

Malnutrition / Weight loss – Key Information

Stephen Ryan MD MPH

Epidemiology

- 1) Common in the oldest old, >85 years, nursing home residents (up to 45%), hospitalized patients (10-30%), depression patients.
- 2) The causes of weight loss in most cases are unexplained (about 25% in most studies).
- 3) Malignancy has **not** been shown to be the major cause of weight loss in this age group.
- 4) The two-year mortality rate in those elderly with significant weight loss ranges from 9-28%.
- 5) Associated with falls, isolation, nursing home placement

Definition(s) *Significant Weight Loss in the Elderly*: >5 lbs. in one month *or* >5% of body weight in 1 month *or* >10% of body weight in 6 months *or* Involuntary weight loss of 10 pounds in 6 months. *Normal Aging*: Fat stores expand (from 15% to 30% by 75 years) while the total body weight changes little with increasing age - due to concomitant decreases in lean body mass, body weight and total body water.

Workup

D E T E R M I N E

- **DISEASE**: the following are associated with impaired intake: Dementia, especially end-stage, Oral/swallowing disorders; loss of smell; collagen vascular disease; depression; renal disease; malignancy; chronic infections
- **EATING POORLY** : One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol.
- **TOOTH LOSS/MOUTH PAIN**: Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.
- **ECONOMIC HARDSHIP**: As many as 40% of older Americans live in poverty and must choose between food and medications
- **REDUCED SOCIAL CONTACT**: One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.
- **MULTIPLE MEDICINES**: Polypharmacy increases the likelihood of side effects such as: change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others.
- **INVOLUNTARY WEIGHT LOSS/GAIN**
- **NEEDS ASSISTANCE IN SELF CARE**: including difficulty walking, shopping, buying and cooking food
- **ELDER YEARS ABOVE AGE 80**

Physical Evaluation: Oral and dental exam; Swallowing and gag reflex; Abdominal exam; Thyroid exam; Pelvic and rectal exam; Skin exam – for evidence of jaundice,

petechiae, dehydration and weight loss;
Functional ability – including gait and
mobility; Body-mass Index [weight
(kg)/height (m²); <20 severe undernutrition,
<22 mild/ moderate undernutrition; highly
related with skinfold thickness;

Neuropsychological Evaluation : Cognitive function; mood and affect;

Laboratory: Glucose, BUN/ creatinine, liver
function tests, CBC, ESR, TFTs.

Serum albumin <3.0 and/ or prealbumin *and* cholesterol <150 are both nutritional predictors of
poor outcome, but are affected by multiple other factors.

Management of Weight Loss: Identify treatable causes including: specific disease states, (e.g.
hyperthyroidism, diabetes and oral care), make medication changes, social worker consultation: financial
help, social services etc.

References:

- Nelson, K, etal. "Hunger in an Adult Population". JAMA 1998. 279: 1211-1214.
- The Nutrition Screening Initiative, 1010 Wisconsin Avenue, NW, Suite 800, Washington, DC 20007
- To order office materials: <http://www.aafp.org/nsi/order.html>