

# *Nutrition and Hydration*

## *Eating well to prevent falls*



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# Highlighting the **importance** of **nutrition** and **hydration** for older people **reducing** the **risk** of:

- **malnutrition**
- **dehydration**
- **delirium**



# ***Eating well to prevent falls***

Eating healthy food with adequate energy and protein is important to maintain:

- muscle mass
- muscle strength

To reduce the risk of:

- sarcopaenia (muscle wasting)
- frailty and
- fall-related injury

# *Eating well to prevent falls*

When older people don't consume enough food or water they:

- lose muscle mass and strength
- become unsteady on their feet
- can feel weak and/or dizzy

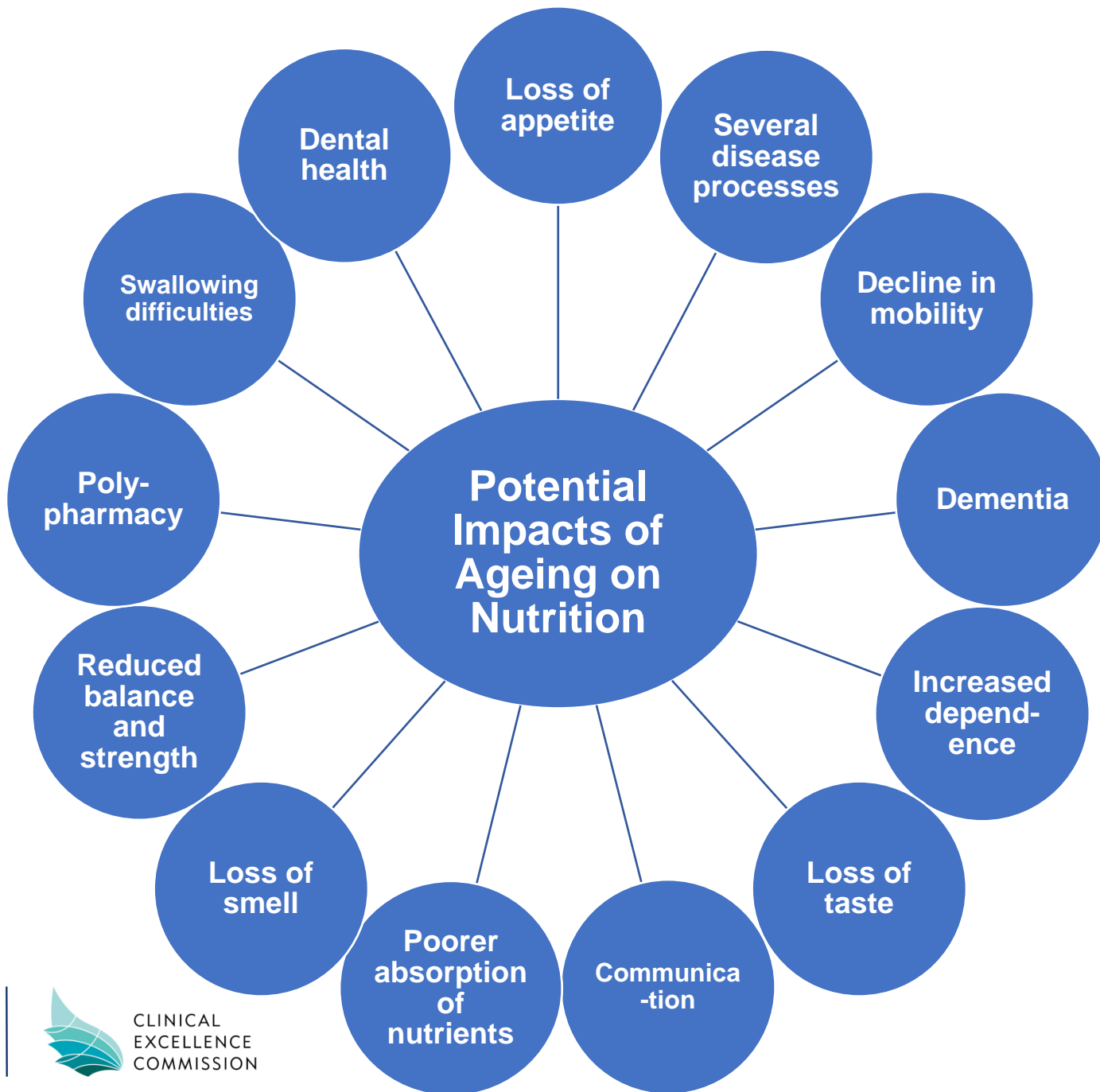


**risk of falls**

# ***Eating well to prevent falls***

Older people who are **undernourished** or have **unintentionally lost weight** are more likely to:

- be admitted to hospital
- have increased incidences of falls
- fracture their hip
- have poor wound healing
- develop osteoporosis



# ***Body weight in older people***

Often people lose weight as they get older – which may not be desirable.

Weight loss is not a normal part of the ageing process and may:

- be a sign of disease
- lead to **loss of muscle, loss of strength, increased risk of falls, loss of bone mineral density, increased fractures**

# ***Body weight in older people***

It is better to carry a little extra weight

- useful when unwell (energy storage)
- just one or two days of reduced food intake can lead to rapid muscle loss
- **the best hip protector!**

Elderly people have **better health outcomes** with a **BMI: 22-27kg/m<sup>2</sup>** (vs 20-25kg/m<sup>2</sup> <65 years)



# ***Diets for health conditions***

Special diets for conditions such as high blood pressure, high cholesterol, or diets aimed at weight loss are **often not appropriate for older people**

- Older people require the same quantity or often more nutrients than younger people
- Restricted diets may compromise nutrition
- **Older people on special diets are at risk of muscle wasting and therefore falling**



# ***Malnutrition***

*A state of nutrient deficiency that produces a measurable change in body composition or function*

- Malnutrition rates in Australia:
  - 10-30% in the community
  - 30-50% in hospitals
  - 30-50% in rehabilitation centres
  - **40-70% in aged care facilities**
  
- is common and poorly recognised

# ***Spot signs of Malnutrition***

People with:

- loose clothing, belts, jewellery or dentures
- meals not being eaten or food rotting (build up of food in fridge or freezer)
- confusion – cognitive impairment
- collar bones that sticks out
- difficulty chewing or swallowing
- less energy, feeling weak, and tired

**Ensure the underlying causes are recognised and managed.**

*More information on the flyer on the CEC website:*

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/april-falls-day-2018>



# ***Malnutrition and falls***

Malnutrition may lead to:

- **increased falls** due to decreased muscle mass and decreased strength
- poorer health outcomes if a person sustains a fracture (e.g. hip) and slower recovery e.g. increased length of stay in hospital, move to residential aged care
- malnutrition screening is essential in the elderly population

# ***Malnutrition screening***

- is **quick and simple**
- is everyone's responsibility (can be done by nursing, medical or other clinical staff member)
- early identification and treatment of those at risk prevents:
  - loss of mobility
  - loss of independence
  - poor quality of life

# Malnutrition Screening Tool

1. Have you / have they lost weight recently without trying?

No 0

Unsure 2

Yes, how much (kg)?

1-5 1

6-10 2

11-15 3

>15 4

Unsure 2

2. Have you / have they been eating poorly because of a decreased appetite?

No 0

Yes 1

Total score —



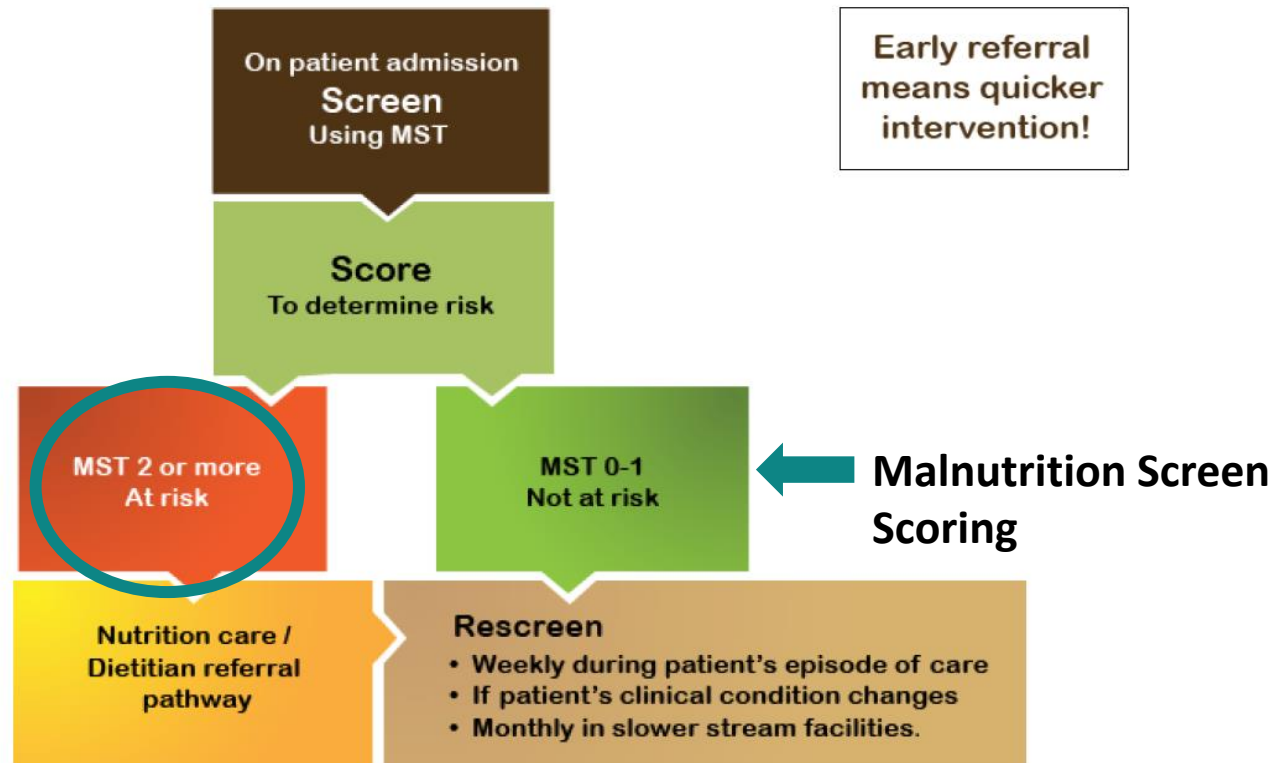
- Applies to the last 3-6 months
- Unintentional/ unexpected weight loss
- **Overweight/ obese people with unintentional weight loss can become malnourished too**

*Prompts: are your clothes looser? Do you have to do your belt up tighter?*

- Meaning less than  $\frac{3}{4}$  usual intake

*Prompts: are you skipping meals? Eating smaller meals than usual? Snacking less? Is chewing/swallowing a problem?*

# Nutrition Screening Flow Chart





# *Patients with Dementia*

**Patients with dementia and confusion** are at the highest risk of falls, and are also more **at risk** of being **malnourished** and **dehydrated**

- it can be difficult to maintain weight and occasionally they experience rapid weight loss
- provide **gentle support** to maintain independence in eating
- improvements in nutrition are **beneficial and achievable**

# Nutrition information for people with Dementia

NUTRITION AND FALLS PREVENTION FOR PATIENTS WITH DEMENTIA

INFORMATION FOR CLINICIANS & HEALTH PROFESSIONALS

## April Falls Day® 2018 – Nutrition and Hydration – Eating well to prevent falls

### Why is nutrition an issue?

- Clients/patients with Dementia and confusion are at the highest risk of falls, and are also more at risk of being malnourished due to issues arising from their Dementia.
- Older people who are undernourished or have unintentionally lost weight are more likely to be admitted to hospital, have increased incidences of falls, hip fractures, poor wound healing and osteoporosis.
- A balanced diet with adequate energy and protein is important for maintain muscle mass and muscle strength to reduce the risk of sarcopaenia (muscle wasting), frailty and falls-related injury.
- Dehydration can lead to falls, particularly those with cognitive impairment.

It is important to identify and address causes of poor nutritional intake or hydration. These may include:

- Oral health and dentition problems
- Forgetting to eat and/or drink
- Unable to shop, plan or prepare meals
- Easily distracted at mealtimes
- Poor appetite or not feeling hungry
- Difficulties with swallowing or chewing
- Unable to recognise the food/drink they have been given
- Difficulties with using cutlery

### What can we do about it?

- It is essential to monitor the nutritional status of people with dementia to ensure they do not become malnourished.
- A validated screening tool such as the Malnutrition Screening Tool (MST) should be used to identify individuals who are at risk of undernutrition. In the community, this should be done at least annually or more frequently if there is a clinical concern. In institutionalised care, follow your local nutrition care policy.
- Referral to appropriate services, and health professionals such as a Dietitian, General Practitioner, Speech Pathologist or Dentist should be made to address relevant issues in discussion with client/patient and family/carers.
- Basic nutrition information/advice should be provided as appropriate to address nutrition concerns, including consideration of meal service options (e.g. Meals on Wheels).



Health Professionals

## APRIL FALLS DAY

Nutrition and falls prevention information for carers of people with Dementia

### Why is nutrition an issue?

- People with dementia and confusion are at the highest risk of falls, and are also more at risk of poor nutrition.
- Older people who are undernourished or have unintentionally lost weight are more likely to be admitted to hospital, have increased incidences of falls, hip fractures, poor wound healing and osteoporosis.
- A balanced diet with adequate kilojoules and protein is important to maintain muscle mass and muscle strength to reduce the risk of frailty and falls-related injury.
- Dehydration can also lead to falls.

It is important to identify and address causes of poor nutritional intake or hydration. These may include:

- Oral health and dentition problems
- Forgetting to eat and/or drink
- Unable to shop, plan or prepare meals
- Easily distracted at mealtimes
- Poor appetite or not feeling hungry
- Difficulties with swallowing or chewing
- Unable to recognise the food/drink they have been given
- Difficulties with using cutlery

### What can we do about it?

- It is essential to monitor the nutritional status of people with dementia to ensure they do not become poorly nourished.
- Seek referral to appropriate services, and health professionals such as a Dietitian, General Practitioner, Speech Pathologist or Dentist to address relevant issues in discussion with client and family/carers.



Carers



# Dehydration

- **Older people may not recognise when they are thirsty**
- The importance of hydration does not decrease with age
- Fluid requirements are different for every body. Fluid is not just water!
- Fluid includes:

Tea	Coffee	Milk	Ice blocks	Juice	Hot chocolate
Sports drinks	Ice cream	Cordial	Custard	Jelly	Soup

# Dehydration

- Older people may restrict their intake of fluids if they are incontinent
  - Concentrated urine increases the desire to urinate and increases risk developing a Urinary Tract Infection
  - Restricting fluids also increases risk of constipation
- Encourage regular sips of fluids throughout the day



# Practical recommendations



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# *Treating malnutrition*

- Make every mouthful count
  - provide high protein high energy
    - three meals a day that are rich in meat/ dairy/ legumes
  - encourage fluids and offer them frequently
  - **provide assistance at meal times**
- Know your referral pathways to dietitians and/or other allied health
- Complete HETI My Health Learning module – ***Nutrition Screening for Malnutrition***

# NSW Health My Health Learning module

Nutrition Screening for Malnutrition

Menu About Resources Help

**Nutrition Screening  
for Malnutrition**

This module is designed for relevant health care providers who undertake nutrition screening in health care organisations.

It will take approximately 20 minutes to complete the module. In order to be marked as having completed the module, you must attempt all activities and view all slides.

58% 35% 42% 21%

Click to go to next page

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# Food and Nutrition in NSW Hospitals



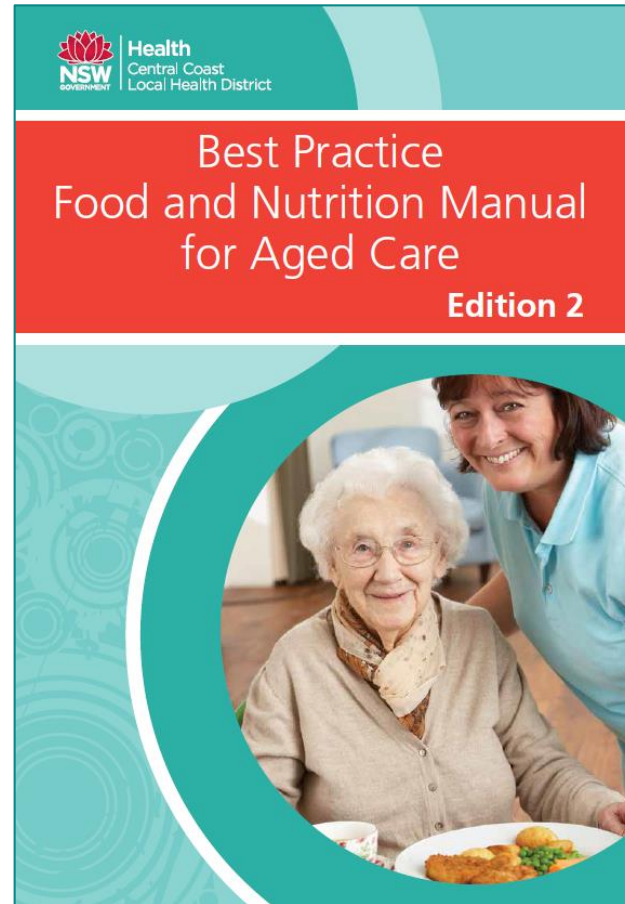
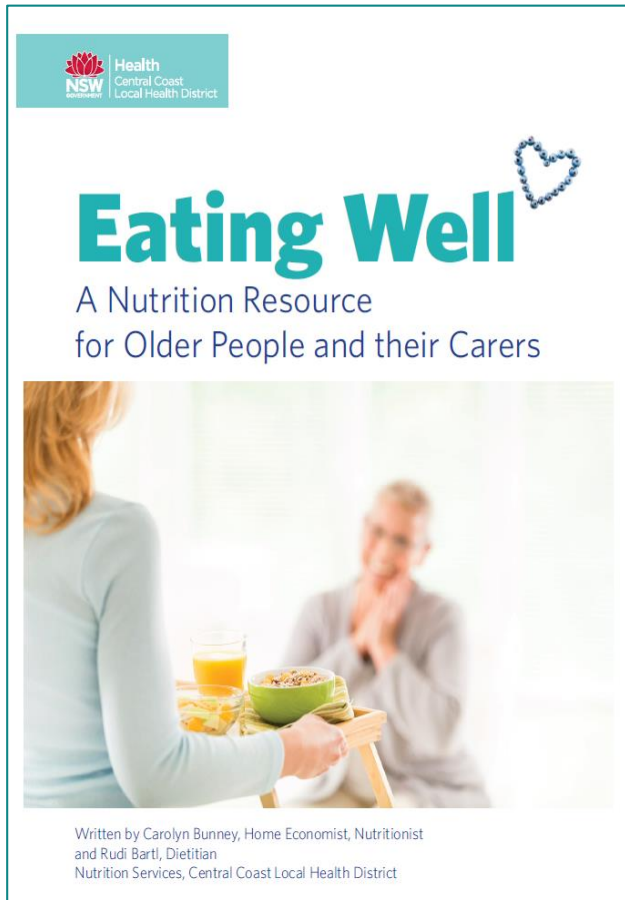
This information flyer for patients, families and carers is available in the following languages:

- English
- Arabic
- Chinese (Simplified)
- Chinese (Traditional)
- Greek
- Italian
- Spanish
- Vietnamese

<https://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/food-nutrition-consumers>



# Eating well –Nutrition resource



**CC LHD Public Health Nutrition resources for use Australia wide. The aim is to maintain or improve the nutritional health of older people.**



Available at:

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/april-falls-day-2018/for-community>

# Questions?



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# Acknowledgments:

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April Falls Working Group with representation from LHDs