

# Senior Friendly 7



**NUTRITION TOOLKIT** v1 2018

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# About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.



DELIRIUM



MOBILITY



CONTINENCE



NUTRITION



PAIN



POLYPHARMACY



SOCIAL ENGAGEMENT



SF7 TOOLKIT

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: <https://www.rgptoronto.ca/resources/>

## Use of this toolkit

The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

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The RGP gratefully acknowledges the clinical review of this toolkit, by Professor Heather Keller, Ph.D., RD, FDC, FCAHS, Professor and Schlegel Research Chair Nutrition & Aging, Schlegel-UW Research Institute for Aging & Department of Kinesiology, University of Waterloo.

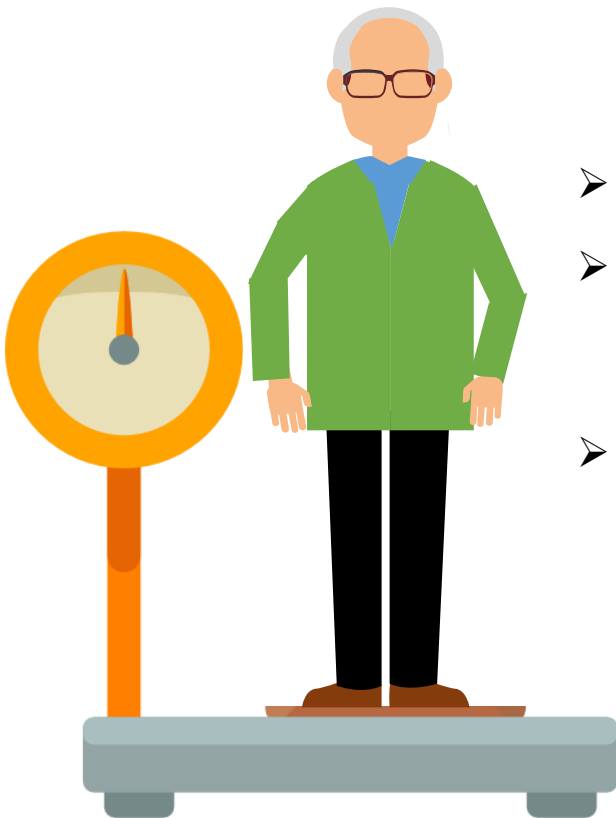
# Nutrition risk in older adults

Good nutrition is an important aspect of a healthy lifestyle. If an older adult's diet is insufficient in vitamins or minerals, macronutrients, or energy to meet their body's requirements they may be at **nutrition risk**.<sup>[16]</sup>

**Malnutrition** is defined as a state resulting from lack of intake or uptake of nutrition that leads to altered body composition and function.<sup>[16]</sup>

Any imbalance between the nutrients that older adults need and those that they receive can result in **two kinds of malnutrition**:

1. **Overnutrition** comes from consuming too many calories or too much of any nutrient—protein, fat, carbohydrate, vitamin, mineral, or dietary supplement.
2. **Undernutrition** results from not consuming enough calories, protein, or nutrients. (Merck Manual, 2018)<sup>[21]</sup>



- Nutrition risk increases at older ages<sup>[8]</sup>
- About **34%** of community-dwelling Canadian older adults aged 65 and over are at nutrition risk. (Health Reports, 2017)<sup>[18]</sup>
- Malnutrition prevalence rates range from **12% to 85%** in institutionalized older adults.<sup>[3,10,13]</sup>

**Malnutrition is preventable and treatable**

# The many benefits of good nutrition

## Memory/Mood

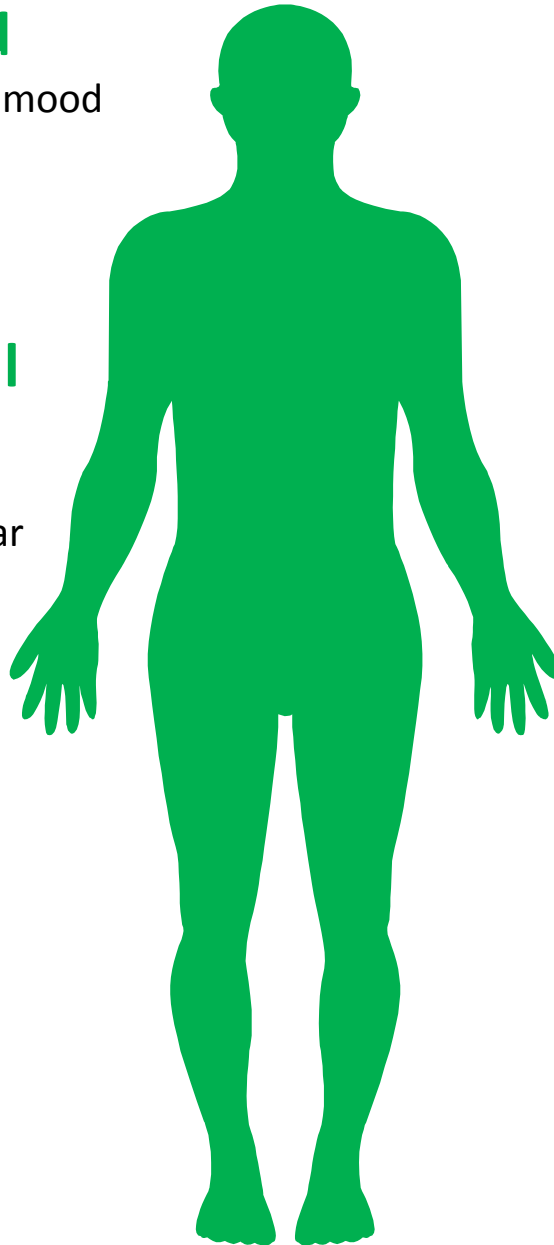
- Improves sleep and mood
- Decreases risk of confusion

## Gastrointestinal

- Supports gut health and digestion
- Supports blood sugar

## Muscles/Bones

- Improves strength
- Strengthens bones
- Supports weight management



## Heart

- Supports blood pressure and cardiovascular health

## Immunity

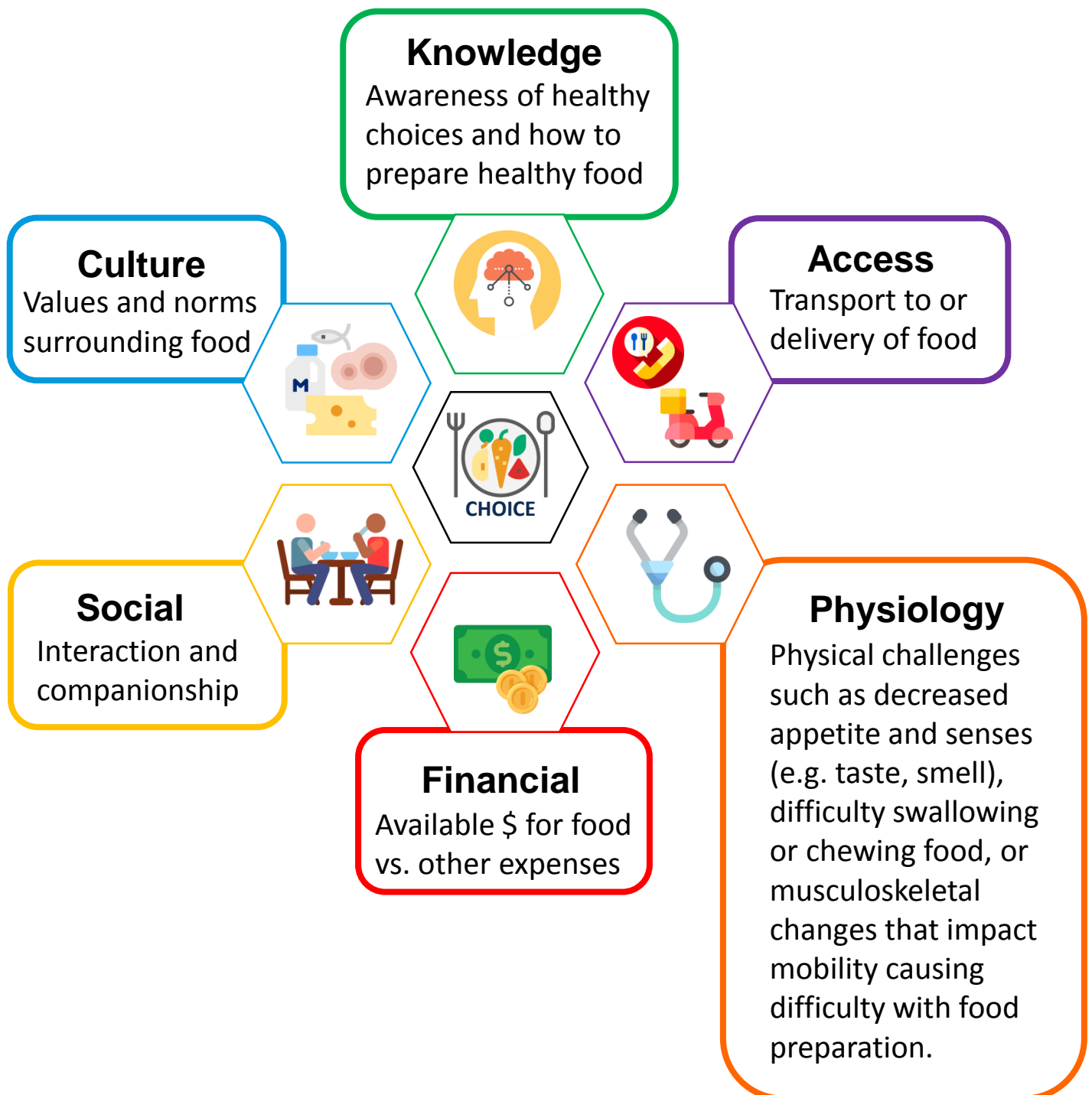
- Decreases risk of infections
- Helps prevent or manage osteoporosis, diabetes, heart disease and some cancers
- Improves ability to heal from illness or injury
- Improves drug metabolism
- Supports wound healing

Adapted from: White Paper: "Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes" by Tilly, J. 2017. *The National Resource Center on Nutrition & Aging* <sup>[19]</sup>

# Many factors influence nutrition in older adults

Health conditions, social determinants, psychosocial factors, and food choices influence nutritional status in older adults.

Considerations for an older adult's food choices may include:



# Nutrition information for older adults + family

## Understand your eating habits



- You can assess your eating habits by using a tool such as the [Nutri-eSCREEN eating habits survey](#) (*Dietitians of Canada*). This online tool is designed to help older adults assess their eating habits and their nutrition risk. This tool also suggests resources for older adults at nutrition risk to improve their nutrition and support healthy aging.

## Discuss with a healthcare professional



- Speak with your primary care provider about your food and nutrition concerns or questions so that they can provide the nutritional guidance that is right for you

## Improving your nutritional status



- [A guide to healthy eating for older adults](#) (*Dr. H. Keller, Dietitians of Canada, 2012*) is a very good resource that includes information such as maintaining a healthy weight, eating enough of the nutrients that older adults need, staying hydrated, nutrition on a budget, and healthy recipes.
- Resources in the community:
  - **Nutritional programs, meal delivery services and congregate dining** <http://www.thehealthline.ca/> (after selecting your region, enter the search term “meals”).
  - **Support from a dietitian** through individual counselling or nutrition programs and workshops. To find a local dietitian [www.dietitians.ca/find](http://www.dietitians.ca/find) (there may be a fee) or:
    - Check with Public Health Units and Community Health Centres (CHC)
    - Ask your primary care provider if he or she is part of a Family Health Team that provides dietitian services.
    - If you receive homecare services, ask your case manager if a qualified dietitian is available for house calls.
    - Check with your local grocery store to see if they offer appointments with dietitians.

# Nutrition in home and community care



- Include nutritional screening as part of routine assessment using a standardized and valid tool such as: [Seniors in the Community Risk Evaluation for Eating and Nutrition \(SCREEN II®\)](#) (Dr. H. Keller, 2004) which consists of 14 questions that cover aspects such as, weight change, appetite, the frequency of eating, servings from food groups, motivation to cook, ability to shop and prepare food.
- Assess food on each visit for freshness, quantity, and variety.
- Consider factors affecting food choices (see page 6).



- Assist by offering to:
  - Read food labels.
  - Identify ‘out-of-date’ food and offer to remove it.
  - Help with grocery shopping.
  - Coordinate visits to assist with meals as required.
  - Eat together if appropriate.
  - Find food-related community support like Meals on Wheels, Congregate Dining, Seniors Centres, and grocery delivery or transportation services: <http://www.thehealthline.ca/>
- For further assessment and management, consider referrals as appropriate, which may include:
  - A Dietitian [www.dietitians.ca/find](http://www.dietitians.ca/find)
  - [Specialized Geriatric Services](#) which are a range of healthcare services that use a comprehensive geriatric assessment to diagnose, treat and rehabilitate frail older adults (or those at risk of becoming frail).



- Share findings within the circle of care, such as nutritional issues, weight changes, and observations from the food assessment.
- Provide the older adult with a copy of [A Guide to Healthy Eating for Older Adults](#) (Dr. H. Keller, Dietitians of Canada, 2012).

**Resource:** interactive [Nutrition e-learning Module](#) (RGP's of Ontario & Geriatrics Interprofessional Interorganizational Collaboration (GiiC) teaches home and community care providers how to assess the nutrition risk of older adults and provide linkages with community resources to support the older adults' nutritional care plan.



# Nutrition in primary care



- Include nutrition screening in periodic assessments of older adults using standardized tools such as:
  - [Seniors in the Community Risk Evaluation for Eating and Nutrition \(SCREEN IIAB<sup>®</sup>\)](#) (Dr. H. Keller, 2004) which consists of 8 questions that cover aspects such as weight change, appetite, the frequency of eating, intake of fruits and vegetables, motivation to cook, ability to shop and prepare food.
  - [Mini Nutritional Assessment \(MNA\)](#) (Nestle Nutrition Institute, 2009) which is appropriate for use in older adults with mild cognitive impairment. It assesses aspects such as decline in food intake, weight loss in the last three months, mobility level, the presence of psychosocial stress and neuropsychological problems, Body Mass Index (BMI), and calf circumference.
- Evaluate the impact of medications on nutritional status.
- Evaluate the factors that influence food intake and nutritional status (see page 6) and involve other team members.



- Discuss screening results with older adults and engage them in the development of the care plan.
- For further assessments and management, consider referrals as appropriate, which may include:
  - A Dietitian within a Family Health Team, or through [www.dietitians.ca/find](http://www.dietitians.ca/find)
  - [Specialized Geriatric Services](#) which are a range of health care services that use a comprehensive geriatric assessment to diagnose, treat and rehabilitate frail older adults (or those at risk of becoming frail).
- If difficulty accessing food is identified, recommend community based nutrition support services such as meal delivery services and congregate dining <http://www.thehealthline.ca/>.
- Optimize prescribing to align with nutrition goals.



- Share nutritional care plan within the circle of care (healthcare team)
- Provide the older adult with a copy of [A Guide to Healthy Eating for Older Adults](#) (Dr. H. Keller, Dietitians of Canada, 2012).

# Nutrition in hospital



- Include nutrition screening in older adults on admission using a standardized tool such as the [Canadian Nutrition Screening Tool \(CNST\)](#) (*Canadian Malnutrition Task Force & Canadian Nutrition Society, 2014*) which consists of two items: unintentional weight loss over the past six months and low appetite.
- Consider using the [Integrated Nutrition Pathway for Acute Care \(INPAC\) Implementation Toolkit](#) (*Canadian Malnutrition Task Force, 2017*) which provides information on how to improve nutrition care practices in hospitals, including: screening, assessing, and managing and preventing malnutrition.



- Create a nutritional care plan
- Encourage meal consumption by removing obstacles (e.g. unwrapping food, tray placement) and involving family and volunteers.
- Encourage family members to visit at mealtimes, and to bring food from home as appropriate.
- Optimize social interaction at mealtimes (e.g. patients who can be mobilized out of the ward to the hospital's cafeteria with families and other patients).



- Share nutritional care plan within the circle of care (healthcare team)
- On discharge, include referrals or information on how to access community supports such as:
  - A dietitian [www.dietitians.ca/find](http://www.dietitians.ca/find)
  - Meals on Wheels, Congregate Dining, Seniors Centers, and grocery delivery or transportation services: <http://www.thehealthline.ca/>
  - [Specialized Geriatric Services](#) which are a range of health care services that use a comprehensive geriatric assessment to diagnose, treat and rehabilitate frail older adults (or those at risk of becoming frail).
- Provide the older adult with a written summary (use min. font size 12) of nutritional needs and care plan. Considering using a template such as [From Hospital to Home](#) (*Canadian Malnutrition Task Force*).
- Provide the older adult with a copy of [A Guide to Healthy Eating for Older Adults](#) (*Dr. H. Keller, Dietitians of Canada, 2012*).

# Nutrition in long-term care



- Include nutrition screening at least quarterly using a standardized tool such as [Mini Nutritional Assessment \(MNA\)](#) (Nestle Nutrition Institute, 2009) which is appropriate for use in older adults with mild cognitive impairment. It assesses aspects such as decline in food intake, weight loss in the last three months, mobility level, the presence of psychosocial stress and neuropsychological problems, Body Mass Index (BMI), and calf circumference (CC).
- If patients are identified at risk for malnutrition, make a referral to a dietitian to provide a comprehensive nutritional assessment.
- Consider using the following guideline [Best Practices for Nutrition, Food Service and Dining in LTC Homes](#) (Dietitians of Canada, 2013) which includes information on nutrition, hydration, meal service, and pleasurable dining.
- Collect information from the older adult, their family, and other care providers to create an appropriate nutritional care plan including allergies or intolerances, food texture needs, assistive devices, and food preferences.



- Discuss the nutritional care plan with the older adult and their family.
- Provide assistance according to the care plan, including:
  - Seating and positioning.
  - Use of assistive devices.
  - Eating assistance as needed with the goal of maximizing self feeding skills.
  - Adapting meal times and dining environment as needed.
  - Encourage meal consumption by removing obstacles.
  - Optimizing social interaction at mealtimes.
  - Encourage family members to visit at mealtimes and to bring food from home, as appropriate.



- Share the nutritional care plan within the circle of care (healthcare team) when transferring to an acute care facility.

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