

## Section 10: High Risk Nutritional Interventions

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### Unintentional Weight Loss

#### Unintentional Weight Loss Discussion:

Unintentional weight loss can have serious implications for older adults. Studies indicate unintentional weight loss can lead to malnutrition, poor wound healing, risk of pressure ulcers, decline in function and inability to fight infection. Unintentional weight loss can be rapid or sometimes slow and insidious. It is important that systems are in place to detect, assess and develop an individualized plan of care for persons with unintentional weight loss.

#### Causes/Risk Factors of Unintentional Weight Loss:

Frequent causes of unintentional weight loss include inadequate oral food and beverage intake to match activity, inadequate capacity for absorption and metabolism of foods consumed, a wasting disease that increases metabolic rate such as in cancer, AIDs, hyperthyroidism, or excess energy during psychological or emotional stress. Chronically ill older adults are often at greater risk for hypermetabolism, a hormonal stress response that can occur due to wounds, trauma, surgery and infection. When an individual experiences hypermetabolism the body reacts to protect itself with an inflammatory response that increases the body's demand for additional energy and protein. This often leads to catabolism, as the body breaks down proteins and lean body tissue to meet the demand for increased energy and protein, resulting in possible unintentional weight loss and potentially protein calorie malnutrition.

Other risk factors for unintentional weight loss include dementia, a low BMI (< 21), poor dentition problems, dysphagia, depression, Parkinson's disease, medications, environmental factors, restrictive diets, treatments such as chemotherapy and radiation, COPD, diarrhea and others.

#### Screening to Identify Individuals with Unintentional Weight Loss:

Weight can be a useful indicator of nutritional status, when evaluated in context with the individual's personal history and overall condition. Recent changes in weight or insidious weight loss may indicate a problem. Therefore, it is important that a health care community maintain a screening program to identify individuals at risk for unintentional weight loss. In a health care community the Center for Medicare and Medicaid Services (CMS) roster/matrix report generated from the Minimum Data Set (MDS) and the Resident Assessment Instrument (RAI) identifies individuals that have experienced weight loss. Weight tracking tools, often available in tray card programs or care plan software, are helpful to identify weight loss. Observation of individuals at mealtime is another way to identify people that are eating poorly and at risk for weight loss.

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Current standards for weighing individuals in health care communities recommend weighing the individual for the first four weeks after admission and at least monthly thereafter to help identify and document trends such as insidious weight loss. More frequent weighing is often suggested for individuals at risk or with unintentional weight loss. In some cases weight monitoring is not indicated such as the terminally ill that requests comfort care.

When evaluating weight it is important to take into consideration current medical conditions such as the following:

- Fluid loss and retention
- Altered nutrient intake, absorption, and utilization
- Chewing abnormalities
- Swallowing abnormalities
- Functional ability
- Medications
- Goals and prognosis
- Lab Analysis/Diagnostic evaluation

Suggested parameters for evaluating unplanned and undesired weight loss are:

<b>Interval</b>	<b>Significant Loss</b>	<b>Severe Loss</b>
1 month	5%	Greater than 5%
3 months	7.5 %	Greater than 7.5%
6 months	10%	Greater than 10%

A health care community may decide to be more proactive and adjust the percentage targets to a lower percentage so that weight loss can be identified sooner.

The following formula is used to determine the percentage of weight loss:

% of body weight loss = (individual's current weight minus the weight 30 or 180 days ago) divided by the weight 30 or 180 days ago X 100.

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#### **Diet Liberalization:**

If an individual is experiencing unplanned weight loss, it is suggested that the individual be placed on a Regular Diet. The American Dietetic Association reports that a liberalized diet can enhance the quality of life and nutritional status of older adults in health care communities. Restrictive diets may impair adequate nutritional intake and lead to further decline in nutritional status. Texture also needs to be considered when evaluating an individual experiencing unintentional weight loss. When an individual is not eating well or is losing weight, the interdisciplinary team should consider abating dietary restrictions and liberalizing the diet in attempt to stabilize the weight.

#### **Individual Preferences Honored and Choices Provided at Meals:**

Offering choices of food at meals and giving people foods they enjoy eating has been shown to decrease the need for fortified food or supplements. The New Dining Practice Standards of the Pioneer Network report that individuals offered a choice among a variety of foods and fluids twice a day may be a more effective intervention than oral supplementation.

#### **Consideration of Environmental Factors Affecting Intake:**

It is important to consider the environmental factors contributing to decreased appetite. Factors to evaluate include food and meal time preferences, the need for assisted devices for self feeding, the temperature of the food served, the appearance of the meal, the atmosphere of the dining room and the need for coaching or cueing at the meal and proper body positioning. Breakfast is often the meal consumed the best in the day and offers excellent opportunities to increase caloric and protein intake.

#### **Registered Dietitian/ Dining Services Manager Role:**

If it is determined that the individual requires additional calories and/or protein, the Registered Dietitian or Dining Services Manager assesses the individual with unintentional weight loss to determine the goal for calories and/or protein. Improving intake via wholesome foods is generally preferable to adding nutritional supplements. The Registered Dietitian or Dining Services Manager will work with the individual to determine the food or foods that the person might enjoy and be willing to consume. It is very important that an individualized plan of care be developed, based on the

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individual's physical condition and preferences. The plan should be documented in the individual's medical record and care plan. Breakfast is often the meal consumed best in the day and offers excellent opportunities to increase caloric and protein intake. Refer to Section 10: High Calorie and Protein Foods List.

#### **Ongoing Monitoring and Adjusting:**

For individuals with unintentional weight loss, monitoring is vital after plan of care implementation to assess progress on nutritional related goals. Goals may need to be modified and new interventions implemented based on the individual's responses to current interventions, their weight and other factors related to their medical condition.

#### **Medications:**

When an individual is eating poorly or losing weight, the need to stabilize weight or improve appetite, may supersede other long term medical goals. Thus, it may be appropriate to stop, change or adjust dosage of medications that might be affecting intake and exacerbating weight loss.

#### **Use of Appetite Stimulants:**

There is limited evidence to date regarding the benefits of appetite stimulants. They should not be used as a substitute for appropriate nutritional interventions for unintentional weight loss and management of risk factors and underlying causes of weight loss.

#### **End of Life:**

Individual choices and clinical indications affect the decision about whether a tube feeding is appropriate when oral interventions are not sufficient. The individual, family and interdisciplinary team should all be in agreement before a tube feeding is implemented. An individual at the end of life may have an advance directive that addresses treatment goals. The inability to maintain acceptable parameters of nutritional status for someone who is at the end of life may be an expected outcome. In these situations, comfort measures and continued support and care based on the individual's plan of care is appropriate.