

# 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:	<b>Vitality</b>
	<b>Timing:</b>	10 min
	<b>Session Objectives:</b>	<ul style="list-style-type: none"> <li>• Explain the care pathways for managing undernutrition in older people.</li> <li>• Know how to assess the nutritional status.</li> <li>• Describe the management of undernutrition in older people, also through community-based actions.</li> </ul>



## Vitality

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**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

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**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 undernutrition in older people.
2. List the tools used to assess the older person's nutritional status.
3. Explain how to manage undernutrition 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.

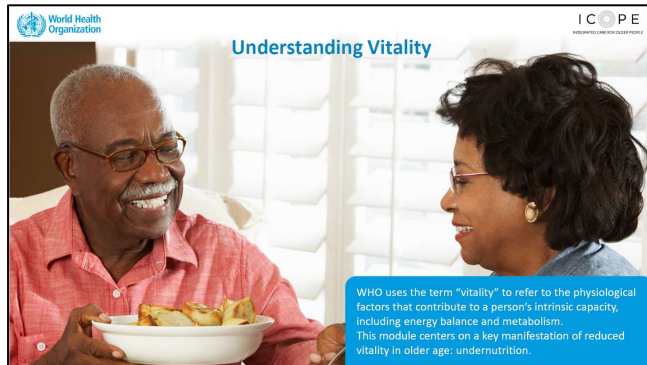


## Understanding Vitality

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**Show:** Slide 3



**Ask:**

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



**Say:**

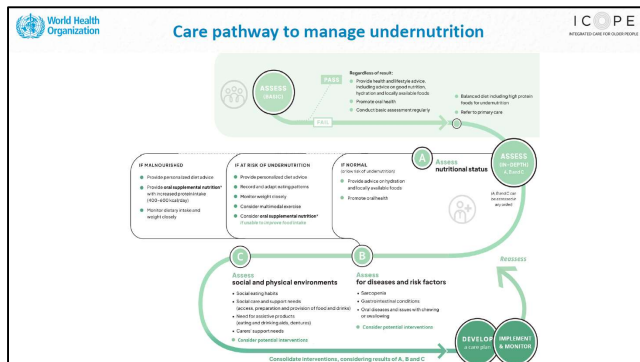
According to the World Health Organization, 'vitality' refers to the physiological factors that contribute to a person's intrinsic capacity. This includes factors such as energy balance and metabolism, which are essential for maintaining overall health.

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

## Care Pathways to Manage Undernutrition



**Show:** Slide 4



**Say:**

Let's briefly discuss the specific care pathway to manage undernutrition in older people.

If the previously discussed Basic Assessment is failed, an in-depth assessment and referral to primary care for further evaluation must be considered.

As a first step in the in-depth assessment, it is necessary to evaluate:

- Nutritional Status.** Regardless of the outcome, all individuals should receive advice on nutrition, hydration, and oral care. If the person is found to be malnourished, they should receive personalized dietary advice, including oral nutritional supplements providing an additional 400–600 kcal/day, and their dietary intake and weight should be monitored regularly. If the person is at risk of undernutrition, the focus should be on tailored diet and lifestyle guidance, exercise support, and close weight monitoring. For those unable to consume sufficient food, individualized exercise programs may be considered to help maintain muscle mass and function. If the person is not undernourished, the goal is to keep their status through continued advice on hydration, oral health, and nutritional awareness.
- Diseases and Risk Factors.** This includes screening for conditions like sarcopenia, gastrointestinal disorders, and oral health issues like sore gums or teeth.
- Social and Physical Environment.** This involves identifying barriers to food access, economic constraints, social support needs, and physical limitations that may affect eating and drinking.

After this information is collected, it will be possible to integrate findings from A, B, and C into the design of a coordinated, individualised care plan. This will then be discussed and implemented with multidisciplinary support and clear plans for monitoring and re-evaluation.

## Assessment of Nutritional Status



**Show:** Slide 5

**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.



**Say:**

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

Several validated screening tools can be used to assess the risk of undernutrition without the need for blood tests. These include the Mini Nutritional Assessment (MNA), the Malnutrition Universal Screening Tool (MUST), the SCREEN II questionnaire, and the Short Nutritional Assessment Questionnaire for adults aged 65 and over (SNAQ65+). Each of these tools is designed to be practical and accessible in community and primary care settings.

A key point to keep in mind is that we should not rely solely on Body Mass Index (BMI) when evaluating older adults. As people age, body composition changes (i.e., muscle mass decreases while fat mass remains stable or increase). Therefore, BMI may not accurately reflect the underlying body composition and nutritional status.

It is also important to recognize signs of dehydration, which can be subtle or atypical in older individuals. Common symptoms include dry mouth, sunken eyes, constipation, reduced urination, rapid heartbeat (tachycardia), headaches, weakness, confusion, and dizziness.

The slide also warns that older adults may not always present with classic symptoms, so a high index of suspicion is necessary, especially in those with cognitive impairment or limited communication ability.

## Health and Lifestyle Advice



**Show:** Slide 6

**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.



**Say:**

This slide provides practical, everyday guidance to support healthy ageing, with a focus on the vitality domain of intrinsic capacity. It includes tailored advice for all older adults, as well as specific recommendations for those who may be at risk of undernutrition.

For all older people, it is crucial to focus on food hygiene and adequate nutrition to meet daily energy needs. Family-style meals and social dining can improve appetite and reduce isolation. Maintaining hydration is essential, with an intake of 1.6 to 2 liters (6 to 8 cups) per day. Regular physical activity is encouraged for mobility, strength, and digestion. Safe sun exposure supports vitamin D production, which is vital for bone and muscle health.

For those undernourished or at risk of undernutrition, it's important to provide clear dietary guidelines and encourage daily food and drink logs to monitor intake and nutritional status.

Oral health is closely tied to overall well-being. Recommendations include brushing teeth twice daily with fluoride toothpaste and maintaining proper denture hygiene. Limiting free sugar intake and avoiding tobacco products is essential to prevent dental issues and support general health.

## Community-based Health Care



**Show:** Slide 7

**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.



**Say:**

Next, let us understand what interventions can be directly recommended and provided in the community.

Proteins are essential for maintaining muscle mass and supporting immune function. For older persons who are experiencing undernutrition, the recommended daily protein intake is between 1.0 to 1.2 grams per kilogram of body weight. In cases of acute illness, injury, or significant weight loss, this requirement may increase to as much as 1.5 grams per kilogram.

The importance of combining increased protein intake with physical activity is also emphasized, as this helps preserve or rebuild muscle strength. Health and care workers should guide individuals on how to gradually and safely increase their activity levels in accordance with their nutritional status and physical capacity.

To make these recommendations practical and sustainable, it is crucial to promote the use of locally available, affordable, and culturally acceptable high-protein foods. Examples of such foods include legumes, seeds, cereals, cheese, meat, and fish. Health workers are encouraged to utilize a local food composition table to identify foods that are rich in both protein and essential micronutrients, ensuring that dietary advice is nutritionally sound and contextually relevant.

## Interventions to Manage Undernutrition



**Show:** Slide 8

**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.

WHO / Quinn Maternity



**Say:**

Next, let us understand how to manage undernutrition and when specialised knowledge is required.

For individuals with normal nutritional status, the focus is on prevention. This involves providing advice on hydration and encouraging the consumption of locally available, nutrient-rich foods. Maintaining oral health is also emphasized, as it plays a critical role in ensuring adequate food intake and enjoyment of meals.

For those at risk of undernutrition, the approach becomes more proactive. Health workers should offer personalized dietary advice, assist individuals in tracking and adapting their eating patterns, and regularly monitor weight to detect early signs of decline. In some cases, oral nutritional supplements may be recommended to help meet energy and protein needs.

When a person is identified as undernourished, the response must be more intensive. This includes creating individualized dietary plans, offering oral supplementation with increased protein intake, and closely monitoring both dietary intake and body weight to assess progress and adjust the care plan as necessary.

Specialized care may be needed to identify and address conditions that contribute to undernutrition, such as unexplained weight loss, oral pain, swallowing difficulties, chronic vomiting or diarrhea, and abdominal pain, which can occur even in individuals who otherwise appear healthy.



## Additional Interventions to Improve Vitality



**Show:** Slide 9



**Say:**

This slide outlines other interventions to improve the nutritional status of older people.

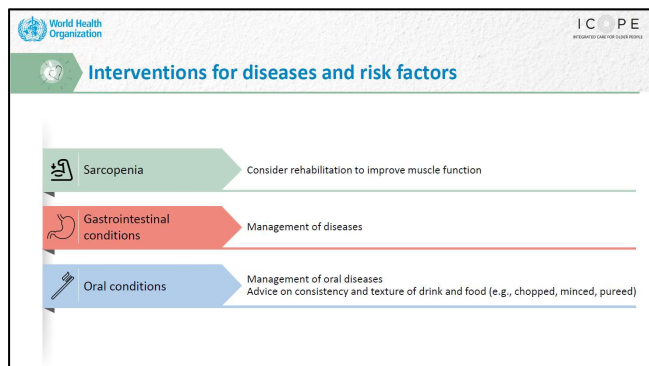
It is essential to emphasize the importance of adequate fluid intake. Encourage the older person at monitoring their daily fluid consumption. Set a hydration goal of 1.6–2 liters per day for them and recommend to keep fluids easily accessible throughout the day. Multimodal Exercise should also be promoted.

In case of obesity (i.e., altered vitality capacity), promote regular weight monitoring, offer counseling on healthy eating and lifestyle habits (including physical exercise), and stress the importance of monitoring cardiovascular and metabolic health indicators.

## Interventions for Diseases and Risk Factors



**Show:** Slide 10



**Say:**

This slide introduces a set of targeted interventions designed to address specific health conditions that can significantly impact an individual's vitality and overall well-being.

Let's start with sarcopenia, a condition characterized by the progressive loss of muscle mass and strength, often associated with aging. Rehabilitation is a key intervention. This might include physical therapy, resistance training, or tailored exercise programs aimed at improving muscle function and maintaining independence.

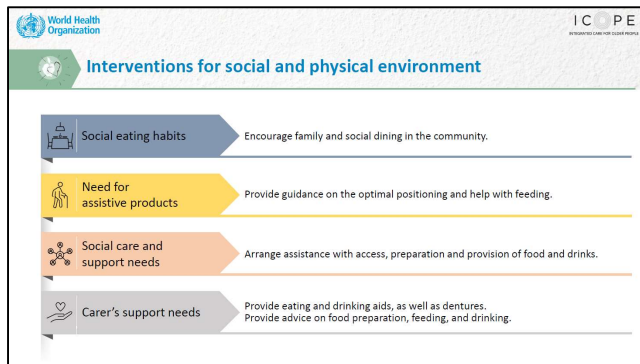
Next, consider intervening on eventual gastrointestinal conditions, involving dietary or therapeutic adjustments.

Finally, the slide highlights oral conditions, which are often overlooked but can have a profound effect on nutrition. The interventions here are twofold: managing oral diseases (such as gum disease or tooth decay) and providing advice on food and drink consistency. For individuals with chewing or swallowing difficulties, modifying the texture of meals (e.g., offering chopped, minced, or pureed foods) can make eating safer and more comfortable.

## Interventions for Social and Physical Environment



**Show:** Slide 11



**Say:**

Let's explore ways to address social and physical barriers that impact an individual's ability to maintain proper nutrition and hydration.

First, social eating habits play a crucial role. Meals are not just for sustenance but are also social occasions. Family meals and community dining can reduce isolation and enhance appetite, encouraging better nutrition.

Second, assistive products are important for those with mobility or dexterity challenges. Tools like adaptive utensils and supportive seating can improve the dining experience, while guidance on positioning and feeding assistance ensures safety and comfort.

Third, some individuals may need support with accessing, preparing, and serving food. Community services, caregivers, and family members are vital in promoting consistent, nutritious intake.

Lastly, supporting caregivers is essential for long-term care. Providing aids for eating and drinking, along with practical advice on food preparation, empowers caregivers to offer better care while managing their own stress.

## Summary

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**Show:** Slide 12

**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.

WHO / Quam Meetings



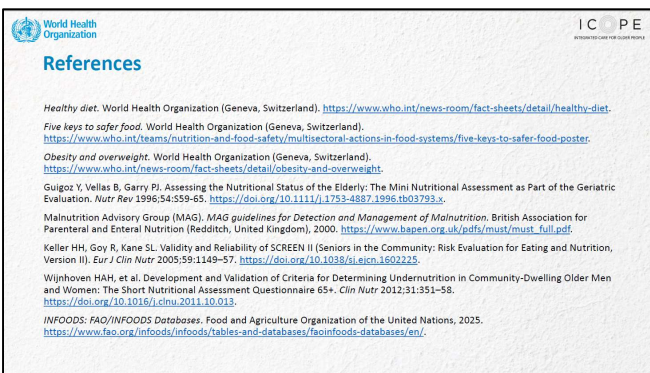
**Do:**

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

## References



**Show:** Slide 13



Here are some references to essential publications or websites.