Malnutrition in Older Adults

National Nutrition Month® is held in March annually and is sponsored by the Academy of Nutrition and Dietetics. This year’s theme is “Go Further with Food”.

What is malnutrition? It simply means poor nutrition. Malnutrition is related to an excessive or imbalanced diet, one that lacks essential nutrients or can be tied to clinical conditions that impair the body’s absorption or use of food.

Health Costs
Malnutrition is a growing health concern with unfortunate consequences for individuals and to our nation. It is estimated that disease related malnutrition costs the U.S. $157 billion annually. Approximately one in three patients are malnourished upon admission. This is important to note because malnutrition can contribute to increased length of stays in a hospital. Getting on top of nutritional status early and monitoring it closely is key to preventing longer LOS.

Improve Screening in Hospitals
A dietician should be screening every patient upon admission for malnutrition. By definition, if 2 indicators are found then the patient is diagnosed with malnutrition (See attached chart). It is diagnosed as either non-severe or severe protein energy (calorie) malnutrition.

There are not clinical criteria to separate mild and moderate malnutrition, therefore the accepted diagnosis is non-severe. Both mild and moderate malnutrition are CC’s, so distinction is not needed for coding or for clinical treatment.

What should you see in a Registered Dietician’s notes:
  1. Documentation of total intake (oral, supplement, snack, enteral, and/or parenteral) compared to estimated daily needs.
  2. Weight status – documenting unintentional weight loss and trending weight loss/gain from week to week.
  3. Documenting fat and/or muscle wasting, presence of edema, and decline in functional status compared to patient’s “normal”

Finally, during National Nutrition Month®, we need to look at the issue of good nutrition. We should commit to a national nutrition strategy focused on healthy eating throughout the lifespan, including foods consumed and nutrition education.

References:
American Society of Parenteral and Enteral Nutrition
## Identifying Malnutrition with Clinical Characteristics

Two or more characteristics must be present to diagnose malnutrition.

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<td>Severe Malnutrition</td>
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<td>Reduced Intake (PO, EN, PN)</td>
<td>Evidence of Suboptimal Intake: &gt;7 days with a nutrient intake of &lt;75% of total energy needs</td>
<td>Evidence of Suboptimal Intake: &gt;5 days with a nutrient intake of &lt;50% of total energy needs</td>
<td>Evidence of Suboptimal Intake: &gt;1 month with a nutrient intake of &lt;75% of total energy needs</td>
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<td>Unintentional Weight Loss from Baseline</td>
<td>1-2% in one week 5% in one month 7.5% in three months</td>
<td>&gt;2% in one week 5% in one month 7.5% in three months</td>
<td>5% in one month 7.5% in three months 10% in six months 20% in one year</td>
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<tr>
<td>Subcutaneous Fat Loss</td>
<td>Mild loss</td>
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2. The National Center for Health Statistics defines chronic as a disease/condition lasting three months or longer.
Clinical Characteristics

Energy Intake:
Malnutrition is the result of inadequate food and nutrient intake or assimilation; thus recent intake compared to estimated requirements is a primary criterion. The clinician may obtain or review the food and nutrition history, estimate optimum energy needs, compare them with estimates of energy consumed and report inadequate as a percentage of estimated energy requirements over time.

Unintentional Weight Loss:
The clinician should evaluate weight in light of other clinical findings including the presence of under or over hydration. The clinician may assess weight change over time reported as a percentage of weight loss from baseline. Usual weight should be obtained to determine the percentage and to interpret the significance of weight loss.

Physical Findings:
Subcutaneous Fat (e.g., orbital, triceps, fat overlying the ribs) or Muscle Mass loss (wasting of the temples (temporalis muscle), clavicles (pectoralis and deltoids), shoulders (deltoids), interosseous muscles, scapula (latissimus dorsi, trapezious, deltoids), thigh (quadriceps) and calf (gastrocnemius): Malnutrition typically results in changes in physical exam.

Fluid Accumulation:
The clinician should evaluate generalized or localized fluid accumulation evident on exam (extremities, vulvar/scrotal edema, or ascites). Weight loss is often masked by generalized fluid retention (edema), and weight gain may be observed.

Decline in Functional Status:
Hand grip strength is the preferred measure; consult normative standards supplied by the manufacture of device. PT/OT assessment can provide functional status assessment for the patient. More information on assessing functional status on Kindred Nutrition Website.

Notes:
Serum proteins such as serum albumin and prealbumin are not included as defining characteristics of malnutrition because evidence analysis shows that serum levels of these proteins do not change in response to changes in nutrient intake. These are markers of inflammatory process. 1-6

References: