

## Help sheet no.11

### Identifying and managing unintentional weight loss

If people become inactive as they age, there is usually a degree of weight and muscle loss. More rapid weight loss is described as 'unintentional' and is due to causes other than inactive ageing. It is important to manage unintentional weight loss because of its potential to increase the risk of infections, cause loss of strength, and increase the risk of developing pressure areas. Generally, a loss of more than 5 kg in six months or less or consistent weight loss is significant. A resident who wears clothes that are too big may have had unintentional weight loss.

#### Identify the risks

To prevent unintentional weight loss, it may be possible to identify some risk factors and take preventive actions. Possible causes of weight loss include:

- loss of appetite due to clinical conditions, nutritional deficiencies, depression, drug therapy
- infections and wounds
- clinical conditions like Parkinson's disease, Huntington's chorea, lung or heart problems and other causes, which might increase nutritional need or losses
- psychological problems, including dementia and depression, fear of eating due to swallowing problems that could affect food intake
- physical reasons that limit the ability to consume enough food and fluids, for example swallowing problems, dental problems, constipation, arthritis.

If food intake is affected, older people have a lesser ability to re-establish normal eating patterns.

#### Advantages of correcting unintentional weight loss

Depending on the cause of weight loss, we can often reverse the loss and correct for nutritional deficiencies. This will:

- reduce the risk for infection and illness
- increase the person's strength for activities of daily living
- enhance ability to take part in physical activities
- optimise quality of life.

#### Prevent or treat unintentional weight loss

Try these strategies to prevent or correct for unintentional weight loss:

- Document nutrition risk issues in resident care plans.
- Check that the menu meets the nutritional needs of individual residents (refer to **help sheet 4**).
- Ensure residents are satisfied with the food and service and that individual attention is given to food preferences and special needs (refer to **help sheets 4 and 5**).
- Monitor body weight monthly or more frequently for those at higher risk.

- Give attention to issues of adequate time to eat meals, positioning for mealtimes, assistance with meals where necessary (refer to **help sheet 9**).
- Ask carers to be present at mealtimes to encourage residents to eat.
- Where reduced intake seems apparent, monitor and review food and fluid taken.
- Request dietetic assessment or review.
- Request medical review of medications that may affect appetite or to identify a psychological or medical condition that may affect intake or nutritional need.
- Request speech pathology and dietetic assessment to identify and manage swallowing difficulty.
- Request dental review to identify problems with teeth or dentures.
- Implement meal strategies and supplementation where appropriate.

### Role of dietitian in early intervention

A dietitian can assess:

1. Nutritional status with body weights, measurements, biochemistry and blood tests.
2. Risks for malnutrition by assessing impact of medication profile, medical, psychological and behavioural conditions.
3. Adequacy of food and fluid intake
4. Strategies to prevent or correct unintentional weight loss.

### Useful resources

- **Help sheets 2–15 and 31**
- *Australian guide to healthy eating (for consumers)* 1998, Department of Health and Family Services, Ph: 1800 020 103, ext 8654. A similar publication is also available for nutrition educators.
- Pamphlet *Healthy eating healthy ageing* is available from Dietitians in Rehabilitation and Aged Care Special Interest Group. Contact DAA, Ph: 9642 4877
- Pamphlet: *Adding life to your years*, The Australian Nutrition Foundation, Ph: 9528 2453.
- Wood, Bacon, Stewart and Race, Department of Human Services Home and Community Care Program, *Identifying and assisting home based frail elderly people who are nutritionally at risk – a resource manual*, Department of Human Services. [www.health.vic.gov.au/agedcare/hacc/nutrition](http://www.health.vic.gov.au/agedcare/hacc/nutrition)

Note: If there are issues with food or fluid intake, seek specialist assessment and advice from an accredited practising dietitian. See the Dietitians Association of Australia website at [www.daa.asn.au](http://www.daa.asn.au) or call the accredited practising dietitians hotline on 1800 812 942.