

#### 4 Common myths relating to a resident's weight in the aged care setting

A resident's weight and weight history play an important part of a dietitian's overall nutritional assessment in the aged care setting.

Unintentional weight loss or gain within the aged care setting is a common issue and is associated with multiple unwanted clinical outcomes, such as; increased risk of illness, increased risk of falls, impaired wound healing or reduced cognitive function. These outcomes undoubtedly lead to increased cost of care for the residents.

Much of a dietitian's role is focused on reducing the risk of any clinically significant weight loss or gain, whilst maintaining a nutritionally adequate diet.

However, some myths persist regarding weight loss or gain in the elderly population.

##### **Myth 1: Overweight or obese residents can never be malnourished**

For elderly residents, carrying excess weight may harm an individual's ability to care for themselves as well as the ability of others to care for them. Mobility is often reduced, and risk of diet related co-morbidities such as; heart disease or stroke can be increased.

However, while there are residents in aged care who are overweight or obese, it is not always necessary or appropriate, to commence weight loss interventions.

At first, overweight or obese residents may not appear to have any obvious signs of malnutrition, when in fact they can still be either suffering from malnutrition or at high risk of malnutrition.



The elderly population are more vulnerable to muscle and bone loss during periods of weight loss, regardless of their original weight. A resident's nutritional needs may also be increased, related to a current medical condition or state (eg. pressure injuries, post-surgery or cancer cachexia).

Dietitians can still recommend the addition of a nutritional supplement to an overweight or obese resident's diet, particularly in the presence of poor nutritional intake or significant unintentional weight loss.

It is important not to dismiss the presence of weight loss or loss of appetite in an overweight or obese resident. Always refer to a dietitian when necessary.

### **Myth 2: Poor nutrition is the cause of all weight loss**

It is easy to assume that diet is the number one factor affecting a resident's weight. However, this is not always the case.

Unexplained weight loss can be related to several factors, including physiological, psychological or social factors. Some of these factors can occur independent to a resident's appetite or food intake.

Disease-related physiological factors can include:

- Acute illness or recent admission to hospital
- Dementia, particularly end stage
- Cancer cachexia
- Pressure ulcers

Functional issues such as reduced mobility or falls, as well as intake-related issues such as chewing or swallowing problems can also result in loss of weight. Psychological factors such as depression or bereavement as well as social factors such as reduced social activity or isolation can also play a part.



It is often difficult for those caring for loved ones to understand that, at times, weight loss is not a result of a resident's decreased nutritional intake, but rather a result of disease progression or functional decline.

**Myth 3: A resident who has always been 'thin' needs to be on a high energy high protein diet**

Changes in weight can certainly be an early indicator of changes to a resident's health or nutritional status.

However, if a resident's weight has remained stable, particularly long term, the fact that a resident is under their healthy weight range does not necessarily result in malnutrition risk.

If a resident below the healthy weight range is maintaining a nutritionally adequate diet and is functionally well, there should be no need to increase nutritional intake, provided weight is remaining stable.

However, there may be residents who have previously been put on a high energy, high protein diet due to previous weight loss. In these cases, it is preferable to maintain current dietary plans if weight remains stable.

It is also worth noting that residents who are underweight may require a more urgent dietitian referral if any loss of weight does occur.

**Myth 4: A low fat diet is required for any overweight or obese resident**

It is not always necessary or appropriate to commence weight loss interventions for those resident's who are overweight or obese.

As discussed previously, overweight or obese residents are not immune to malnutrition.





For residents who are overweight and gaining weight, a dietitian referral to rule out any causes of weight gain (eg. oedema-related) and to assess a resident's dietary intake may be required.

In cases where further weight gain needs to be prevented, the aim should initially be to stabilize weight. It would be helpful to identify "empty calorie" foods (foods which offer little nutritional value but are high in calories) and replacing those with more "nutrient dense" foods.

**Practical tips which a dietitian may suggest include:**

- Providing water as a preference at mealtimes, instead of soft drink, cordial or juice.
- Encouraging fresh fruit for mid meals, instead of cakes, biscuits or puddings.
- Encouraging yoghurt &/or fruit for dessert.
- Providing vegetable-based soups as opposed to cream-based.
- Spreading margarine or butter thinly on bread.
- Avoiding additional sauces or gravy with meals, where possible.
- Encouraging family to limit "treat" foods brought into the facility for special occasions only.
- Encouraging physical activity/increased mobility, as appropriate.



**Need help improving an elderly resident's weight?**

This article was written by OSCAR Hospitality Dietitian, Stacey Deayton. Please call or email via our contact details below.

