Welcome to IECG Session 1

Mental Health, Wellness, & Nutrition



Keck School of Medicine of USC

Geriatric Healthcare Collective

Agenda

Time	Agenda Session 1	Description
2:05 PM- 2:20 PM	Refresh & Reflect Large group discussion on how the past few weeks went	Mitzi D'Aquila
2:20 PM- 3:00 PM	Mental Health & Wellness	Bruna Martins-Klein Dawn Joosten-Hagye
3:00PM-3: 30PM	Nutrition	Jo Marie Reilly Isabel Edge
3:30PM-3: 45PM	Break	
3:45 PM-4:30 PM	Team Building	All Teams break out Online students connect with team via Facetime/ Phone

Reflect & Refresh

- How has team building gone?
- What was your experience like connecting with your older adult partner?
- ■What were the positives and negatives?

BRUNA MARTINS-KLEIN, PHD

IECG Mental Health

Anxiety

- Key Components: Cognitive (worry), affective (nervous), physiological (hands trembling), behavioral (avoid/escape)
- Generalized anxiety disorder (GAD): Uncontrollable nervousness and worry that occurs more days than not.



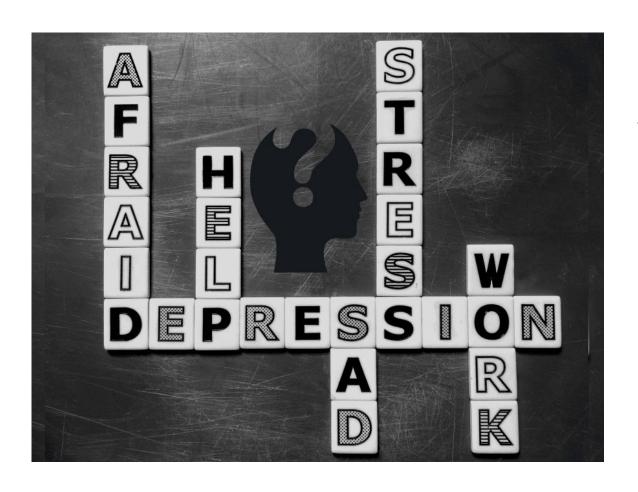
Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score (add your column scores) =			_	

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	G 2
Somewhat difficult	
Very difficult	
Extremely difficult	

<u>GAD-</u> 7



Depression

- 300 million experience worldwide, leading cause of disability, women affected at higher rate than men
- Key components: depressed mood and/or loss of interest "most of the day, nearly everyday" for at least 2 weeks

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:		DATE:		
Over the last 2 weeks, how often have you been				
bothered by any of the following problems? (use "\" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling cr staying asleep, cr sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite —being sc figety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns		+	+
(Healthcare professional: For interpretation of TOT: please refer to accompanying scoring card).	A <i>L</i> , TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		Somew Very dif	icult at all hat difficult ficult	

PHQ-9

Loneliness

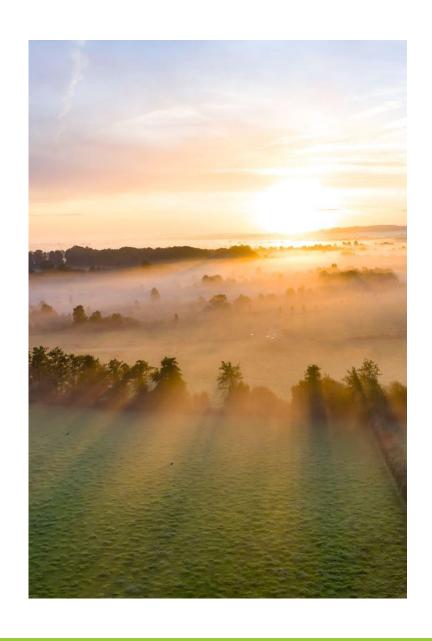
- Can be **positive** (withdrawal to introspect) or **negative** (perceived absence of closeness with others)
- Components: Social (lacking a group) and emotional (lacking true friend or intimate partner)



Tips for Screening Resident

- Over the course of the next several weeks, you can select one of these scales to administer if appropriate
- If you do administer one of the questionnaires
 - Pay attention to signs of distress or
- discomfort of your older partner
 - Remind them they can stop answering
- questions at any time
- If indicated provide:
 - Referral for Suicide Prevention Hotline
 - (800) 273-8255
 - Institute on Aging Friendship line
 - (888) 670-1360
 - Reminder to follow up with PCP

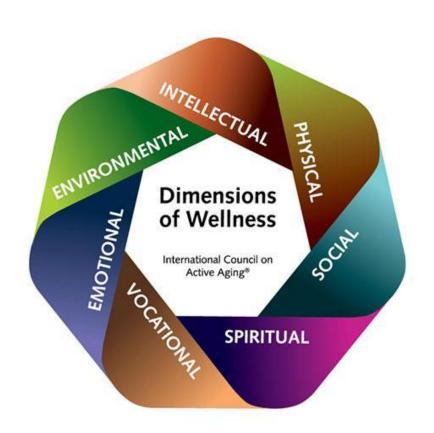




Wellness & Community Resources October 21,2022

DAWN JOOSTEN-HAGYE, PHD, LCSW, GC-C

Wellness & Older Adults



"Wellness is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." World Health Organization

Wellness is derived from our ability to understand, accept and act upon our capacity to lead a purpose-filled and engaged life.

In doing so, we can embrace our potential (physical, emotional, spiritual, intellectual, social, environmental, vocational) to pursue and optimize life's possibilities.

International Council on Active Aging

Older Americans Act 1965 established the National Aging Network

Area Agencies on Aging (local level) provide Information, advocacy & access to Home and Community-based Services

- Adult Day Care
- Caregiver Training/Support
- Case Management/Aide
- Chore
- Congregate Meals
- Companionship
- Counseling (Gerontological): Individual
- •Emergency Alert Response
- Escort
- Financial Risk Reduction -Assessment/Maintenance

- Home Delivered Meals
- Homemaker
- Housing Improvement
- MedicationManagement
- Nutrition Counseling
- Personal Care
- •Pest Control Initiation/Maintenance
- •Respite In Home
- Specialized Medical Equipment and Supplies
- Transportation



Search Resources by Category



COVID-19 Info & Supports



Food



Healthcare



Housing



Income & Employment



Education



Mental Health



Re-Entry Services



Legal Services



Crisis Services



Transportation



Otilities & Community Services



Immigration



Youth Services



Family & Children



LGBTQ



Disability Services



Seniors + Older Adults



Veteran Services

https://www.211la.org/resources

Resources | Seniors + Older Adults

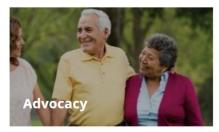
Narrow your search or VIEW ALL SENIORS + OLDER ADULTS RESOURCES









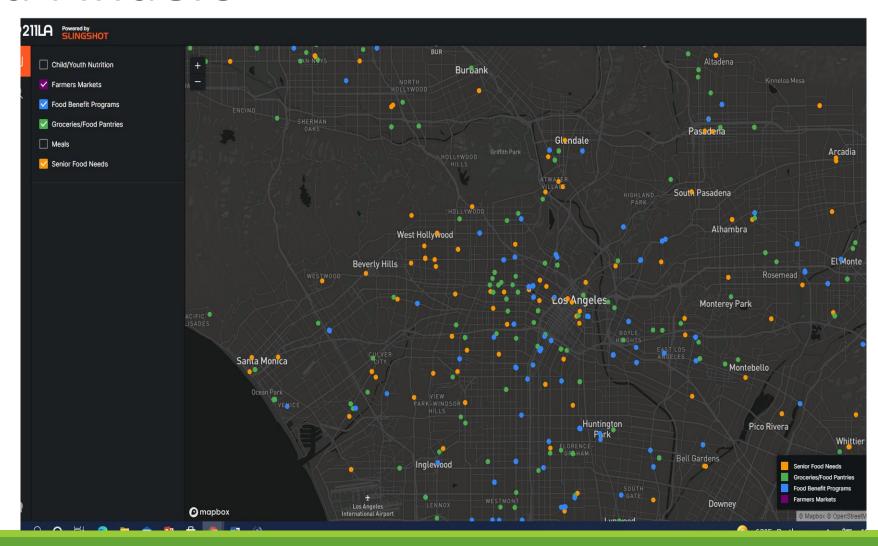






211 Services for Older Adults

211 Food Finders



211 Home Repairs/Expense





Example Resource:

Home Maintenance and Minor Repair Services (Older Adults)

Provided by: <u>CITY OF LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT</u>, 1200 W. 7th St., 9th Fl., Los Angeles, CA 90017

The program provides housing services for residents of the City of Los Angeles. Services include first time home buyer programs for low and moderate income families; home rehabilitation/repair grant s for low income households. The program targets older adults, age 62 and older, disabled adults,...

ADRC | Referral and Resource Directory



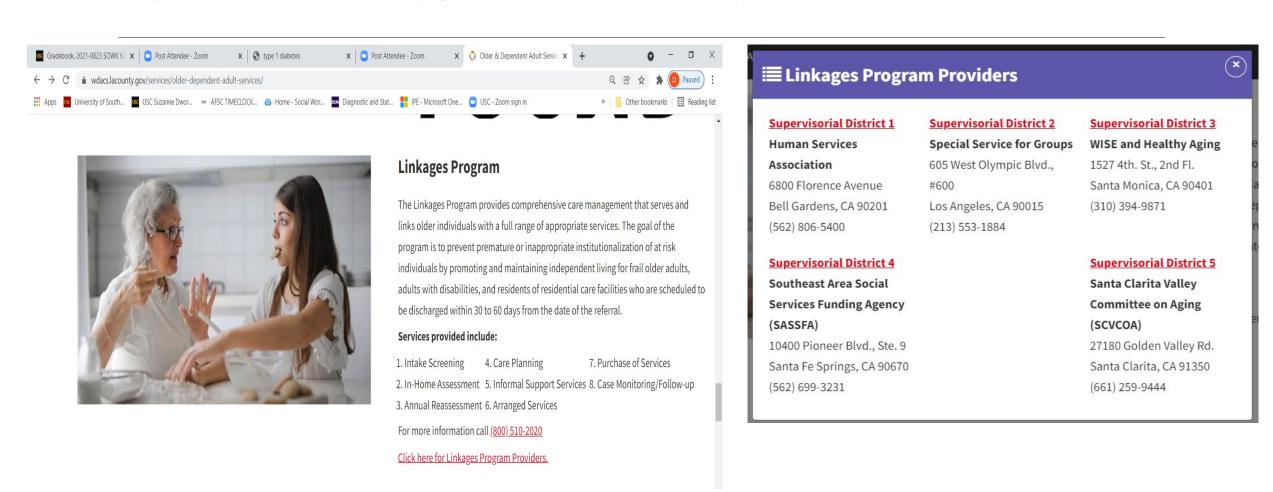
211LA ADRC - Aging and Disability Resource Connection | Referral and Resource Directory



https://www.211la.org/adrc-aging-and-disability-resour ce-connection-referral-and-resource-directory

Workforce Development Aging and Community Services

https://wdacs.lacounty.gov/services/older-dependent-adult-services



Workforce Development Aging and Community Services

https://wdacs.lacounty.gov/services/older-dependent-adult-services/

For more information call (800)510-2020

Care Giving Services Older & Dependent Adults



Family Caregiver Support Program(FCSP)

This program provides support to unpaid caregivers caring for elderly relatives, or to older caregivers of younger family members. The purpose of the program is to help minimize the negative emotional, physical, and financial consequences of unpaid family caregiving.

Click here to learn more



About the LACDMH's Help Line

The Los Angeles County Department of Mental Health's (LACDMH) Help Line (800-854-7771) serves as the primary entry point for mental health services and to connect to other virtual support within the County. The Help Line offers free and confidential services to callers through three distinct lines: the ACCESS Center, Emotional Support Services and Veteran or Military Family Member Support.

Through the Help Line, callers can connect 24/7 to the ACCESS Center (ext. 1), which provides general information, referrals for mental health services and mobile crisis response. The ACCESS Center strives to meet the cultural and linguistic needs of our communities by providing language interpreter services in the preferred language. When callers request information related to mental health services and other social-support needs, the ACCESS Center provides referrals to culture-specific providers and services that are appropriate and conveniently located per the caller's choice/preference and needs.

The newly expanded Help Line also provides emotional support and community resources through ext. 2, helping callers feeling overwhelmed by the uncertainty, isolation and daily challenges due to the COVID-19 public health emergency. Additionally, ext. 3 connects veterans and military family members to resources and provides access to a network of mental health professionals and military peer support.

ACCESS Center

for mental health referrals, crisis services and general information – available 24 hours a day, 7 days a week



Emotional Support

for callers experiencing increased challenges and stressors due to COVID-19 – available 9am-9pm, 7 days a week



Veteran and Military Family Members

for support and assistance connecting to resources – available 9 am-9 pm, 7 days a week



LA County Dept Mental Health

988 SUICIDE & CRISIS

No matter where you live in the U.S., you can easily access 24/7 emotional support.

Call or text 988 or visit 988lifeline.org/chat to chat with a caring counselor.

We're here for you.



Mental Health Crisis Resources

LA COUNTY

Suicide Prevention Lifeline (800) 273-8255

LAC Elder Abuse Hotline (877) 477-3646 Adult Protective Services Site

L.A. Warmline

Available 10 p.m. to 6 a.m. daily

English:

(855) 952-9276 (WARM)

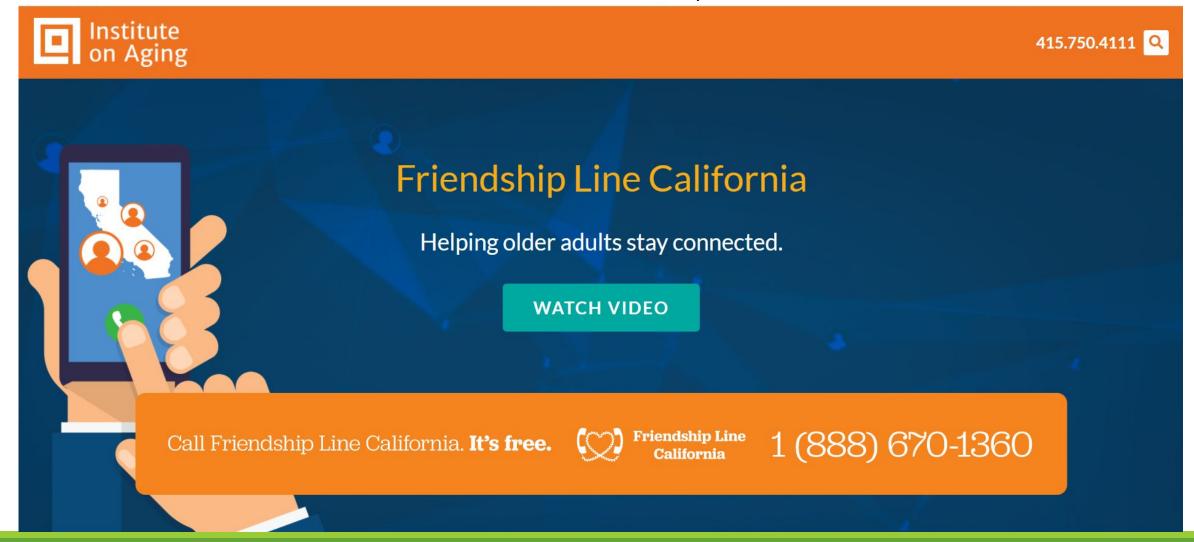
Spanish:

(888) 448-4055

GENESIS direct phone line **(213) 351-7284** or the 24/7 Help Line at **(800) 854-7771** For frail older adults unable to access

Combating Loneliness

24-hour toll-free Friendship Line



Who is Eligible for Our Services

You must be a resident of Los Angeles County and

- Age 65 and older; or
- A Medicare beneficiary of any age.

How to Obtain Services

▼ Telephone Counseling:

Call Our Toll Free Telephone Hotline at 1-800-824-0780 (Los Angeles County residents only).

Hours of operation: Monday - Friday 9 am to 5 pm

A CHCR receptionist will take your call and schedule you for a telephone counseling appointment.

Have an urgent health care problem?

Tell the CHCR receptionist that you have an urgent problem and you will be screened for a same day telephone appointment.

Examples of emergency cases include a hospital discharge, problems filling prescription drugs, your Medicare coverage has been terminated, you are unable to get services from your Medicare Advantage or Medi-Cal health plan.

Volunteer Counselor Sites Los Angeles County

Region: LOS ANGELES

CITY	SITE	COUNSELOR	SCHEDULE	PHONE
Los Angeles	Los Angeles LGBT Center 1125 N. McCadden Pl. 90038	Michael Lacoe	Thursday 10:00 AM – 1:00 PM (1st & 3rd)	(800) 824-0780 ext. 3006
Los Angeles	Adventist Health White Memorial Community Information Center 1720 E. Cesar Chavez Ave. 90033	Janice Torres	Wednesday 10:00 AM – 1:00 PM (2nd & 4th)	(800) 824-0780 ext. 3038
Los Angeles	Freda Mohr Multipurpose Center 6310 San Vicente Blvd. Ste. 275 90048	Miriam Goodwin	Tuesday 10:00 AM – 1:00 PM (1st & 3rd)	(323) 937-5900

When is Medicare open enrollment?

<u>Medicare open enrollment</u> – also known as Medicare's annual election period – runs from October 15 through December 7 each year. (Although Medicare's open enrollment period ends on December 7 each year, extended enrollment opportunities are available to people in <u>areas where FEMA declares an emergency or major disaster</u> that hampers your ability to complete your signup during the normal window.)

Center for Healthcare Rights: Health Insurance Counseling and Advocacy Program (HICAP)

Medi-Cal Covers Dental Care for Seniors



A Healthy Smile Never Gets Old

Healthy teeth and gums are an important part of our overall health. As we age, however, changes in our body increase our risk for developing dental conditions like cavities and gum disease. Practicing these good oral health habits can help keep you and your smile healthy:



Brush your teeth twice a day and floss daily.



If you have dentures, clean them daily with cleaners made for dentures. Remember to brush your gums with a soft toothbrush.



Eat a healthy, well-balanced diet.



See the dentist for a check-up once a year.

As a Medi-Cal member, your benefits include dental coverage at little or no cost to you. Adult dental benefits were restored for members with full-scope dental coverage in 2018. You are covered for these common services:

- Dental exams (every 12 months)
- Teeth cleaning (every 12 months)
- · Scaling and root planing
- Fluoride varnish (every 12 months)
- X-rays
- Fillings
- Crowns
- Root canals
- Denture relines Tooth removal

Emergency services

Partial and full dentures

Go to SmileCalifornia.org and click the "Find a Dentist" button to find a dentist near you.



How to Contact Us

Telephone Service Center

Telephone Service Center (TSC) representatives are there to help you Monday through Friday between 8:00 a.m. and 5:00 p.m. The TSC is closed for State holidays. If you have any questions that are not answered in this Handbook, we encourage you to check SmileCalifornia.org and dental.dhcs.ca.gov. If you still have guestions or need help coordinating your care, please call us toll-free at:

Medi-Cal Dental Telephone Service Center:

1-800-322-6384, Press 1

Teletext Typewriter (TTY):

1-800-735-2922

What information can I get from the Telephone Service Center?

When you call the Telephone Service Center (TSC), you will be connected to the member automated call system. You will then select from the menu options. Please have your Benefits Identification Card, Social Security Number, and something to write with. During the call, you can get help with:

	LOS ANGELES COUNTY COMPREHENSIVE HEALTH CENTER DENTAL CLINICS	ADDRESS		PHONE #
1	Edward R. Roybal Comprehensive Health Center	245 S. Fetterly Ave	Los Angeles, CA 90022	(323) 362-1240
2	El Monte Comprehensive Health Center	10953 Ramona Blvd.	El Monte, CA 91731	(626) 434-2610
3	H. Claude Hudson Comprehensive Health Center	2829 S. Grand Ave	Los Angeles, CA 90007	(213) 699-7240
4	Hubert Humphrey Comprehensive Health Center	5850 S. Main St.	Los Angeles, CA 90003	(323) 897-6000
5	Long Beach Comprehensive Health Center	1333 Chestnut Ave	Long Beach, CA 90801	(562) 753-2430
6	Mid Valley Comprehensive Health Center	7515 Van Nuys Blvd	Van Nuys, CA 91405	(818) 627-3000
7	Medical Village Pediatric Dental Clinic AT LAC-USC	2010 Zonal Avenue, OPD Building, 5th floor	Los Angeles, CA 90033	(323) 409-3640
8	High Dessert Regional Health Center	335 E Avenue I	Lancaster, CA 93535	(661) 471-4133

Listings of Los Angeles County DHS Medical Centers:

	LOS ANGELES COUNTY MEDICAL CENTER DENTAL CLINICS	ADI	DRESS	PHONE #
1	LAC-USC MEDICAL CENTER (GENERAL HOSPITAL)	1100 N. State St.	Los Angeles, CA 90033	(323) 409-5013
2	HABOR –UCLA MEDICAL CENTER	1000 W. Carson St	Torrance, CA 90502	(310) 222-3495
3	MARTIN LUTHER KING JR/DREW MEDICAL CENTER	1670 E. 120TH St., 4TH FLOOR	Los Angeles, CA 90059	(424) 338-1200
4	RANCHO LOS AMIGOS HOSPITAL NATIONAL REHAB CENTER	7601 E. Imperial Hwy.	Downey, CA 90242	(562) 385-7251

Listings of Dental Schools:

	DENTAL SCHOOLS	TAL SCHOOLS		PHONE #
1	Herman Ostrow School of Dentistry of USC	925 W 34th St.	Los Angeles, CA 90089	(213) 740-1576
2	UCLA School of Dentistry	714 Tiverton Ave.	Los Angeles, CA 90095	(310) 794-5750
3	College of Dental Medicine at Western University	795 E. 2nd St.	Pomona, CA 91766	(909) 706-3910

Denti-Cal & Dental Clinics LA



Los Angeles County Senior Resource Guide



The Los Angeles County and City Area Agencies on Aging

Providing free home-delivered meals for older adults age 60 and older who are impacted by the COVID-19 crisis.

County AAA: 1 (800) 510-2020 LA City AAA: 1 (213) 482-7252 Meals on Wheels: 1 (888) 998-6325



Pharmacy delivery

Pharmacies offering free prescription medication deliveries on eligible prescription medications.

CVS: 1 (800) 237-2767 Walgreens: 1 (800) 797-3345 Walmart: 1 (800) 273-3455



Fitness and Exercise

Go4life – An instructor-led 60 minute exercise video for ages 50 +. This workout features a warmup, strength, flexibility, balance exercises, and a cool down with stretches. **Visit:** https://go4life.nia.nih.gov/exercises/

Silver Snickers – Instructor-led 42 minute workout program encouraging older adults to participate in physical activities that will help them to maintain greater control of their health. Visit: https://www.youtube.com/watch?v=Ps3oXu5Czvc



Informational Resources

Los Angeles Department of Public Health

Visit: http://publichealth.lacounty.gov/media/Coronavirus/

California Department of Public Health – Guidance for Seniors and People with Underlying Conditions.

Visit: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/PublicHealthGuidanceSelfIsolationforOlderAdultsandThoseWhoHaveElevatedRisk.aspx

211 LA- A free, confidential referral and information helpline. Call: 211 or Visit: https://www.211la.org/seniors-older-adults

www.publichealth.lacounty.gov/coronavirus









Nutrition in Older Adults

Jo Marie Reilly, MD, MPH Isabel Edge, MD

October 2023







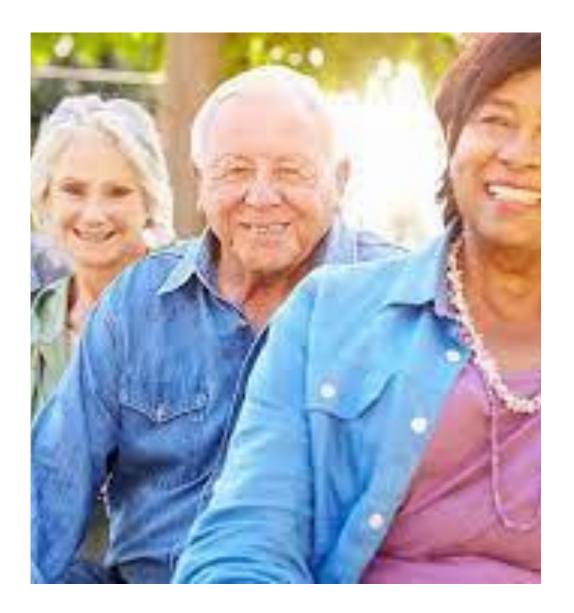
Objectives

Review the, basic biology/physiology of aging related to nutrition & malnutrition and its effect on older adults

Review common issues that impact adequate nutrition in older adults

Discuss macro and micronutrients and deficiencies that should be considered and screened for in older adults to optimize health

Introduce a simple nutritional screening tool that may facilitate better older adult nutritional screening



Why Focus on Nutrition?

~50% of older adults are at risk for malnutrition (Kaiser et al. 2010)

Malnutrition in older adults is associated with (Smith et al. 2020):

- Increased risk of falls
- Frailty
- Delayed recovery from illness or injury
- Worsening of chronic medical conditions
- Increased rates of hospitalization
- Increased overall mortality

Despite the importance of nutrition to health, it is often underrecognized and undertreated

Why Focus on Nutrition? (cont.)

Pressure Ulcers Infection Falls Readmissions Malnourished Malnourished 45% of patients who Patients with weight patients are 2 times patients have 3 fall in the hospital are loss are at increased times the risk malnourished.3 risk for readmissions.4 more likely to develop a pressure of surgical ulcer in the hospital.1 site infection.2

1. Banks M et al. Nutrition 2010;26:896–901.; 2 Fry DE, et al. Arch Surg. 2010;145:148-151. ; 3 Bauer JD, et al. J Hum Nutr Diet. 2007; 20:558-564 ; 4 Allaudeen N, et al. J Hosp Med. 2011;6:54-60

Above compiled by:

Melissa Parkhurst, MD, FHM Medical Director, Nutrition Support Service Medical Director, Hospital Medicine Section Department of Internal Medicine University of Kansas Medical Center



Physiological/Biological Digestive Changes in Older Adults

Neurodegeneration of the gut nervous system

- Dysphagia
- Reflux
- Constipation

Decreased gastric secretions

Malabsorption/nutrient deficiencies

Decreased sensitivity of thirst detecting mechanisms

- Dehydration
- Constipation

Dental deterioration

Difficulty chewing solid foods

shutterstock.com · 464799683



Other Physiological/Biological Changes in Older Adults

Decreased sense of taste and smell

Loss of body weight (esp. muscle mass)

Decreased caloric requirements

Decreased appetite/food consumption

- Less hungry
- Fuller between meals
- Eat more slowly
- Smaller meals

"Anorexia of aging" — decreased appetite/intake leads to inability to maintain body weight in normal range





Changes in Body Weight and Composition in Older Adults

Decreased lean body mass

- Up to 3 kg (6.6 pounds)/decade after age 50
- More difficult to gain/maintain muscle
- Sarcopenia = age-related, involuntary loss of skeletal muscle mass and strength

Proportionally increased body fat (abdominal distribution)

Increased intra-hepatic and intra-abdominal (visceral) fat

Decreased bone mineral density

- Can manifest as osteopenia, osteoporosis
- More likely to sustain fractures

Protein





Older adults often have decreased protein intake but may have increased need for protein to prevent excess loss of muscle mass

- RDA minimum for protein regardless of age is 0.8 g/kg/day
- RDA for older adults to improve health function is of 1.5 g/kg/day (about 3 oz with each meal daily)



Vitamins and Minerals

Older adults are prone to certain deficiencies

Risk factors for deficiencies include:

- Physiologic factors
- Reduced caloric intake
- Reduced variety of foods
- Medications (can interfere with absorption and metabolism)
- Smoking/EtOH

Vitamins and Minerals



Examples of common deficiencies in older adults:

Vitamin D

- Decreased sun exposure, thinning of skin ☐ decreased production of vitamin D
- Risk for worsening bone loss, osteopenia/osteoporosis

Vitamin B12

- Atrophic gastritis
- Pernicious anemia (lack of intrinsic factor from parietal cells)

Folate

- Reduced intake (poor diet, excess alcohol)
- Associated with some cancers (eg. colon CA)
- Risk for cognitive impairment, depression

Vitamins and Minerals

https://ods.od.nih.gov/factsheets

Age-specific Intake Recommendations



Vit D

- 600 IU/day for adults 18-70
- 800 IU/day for adults over 70

Calcium

- 1000 mg/day for men 51-70, 1200 mg/day for women 51-70
- 1200 mg/day for men over 70
- 1500 mg/day for postmenopausal women not on estrogen

General Adult Intake Recommendations

- Vit B12
 - 2.5 mcg/day for all adults
- Folate
 - 400 mcg DFE for all adults
- Vit C
 - 150 mg/day for men, 75 mg/day for women



Vitamins and Minerals (cont.)

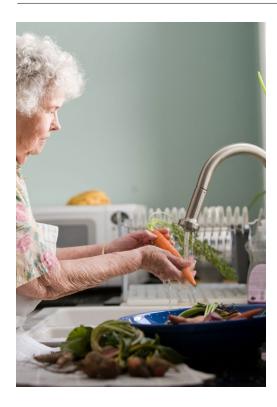
Nutritional needs are unchanged for

- Zinc
- Selenium
- Copper
- Chromium
- Manganese

Avoid excess Vitamin A

 Slowed metabolism in older adults, can lead to hypervitaminosis

Psychological/Social Issues in Older Adult Nutrition





Psychological

Delirium

Dementia

Depression/anxiety/bereavement

Alcoholism

(Smith et al. 2020, Veerbeek et al. 2019, CDC.gov)

Social

Low income

Isolation

Inability to shop for, prepare, and cook food

(Star et al. 2015)

In Summary: Think and Ask About







Changes in body composition, metabolism, caloric needs

Changes in digestive physiology

Risk for dehydration

Reduced mobility and dexterity

Oral health

Chronic illnesses and medications

Mood and substance disorders

Social isolation

Fixed income



Nutritional Assessment in the Clinic

Dietary assessment

24-hour recall

Food records for 7 days

Clinical assessment

Wasted, thin, skin, hair, nails, wound healing

Vitals (esp. *Unintentional weight loss*)

Laboratory markers

Albumin

Ferritin

Low total cholesterol



Nutrition Screening Tools

Malnutrition Screening Tool (MST)

Malnutrition Universal Screening Tool (MUST)

Mini-nutritional Assessment Short Form (MNA-SF)

DETERMINE Checklist

STEP 1: Screen with the MST 1 Have you recently lost weight without trying? No 0 2 Unsure 2 If yes, how much weight have you lost? 2-13 lb 1 14-23 lb 24-33 lb 34 lb or more 2 Unsure Weight loss score: Have you been eating poorly because of a decreased appetite? No 0 Yes Appetite score: Add weight loss and appetite scores MST SCORE:

STEP 2: Score to determine risk

MST = 0 OR 1 NOT AT RISK

Eating well with little or no weight loss

If length of stay exceeds 7 days, then rescreen, repeating weekly as needed.

MST = 2 OR MORE AT RISK

Eating poorly and/or recent weight loss

Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.

STEP 3: Intervene with nutritional support for your patients at risk of malnutrition.

Ferguson, M et al. Nutrition 1999 15:456-464

Malnutrition Screening Tool (MST)

- 2 questions
- Takes < 5 min
- Stratifies risk
- Focus on unintended weight loss and appetite

Ferguson et al. 1999

+ Step 3 Acute disease effect score Step 1 Step 2 Weight loss score **BMI** score Unplanned weight loss in If patient is acutely ill and BMI kg/m² Score there has been or is likely to past 3-6 months >20 (>30 Obese) =0be no nutritional intake for >5 18.5-20 =1Score days <18.5 = 2 <5 =05-10 = 1 Score = 2 >10 = 2If unable to obtain height and weight, see full Acute disease effect is unlikely to apply MUST toolkit for alternative measurements and outside hospital. See "MUST" Explanatory Step 4 Booklet for further information use of subjective criteria Overall risk of malnutrition Add Scores together to calculate overall risk of malnutrition Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk Step 5 Management guidelines 0 2 or more Low Risk **Medium Risk High Risk** Observe Treat* Routine clinical care Repeat screening: Document dietary intake for 3 days Refer to dietitian, Nutritional ■ If adequate - little concern and Hospital - weekly Support Team or implement local Care Homes - monthly repeat screening: policy Set goals, improve and increase Community - annually Hospital - weekly Care Home - at least monthly overall nutritional intake for special groups e.g. those >75 Community - at least every 2-3 Monitor and review care plan: years Hospital - weekly months Care Home - monthly If inadequate – clinical concern Community - monthly - follow local policy, set goals, improve and increase overall * Unless detrimental or no benefit is nutritional intake, monitor and expected from nutritional support e.g.

review care plan regularly

imminent death.

Malnutrition Universal Screening Tool (MUST)

- Takes < 5 min
- Based on BMI and weight loss
- Accounts for some effects of acute illness

Elia et al. 2003

Nutrition Screening Tools

Mini-nutritional Assessment Short Form (MNA-SF)

- Developed specifically for adults > 65 yrs old
- Short form is as reliable as long form
- Asks about: food intake, weight loss, mobility, illness, mental health, and BMI

DETERMINE Checklist

- Set of 10 questions
- Asks about <u>D</u>isease, <u>E</u>ating poorly, <u>T</u>ooth loss, <u>E</u>conomic hardship, <u>R</u>educed social contact,
 <u>M</u>ultiple medicines, <u>I</u>nvoluntary weight loss, <u>N</u>eeds assistance with self-care, and <u>E</u>lder years above age 80

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's -

- 0-2 Good! Recheck your nutritional score in 6 months.
- 3-5
 You are at moderate nutritional risk.
 See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help.
 Recheck your nutritional score in 3 months.

6 or more You are at high nutritional risk.

Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your

nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



AMERICAN ACADEMY OF FAMILY PHYSICIANS THE AMERICAN DIETETIC ASSOCIATION THE NATIONAL COUNCIL ON THE AGING, INC.



The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007

The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

The Nutrition Checklist is based on the Warning Signs described below. Use the word <u>DETERMINE</u> to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. 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. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. 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 have incomes of less than \$6,000 per year. Having less — or choosing to spend less — than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

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

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

NVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

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Key Citations

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Questions ?

Break Out Rooms



*Online students please connect with your teammates via Facetime/ Phone for the breakout discussion

Location	Team
Auditorium	Jo Marie Reilly
Auditorium	Janice Tramel
Auditorium	Jennifer Okuno
PA 192	Chris Beam
PA 193	Kelsey Peterson
PA 194	Isabel Edge
PA 195	Bruna Martins-Klein
PA 196	Cheryl Resnik
4th floor RM 6404	Patrick Tabon
4th floor RM 6403	Dawn Joosten-Hagye
4th floor RM 6425	Carolyn Kaloostian
4th floor RM 7415	Ashley Halle
4th floor RM 6414	Mitzi D'Aquila
4th floor RM 6413	Suh Chen Hsiao
4th floor RM 6427	Tanya Gurvich