



ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

VITALITY

Learning Objectives

By the end of this module, you will be able to:

- Explain the care pathways for managing undernutrition in older people.
- Know how to assess the nutritional status.
- Describe the management of undernutrition in older people, also through community-based actions.

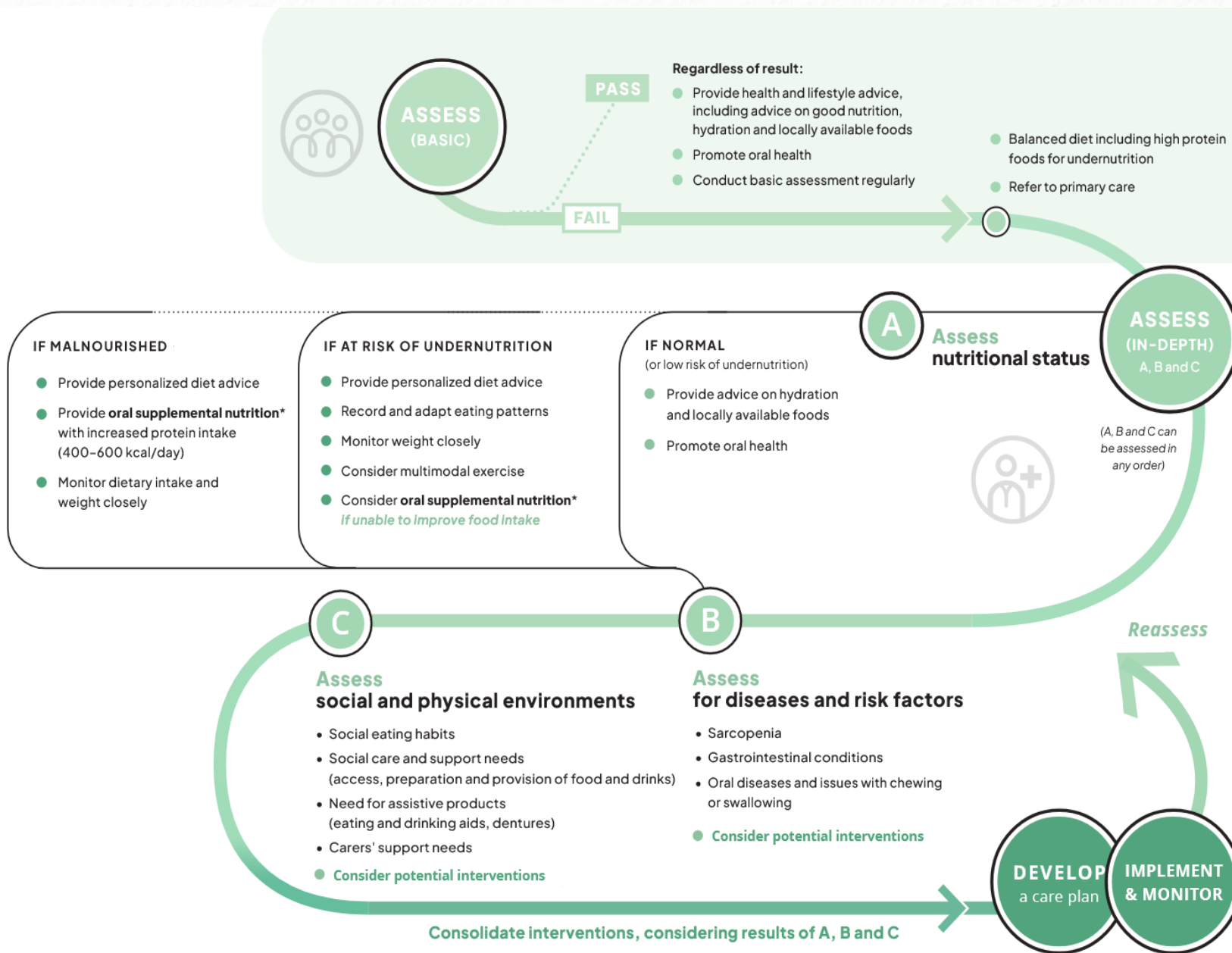


Understanding Vitality



WHO uses the term “vitality” to refer to the physiological factors that contribute to a person’s intrinsic capacity, including energy balance and metabolism. This module centers on a key manifestation of reduced vitality in older age: undernutrition.

Care pathway to manage undernutrition





Assessment of nutritional status

Examples of instruments to determine the risk of undernutrition without a blood test:

- **Mini Nutritional Assessment (MNA)**
- **Malnutrition Universal Screening Tool (MUST)**
- **Seniors in the Community Risk Evaluation for Eating and Nutrition questionnaire, version II (SCREEN II)**
- **Short Nutritional Assessment Questionnaire 65+ (SNAQ65+)**



Be cautious when using BMI to evaluate older persons, as body composition varies with age.

Look for symptoms of **dehydration**

- Dryness of the mouth, lips and tongue
- Sunken eyes
- Constipation
- Less frequent urination
- Tachycardia
- Headaches
- Weakness
- Confusion
- Dizziness



Be aware that an older person may not show typical clinical symptoms or signs.



Health and lifestyle advice

For all older people

- Food hygiene.
- Eating enough.
- Family-style meals and social dining.
- Hydration: drink at least 1.6–2 L (6–8 glasses or cups) per day.
- Doing physical activity
- Safe exposure to sunlight to allow vitamin D's activation.

For older people with (potential) undernutrition

- Advise on what and how much to eat.
- Encourage keeping a daily log of their food and drink intake.

Promote oral health

- Brush teeth twice a day with fluoride toothpaste (1000-1500 ppm) after breakfast and before bed.
- For edentulous individuals, gently brush gums and tongue with a soft toothbrush.
- Provide denture hygiene guidance if necessary.
- Limit free sugar intake.
- Stop all tobacco use, including chewing areca nuts and betel quid.

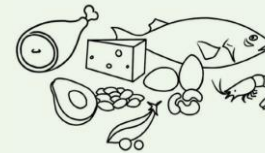


Community-based health care

High-protein diet

- Proteins play a crucial role in muscle development and immune function.
- In case of undernutrition should aim for a daily protein intake of 1.0–1.2 grams per kilogram of body weight.
- Individuals recovering from weight loss, an acute illness, or an injury may need an increased daily protein intake of up to 1.5 grams per kilogram of body weight.
- It is important to seek guidance on safely increasing physical activity to complement the higher protein intake.

Suggest locally available and easily accessible foods.



High-protein foods: legumes, seeds, cereals, cheese, meat, and fish.

Use a food composition table to identify local foods rich in protein and micronutrients.



Interventions to manage undernutrition

Normal

- Advice on hydration and locally available foods
- Promote oral health

At risk of undernutrition

- Personalised dietary advice
- Record and adapt eating patterns
- Monitor weight regularly
- Consider oral supplementation

Undernourished

- Personalised dietary advice
- Provide oral supplementation with increased protein intake
- Monitor dietary intake and weight

When special knowledge is needed

- Management of gastrointestinal symptoms (e.g., chronic vomiting, diarrhoea, abdominal pain)
- Management of malnutrition in the presence of catabolic conditions
- Oral diseases and issues with chewing and swallowing.



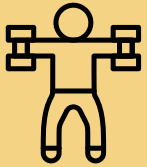


Additional interventions to improve vitality



Hydration

Advice to keep track of fluid consumption
Set a daily fluid intake goal (i.e., 1.6-2 liters per day)
Encourage to keep a supply of fluids to hand



Multimodal exercise



In case of obesity (i.e., altered vitality capacity)

Assess weight regularly
Provide counseling on a healthy diet and lifestyle
Monitor cardiovascular risk factors and metabolic conditions





Interventions for diseases and risk factors



Sarcopenia

Consider rehabilitation to improve muscle function



Gastrointestinal
conditions

Management of diseases



Oral conditions

Management of oral diseases
Advice on consistency and texture of drink and food (e.g., chopped, minced, pureed)



Interventions for social and physical environment



Social eating habits

Encourage family and social dining in the community.



Need for assistive products

Provide guidance on the optimal positioning and help with feeding.



Social care and support needs

Arrange assistance with access, preparation and provision of food and drinks.



Carer's support needs

Provide eating and drinking aids, as well as dentures.
Provide advice on food preparation, feeding, and drinking.

Summary

- Health workers can easily assess nutritional status in the community.
- A high-protein diet with local protein-rich foods is essential for older individuals.
- Older people should be encouraged to stay hydrated.
- A balanced diet usually provides the necessary vitamins and minerals for older people.
- Eating together at home or in community groups can promote healthier eating and reduce isolation.

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