

Webinar #02




**Healthy Ageing
Tasmania**

Malnutrition in older people



Healthy Ageing Tasmania

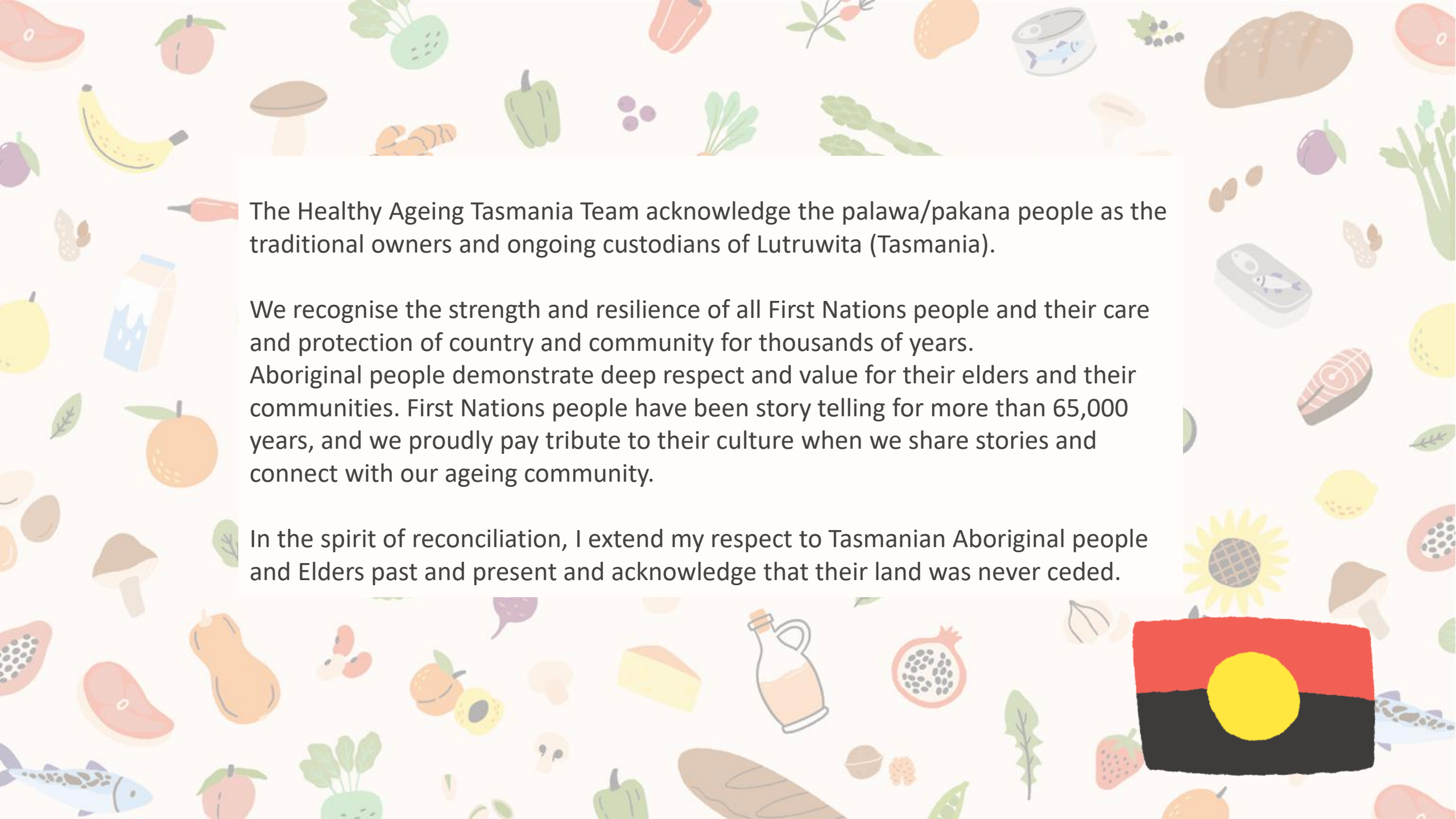
 health.tas.gov.au/healthy-ageing

 community.nutrition@health.tas.gov.au

*Funded by the Australian Government Department of Health.
Visit the Department of Health website (www.health.gov.au) for more information.*



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The Healthy Ageing Tasmania Team acknowledge the palawa/pakana people as the traditional owners and ongoing custodians of Lutruwita (Tasmania).

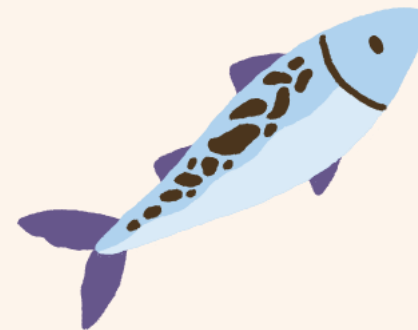
We recognise the strength and resilience of all First Nations people and their care and protection of country and community for thousands of years. Aboriginal people demonstrate deep respect and value for their elders and their communities. First Nations people have been story telling for more than 65,000 years, and we proudly pay tribute to their culture when we share stories and connect with our ageing community.

In the spirit of reconciliation, I extend my respect to Tasmanian Aboriginal people and Elders past and present and acknowledge that their land was never ceded.



This session will cover

- What is malnutrition?
- Why it matters
- How to identify nutrition risk factors or 'red flags'
- Ways to help improve nutrition
- Links to the new Aged Care Act and Quality Standards
- "What's for Dinner?"
- Resources





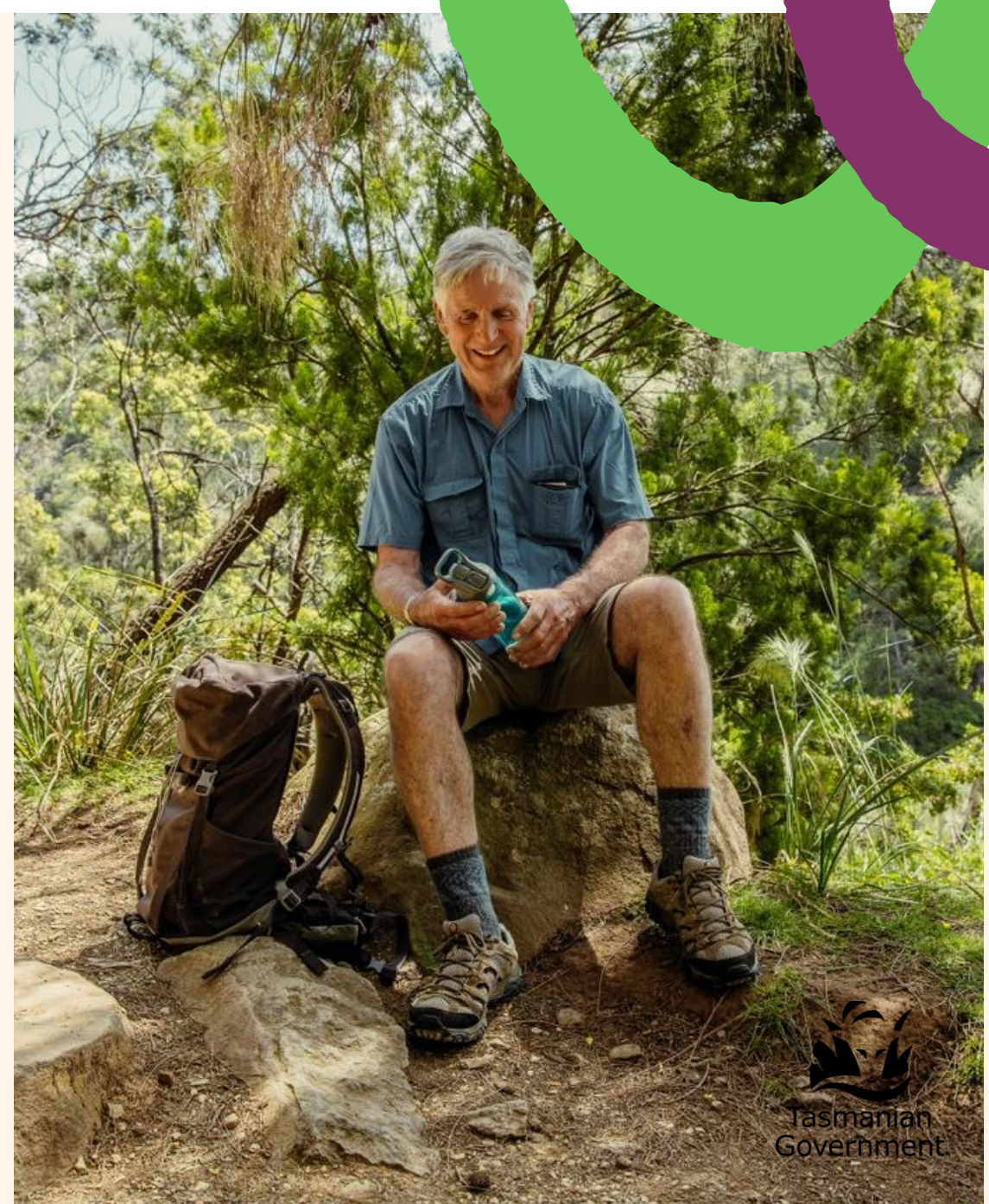
**What do you think of when you hear
“malnutrition”?**

Malnutrition

Not enough **energy, protein**, or other nutrients that has **negative effects** on the body.

These include changes to:

- **body form** (body shape, size, or composition)
- **body function** (like the ability to move or to think)
- **clinical outcomes** (such as recovery from illness or surgery) ⁽¹⁾.



What causes malnutrition?

Unable to meet nutrition needs:

- eating less
- increased nutrition needs
- less able to absorb nutrients from foods.



Older people may eat less due to changes in their environment, physical or mental health.



Why does malnutrition matter?

Significantly increases risk of ^(7 & 8)

- morbidity (disease) and mortality (death)
 - pressure injury
 - infection
 - falls.
-
- Increased support with daily living tasks.
 - Increased need for complex support and care.
 - Reduced quality of life.

Around 15% of Australian community home care clients.

Higher rates in community living older people **who receive home care services** ⁽³⁾.



Dorothy's story

Dorothy is an 84-year-old female who lives at home with her cat. She was widowed six years earlier and doesn't have any family close by.

Natalie, a domestic care assistant, has been supporting Dorothy over the last year. Every fortnight Natalie cleans the bathroom and assists with other tasks like vacuuming. Natalie notices that Dorothy seems quieter than usual and asks if everything is ok. Dorothy speaks briefly about a dear friend who recently passed away and says she is going to lie down.

Natalie was concerned about Dorothy. Her low mood was understandable given the circumstances, but she seemed weak and lethargic. Natalie reported her concern to her manager who coordinates Dorothy's care.

What does malnutrition look like?

We can't tell if someone is malnourished just by looking at them.
Anyone can have malnutrition in any body shape.

A screening tool can help to identify malnutrition risk.

Malnutrition Screening Tool (MST)

- Easy
- Quick



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Identify 'red flags'

Nutrition Risk Identification Questions (NRIQ)

- a series of questions that help to identify what might be going on.

Address any issues that are identified.


Refer to a dietitian or GP if needed.



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Nutrition Red Flags


Nutrition red flags can help to identify that an older person may be struggling with food and eating. Acting on these red flags can help to prevent poor health.

 **Identify**
Has there been a recent change?

Look For:

- weight loss (clothes are looking baggier, face looks hollow)
- dentures fitting poorly or not being used
- unsteady, frail, falls
- slow recovery from illness (eg cold or cough) or injury (eg wounds)
- lack of appetite or interest in food
- changes in shopping habits (if you help with shopping)
- empty fridge, or full (food not being moved)
- wasted food (food looks like it isn't touched)
- mood changes, more forgetful
- repeats the same meal, disinterest in trying new foods
- eating small "snack" sized portions instead of meals
- skipping meals (eg late sleep in, skips breakfast, late dinner, no dinner).
- change in support with food (eg loss of drivers license, family or neighbours who brought meals or helped with shopping move away)



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Ways to improve nutrition

- Eat smaller, more frequent meals over the day.
- Eat the biggest meal when feeling hungriest.
- Start with the protein food first (eg meat).
- Sip on drinks that are higher in energy (eg milk drink).
- Eat with other people wherever possible.
- Have plenty of favourite foods on hand.

For more ideas, visit www.health.tas.gov.au/healthyageing



Addressing other issues

Access to food

- Support from family/friends
- Domestic support for shopping/food preparation
- Delivered meals

Social isolation

- At home social support, eg community visitor program
- Group outings, COTA Community Activities - www.cotatas.org.au/information/activities/
- Social meals, eg Neighbourhood houses and local councils

Affordability of food

- www.askizzy.org.au or www.findhelptas.org.au
- Practical food ideas factsheets on Healthy Ageing website



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Addressing other issues

Food safety

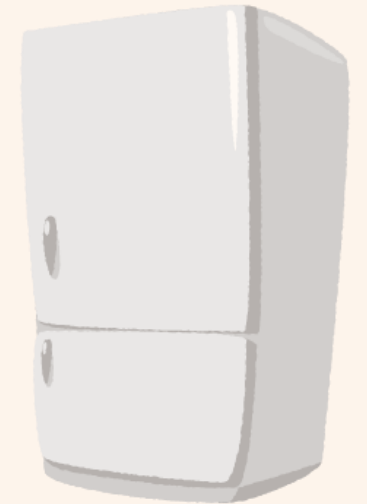
- Link in with domestic support
- Flag with delivered meals provider
- Provide with information (eg Healthy Ageing Tasmania factsheet, magnets)

Illness or condition impacting eating

- Ways to improve nutrition (strategies for poor appetite)
- Consider referral to a health professional:
 - Dietitian
 - Diabetes educator
 - Speech pathologist
 - Occupational Therapist



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Meeting Aged Care Quality Standards and other obligations

- ✓ Conversations about food
- ✓ Identifying red flags
- ✓ Malnutrition screening
- ✓ Communication processes
- ✓ Up-to-date information
- ✓ Referral pathways
- ✓ Training



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Back to Dorothy

Following Natalie's report, Dorothy's care coordinator, Jan, visited Dorothy. It was clear that Dorothy's mood was low, and she was doing much less than usual. With Dorothy's consent, Jan asked Dorothy some questions about her nutrition using the two question Malnutrition Screening Tool. It showed that she was at high risk of malnutrition. So, Jan went on to ask more about Dorothy's eating using the Nutrition Risk Identification Questions as a guide.

This helped to better understand what was happening for Dorothy, and Jan was able to set up some further support, including meal delivery, a GP checkup, a dietitian referral, and some grief counselling. Jan also gave and talked Dorothy through some simple information about having small meals often and including protein foods at each meal.

Luckily, Dorothy didn't go on for too much longer without anyone noticing that she wasn't her usual self. Her care team identified the nutrition 'red flags' and were able to make some early interventions to prevent decline.



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“But, I’m not a nutrition expert...”

You don’t have to be an expert to talk about food and eating.

Know how to identify nutrition red flags and/or malnutrition and what to do with this information.

What’s for Dinner?

- Training and resources.
- Starting conversations about food.
- Identifying red flags.
- Clarifying the process to communicate any concerns to the service provider.



Resources

www.health.tas.gov.au/healthy-ageing

- Malnutrition screening
- Nutrition risk identification questions
- Healthy Ageing Tasmania factsheets
- Online training
 - Nutrition for older people
 - Malnutrition in older people



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Summary




- Malnutrition is not a normal part of ageing and can be prevented.
- You don't have to be an expert in nutrition to support someone to get the help they need.
- The Healthy Ageing Tasmania team are here to support Tasmanian CHSP service providers.



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References

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