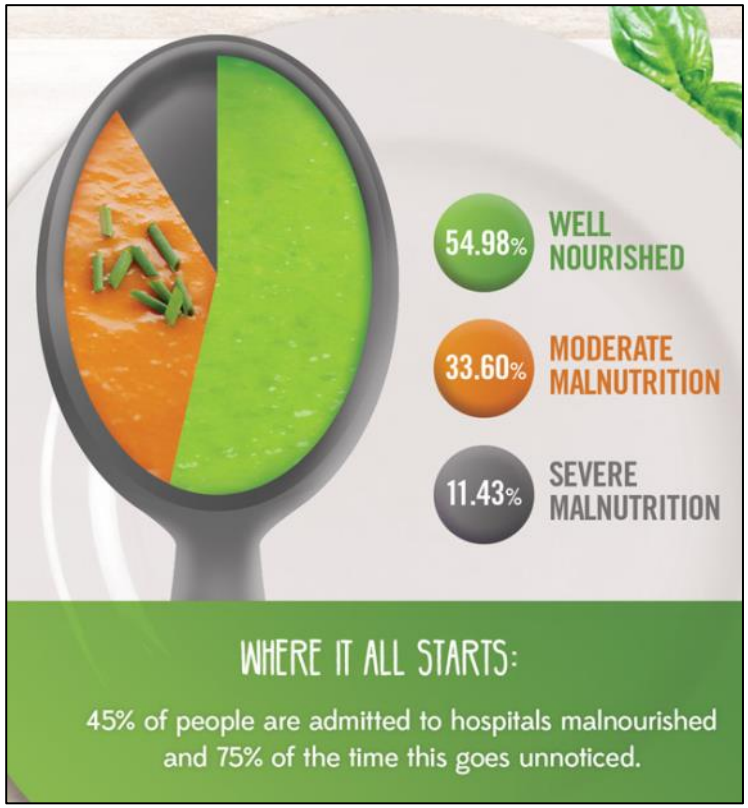
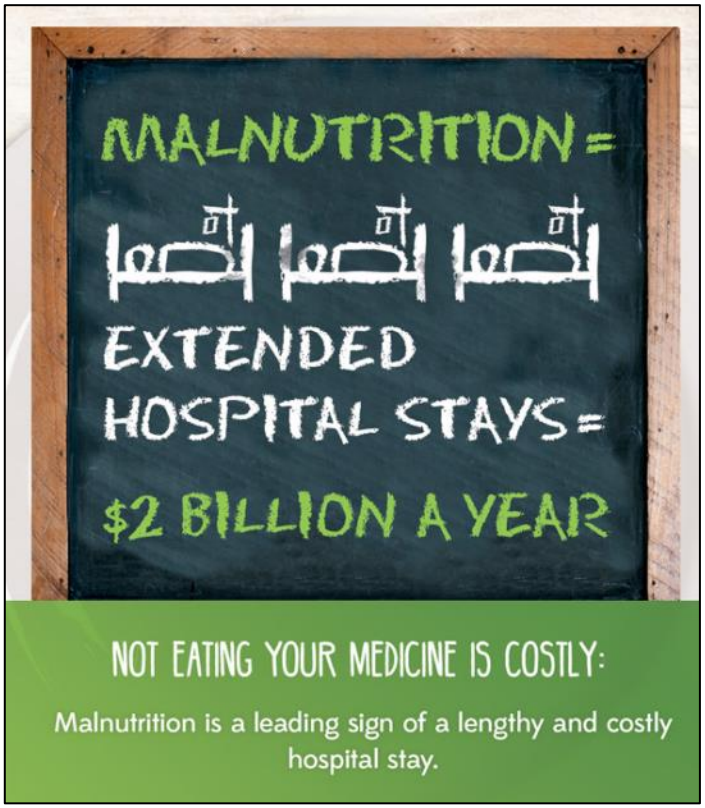
Malnutrition is common in hospitalized older adults

Canadian Malnutrition Task Force





(Keller et al., 2015)

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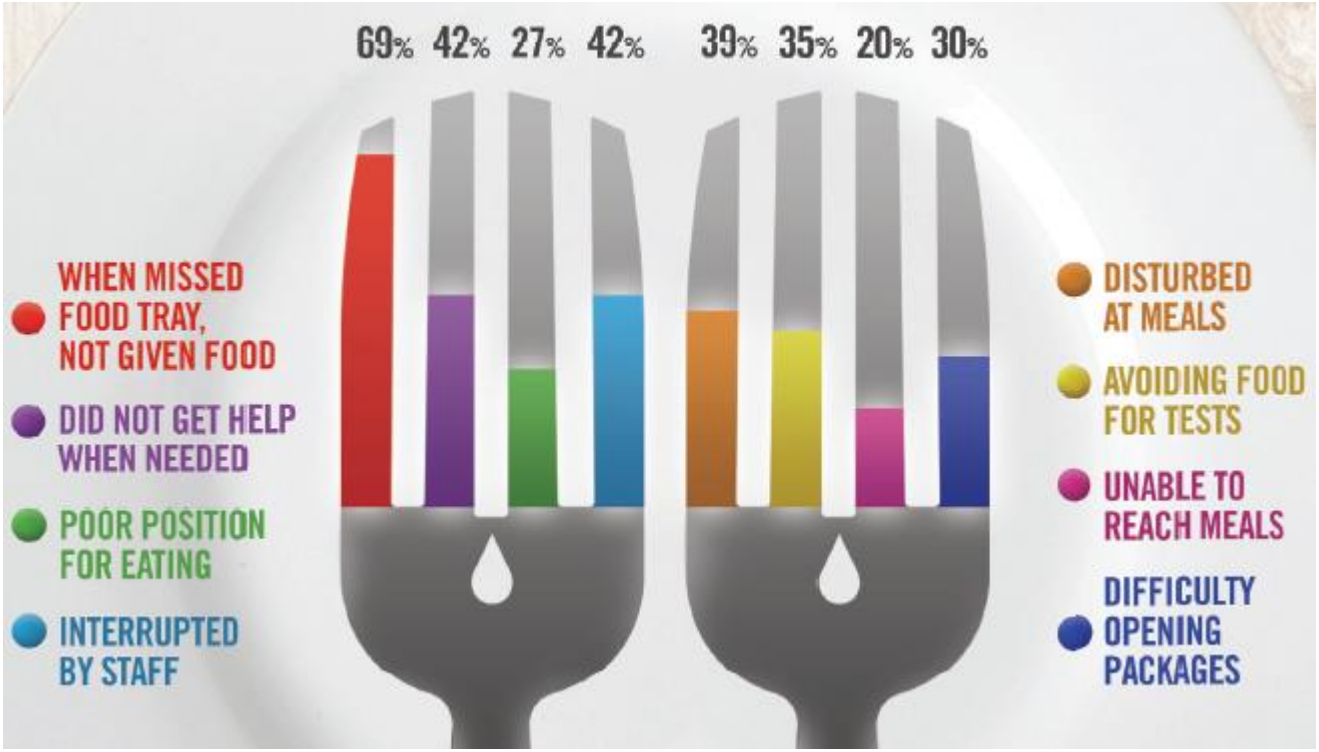
Barriers to eating in hospital

There are many organizational barriers to food intake in hospital



(Keller et al., 2015)

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How to detect – nutrition screening

Nutrition screening is a rapid and simple process conducted by self-administration or admitting staff, typically a nurse, not a nutrition professional.

Nutrition screening identifies:

- At risk of malnutrition (risk factors are present that impair intake and/or increase the body's needs for nutrients and/or energy)
- Already malnourished
- Likely to benefit from further nutrition assessment and treatment

Cederholm et al., 2017

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How to detect – nutrition screening

1. In the Community / Home Care / Primary Care

Nutri-eScreen

2. In the Hospital

Canadian Nutrition Screening Tool

3. In Residential Care

Mini Nutritional Assessment

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How to detect and treat

In the Community / Home Care / Primary Care

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Nutrition screening

In the Community / Home Care / Primary Care

SCREEN (Seniors in the Community Risk Evaluation for Eating & Nutrition)

Nutritionscreen.ca

- Upstream tool – includes risk factors for poor food intake, weight change, food intake
- Requires no specialized skills to complete
- Can be self-administered or interviewer administered
- Can be completed online, and is available on Ocean Tablets
- Valid and reliable
- Used by Statistics Canada and Primary Care providers
- Items help identify actions post screening

Keller et al., 2005

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Nutrition screening

In the Community / Home Care / Primary Care

14 and 8 item versions of SCREEN II

- **<u>Weight change*</u>**
  - Loss/gain
  - Intentionality
  - Perception
- Skipping meals*
- Diet restrictions/ difficulty
- **<u>Appetite*</u>**
- Eating alone*
- Use of meal replacements

- Intake
  - Fruits & vegetables*
  - Milk products
  - Meat & alternatives
  - Fluid*
- **<u>Swallowing*</u>**
- Chewing
- Grocery difficulty
- Cooking difficulty*

*** On 8-item version**

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Key interventions and resources

In the Community / Home Care / Primary Care

Community services that promote access to food

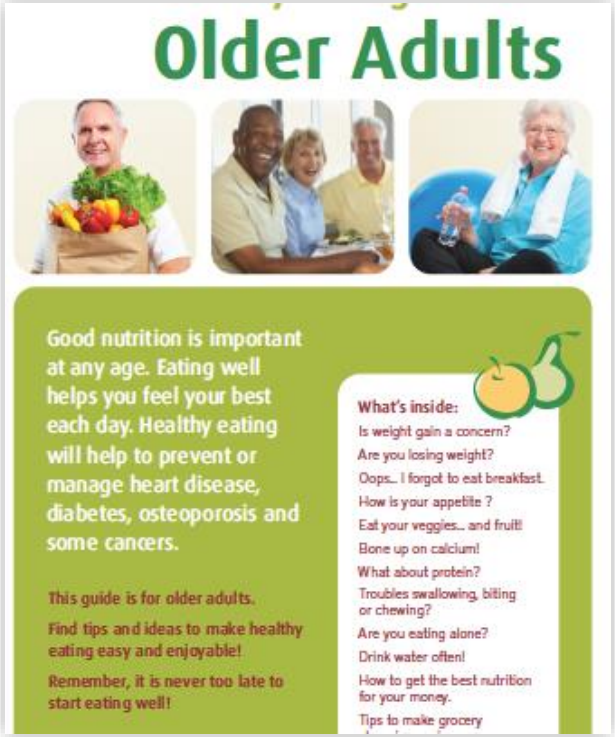
- Transportation
- Grocery delivery
- Meal programs

Programs that increase awareness and interest in food

- Educational sessions
- Cooking groups
- Social programs

Individualized guidance

- Dietitian
- Nutri-eSCREEN®



http://www.unlockfood.ca/en/articles/seniors-nutrition/a-guide-to-healthy-eating-for-older-adults.aspx

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How to detect and treat

In Hospital

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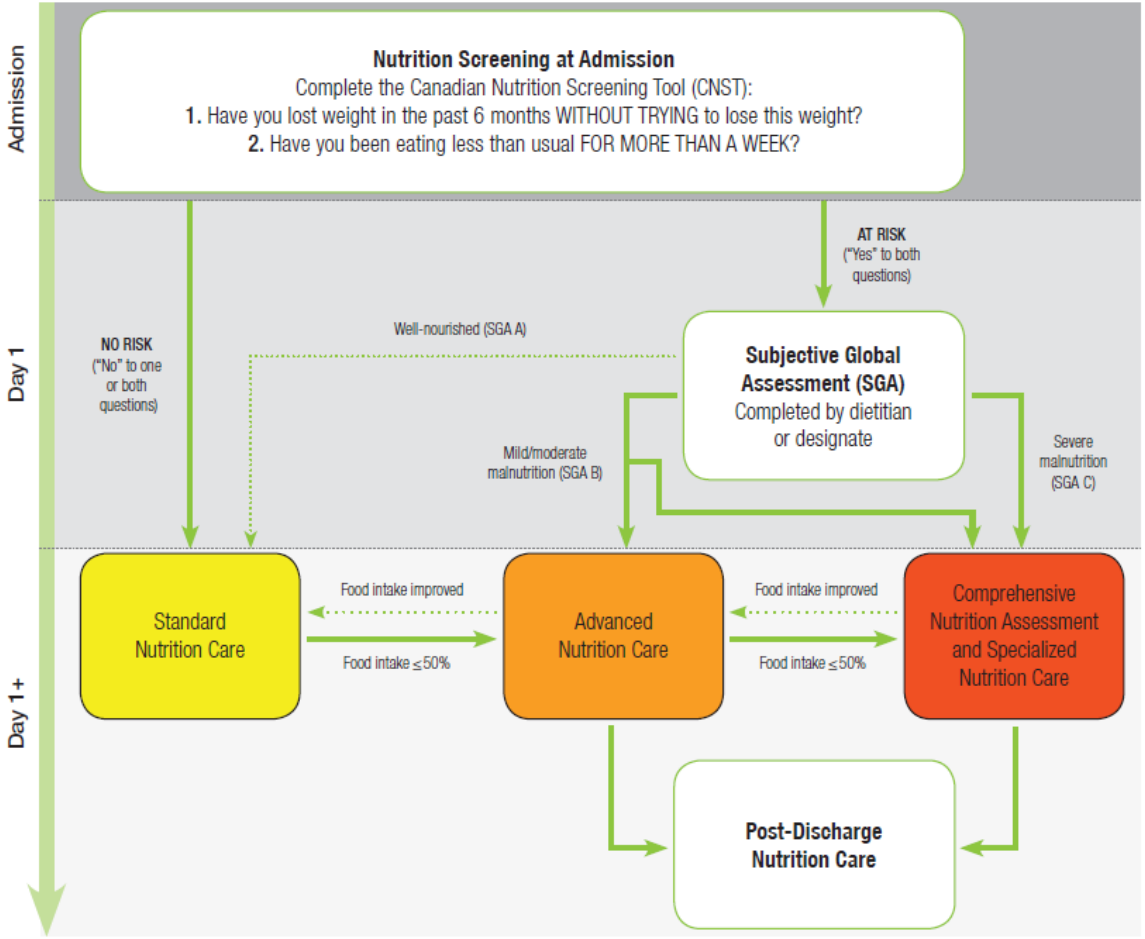
How to detect and treat

In Hospital

The Integrated Nutrition Pathway for Acute Care



Keller et al, 2018

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Nutrition screening

In Hospital

The Canadian Nutrition Screening Tool

Within a few hours of admission, a member of the interprofessional care team asks the patient…

Have you lost weight in the past 6 months WITHOUT TRYING to lose this weight? *	+	Have you been eating less than usual FOR MORE THAN A WEEK?	=	**Patient is at Nutrition Risk**
✓ Yes		✓ Yes		

* If the patient reports a weight loss but gained it back, consider it as a NO weight loss.

CNST is focused on the ACUTE state of not eating the normal amount of food leading to unintentional weight loss

Laptorte et al., 2014

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Key interventions and resources

In Hospital

- Multidisciplinary team
- Dietitian to confirm malnutrition and care plan
- Oral nutritional supplements
- Artificial food/nutrition

- Reduce barriers to food intake e.g. volunteers open tray items
- Monitor food intake and intervene quickly
- Ask family to bring in healthy comfort foods
- Support socializing at meals on or off the unit
- Plan for needed food-related supports prior to discharge

Canadian Malnutrition Task Force www.nutritioncareinCanada.ca

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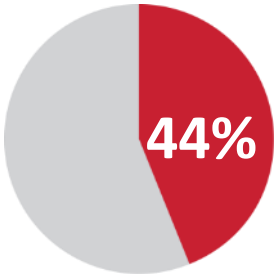
How to detect and treat

In Residential Care



Malnutrition is common in Residential Care

Keller et al., 2017

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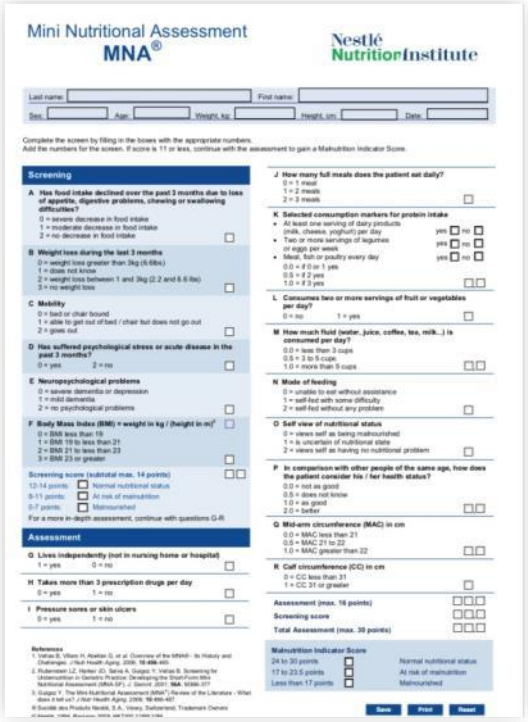
Nutrition screening and interventions

In Residential Care

- Mini Nutritional Assessment (MNA) to screen
  - Requires BMI and circumference measures
- Dietitian assessment to individualize care plan
  - Mealtime experience
  - Nutrient dense food
  - Address eating challenges including need for modified textures
  - Goals of care
  - Trade offs of treatment with quality of life


Mini Nutritional Assessment
MNA®

Nestlé Nutrition Institute

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Key resources

In Residential Care

- Dietitians mandated in LTC in ON
  - Not in other residential care settings
- Best Practices
  - Dietitians of Canada
- Research Institute for Aging
  - Toolkits
  - Factsheets
  - Training opportunities

www.the-ria.ca

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Case Study: Marg in the community

- Marg is 82 years old. She recently lost her husband. She is active, and other than having hypertension is quite well. She is mobile, but does not drive.
- She sees the opportunity of not having to make a big dinner for her husband as an opportunity to ‘cut back’ and lose a few pounds.

What’s going through your mind?

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Case Study: Marg in the community

What determinants put Marg at risk for undernutrition?

Case Study: Marg in the community

What determinants put Marg at risk for undernutrition?

- Living alone
- Recently bereaved
- Change in eating pattern
- Doesn't drive
- Interest in losing weight

Any weight change in those > 60 year old is a risk for comorbidity and mortality

(Cheng et al., 2015)

Opportunity for intervention for Marg

- Nutrition risk screening in Primary Care
- Link to community services

Engage older adults by educating them on the importance of nutrition for health and staying independent

Case Study: Marg goes to the hospital…

- Marg did lose weight, BMI ~22
- She also lost muscle
- Not exercising
- Low intake of several key nutrients
- Fell when walking and broke her hip
- Hospital stay, delirium

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Opportunity for intervention for Marg

- Nutrition risk screening in Primary Care
- Link to community services

- Screening on admission
- Assessment and treatment by a dietitian
- Remove barriers to eating
- Discharge planning

Engage older adults by educating them on the importance of nutrition for health and staying independent

Engage older adult in their nutrition care by educating them on the importance of eating sufficient amounts of energy and protein to promote recovery

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Unfortunately, Marg's experience in hospital was not good

- Had barriers to food intake
- Poorly mobilized
- Lost more weight and 10% muscle → frail
- Stayed 18 days
- Discharged to home but readmitted 1 week later
- Eventually, discharged to retirement home

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Opportunity for intervention for Marg

- Nutrition risk screening in Primary Care
- **Link to community services**

- Link to community dietitian for continued treatment
- Link to supportive services
- **Screen/follow up by Primary Care**

- **Screening on admission**
- Assessment and treatment by dietitian
- Remove barriers to eating
- Discharge planning

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Case Study: Marg enters long-term care…

- Shortly after being discharged to the retirement home, Marg's kidneys are failing
- Marg is in need of daily dialysis

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Opportunity for intervention for Marg

- Nutrition risk screening in Primary Care
- **Link to community services**

- Link to community dietitian for continued treatment
- Link to supportive services
- **Screen/follow up by Primary Care**

- **Screening on admission**
- Assessment and treatment by a dietitian
- Remove barriers to eating
- Discharge planning

- **Screening with MNA**
- Dietitian for individualized nutrition care plan

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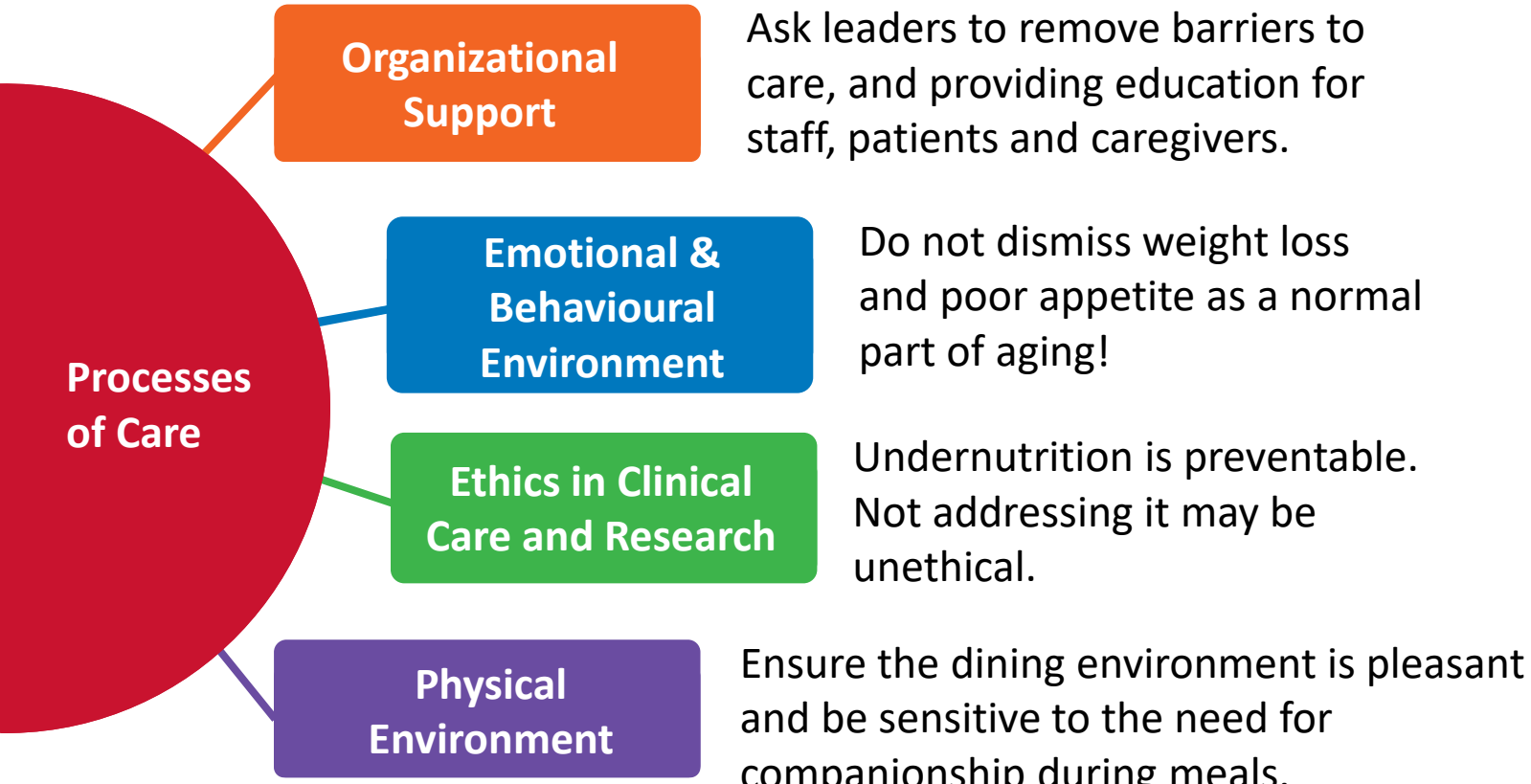
Summary

- Nutrition affects health, quality of life, and independence
- Nutrition risk and malnutrition are common in older adults
- Nutrition screening can be used to identify nutrition risk
- Follow screening with diagnosis for malnutrition
- Variety of effective treatments are available
  - Interventions will vary depending on level of risk vs. malnutrition and location of older adult
- Coordination among interdisciplinary health professionals is needed to address risk/malnutrition
  - Consult a dietitian when malnutrition is present

The senior friendly approach

How all healthcare providers can address nutrition risk and malnutrition using a **senior friendly care** approach



Discussion questions

- Can you identify barriers to decreasing nutrition risk in your setting?
- How can each member of your interprofessional team contribute to nutrition risk?
- What is one thing you can do differently after today's module?

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