Many cases of malnutrition in older adults go undetected because the signs are subtle, those at risk are often difficult to recognize, and the symptoms may look like a normal part of aging. You play an important role in identifying those that are impacted by this hidden epidemic.

Use this tip sheet to help you identify your at-risk patients, screen for malnutrition, and personalize a treatment plan if necessary. Share the tear off section with your patients who could benefit from additional information.

**WHO IS AT RISK?**

**Older Adults**
- Dietary needs change with age and older adults are particularly vulnerable because of physical and social factors such as:
  - Dental/oral problems
  - Appetite-reducing medications
  - Social isolation
  - Disability
  - Financial barriers

**People with Chronic Diseases**
- Chronic diseases like cancer, diabetes, heart disease, chronic pain, GI disease, dementia, and depression can:
  - Reduce appetite
  - Make it physically difficult to shop, cook, and eat
  - Make it difficult to remember to eat
  - Change metabolism and digestion
  - Require the use of appetite-reducing medications

**Hospitalized Patients**
- Malnutrition can lead to hospitalization, and hospitalization itself puts people at risk because:
  - Surgeries and other procedures may require restricted diets
  - Illnesses and procedures can decrease appetite
  - People may eat less because they don’t feel well, like their food choices, or are worried or depressed

**Long-Term Care Residents**
- Residents are more likely to have multiple chronic diseases and conditions and may also:
  - Feel socially isolated or depressed
  - Lack interest in food
  - Depend on staff for help with eating

**FOR YOUR PATIENTS**

**IF YOU OR A LOVED ONE IS AT RISK FOR MALNUTRITION:**
- Request a consultation with a dietitian to be sure you are getting enough nutrients, especially protein
- If you have a chronic disease, have regular discussions with your healthcare team about your nutritional status
- If you will require a hospital stay, discuss a nutrition plan for your stay and for after discharge
- Connect with community nutrition programs such as home-delivered meals and nutrition counseling
- Monitor your weight and eating habits between visits to your healthcare team
- If you don’t feel like eating or can’t eat enough, try including oral nutritional supplements as part of your diet

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`3.7 MILLION
OLDER AMERICANS are MALNOURISHED
(AARP, 2012. Preventing Malnutrition in Older Adults)`

`ABOUT 60% OF HOSPITALIZED OLDER ADULTS (AGE 65 OR OLDER) AND 35-85% IN LONG-TERM CARE FACILITIES ARE EXPERIENCING MALNUTRITION
(Furman, 2006. Undernutrition in Older Adults)`
People of any body size or type — even those who are overweight or obese — can become malnourished. Weigh your patients at every visit to look for changes, take a food history, and watch for the two most common signs of malnutrition:

1. Sudden, unintended weight loss
2. Loss of appetite & decreased food intake

Other signs of malnutrition:

- Fatigue
- Poor concentration
- Difficulty breathing
- Trouble staying warm
- Fluid accumulation
- Weakness
- Poor grip strength
- Muscle wasting
- Constipation
- Diarrhea
- Slow wound healing
- Frequent illness with long recovery
- Inability to complete daily activities

**SCREENING TOOLS**

If you think your patient may be malnourished, use one of these **validated screening and assessment tools**:

<table>
<thead>
<tr>
<th>Assessment Tool</th>
<th>Best Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malnutrition Screening Tool (MST)</td>
<td>Older adults in hospital settings</td>
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<tr>
<td>Mini Nutritional Assessment (MNA)</td>
<td>Older adults in community or hospital settings</td>
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<td>Mini Nutritional Assessment Short-Form (MNA-SF)</td>
<td>Older adults in all settings</td>
</tr>
<tr>
<td>Simplified Nutritional Appetite Questionnaire (SNAQ)</td>
<td>Older adults in long-term care facilities</td>
</tr>
</tbody>
</table>

**INTERVENTION**

Consider the cause of malnutrition when choosing a treatment plan that is best for your patient. Optimal treatment may involve the whole health care team and include:

- Treating the underlying cause if possible
- Referring patient to a dietician for a personalized nutrition plan
- Connecting patient to social services like in-home support, meal delivery, government food programs, or community-based nutrition programs if needed
- Considering the need for oral nutritional supplements to help provide important nutrients, particularly protein
- If your patient requires a hospital stay, discussing a nutrition plan or referring them to a dietician so they don't lose weight during their stay

**CHECK OUT OUR FILM**

For more information on malnutrition, watch our "pocket film" Malnutrition: A Hidden Epidemic in Older Adults available on our YouTube channel. And visit the Alliance for Aging Research at www.agingresearch.org/malnutrition.