

VITALITY

Facilitator Guide: Module 10



WHO / Quinn Mattingly

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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Draft Version for field testing

Module 10: Vitality

	Session Title:	Vitality
	Timing:	10 min
	Session Objectives:	• Explain the care pathways to manage malnutrition for older people. • List the tools to assess nutrition. • Explain the management of malnutrition in older people.

Vitality



Time: 10 min



Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the 'Vitality' module. Today, we'll explore what vitality means and how it relates to our health, especially as we age.

Together, we will explore practical approaches and evidence-based practices to enhance the nutritional health and vitality of older people.

Let's get started.

Learning Objectives



Show: Slide 2



Say:

Let's take a look at our learning objectives for this module. By the end of our session, you will be able to:

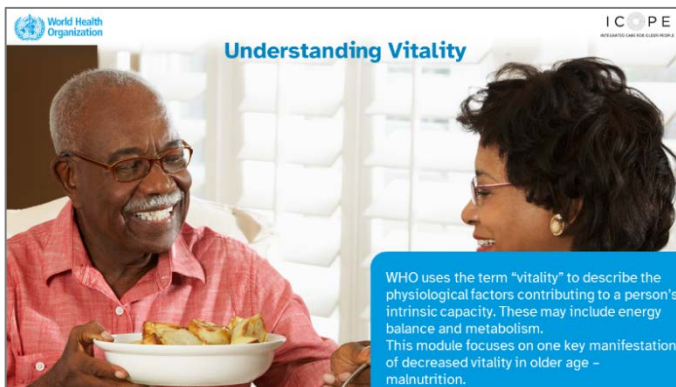
1. Explain the care pathways to manage malnutrition in older people.
2. List the tools used to assess the older person's nutritional status.
3. Explain how to manage malnutrition in older people.

These objectives will guide our learning and ensure that you gain the knowledge and skills needed to address malnutrition and enhance vitality in older individuals.

Understanding Vitality



Show: Slide 3



Ask:

What comes to mind when you hear the word 'vitality'?



Say:

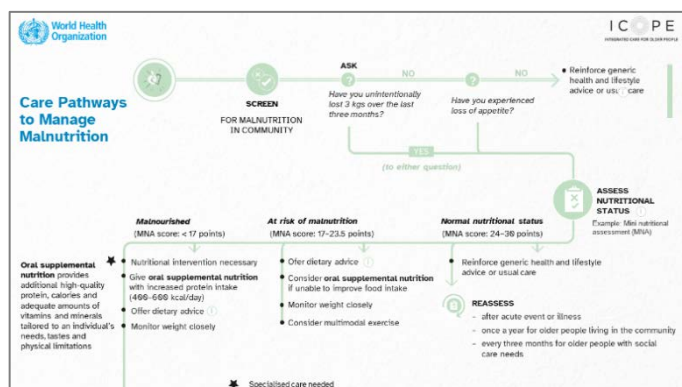
According to the World Health Organization, 'vitality' refers to the physiological factors that contribute to a person's intrinsic capacity. This includes factors such as energy balance and metabolism, which are essential for maintaining overall health.

In this module, we'll focus on one significant aspect of decreased vitality in older people—malnutrition. We'll explore how it affects their health and what we can do to manage it effectively.

Care Pathways to Manage Malnutrition



Show: Slide 4



Say:

Let's discuss the care pathways to manage malnutrition in older people. Please be aware that, in agreement with evidence, malnutrition is here intended mainly to indicate “undernutrition” as this represents a critical and well-established risk factor for physical function decline.

To begin, we screen for malnutrition in the community by asking two key questions:

1. Have you unintentionally lost 3 kilograms over the last three months?
2. Have you experienced a loss of appetite?

If the answer is ‘yes’ to either question, we proceed to assess the person’s nutritional status using a validated tool. The most commonly used one is the Mini Nutritional Assessment (MNA), but many others are also available to discriminate the risk of malnutrition.

Based on the assessment tool, we may categorise individuals into three groups:

1. **Malnourished** (e.g., MNA score < 17 points):
 - Nutritional intervention is crucial as it requires specialised care
 - Provide oral supplemental nutrition with increased protein intake (400-600 kcal/day)
 - Offer dietary advice
 - Monitor weight closely
2. **At Risk of Malnutrition** (e.g., MNA score 17-23.5 points):
 - Offer dietary advice
 - Consider oral supplemental nutrition if food intake doesn't improve
 - Monitor weight closely
 - Encourage multimodal exercise
3. **Normal Nutritional Status** (e.g., MNA score 24-30 points):
 - Reinforce generic health and lifestyle advice or provide usual care.

Reassessment is essential after any acute event or illness, at least once a year for older people living in the community, and every three months for older people with social care needs.

Draft Version for field testing

**Show:** Slide 5**Say:**

Continuing from the previous slide, after we have defined the severity of malnutrition, let's focus on the assessment and management of potentially associated clinical and environmental conditions.

First, we need to address frailty and sarcopenia, two conditions frequently accompanying poor nutrition. To manage these conditions, we need to consider an integrated approach to diseases, and rehabilitation activities to improve muscle function.

At the same time, it is important to support older people by:

- Overcoming environmental barriers to the older person's nutrition. For example, caregivers and community organisations can assist by encouraging family and social dining. Indeed, social interaction during meals can significantly improve appetite and nutritional intake.
- Arranging assistance with the preparation and provision of food: Community health workers can help in several ways. They might:
 - Facilitate access to groceries.
 - Help manage finances or access sources of income support.
 - Assist in preparing food or arranging for prepared meals through community-based catering services.

Addressing these social and physical aspects creates a supportive environment that helps older people maintain their nutritional health and overall vitality.

Assess of Nutrition



Show: Slide 6

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



Say:

Let's discuss how we assess nutritional status. This is important for identifying and managing malnutrition.

Most assessment tools ask about:

- Food and fluid intake
- Recent weight loss
- Mobility
- Recent stress or disease
- Psychological issues
- Living situation
- Weight and height
- Body mass index (BMI)
- Arm and calf measurements

Here are some useful tools for assessing nutrition:

- Mini Nutritional Assessment (MNA)
- DETERMINE Nutrition Risk Assessment
- Malnutrition Universal Screening Tool (MUST)
- Short Nutritional Assessment Questionnaire 65+ (SNAQ65+)

These tools help us clearly see a person's nutritional health so we can provide the best care possible.

Be cautious with BMI in older people, as body composition changes with age. An older person may have a stable and normal BMI, but still present a gradual inversion of the ratio between lean mass and fat mass.

When Specialised Knowledge is Needed



Show: Slide 7

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.

WHO / Quim Maling



Say:

Next, let us understand when specialised knowledge is required.

Community- and facility-based health care workers provide dietary guidance to older people for maintaining a healthy diet. However, people suffering from malnutrition require specialised care from healthcare professionals to identify the underlying causes of malnutrition and develop personalised dietary plans.

Specialised care might be needed to identify and address some conditions responsible for malnutrition, such as unexplained weight loss, oral pain, swallowing difficulties, chronic vomiting or diarrhoea, and abdominal pain, which may even occur in otherwise apparently healthy people .

Assess and Manage Associated Conditions for Limited Mobility



Show: Slide 8

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)



Say:

Let's discuss managing malnutrition in older people.

First, it's important to identify local foods that offer sufficient energy, macro and micronutrients, and provide advice on the right amounts to consume.

In particular, protein intake is particularly important to preserve muscle health. A healthy older person should have a protein intake of about 1.0 to 1.2 grams of proteins per kilogram of body weight per day. Those recovering from weight loss or an illness may need up to 1.5 grams per kilogram per day. It is, however, important to be cautious in presence of renal function impairment.

**Show:** Slide 9

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.

**Say:**

Continuing with the management of malnutrition in older people, oral supplemental nutrition is recommended only when malnutrition is present and a person cannot consume sufficient calories and nutrient-dense regular foods. It can also be a temporary strategy alongside regular food to increase caloric intake. Additionally, multimodal exercise, facilitating access to groceries, assisting in meal preparation, and organising social dining are important components in the management of malnutrition in older people.

Assess & Manage Malnutrition for Older People



Show: Slide 10

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.



Say:

Next, let us delve into two critical conditions associated with poor nutrition in older people: sarcopenia and frailty.

Sarcopenia involves a general loss of muscle mass, strength, and function. It can be caused by various factors, including disease, poor nutrition, or inactivity, although it may also be influenced by ageing itself.

Frailty is characterised by weight loss, muscle weakness, inactivity, exhaustion, and slowness, often resulting from physical or psychological stress, for example, trauma, disease or loss of a loved one. People with frailty are at a higher risk of becoming dependent on care.

Lifestyle changes, such as improved nutrition and physical exercise, can be beneficial for both.

Summary



Show: Slide 11

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

WHO / Global Malnutrition

ICOPE



Do:

Go through the slides and recap the points discussed during the session.