World Health Organization

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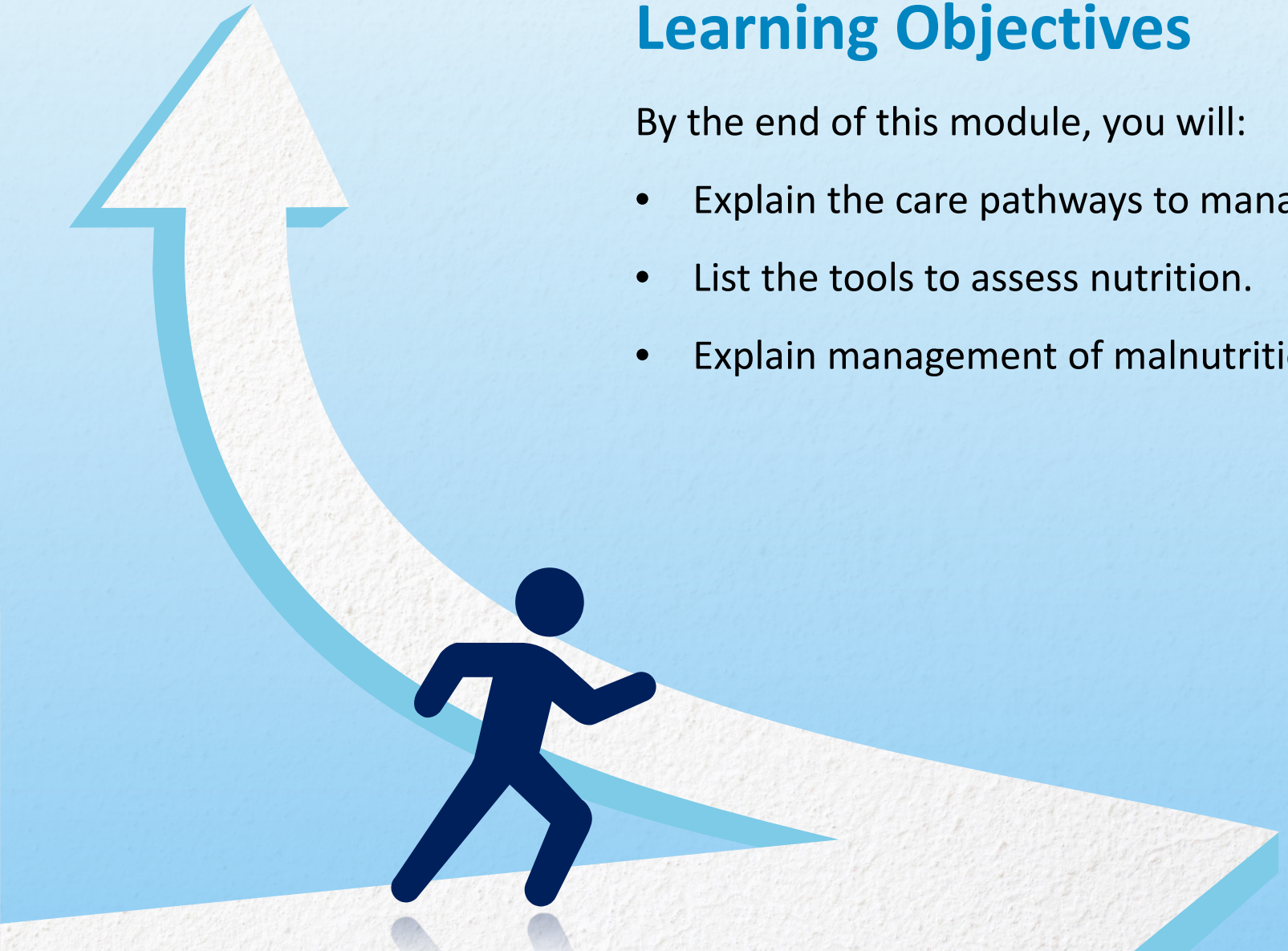
ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

VITALITY

WHO / Quinn Mattingly



Learning Objectives

By the end of this module, you will:

- Explain the care pathways to manage malnutrition for older people.
- List the tools to assess nutrition.
- Explain management of malnutrition in older people.

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Understanding Vitality

WHO uses the term “vitality” to describe the physiological factors contributing to a person’s intrinsic capacity. These may include energy balance and metabolism.
This module focuses on one key manifestation of decreased vitality in older age – malnutrition.

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Care Pathways to Manage Malnutrition

SCREEN

FOR MALNUTRITION IN COMMUNITY

ASK

Have you unintentionally lost 3 kgs over the last three months?

NO

Have you experienced loss of appetite?

NO

- Reinforce generic health and lifestyle advice or usual care

YES

(to either question)

ASSESS NUTRITIONAL STATUS

Example: Mini nutritional assessment (MNA)

Malnourished

(MNA score: < 17 points)

- Nutritional intervention necessary
- Give **oral supplemental nutrition** with increased protein intake (400–600 kcal/day)
- Offer dietary advice
- Monitor weight closely

At risk of malnutrition

(MNA score: 17–23.5 points)

- Ofer dietary advice
- Consider **oral supplemental nutrition** if unable to improve food intake
- Monitor weight closely
- Consider multimodal exercise

Normal nutritional status

(MNA score: 24–30 points)

- Reinforce generic health and lifestyle advice or usual care

REASSESS

- after acute event or illness
- once a year for older people living in the community
- every three months for older people with social care needs

Oral supplemental nutrition provides additional high-quality protein, calories and adequate amounts of vitamins and minerals tailored to an individual's needs, tastes and physical limitations

Specialised care needed

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ASSESS & MANAGE

ASSOCIATED CONDITIONS

- FRAILTY
- SARCOPENIA

- Integrated management of diseases
- Consider rehabilitation to improve muscle function

ASSESS & MANAGE

SOCIAL AND PHYSICAL ENVIRONMENT

- Overcome barriers to people's nutritional health
- Encourage family and social dining
- Arrange assistance with preparation and provision of food

Specialised care needed

Assessment of Nutrition

Most assessment tools for nutritional status ask about:

- Food and fluid intake
- Recent weight loss
- Mobility
- Recent psychological stress or acute disease
- Psychological problems
- Living situation
- Weight
- Height
- Body mass index (BMI)
- Arm and calf circumferences

Assess Nutritional Status

Good tools are available to help assess nutritional status.

For example:

Mini Nutritional Assessment (MNA)

DETERMINE Nutrition Risk Assessment

Malnutrition Universal Screening Tool (MUST)

Short nutritional assessment questionnaire 65+ (SNAQ65+)

Be careful when using BMI in older people, as body composition changes with ageing

When Specialised Knowledge is Needed

Community- and facility-based primary health care workers can provide advice and support for maintaining a healthy diet in older people.

- People with **malnutrition or at high risk** require specialised providers to identify causes and risk factors and develop personalized nutrition plans.
- Specialised care might be needed to identify **underlying conditions** contributing to malnutrition, even if the current nutritional status appears adequate.
  Signs of possible underlying conditions include wasting, rapid weight loss, oral pain, difficulty swallowing, chronic vomiting or diarrhoea, and abdominal pain.

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Manage Malnutrition for Older People

Dietary advice

- Identify locally available specific foods that provide adequate energy, protein and micronutrients.
- Advise on the adequate amounts of foods

Protein intake

- About 1.0–1.2 g per kg of body weight for a healthy older person
- Up to 1.5 g per kg of body weight for a person recovering from weight loss or an acute illness or injury (careful about possible renal function impairment)

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Manage Malnutrition for Older People

Oral supplemental nutrition only when:

- Malnutrition is present and
  - A person cannot consume sufficient calories and nutrient-dense regular foods, or
  - Oral supplemental nutrition is a temporary strategy in addition to regular food strategies to increase caloric intake.

Multimodal exercise

Facilitate access to groceries, assist in the preparation of meals, organise social dining.

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Assess & Manage Malnutrition for Older People

Sarcopenia and frailty are conditions that can be associated with poor nutrition. Lifestyle interventions, including better nutrition and physical exercise, can help with both.

Sarcopenia. General loss of muscle mass, strength and function.

It can result from disease, poor nutrition or sedentariness. However, it may not have clear causes and is influenced by the ageing process.

Frailty. Phenotypically characterised by weight loss, muscle weakness, sedentariness, exhaustion and slowness.

It can result from physical or psychological stress (e.g., trauma, disease or loss of a loved one). A person with frailty is at increased risk of incident or worsening of care-dependence.

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Summary

- Assessment tools of nutritional status include:
  - Mini Nutritional Assessment (MNA)
  - DETERMINE Nutrition Risk Assessment
  - Malnutrition Universal Screening Tool (MUST)
  - Short Nutritional Assessment Questionnaire 65+ (SNAQ65+)
- Assess and manage conditions associated with malnutrition, such as sarcopenia and frailty.
- Management of malnutrition in older people implies the potential implementation of multidimensional and multidisciplinary interventions