

# Evidence-Based Practices FOR THE PREVENTION OF WEIGHT LOSS IN NURSING HOME RESIDENTS

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**Weight loss** is common among nursing home residents, with significant weight loss leading to increased mortality and morbidity and a decreased quality of life. This article discusses three common issues resulting in weight loss and provides recommendations on how to decrease/prevent them.

## Types of Weight Loss

Elderly adults may have more than one type of weight loss, including **Starvation/Wasting**, **Cachexia** and **Sarcopenia**.

**Starvation/Wasting** is a direct result of calorie deprivation, causes fat loss and a decline in body weight and cell mass.

**Treatment:** Increase caloric intake.

**Cachexia** is a process of excessive weight loss over a defined period of time, usually with muscle wasting.

**Treatment:** Increase caloric intake.

Cachexia occurs secondary to chronic diseases such as:

- Congestive heart failures

**Treatment:** Angiotensin-converting enzyme inhibitors (e.g., enalapril) to reduce weight loss.

- Chronic obstructive pulmonary disease (COPD)

**Treatment:** Cytokine antagonists (e.g., megestrol acetate) increase appetite, weight gain and stimulate ventilation.

- Chronic renal failure

**Treatment:** Dialysis, cytokine antagonists (e.g., statins, etc.), erythropoietin and nutritional support result in increased weight, energy and prolonged survival.

- Cancer

**Treatment:** Agents affecting appetite and cytokine antagonist agents. Appetite-stimulating agents usually do not result in weight gain but may result in improved quality of life through increased appetite and mood.

**Sarcopenia** that occurs as part of normal ageing causes a decline in muscle mass and strength. The multi-faceted process is associated with an increasingly sedentary lifestyle, poor nutrition, changes in nervous and hormonal systems and inflammatory effects.

**Treatment:** Resistance training; at least two servings of meat per day (in addition to other protein sources); and potentially, pharmacological

treatments with hormones, supplements and a protein that regulates muscle growth.

## Causes of Weight Loss

Often multifactorial, residents' food intake is often inadequate because of:

- **Appetite/Sensory changes** due to age-related physical changes (e.g., poor sense of taste/smell) or medications;
- **Cognitive impairment** resulting in difficulty in feeding oneself or communicating wishes to caregivers;
- **Dental and oral health issues** such as ill-fitting or lack of dentures;
- **Swallowing difficulties** such as dysphagia; and/or
- **Organisational/staff limitations** that hinder the ability to render individualised attention to ensure sufficient food intake.

## Assessing Weight Loss

- **Anthropometric Assessment:** In Caucasian elderly populations, a Body Mass Index (BMI) measurement of between 24 and 27 is considered satisfactory for those 65 and older, while a BMI between 19 and 23 indicates major nutrition risk.
- **Nutritional Assessment:** Identify causes of weight-loss with a comprehensive nutritional assessment. Apply data (age, height, weight, BMI, recent weight loss, appetite, dietary intake, ability to chew/swallow, etc.) in screening tools such as:
  - Nutrition Screening Equation;
  - Nutrition Risk Assessment Tool; or
  - Mini Nutritional Assessment (MNA)/MNA Short Form (MNA-SF).

## Nutrition Interventions

Adopt an interdisciplinary approach, where staff actively communicate action plans to prevent weight loss, that includes:

- **Food fortification** to increase caloric intake without increasing food volume;
- **Improved feeding assistance** to increase food intake via verbal prompting and social interactions; and
- **Retaining residents at the table** by using structured communication interventions to recommend behaviour, give information and encouragement to increase time at the table.