Content Writing Sample 0007

Title Tag: Causes of Unplanned Weight Loss in Aged Care

Meta-description: Find out what the leading causes of unplanned weight loss in aged care are – and what aged care directors can do to fix them.

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Content:

Potential Causes of Unplanned Weight Loss in Aged Care

With around 8% of residents in Australian aged care experiencing significant unplanned weight loss, understanding how it occurs, why it matters, and how it can be managed is critical [1].

This article is designed to provide an overview of unplanned weight loss in aged care settings. Each section addresses specific causes of unplanned weight loss and provides practical steps that aged care directors can take to begin identifying and managing those problems.

What Is Unplanned Weight Loss?

While the term 'weight loss' is often associated with better health, an intentional reduction in excess body fat (often through diet and lifestyle changes) is not the same as unplanned weight loss.

Unplanned weight loss is, technically, any weight loss that occurs without deliberate changes in lifestyle or diet. In an aged care setting, significant unplanned weight loss is best defined as the loss of three kilograms or more over a three-month period, or consecutive weight loss over three successive months [1].

Why Unplanned Weight Loss Matters

While unplanned weight loss is clinically significant for people of all ages, it's especially important for people in aged care facilities. Generally, it's associated with higher mortality rates, increased complications in hospital, reduced independence and physical function, and generally worse quality of life [2].

Unplanned weight loss can also be a clear indication that there is a problem of some kind. For example, people with mental health conditions such as dementia or depression are more prone to malnutrition; similarly, people with chronic conditions like cancer or HIV/AIDS may be affected by cachexia, a condition that causes muscle and weight loss.

When an older person experiences significant unplanned weight loss, it's often a sign that they're not consuming or digesting enough nutrients to meet their body's needs. As unplanned weight loss in older people can lead to adverse health outcomes, finding and addressing the cause is critical. In the next sections, we'll cover each of the potential causes in detail.

Malnutrition

Unplanned weight loss can be a first sign of malnutrition. The clinical definition of malnutrition is "a state of nutrition in which a deficiency, or excess, of energy, protein and micronutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function, and clinical outcome" [3].

In other words, malnutrition occurs when you don't get the right nutrition for your body's needs. Up to 50% of aged care residents in Australia are affected by malnutrition. Unlike cachexia, malnutrition can be reversed once the right protein-energy intake is achieved.

The main reasons that malnutrition occurs are that the person in question isn't eating or drinking enough nutrients (this includes not being able to meet increased nutritional requirements due to other health conditions), or their body isn't digesting those nutrients properly, a condition known as malabsorption. Understanding the differences between these two reasons is especially important in aged care because they generally require different solutions.

Consumption Problems

If a resident in an aged care setting is experiencing unplanned weight loss, the first place to start should be the appraising the foods and drinks available to residents.

Aged care menu planning is a complex task that should, ideally, be conducted by an Accredited Practising Dietitian. Balancing choice autonomy and variety with quality and nutritional value is essential for developing a well-rounded menu that satisfies residents, meets their nutritional requirements, and is still cost-effective and easily prepared [4].

Solution: Work with an Accredited Practising Dietitian to design an effective aged care menu.

If your menu is already dietitian-designed, then the next consumption-related aspect to consider is plate-to-mouth performance. How effectively are residents moving their food/drink from its serving container to their mouths?

Common barriers can include heavy cutlery or cups, sub-optimal eating environments, and physical conditions that make gripping or lifting difficult. Cognitive impairments, such as dementia, can also severely impact self-feeding ability, and interventions may be required [5]. Training programs for both residents and nursing staff, for example, can be of use when the root cause is cognitive impairment, while mealtime assistance or environmental modification may be of benefit to all affected residents [6].

Identifying eating and drinking difficulties can be conducted through tests such as the Eating Behaviour Scale and Functional Independence Measure [7].

Solution: Work with a Certified Practising Speech Pathologist to identify problems and design interventions.

The third consideration of nutrient consumption is assessing chewing and swallowing ability of residents. Poor oral health (lack of functioning teeth, gum disease, and oral pain), reduced bite force, and dysphagia (difficulty swallowing) can all impact how food and drink is chewed, controlled in the mouth, and swallowed [8].

Xerostomia (dry mouth), which can be caused by a number of factors and is highly prevalent in older adults, may also make eating food more difficult [9].

While conditions like dysphagia and xerostomia may require specialised, ongoing treatment, their management may also involve dietary interventions such as texture-modified diets.

Solution: Work with a Certified Practising Speech Pathologist to identify problems and design interventions.

Digestive Problems

Malnutrition can also be caused by malabsorption. Even if a person eats and drinks the right amount of nutrients, a failure to properly digest and use these nutrients can still result in malnutrition.

One of the most common reasons for digestive problems in older adults is age-related changes in gut morphology (structure) and microbiota. As we age, our digestive system experiences natural changes in shape and functional ability. This includes a lowered adaptive response to illness or injury, changes in villi and crypt depth, and less diverse microbiota species [10, 11]. Collectively, these changes can cause older people to absorb nutrients less effectively [10, 11].

Polypharmacy can also heavily impact gut microbiota, as well as cause other problems (like dysphagia and xerostomia). If an aged care facility has residents that take multiple medications, interventions to reduce the overall medication burden on individuals should be considered [12].

Finally, many health conditions can also cause digestive problems. Different nutrients are absorbed at different points in the digestive process, so malabsorption causes can vary widely [13]. Protein malabsorption, for example, could be caused by cystic fibrosis or chronic pancreatic, whereas carbohydrate malabsorption could be caused by untreated Crohn's disease or coeliac disease [14].

Solution: Work with an Accredited Practising Dietitian to identify causes and make appropriate interventions or referrals.

Sarcopenia

As we age, we progressively lose muscle mass (at a rate of about 1–2% each year from about 50 years onwards) [15]. This phenomenon is known as 'sarcopenia'.

Although the exact causes of sarcopenia are under investigation, the consequences are well known: decreased independence, reduced social activity, increased risk of adverse medical outcomes, and

higher mortality rates [15]. It's important to note that sarcopenia is the loss of muscle mass, rather than total body weight – it's possible for older adults to be both sarcopenic and obese.

Sarcopenia, unlike malnutrition, can't be rectified solely by increasing nutrient intake [16]. Managing sarcopenia requires a multi-disciplinary approach that targets both diet and exercise – adequate protein-energy intake and resistance training may help reduce muscle loss [17].

Solution: Work with a geriatrician to identify the presence of sarcopenia and coordinate a multi-disciplinary management approach.

Cachexia

Unplanned weight loss can also be caused by cachexia, a condition caused by pro-inflammatory cytokines (small proteins that modulate the immune system). These cytokines are associated with the presence of serious diseases like cancer, HIV/AIDS, heart failure, and chronic obstructive pulmonary disease. Cachexia is defined as a weight loss of at least 5% in 12 months or less [18].

Like sarcopenia, cachexia involves skeletal muscle loss, but may also affect fat [18]. Other symptoms include anorexia, fatigue, inflammation, anaemia, low serum albumin, and insulin resistance [18].

To date, there are no effective treatment options for cachexia. Although some interventions, such as nutritional and exercise programs and pharmacological treatments, may improve quality of life, these typically have a minor effect on symptoms.

Solution: Work with a geriatrician to identify cachexia and any underlying diseases. Specialists from various fields will typically be involved with treatment.

Next Steps

Unplanned weight loss in aged care is a widespread, complicated phenomenon – but is almost never 'normal', and generally indicates the existence of a serious health condition like malnutrition, sarcopenia, dementia or cancer.

If an aged care facility already uses regular health assessments, unplanned weight loss can be automatically identified through software or a manual comparison of current and previous resident weights.

If a system of comprehensive health checks *isn't* already in place, taking action to implement one is a critical first step that will not only identify unplanned weight loss, but will also allow staff to flag any other problems with residents' physical, social, mental or spiritual health. Organisations like La Trobe University provide health check training workshops specifically designed for aged care nurses.

Regardless of whether or not health assessments are already in use, steps should also be taken to optimise resident nutrition. Malnutrition is one of the leading causes of unplanned weight loss, affecting up to 50% of Australian aged care residents, so aged care facilities need to ensure that good nutrition is accessible for everyone – especially for residents with conditions such as dysphagia.

Creating a dietitian-designed menu that includes high-protein high-energy meals and micronutrient-rich food, drinks and supplements is an excellent way to combat malnutrition, and may also help manage symptoms of sarcopenia and cachexia.

Delivering food in small, nutrient-dense servings is also important. Because older people generally eat less, taking a small-volume high-frequency approach to meals and snacks means they consume the right nutrients without becoming too full.

Combining these two strategies into a food-first approach preserves the social and functional benefits of real meals, while still delivering the necessary nutrients to the people who need them most.

If you're interested in helping your staff understand more about managing unplanned weight loss through targeted nutrition, contact our team to organise an information and supplement testing session. More than 67% of Australian aged care homes already use Flavour Creations products to help combat malnutrition and dehydration – talk to us about how our targeted interventions can help support your residents.

[CTA – Set Up An Education Session]

Medical information on FlavourCreations.com.au is merely informational and is not the advice of a medical practitioner. This information is general in nature and was accurate at the time of publication. For more information about nutrition and your individual needs, see a GP or an Accredited Practising Dietitian.

[accordion – References]

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