

# Best Practice Prevention and Management of Unintended Weight Loss

Malnutrition and unintended weight loss are serious problems among elderly people living in nursing homes. Significant weight loss is associated with increased hospitalizations, increased infection rates, risk of pressure ulcers, risk of hip fracture, risk of heart failure, and increased mortality. Identification of risk factors can lead to early detection and prevention of unintended weight loss. Although not all inclusive, Morley, et al. developed a MEALS ON WHEELS mnemonic for treatable causes of weight loss in elderly people in nursing homes.

## Risk factors for weight loss

Unintended weight loss may arise from a number of factors.

- Medical conditions: depression, cancer, gastrointestinal disorders
- Medications: side effects such as dry mouth, anorexia, GI upset
- Oral factors: dental disease, tooth loss, difficulty chewing/swallowing, feeling full too quickly
- Impairment of activities of daily living: needs assistance with meals or with feeding

## Assessment

- Conduct baseline evaluation of nutritional status within 14 days of admission:  
Mini-Nutritional Assessment (MNA)  
Body mass index (BMI) calculation
- Identify risk factors that contribute to weight loss  
(medications, functional impairment, oral problems, therapeutic diets, pain)
- Identify persons at risk for unintended weight loss  
(dementia, depression, wandering, previous weight loss, disease process)
- Conduct a food intake assessment
- Obtain laboratory assessment
- Registered Dietitian's (RD) annual assessment of nutrition and fluid needs
- RD's planned person-specific nutrition related goal(s)

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## Care Plan

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

## Care

### Weighing Procedures

- Establish a baseline--weigh weekly for 4 weeks
- Calculate BMI: weight (kg)/height (m<sup>2</sup>)
- Weigh the same time of day
- Weigh using the same scale
- Record weights to easily assess trends
- Re-weigh within 72 hours if significant loss occurs (5% in 30 days or 10% in 180 days)
- Date and document both weight and re-weight
- Weigh weekly until weight stable
- Modify procedures for people with special needs (dialysis, catheters, wheelchairs, etc.)

### Weight Management

- Document and date the re-weight within 72 hours of significant weight change
- Notify MD, RD, family, etc. within 48 hours following verification of weight loss
- Facility takes action to intervene in weight loss within 24 hours following verification
- Interventions are listed below

### Preventing or Treating Reversible Weight Loss

#### Individual Interventions

- Facilitate increased food consumption (food preferences)



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- Provide feeding assistance
- Manage underlying issues (physical, spiritual, etc.)
- Reassess effects of medications on intake

## Dining

- Enhance the dining experience by providing a homelike atmosphere and a variety of foods
- Provide appropriate positioning and/or utensils
- Encourage family support

## Between Meal Nutrition Opportunities

- Order and/or offer varied and appropriate snacks to all individuals
- Provide snacks in various settings such as group activities and socials

## Nutritional Therapy

- Offer fortified foods, snacks, finger food
- Offer liquid nutritional supplements between meals

## **Resources**

- [Medications Associated with Unintended Weight Loss](#)
- [Meals on Wheels](#)
- [Depression and a Therapeutic Diet Care Plan](#)
- [Dependence for Activities of Daily Living Care Plan](#)
- [Borun Center for Gerontology Research](#)
- [Mini Nutritional Assessment](#)
- [Body Mass Index](#)
- [Best Practice Management of Unintended Weight Loss](#)
- [Best Practice Management of Intended Weight Gain](#)
- [Best Practice Dining/Meal Service Techniques](#)