

The topic of nutrition of the elderly



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The purpose of this literature review is to research the topic of nutrition of the elderly, and to discuss my findings. I will be researching this subject using tools such as athena, and using websites such as google scholar, ovid and internurse. I have chosen to use articles and reviews from the past ten years as I feel they will bring the most up to date nursing care techniques and the most reliable research into the subject.

Nutrition of the elderly is an important area of nursing care and should not be taken lightly. It is important in nursing care to assess patients nutrition, as if taken care of it can optimize the general well being of the patient.

Malnutrition is the main worry when focusing on elderly patients nutrition, as 40 to 60% of older adults who are hospitalized are malnourished or at risk of malnutrition. This statistic is rather high, meaning that the correct nursing practise is not always used. In this review I will be looking to find the reasons behind this and how the care of these patients can be increased to its full potential.

When we look at nutrition we have to consider why it is that elderly patients are so different compared to everyone else. Many questions arise when we look at this for example do they have different eating habits, is there a physiological problem or even is there a psychological problem. The answers to these questions can always be yes in relation to the elderly and we must look further than these general questions, and study the literature of the subject to fully become aware of the correct nursing care to correctly assess and treat this problem.

A review by Finch et al (1998) shows that the majority of the elderly population, not requiring hospitalization, are well nourished and have a good intake of all the correct vitamins, minerals and calories. However what is of more importance in this review is the elderly patients who fall without this category including patients whose nutrition does affect their health and have physical and or mental problems which lower their nutritional intake.

A report by COMA (DH, 1999) stated that diet deficiencies in the elderly, most noticed in calcium levels and recommended that current practice of fortifying flour with calcium should continue the same. That same survey also highlighted the low levels of Vitamin D in the elderly which, together with the low levels of calcium gave concern for the increased incidence of osteoporosis found in the elderly population.

Another review highlighting deficiency in different areas for the elderly. (Steele et al., 1998) point us to the fact that many elderly patients do not have a good dentition. This obviously can have a massive impact on their nutritional intake and in their choice of food and ease or difficulty of eating it. They also found that those of the elderly who had their own dentition did have a measurable better nutritional and mineral intake than those who did not. Those with poor teeth tended to eat significantly less fruit, nuts and food generally that was hard to chew, meaning they missed out on vital natural vitamins and minerals.

All of these facts drawn from literature show us that the nutrition of the elderly is an important and special group. I will now look into further

literature to show these specific groups in the elderly population which lack of proper nutrition can affect.

Malnutrition is a main concern in nursing practise with elderly patients, so when looking at it we must be fully aware of what the term means. A review by DiMaria-Ghalil (2005) shows the definition of malnutrition. Any disorder of nutritional status, including disorders resulting from a deficiency of nutrient intake, impaired nutrient metabolism, or over-nutrition.

Reuben (2005) shows us that malnutrition can be brought on by many things in the elderly population such as dietary intake, isolation, chronic illness, and physiological changes.

The routine for the correct nursing care with elderly patients is essential and must be followed for every patient so that no patient is misdiagnosed. During the routine nursing assessment, any and all alterations in the general assessment areas that may influence the patients factors of intake, absorption, or digestion of nutrients should always be further assessed to make sure if an older patient is at a nutritional risk. These areas include the following.

As stated by a review done by the University of Texas, School of Nursing (2006) a typical assessment should be done including their present history, past and medical history, and an assessment of their current symptoms.

A note of their social history should be taken into account.

Any drugs the patient may be taking which can interact or affect the patients nutrient intake and absorption. Boullata, J (2004) stated that drugs can affect

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and modify the nutrient needs for the metabolism of older people. It also stated that factors such as restrictive diets, changes in eating habits and diet, alcoholism and chronic disease with long term drug treatments can all affect the nutrient intake and reactions in an elderly patient. The fourth area that should be taken into account is the patients' functional limitations.

Boullata, J (2004) showed that patients with functional limitations can be at risk of malnutrition for many reasons, whether it be a disability restricting their movement, and even a psychological problem such as dementia which can restrict the patients' ability to eat in different forms.

Next that will be checked on the nursing assessment will be the objective assessment. This will include a physical examination of the patient with emphasis on things such as an oral exam, loss of body fat, dysphagia, bmi and muscle wasting. Also DiMaria-Ghalili (2005) showed that for a more in depth idea of the patients dietary intake can be gathered by a documented three day calorie count using a food chart for the patient. This will help gain some more information for the patients' nutrition.

Also one of the main things used for every patient in hospital which is malnourished or at fear of malnutrition is the nutrition risk assessment tool. Both DiMaria-Ghalili (2005) and Salva, A (2004) go on to state how this tool is vital and very useful at assessing as it determines the risk by looking at the patients bmi, history of weight loss, psychological stress, or acute disease and dementia or any other conditions which could affect their dietary intake. By using all these it can help come up with a individual score for the patient, and with this score we can evaluate if the patient is malnourished, and what further action can be taken to benefit the patient. This will include things

such as referring the patient to the dietician, and or the speech and language therapist.

There are many nursing strategies we can use to make sure that any patient that is malnourished can be assessed and monitored to help improve their health and general well being. As I previously noted by Salva, A (2004) referring to the dietician if the patient is at risk for or has under-nutrition. Another useful collaboration for nursing care is to consult the patients' medication and review it for possible drugs that can affect the nutrient interactions. Also consulting with a multidisciplinary team specializing in nutrition can benefit the patients all over care as it is more specific to their needs.

There are also methods that the nurse can use in the patients' daily routine to help the patients efforts in becoming nourished. By alleviating a dry mouth the nurse can help the patient become more willing, and wanting, to take diet and fluids. This can be done by avoiding any foods or drink which can further cause a dry mouth, such as, tobacco, dry and bulky foods, and highly acidic foods. Also to encourage frequent sips of water and keeping lips moist will help the patient to become more hydrated and more comfortable, which, will make them more willing to eat and drink.

Margetts, B (2003) also states how important it is to maintain an appropriate nutritional intake for an elderly patient. It goes on to explain how the daily requirements of older adults includes thirty kcal per kg of body weight and 1g of protein per day, with this no more than 30% of calories from fat. It also goes on to explain all requirements will differ depending on the degree of

malnutrition and physiological stress the patient is in. A nurse can take this into account when treating a patient in their daily routine by improving the patients' oral intake, of which there are many ways of achieving. Souter, S (2003) shows that a patients meal times are important as it will determine how much food the patient has consumed and whether or not they will need assistance with eating from a member of staff. A nurse can go further than this by asking the patients family members to visit during mealtimes making it a more relaxed atmosphere for the patient, meaning they will feel more relaxed and willing to eat, and for those who need help eating, their family members can assist them which may be more comfortable for them. A nurse can also ask the family members to bring in favourite foods of the patients from home to help in the intake of the patient. With foods that they regularly eat and enjoy, the patient will be more likely to partake in meal times and even snacking between meals, increasing their intake overall. If this is done for a patient the nurse must be aware of the foods the patient likes, and or can handle so that they can supply the patient with what they need and want for their duration in hospital. The nurse can also take into account the nutrients that the patient needs, therefore can suggest small and frequent meals which contain these to help to regain and maintain weight. The nurse can also help a patient with their mouth care such as helping patients with their dentures before food is served so they are ready to eat when it arrives.

Souter, S (2003) showed that another way to improve meal times is to create a good environment for the patient. By removing things such as bedpans, urinals, and sick bowls can help to create a positive and clean place for the patient to eat, so nothing is putting them off or distracting them from their

food. Also Souter, S stated that any patients who tend to feel ill during meal times can be administered antiemetics on a schedule that will help to lower and diminish the likelihood of them feeling nauseated during their meal.

Shahar, D (2001) also shows that with certain patients who are mobile enough to sit in a chair rather than their bed should be placed in such as it is more comfortable for them to eat their meals. The nurse can also create a relaxing atmosphere for patients who needs assistance in eating their meal by sitting at the patients eye level and making eye contact during so that they feel they are not just a chore for the nurse. It is also important for nursing staff not to interrupt patients during meals for drug rounds and procedures as it may distract the patient from their meal and even make them feel, depending on the medication, tired or nauseated which will stop them from eating a sufficient amount for themselves. Nursing staff can also provide specialised nutritional support for certain patients depending on their requirements. The Nutrition Screening Initiative (2002) states that a patient should be started on nutritional support when they can't or won't eat an adequate amount to benefit themselves. The patient must be reviewed regarding if they already use artificial nutrition and hydration. This can be done by providing oral supplements to the patient. These supplements are not to replace meals, but to be given during the day between meals as shown by Wilson, M (2002).

Also it is stated by American Society of Anaesthesiologists that by placing elderly patients as early in the day as possible for tests or procedures it will decrease the length of time that the patient is nil by mouth and not allowed

to eat or drink. Meaning less time is wasted where the patient could have been receiving a nutritional diet and fluids.

By looking at all this literature we can see that