

Malnutrition in the Elderly: Identifying Risks and Facilitating Solutions

The Problem:

Poor nutrition is common among the elderly, especially those who have been hospitalized. About 20-50% of hospitalized patients are malnourished or at risk for malnutrition. Elders who have been recently discharged from the hospital are at particularly high risk. There are evident and clinical risk factors of malnutrition, as well as less evident signs that may be related to malnutrition. Case managers and family/friend caregivers can stay on the lookout for these signs, and connect elders at risk of malnutrition with nutrition services.

Evident and Clinical Risk Factors:

Low Weight

A BMI below 18.5, rapid weight loss, or unintentional weight loss.



Muscle & Fat Wasting

A frail appearance with gaunt, sunken features. For example: hollow temples (muscle loss), hollow under the eyes (fat loss), or prominent bones.

Bone Loss

Low bone density diagnosed by physician, fractures, or low intake of calcium and vitamin D.

Limited Food Access

Empty fridge, shelves, and cabinets in the house. General lack of healthy food, or more junk/processed food is visible. Decreased cognitive status and functional status (physical ability) can reduce elders' ability to plan meals, buy groceries, and prepare food. Low income status makes it even more difficult to get enough, healthy food.

Other Potentially Related Signs:

Decreased Appetite

Elders may have nausea, vomiting, difficulty chewing due to poor teeth, problems with swallowing due to dysphagia, as well as reduced sense of taste.

Mood Changes & Fatigue

Depression is a common problem among elders. Depression and anxiety may contribute to reduced appetite. Fatigue, shortness of breath, lack of mobility (even difficulty getting out of a chair) may also be malnutrition-related.

Social Environment

Elders may become socially isolated due to loss of spouse or close friends. They may have previously depended on that spouse to cook meals. Some elders may not have family members to support them. Living alone and being homebound makes food preparation even harder.

Overweight

An overweight elder could in fact be malnourished if he or she eats excess calories from nutrient-deficient foods, or suffers from obesity-related chronic disease(s).

Chronic Disease & Multiple Medications

Chronic diseases may contribute to malnutrition by: Requiring a restrictive diet that may reduce food intake, creating chronic inflammation that increases loss of muscle mass, or reduces the absorption of nutrients into the body. Certain drug side effects may reduce appetite or interact with food and nutrients. Multiple medications may raise a red flag.

Eating Disorders & Dieting

Eating disorders can occur throughout the lifespan, often in relation to life changes. Look out for excess concern with body image and a history of dieting.

Alcohol & Other Beverage Consumption

Excess consumption of alcohol can contribute to nutrient deficiencies, particularly folate. Older people also tend to feel full sooner. Excess intake of beverages, especially sugar-sweetened beverages (even juice) can displace food and limit intake of nutrients.

The Solutions:

Upon identifying an elder with risk factors of or signs potentially related to malnutrition, contact the agency's Nutrition Program below. The elder's PCP and their caregiver(s) should also be made aware. Interventions may include: dietary counseling (via home visit), home delivered meals, day center/congregate meal site attendance, nutritional supplements, referral to the SNAP program or other food assistance programs.

Agency Information:
[Who to contact in the nutrition program]