

Is your parent eating well?

Nutrition and the elderly

By Carol Edwards, RN, GCM

Most health-conscious baby boomers do their best to maintain a healthy body by controlling calories and eating a well-balanced diet. So it would only make sense that these same practices would be continued into old age, right?

A photograph showing a woman with short grey hair sitting in a wheelchair. She is wearing a yellow sweater and is looking down at a small white container she is holding. Another woman with dark hair, wearing a black top, is leaning over her, looking at the container with a concerned expression. They appear to be in a dining or care area.

In reality, seniors don't always follow these practices. In old age, the "anorexia of aging," as dietitians call it, becomes a phenomenon. With advancing years, a person's body starts to ignore normal food cues, and altered feeding fads become apparent, such as eating infrequently or consuming more sweets, or not eating enough green vegetables. Changes in a person's health status and advancing age (when approaching an 80th birthday) further complicate matters. As well, the importance of excellent nutritional status in the senior years is often not well understood by the elderly, their family caregivers or even their physicians.

Not-so-optimal health

Nutrition is the cornerstone of my eldercare practice, and I confess that I am obsessed with helping older adults maintain the calories they need to reach their optimum body weights. For example, I've worked extensively with dietitians, who advise that a client's optimum daily caloric intake from age 80 onwards is between 1,200 to 1,600 calories. As well, they tell me that protein plays an increasingly important role in the body's provision of energy and resistance to infection. The daily fluid intake is approximately 1,500cc. All of these requirements are assessed when I work with a client, even in the absence of a dietician.

Possibly the biggest health risk to the elderly is the loss of calories and, subsequently, any weight loss. If poor nutritional habits continue, the faster an older person will deteriorate. Nutritional



status is responsible not only for resisting infection and maintaining all bodily functions, including excretion, but also for improving longevity, attitude, and wakefulness.

Unfortunately, many physical and situational conditions can affect eating. These include stroke, dementia, depression, hiatus hernia, gastric cancer, lack of appropriate food or consistency, altered and unfamiliar diet, swallowing issues, bowel issues (such as constipation), and poor feeding assistance.

Older adults with dementia can have particular problems, as the condition may involve a loss of appetite and the ability to eat or remember when to eat, and many caregivers often do not recognize or seek help until it's too late. As many of my clients are cognitively impaired, I know that recognizing early warning signs and taking steps to remedy the situation are critical.

Tips for managing nutrition

- Seek professional expertise from a family doctor, dietitian, speech-language pathologist or geriatric care manager.
- Monitor and record the person's daily food and fluid intake.
- Add supplements to stabilize and maintain calorie intake.
- Monitor and establish a healthy bowel protocol.
- Watch how the person eats. Eating with the elderly person will help, as loneliness is sometimes behind a person's reduced interest in food.
- Watch for effects of over medication, which can affect appetite.

Warning signs

Here are some of the signs that an older adult may be having trouble eating:

1. The elderly person is sitting and looking at a full plate of food yet not attempting to eat. This often occurs in the presence of infection or altered health status, such as dementia. All basic self care skills can be completely forgotten in the presence of cognitive impairment. In this situation, the older adult needs to be cued to feed themselves, from picking up the spoon to swallowing.
2. Where the person is eating as well as the food's consistency and texture are important. For example, a person may not want to eat in a noisy environment.
3. Physical problems can also affect nutrition. For instance, constipation is frequently ignored or overlooked in the cognitively impaired client, who, due to communication issues, may be unable to offer insight into the underlying problem.
4. Difficulties with swallowing (the presence or absence of the swallow reflex) also plays a role. This ability can be affected by infection. Caregivers should seek the help of a dietitian and a speech-language pathologist in order to prevent aspiration, a very dangerous complication of the disease process which could result in aspiration pneumonia.

Proper feeding techniques

For adults who live in long-term care, skilled staff are important to maintaining good

nutritional status. Staff should practise proper feeding techniques, such as gently coaching the client to begin the feeding process and paying close attention in order to maintain accurate food intake records from then onwards. Proper techniques are even more important when poor nutritional habits are a new development in the disease process. One resolution may be adding private support that includes feeding assistance.

Attention to proper calorie intake and food is managed better in long-term care facilities and is typically handled poorly or even neglected in acute settings such as hospitals. As such, private caregiver assistance may be required.

Regardless of where the person lives, prompt attention to any nutritional issues must be identified and resolved quickly before the person's health deteriorates further. Whether at home or in long-term care, the elderly person's care plan should include records of the client's weight (checked frequently), of daily food intake, of temperature and of daily bowel movements. Additionally, blood tests to monitor protein levels are important.

Help with nutrition

When an older adult has poor nutritional habits, one quick resolution is the use of liquid calories, such as a supplement. These products are usually well tolerated and provide both calories and fluids. If the person has swallowing problems, the fluids can be thickened to prevent aspiration, or if the problems are more complex and are expected to be prolonged, these fluids can be administered through a naso-gastric or a G-tube (stomach) feed. In the presence of dehydration, intravenous fluids can easily be administered. As well, an alternative for fluid replacement is sub-dermal (under skin).

Intrusive therapy, such as naso-gastric and G-tube feeding, must be carefully considered. Naso-gastric feeding is a temporary feeding technique, and G-tube feeding is a more permanent, intrusive intervention.

Noticing the signs of poor eating habits is the first step to improving nutrition. Then, a family caregiver should seek the objective opinion of a health care professional. ●



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