



Healthy Weight Management

Addressing Weight Loss & Weight Gain in Long Term Care

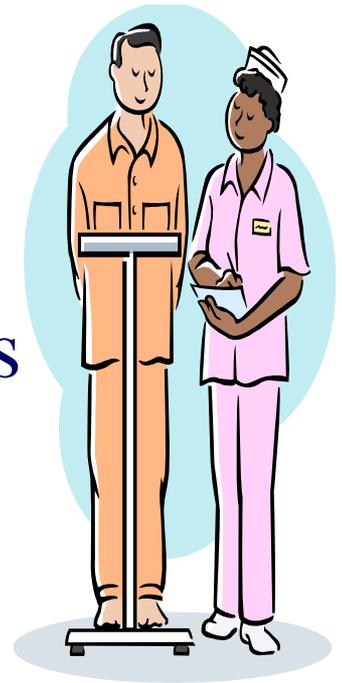
TexasQualityMatters.org

Objectives

- ❖ Define Weighing Procedures
- ❖ Identify the Assessment Process
- ❖ Define Care Plans
- ❖ Define Care

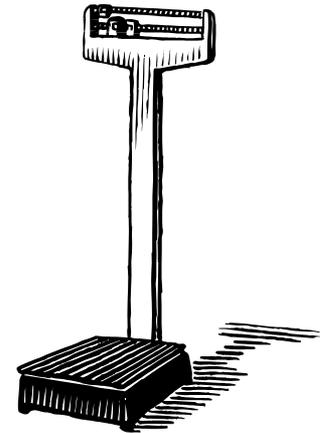
Weighing Procedures

- ❖ Same time of day
- ❖ Same scale
- ❖ Establish a baseline
- ❖ Record to easily assess trends
- ❖ Re-weigh within 72-hours if loss occurs
 - Date and document both weights
- ❖ Weigh weekly until weight stable



Significant Weight Loss

- ❖ Weight loss $\geq 5\%$ of usual body weight in 30 days
- ❖ Weight loss $\geq 7.5\%$ of usual body weight in 90 days
- ❖ Weight loss $\geq 10\%$ of usual body weight in 180 days



After Significant Weight Loss:

- ❖ Re-weigh: Within 72 hours to verify significant weight loss
 - » **Date/Document**
- ❖ Notify: Within 48 hours after verifying
 - » Physician, Family, Dietitian
- ❖ Intervene: Within 24 hours after verifying
 - » Identify, assess, take action



Appropriate Assessment

❖ Recognize risk factors



❖ Assess/identify residents at risk



Risk Factors for Weight Loss

- ❖ **M**-medications
- ❖ **E**-emotional problems
- ❖ **A**-anorexia
- ❖ **L**-late-life paranoia
- ❖ **S**-swallowing disorders

- ❖ **O**-oral Problems
- ❖ **N**-nosocomial infections

- ❖ **W**-wandering
- ❖ **H**-hyperthyroidism
- ❖ **E**-enteric problems
- ❖ **E**-eating problems
- ❖ **L**-low salt, low cholesterol diets
- ❖ **S**-social problems



Reversible or Not?

- ❖ Irreversible weight loss is caused by diseases and is an end-of-life issue.

- ❖ Reversible weight loss is due to inadequate nutritional intake.

Assessment- Weight Gain

❖ Identify Weight Gain as to Severity

- Overweight: 25-29.9 BMI – monitor
- Obesity: >30 BMI – need to address

Assessment – Weight Gain

❖ Identify Risk Factors

- Medications – Insulin, tricyclic antidepressants, antipsychotics, anticonvulsants, etc.
- Functional impairment
- Medical problems – edema, etc.
- Excessive caloric intake

Assessment – Weight Gain

❖ Identify Risks and Benefits of Weight Gain

❖ Risks

- Decrease in overall nutritional intake
- Decrease in muscle mass and bone density
- Decrease in pleasure of eating

❖ Benefits

- Improve weight range to desirable level (<30 BMI)
- Improve medical complications if <75 years old
(Quantity of life)
- Improve functioning and mobility for all ages
(Quality of life)

Assessment – Weight Gain

❖ Identify Resident's Willingness to Change

- Facility's Responsibility: to educate
- Resident's Rights: to choose

Assessment – RD Role

- ❖ RD to perform annual assessment of nutrition (protein, calorie) & fluid needs

- ❖ RD to plan person-specific nutrition related goal(s)

Investigate and Manage

❖ Food Intake Assessment

❖ Functional Impairment

❖ Effect of Medications

❖ Social Factors



Care Plans

- ❖ Person-centered measurable goals
- ❖ Individualized interventions
- ❖ Utilization of the RD's assessments, nutrition goals, and recommendations
- ❖ Utilization of an interdisciplinary approach

Prevention of Reversible Weight Loss

❖ Individual Interventions

- Facilitate increased food consumption
- Provide feeding assistance
- Manage underlying conditions
- Reassess effects of medications

❖ Dining

- Enhance the dining experience



Prevention of Reversible Weight Loss

❖ Family support



❖ Nutritional therapy

- Fortified foods, Snacks, Finger Foods
- Liquid nutritional supplements



Care – Weight Gain

❖ Dietary Recommendations

- Reduce calories by 500 kcals/day
- Increase protein to 1.0 g/kg of body weight
- Provide a multiple vitamin-mineral supplement

❖ Exercise Recommendations

- Provided 10-20 minutes of resident appropriate exercise at least every other day

Care - End of Life

❖ Palliative Nutrition Therapy

- -Focus on quality of life and relief of symptoms
- -Goals: WL & DHN are expected outcomes at the end of life
- -Palliative Care Form:
www.dads.state.tx.us/providers/forms/palliativecareform.pdf

Care - End of Life

❖ Palliative Nutrition Therapy

Interventions:

- Provide favorite foods
- Discontinue therapeutic diets, unless controlling symptoms
- Small frequent meals are better tolerated
- Monitor food preferences frequently
- Do not push food
- Fluids to alleviate constipation and drug toxicity
- Let individual be in control
- In last hours, dehydration acts as a natural anesthetic which increases comfort and decreases anxiety

References

❖ Quality Matters Web Site:

www.texasqualitymatters.com

❖ American Dietetic Association Web Site:

www.eatright.org