



Welcome Back to OT-589

# Interprofessional Education and Collaboration for Geriatrics (IECG)

Session #1

Friday, October 20, 2023

1:30 p.m. – 4:30 p.m.

# Interprofessional Education and Collaboration for Geriatrics (IECG)



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28740, Geriatrics Workforce Enhancement Program for \$3.5 million. This information or content and conclusions are those of the author and should not be construed as the official position or policy or, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.



# Welcome

*Freddi Segal-Gidan*

# IECG Session #1 Agenda



1:35 pm - 1:45 pm	Welcome	Freddi Segal-Gidan
1:45 pm - 1:55 pm	Program Clarification (visual/flow) <ul style="list-style-type: none"><li>❖ Relationship</li><li>❖ Resources</li><li>❖ Websites</li></ul>	Ashley Halle
1:55 pm - 2:00 pm	Session# 1 Objectives	Bari Turetzky
2:00 pm - 2:30 pm	Mental Health and Aging Wellness, Mind and Body	Christopher Beam Bruna Martins-Klein Dawn Joosten-Hagye
2:30 pm - 2:40 pm	Break	
2:40 pm - 3:00 pm	Nutrition	Carolyn Kaloostian
3:00 pm - 3:20 pm	Model with Older Adult How to Introduce to Older Adults	Bruna Martins-Klein Carolyn Kaloostian
3:20 pm - 4:30 pm	Team Building & Discussion Reflections Questions, Closing and Small Breakout Rooms	Ashley Halle



# IECG Reminder

IECG participants, please be aware of the importance of your individual commitment to the IECG course. It includes effective communication and participation which impacts the community, student partner, and the overall success of the team.

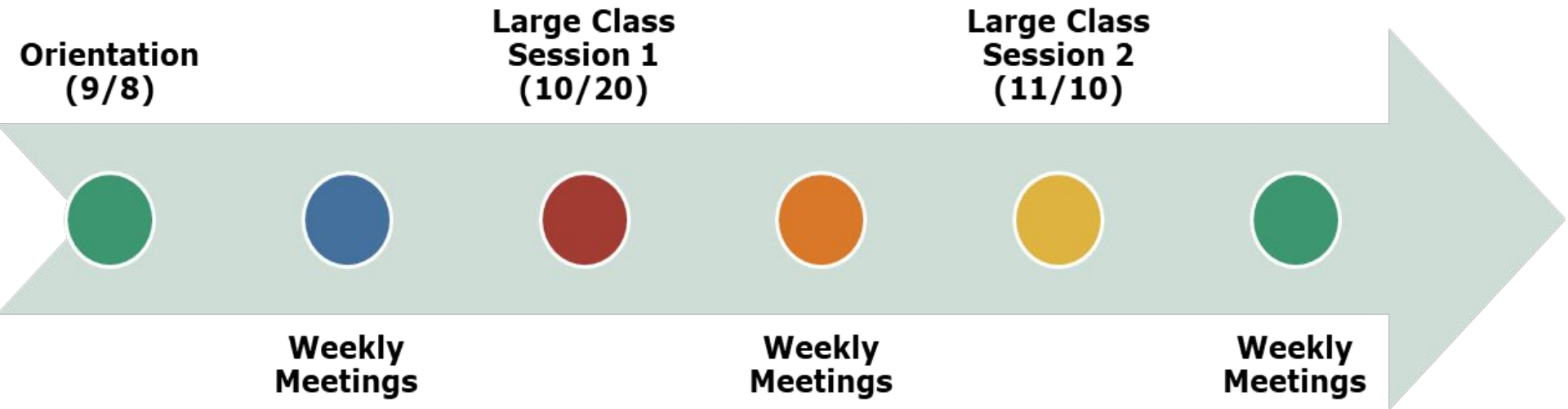




# Expectations & Reminders

*Ashley Halle, OTD, OTR/L, CAPS*

# Program Flow



# Program Flow



**Large  
Class  
Session 3  
(12/1)**

**Large  
Class  
Session 4  
(1/19)**

**Final  
Wrap-Up  
(2/23)**



**Weekly  
Meetings**

**Weekly  
Meetings**



# Program Flow



## Large Class Session 1

- Didactic content
- Modeling
- Small interprofessional team

## Large Class Session 2

- Didactic content
- Modeling
- Small interprofessional team



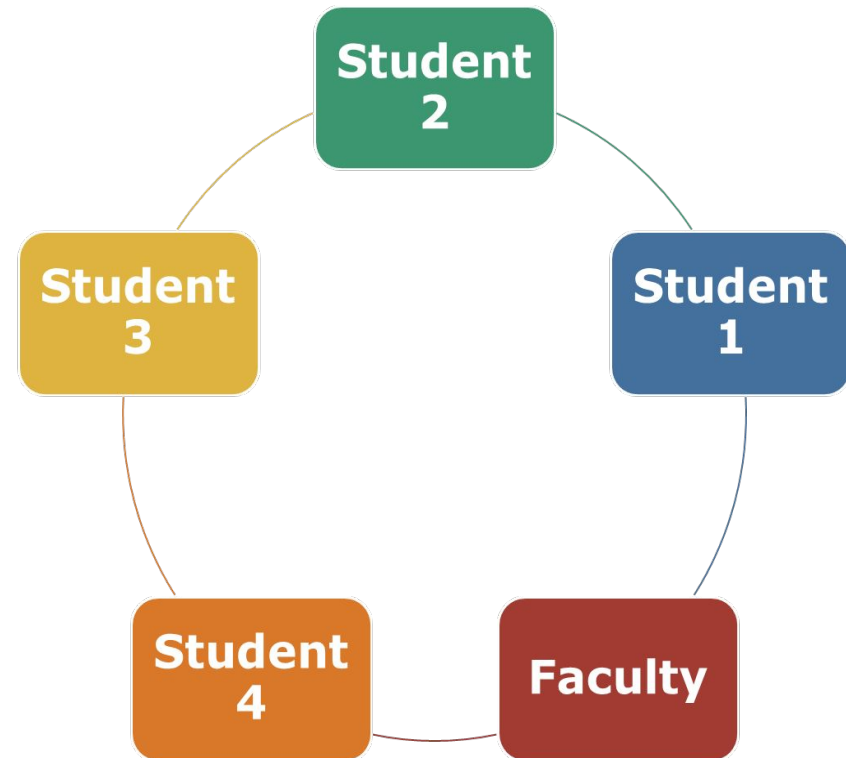
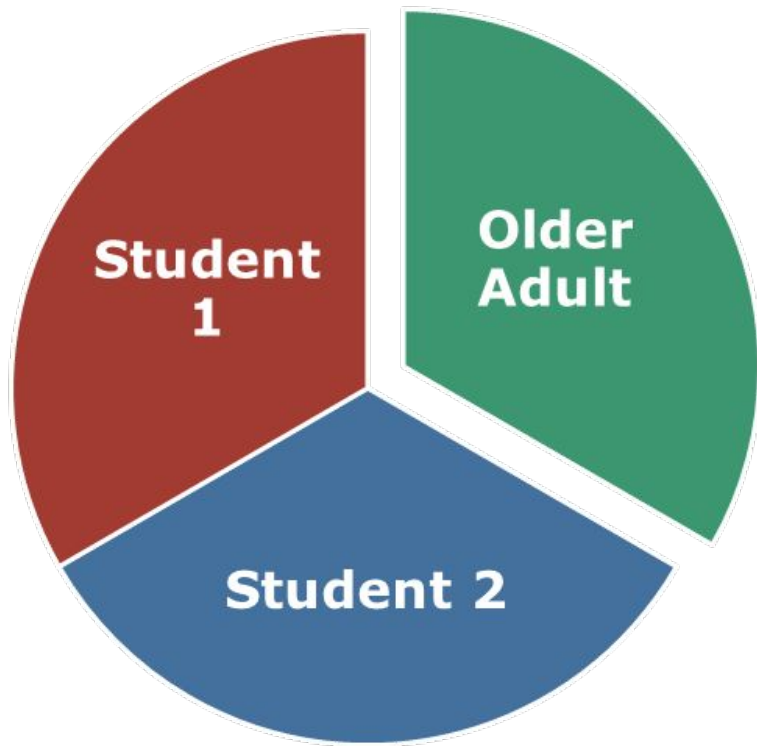
## Weekly Meetings

- Interprofessional pair + Older Adult

# Weekly Meetings



Don't forget to also reach out to the rest of your team as needed!



# Additional Information



GWEP Website: <https://gwep.usc.edu/>



# Session #1 - Objectives

*Bari Turetzky*

# Session #1 - Objectives



Students will learn how to:

- Consider differential diagnosis of psychiatric conditions that have an impact on cognitive functioning;
- Administer and score the PHQ9 and GAD7 assessments;
- Identify community resources to support the wellbeing of older adults;
- Conduct an overview of diet history, evaluation of common causes of weight loss, nutritional screening, and common issues that impact nutrition in older adults; and
- Verbalize the importance of balanced nutritional intake.



# Wellness, Mind and Body

*Bruna Martins-Klein, Ph.D*

**USC**Dornsife

Dana and David Dornsife  
College of Letters, Arts and Sciences

University of Southern California

# Barriers to diagnosis and treatment of mental health disorders in older adults



## Common provider barriers...

- Inadequate screening
- Misperceptions/stigma
- Using language/terms that older adults cannot identify with
- Confuse depression with fatigue
- Cognitive symptoms/forgetfulness versus disengagement



# Barriers to diagnosis and treatment of mental health disorders in older adults



## Older adults may ...

- Be unaware of the symptoms
- Be stoic about expressing emotional pain
- Be more likely to emphasize physical complaints
- Feel they can/should handle things on their own

## The State of Mental Health and Aging in America



<http://1.usa.gov/Hff1qP>

**USC**Dornsife

Dana and David Dornsife  
College of Letters, Arts and Sciences

University of Southern California



# Mental Health & Aging

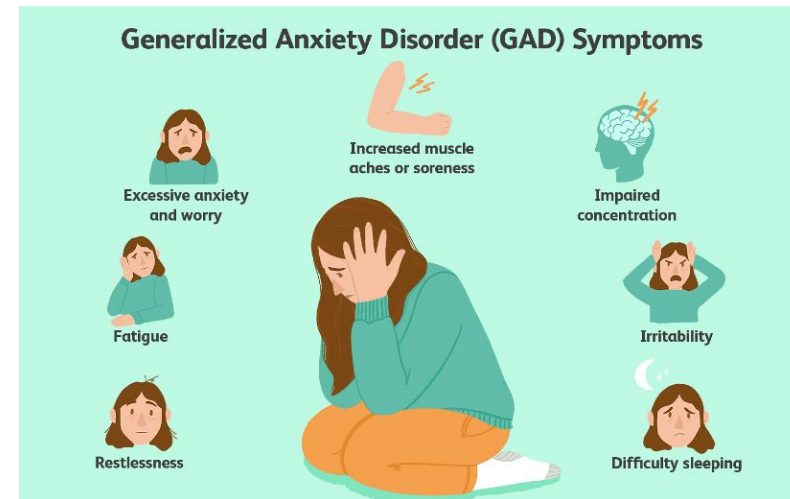


- **Anxiety Disorders**
  - GAD, Panic Disorder, Social Anxiety, Phobias
  - 30% w/ persistent GAD (generally lower than adults)
- **Depressive Disorders**
  - MDD, Disruptive Mood Dysregulation, Persistent Depressive Disorder
  - Older adults not diagnosed as often as middle-aged adults but report subthreshold symptoms more often
- **Social Isolation & Loneliness**
  - No diagnosis, but loneliness worst in the oldest-old
  - Loneliness occurs whether one is objectively socially isolated or not



# 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.



# GAD-7 Anxiety



Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than 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 is 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

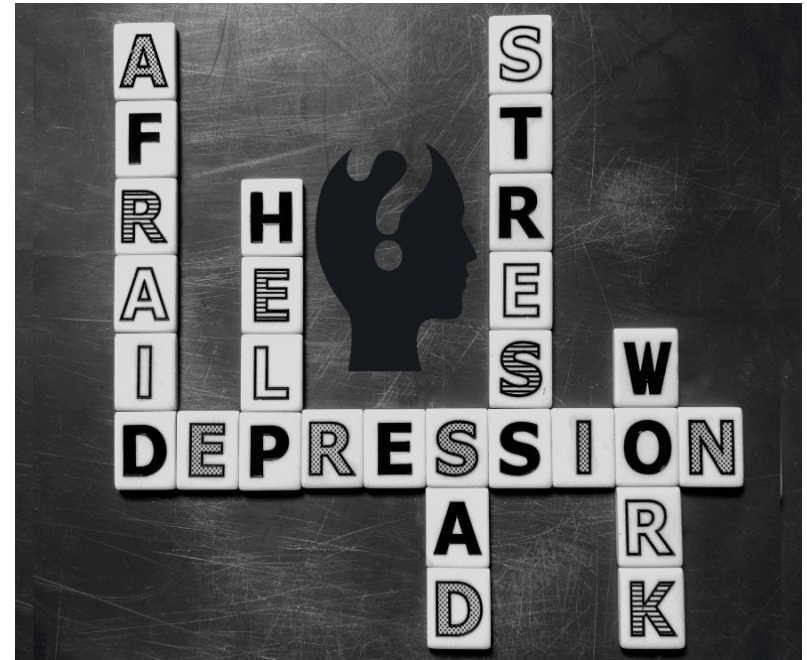
Column totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ =

*Total score*    \_\_\_\_\_



# Depression

- 300 million worldwide, leading cause of disability, women affected at higher rate than men
- **Key components**
  - Depressed mood and/or
  - Diminished interest  
“most of the day, nearly everyday” for at least 2 weeks





# Depression

“Depression in elderly people often goes untreated because many **people think that depression is a normal part of aging and a natural reaction to chronic illness, loss and social transition.**”

*National Alliance on Mental Illness (NAMI)*



# PHQ- 9

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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 or staying asleep, or 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
6. 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
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

# Social Isolation/Loneliness



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



# Tips for Screening Volunteers



- 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 screeners
  - 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, Mind and Body & Community Resources

*Dawn Joosten-Hagye, PhD, LCSW, GC-C*

# Wellness & Older Adults



**Well-being** is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. (WHO, 2021)

*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, 2023)*

# 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
- Medication Management
- Nutrition Counseling
- Personal Care
- Pest Control - Initiation/Maintenance
- Respite - In Home
- Specialized Medical Equipment and Supplies
- Transportation





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

### Search Resources by Category



COVID-19 Info & Supports



Food



Healthcare



Housing



Income & Employment



Education



Mental Health



Re-Entry Services



Legal Services



Crisis Services



Transportation



Utilities & Community Services



Immigration



Youth Services



Family & Children



LGBTQ



Disability Services



Seniors + Older Adults



Veteran Services

Select Language

Select Language

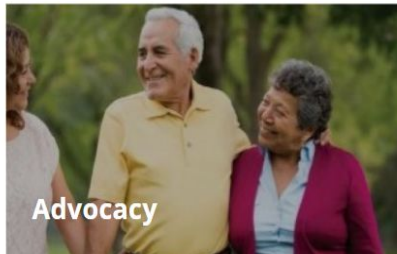
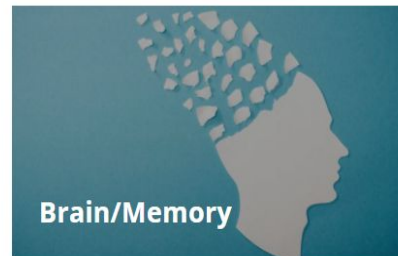
- Afrikaans
- Albanian
- Amharic
- Arabic
- Armenian
- Azerbaijani
- Basque
- Belarusian
- Bengali
- Bosnian
- Bulgarian
- Catalan
- Cebuano
- Chichewa
- Chinese (Simplified)
- Chinese (Traditional)
- Corsican
- Croatian
- Czech

# 211 Services for Older Adults

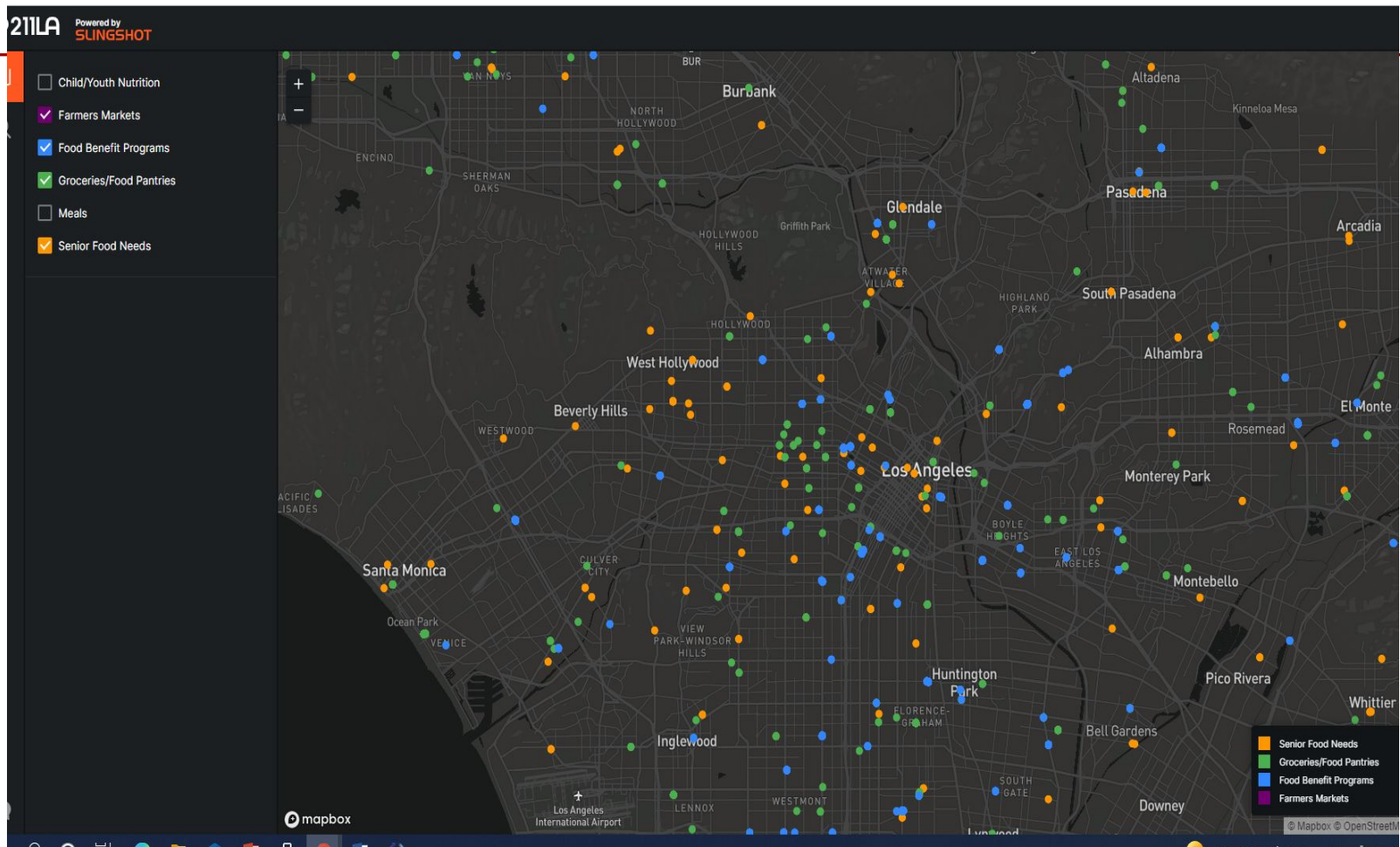


## Resources | Seniors + Older Adults

*Narrow your search or* **VIEW ALL SENIORS + OLDER ADULTS RESOURCES**



# 211 Food Finders



# 211 Home Repairs/Expense



**Housing Expense  
Assistance**



**Home  
Improvement/Accessibility**

**Example  
Resource:**

## **Home Maintenance and Minor Repair Services ( Older Adults )**

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

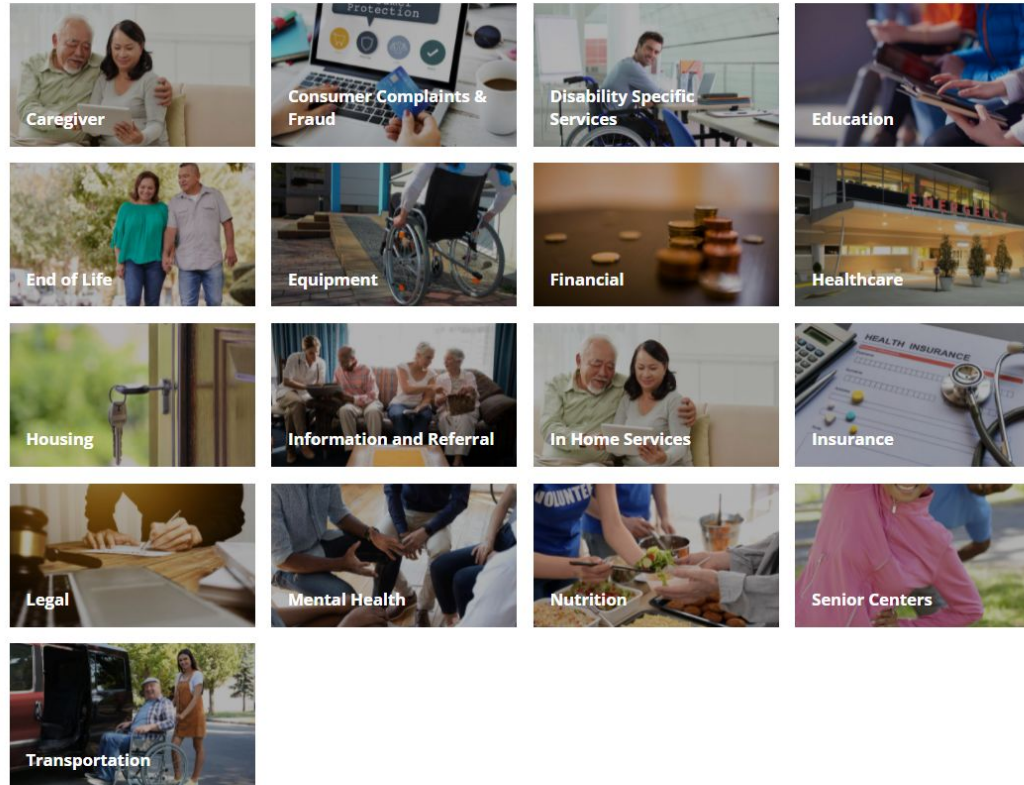
The program provides housing services for residents of the City of Los Angeles. Services include first time home buyer programs for low and moderate income families; home rehabilitation/repair grants for low income households. The program targets older adults, age 62 and older, disabled adults,...

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



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

## ADRC | Referral and Resource Directory





# Workforce Development Aging and Community Services

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



## Linkages Program

The Linkages Program provides comprehensive care management that serves and links older individuals with a full range of appropriate services. The goal of the program is to prevent premature or inappropriate institutionalization of at risk individuals by promoting and maintaining independent living for frail older adults, adults with disabilities, and residents of residential care facilities who are scheduled to be discharged within 30 to 60 days from the date of the referral.

### Services provided include:

1. Intake Screening
2. In-Home Assessment
3. Annual Reassessment
4. Care Planning
5. Informal Support Services
6. Arranged Services
7. Purchase of Services
8. Case Monitoring/Follow-up

For more information call [\(800\) 510-2020](tel:8005102020)

[Click here for Linkages Program Providers.](#)

### Linkages Program Providers

#### Supervisorial District 1

##### Human Services

##### Association

6800 Florence Avenue  
Bell Gardens, CA 90201  
(562) 806-5400

#### Supervisorial District 2

##### Special Service for Groups

605 West Olympic Blvd.,  
#600  
Los Angeles, CA 90015  
(213) 553-1884

#### Supervisorial District 3

##### WISE and Healthy Aging

1527 4th. St., 2nd Fl.  
Santa Monica, CA 90401  
(310) 394-9871

#### Supervisorial District 4

##### Southeast Area Social Services Funding Agency (SASSFA)

10400 Pioneer Blvd., Ste. 9  
Santa Fe Springs, CA 90670  
(562) 699-3231

#### Supervisorial District 5

##### Santa Clarita Valley Committee on Aging (SCVCOA)

27180 Golden Valley Rd.  
Santa Clarita, CA 91350  
(661) 259-9444

# 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](#)

Family Caregiver Support Program (FCSP) Providers		
<b>Santa Clarita Valley (COA)</b> 22900 Market Street Newhall, CA 91321 (661) 259-9444	<b>USC/LA Caregiver Center</b> 3715 McClintock Ave. Los Angeles, CA 90089-0191 (855) 872-6060 or (800) 540-4442	<b>USC/LA Caregiver Resource Center (Rosemead)</b> 4807 Earle Ave. Rosemead, CA 91770 (855) 872-6060 or (800) 540-4442

# Mental Health Crisis Resources



## LA COUNTY

**988 SUICIDE & CRISIS LIFELINE**

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](https://988lifeline.org/chat) to  
chat with a caring counselor.

We're here for you.

A white line-art illustration of a hand holding a smartphone. The screen of the phone displays a heart icon.

### **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**

- *For frail older adults unable to access or the 24/7 Help Line at **(800) 854-7771***

# Combating Loneliness



24-hour toll-free Friendship Line



415.750.4111

## Friendship Line California

Helping older adults stay connected.

WATCH VIDEO

Call Friendship Line California. **It's free.**



Friendship Line  
California

1 (888) 670-1360

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



## 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

✖ Collapse all

### ▼ 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.**



Medicare's Open Enrollment Period, known as the “Medicare Advantage and Prescription Drug Plan annual election period,” “annual enrollment period” or “AEP,” takes place this year from Oct. 15, 2023, through Dec. 7, 2023.

# Denti-Cal & Dental Clinics LA



## 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)
- X-rays
- Partial and full dentures
- Teeth cleaning (every 12 months)
- Fillings
- Denture relines
- Scaling and root planing
- Crowns
- Tooth removal
- Fluoride varnish (every 12 months)
- Root canals
- Emergency services

Go to [SmileCalifornia.org](http://SmileCalifornia.org) and click the "Find a Dentist" button to find a dentist near you.



#### Listings of Los Angeles County Comprehensive Health Centers Dental Services:

	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 Desert 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	ADDRESS	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	ADDRESS	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

# 10 Minute Break



# Nutrition in Older Adults



Jo Marie Reilly, MD, MPH

Isabel Edge, MD

Carolyn Kaloostian, MD, MPH

October 2023

Keck School of Medicine of **USC**

**Geriatric Healthcare Collective**



# 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? (cont.)



## Pressure Ulcers

Malnourished patients are **2 times more likely** to develop a pressure ulcer in the hospital.<sup>1</sup>

## Infection

Malnourished patients have **3 times** the risk of surgical site infection.<sup>2</sup>

## Falls

**45%** of patients who fall in the hospital are malnourished.<sup>3</sup>

## Readmissions

Patients with weight loss are at **increased risk** for readmissions.<sup>4</sup>

**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



# 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



## 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





# Malnutrition Screening Tool (MST)

STEP 1: Screen with the MST	
<b>1</b> Have you recently lost weight without trying?	
No	0
Unsure	2
<b>2</b> If yes, how much weight have you lost?	
2-13 lb	1
14-23 lb	2
24-33 lb	3
34 lb or more	4
Unsure	2
Weight loss score: <input type="text"/>	
<b>3</b> Have you been eating poorly because of a decreased appetite?	
No	0
Yes	1
Appetite score: <input type="text"/>	
Add weight loss and appetite scores	
<b>MST SCORE:</b> <input type="text"/>	

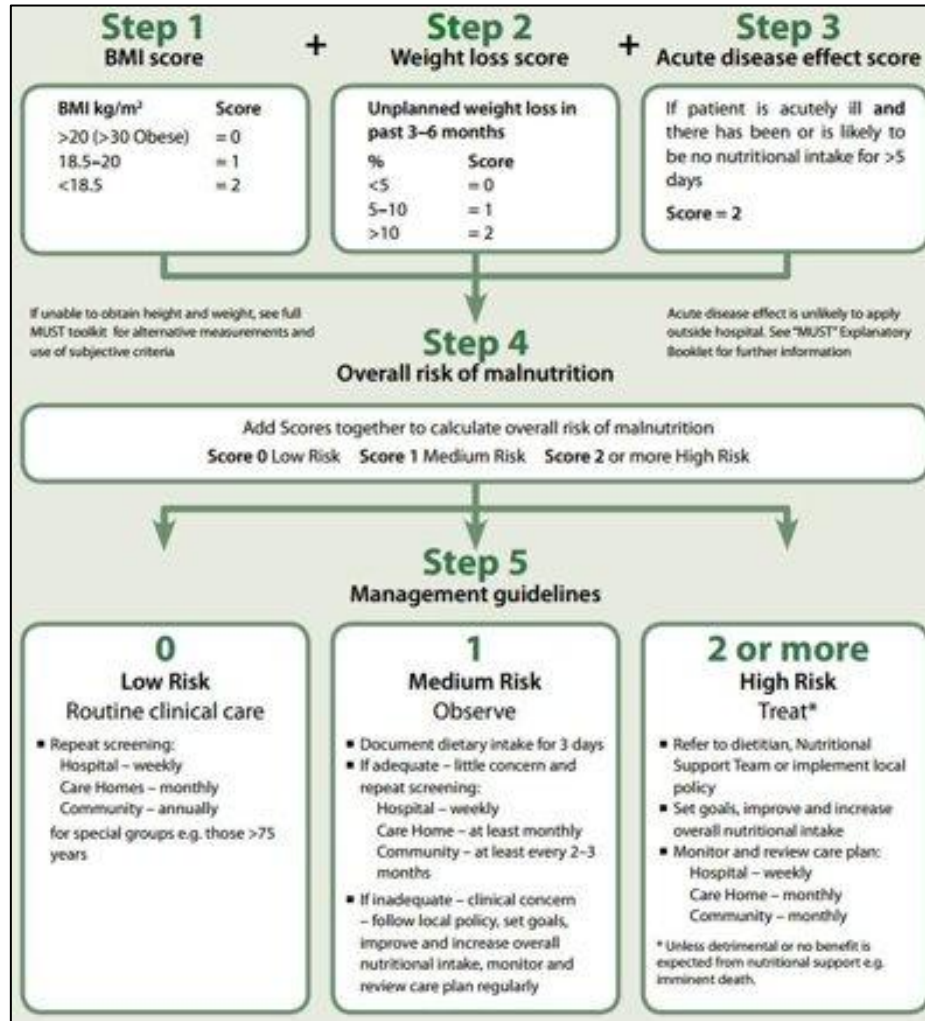
STEP 2: Score to determine risk
<b>MST = 0 OR 1 NOT AT RISK</b> Eating well with little or no weight loss
If length of stay exceeds 7 days, then rescreen, repeating weekly as needed.
<b>MST = 2 OR MORE AT RISK</b> Eating poorly and/or recent weight loss
Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.
<b>STEP 3: Intervene with nutritional support for your patients at risk of malnutrition.</b>
Notes: _____ _____ _____ _____ _____

Ferguson, M et al. Nutrition 2009; 24(10): 659

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

*Ferguson et al. 1999*

# Malnutrition Universal Screening Tool



- 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 **D**isease, **E**ating poorly, **T**ooth loss, **E**conomic hardship, **R**educed social contact, **M**ultiple medicines, **I**nvolutionary weight loss, **N**eeds assistance with self-care, and **E**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.*

## DETERMINE YOUR NUTRITIONAL HEALTH

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.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
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
<b>TOTAL</b>	

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.



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

Keck School of Medicine of USC

Geriatric Healthcare Collective



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

## **D**ISEASE

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.

## **E**ATING 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.

## **T**OOTH 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.

## **E**CONOMIC 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.

## **R**EDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

## **M**ULTIPLE 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.

## **I**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.

## **N**EEDS 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.

## **E**LDER 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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# Questions?





# Model with Older Adult

*Bruna Martins-Klein*



# Small Team Breakout

*Ashley Halle, OTD, OTR/L, CAPS*



# Small Group Agenda

There are two key areas we will address in Small Group today:

1. **Debrief** on how things have gone to date with your older adult and small group.
2. **Practice and prepare** for how you will apply information learned today in your future meetings with your older adult



# Small Group: Debrief Questions

1. Share how things have been going with your older adult participant so far. What has **worked well**, what has been **challenging** and anything **surprising**?
2. How did you connect with your older adult partner? Telephone, Facetime, Zoom, Teams, etc.
3. Additionally, consider the below as time allows:
  - a. How did you describe the IECG program?
  - b. What did you learn about "What Matters" with your older adult?
  - c. How was it using the "Beautiful Questions and My Story"?
  - d. Any surprises or challenges?



# Small Group: Practicing and Future Prep



1. **ACTIVITY**: Practice using today's screening tools!
  - a. For this activity, pair up with another student in your small group. Select one of screening tools we covered today and practice administering it. One student will be the “examiner” and the other will be the “resident”.
  - b. Once done, the “residents” will find a new “examiner” and switch roles. Now the “residents” are “examiners” and vice-versa. They will select a screening tool and practice administering.
  - c. Everyone should have at least one chance to practice as an “examiner”.
  - d. Debrief: How did this process feel? Do you have any questions?
  
2. Plan with your interprofessional partner: How will you begin to talk about mental health and nutrition with your older adult? Which tools will you use and who will administer them?

# RESOURCES



Please review the full version of the resources which can be located by accessing the GWEP website:

**Link:** <https://gwep.usc.edu/age-friendly-student-senior-connection-resources/>

- GAD-7 Anxiety Assessment
  - PHQ-9 Assessment
  - UCLA Loneliness Scale
- Determine Your Nutritional Health
  - My Plate for Older Adults
  - AUDIT-C Questionnaire
- Suicide Assessment Five-Step Evaluation and Triage
- Quick Guide: Clinical Triage Guidelines Using the C-SSRS

## Next IECG Sessions

The IECG course will meet in person for six sessions on Friday afternoons over the academic year.

- Friday, September 8, 2023 1:30 pm – 4:30 pm
- Friday, October 20, 2023 1:30 pm – 4:30 pm
- Friday, November 10, 2023 1:30 pm – 4:30 pm**
- Friday, December 1, 2023 1:30 pm – 4:30 pm
- Friday, January 19, 2023 1:30 pm – 4:30 pm
- Friday, February 23, 2023 1:30 pm – 4:30 pm





# Questions

## Thank you for attending!



# Key Citations



- Elia M. Screening for malnutrition: A multidisciplinary responsibility. Development and Use of the Malnutrition Universal Screening Tool ('MUST') for Adults. Redditch: BAPEN; 2003
- Ferguson M, Capra S, Bauer J, Banks M. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. *Nutrition*. 1999 Jun;15(6):458-64. doi: 10.1016/s0899-9007(99)00084-2. PMID: 10378201.
- <https://www.cdc.gov/aging/depression>
- <https://thegeriatricdietitian.com/malnutrition-screening-tool/>
- <https://ods.od.nih.gov/factsheets>
- <https://www.nia.nih.gov/health/smell-and-taste>
- Kaiser M.J., Bauer J.M., Räsmsch C., Uter W., Guigoz Y., Cederholm T., Thomas D.R., Anthony P.S., Charlton K.E., Maggio M., et al. Mini nutritional assessment international group. Frequency of malnutrition in older adults: A multinational perspective using the mini nutritional assessment. *J. Am. Geriatr. Soc.* 2010;**58**:1734–1738. doi: 10.1111/j.1532-5415.2010.03016.x.

# Key Citations



- Smith ML, Bergeron CD, Lachenmayr S, Eagle LA, Simon JR. A Brief Intervention for Malnutrition among Older Adults: *Stepping Up Your Nutrition*. *Int J Environ Res Public Health*. 2020 May 20;17(10):3590. doi: 10.3390/ijerph17103590. PMID: 32443789; PMCID: PMC7277589.
- Starr K.N.P., McDonald S.R., Bales C.W. Nutritional vulnerability in older adults: A continuum of concerns. *Curr. Nutr. Rep.* 2015;4:176–184. doi: 10.1007/s13668-015-0118-6.
- Veerbeek MA, Ten Have M, van Dorsselaer SA, Oude Voshaar RC, Rhebergen D, Willemse BM. Differences in alcohol use between younger and older people: Results from a general population study. *Drug Alcohol Depend.* 2019 Sep 1;202:18-23. doi: 10.1016/j.drugalcdep.2019.04.023. Epub 2019 Jun 29. PMID: 31284118.