BEST PRACTICE MANAGEMENT OF UNINTENDED WEIGHT GAIN

Assessment

- Identification of risk factors that contribute to weight gain (medications: Insulin, tricyclic antidepressants, antipsychotics, anticonvulsants; functional impairment, edema, excessive caloric intake, etc.)
- Identification of severity of weight gain (> 30 BMI = obesity)
- Identification of risks and benefits of weight management

<table>
<thead>
<tr>
<th>Risks</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>1. Decrease in nutritional intake</td>
<td>1. Improve weight range to desirable level (&lt; 30 BMI)</td>
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<tr>
<td>2. Decrease in muscle mass and bone density</td>
<td>2. Improve medical complications if &lt; 75 years old (Quantity of life)</td>
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<tr>
<td>3. Decrease in pleasure of eating</td>
<td>3. Improve functioning and mobility for all ages (Quality of life)</td>
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- Assess resident’s readiness/consent to change
- Registered Dietitian’s (RD) annual assessment of nutrition and fluid needs
- RD’s planned person-specific nutrition related goal(s)

Care Plan

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

Care

**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**

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

**Weight Monitoring**

- Establish a baseline—weigh weekly until goal is reached
- Weigh the same time of day
- Weigh using the same scale
- Record weights to easily assess trends
- Notify MD and RD of significant weight changes to plan

Resources

1. www.texasqualitymatters.org