

Facts About Weight Loss

Weight loss

Weight loss may be planned to bring the body back to a safer, more desirable weight. Weight loss also may be unintended as a result of a serious illness, decline in memory or behavioral problem. Unplanned weight loss is defined as an unintended decrease from a person's usual weight.

Weight loss is also an anticipated part of the dying process in individuals with end-stage problems, such as dementia, chronic obstructive pulmonary disease (lung disease) or a failure to thrive.

Many elderly patients are at risk for unplanned weight loss because of serious medical problems, decreased appetite and decreased mobility. Significant weight loss can lead to malnutrition which, if not corrected, can lead to death. Unfortunately, in cases such as end-stage diseases like dementia, the body gives up and even if food is given, the body may not be able to "process it" correctly. The best way to care for a person at risk for weight loss is to offer them nutritious food that they enjoy eating whenever possible.

Some risk factors for weight loss include:

- History of weight loss
- Depression, feeling of abandonment, dementia or other behavioral problems
- Increased food requirements due to illness, fever or pressure ulcers
- Indigestion
- Poorly fitting dentures
- Person "gives up" and refuses to eat
- Infections
- Dehydration

Effects of aging

Age-related reasons leading to weight loss include:

- Decreased overall body weight (mass)
- Decreased sense of taste and smell, which makes food less appetizing
- Inability to absorb nutrients

- Loss of the learned ability to eat
- Acute or chronic illnesses such as stroke, Alzheimer's or Parkinson's diseases which may result in:
 - » Chewing and swallowing problems
 - » Decreased ability to feed oneself
 - » Decreased appetite

Prevention

Some steps that may be taken to attempt to prevent or minimize unintended weight loss include:

- Early identification of risk
- Assessing the person for early signs of weight loss and malnutrition
- Assessing the need for devices to assist in eating
- Attempting to maintain nutrition
- Treating underlying medical problems
- Treating depression
- Checking for thyroid disease

Treatment

Artificial nutrition and hydration involves placing a tube in the patient's nose, stomach or into the veins (intravenous).

The best method for residents who require long-term nutritional support is the G-tube (gastric tube), which is placed through the skin of the belly into the stomach by a gastroenterologist. This procedure is usually performed at the hospital and normally does not require an overnight stay. In a study of terminally ill persons, few experienced hunger or thirst; however, there was no evidence suggesting that tube feeding increased the comfort of persons with dementia.

For residents who are able to eat, it is best to use the most liberal diet medically advisable. The American Dietetic Association states that the quality of life and nutritional status of residents in long-term care facilities may be improved on a regular diet rather than a therapeutic diet. Therapeutic diets, such as diabetic, low salt and low-cholesterol diets, are often less palatable and have been shown to be associated with weight loss and other problems in nursing home settings.

Possible treatment options include:

- Attempting to identify underlying illness and problems
- Attempting to identify pain or stomach problems
- Attempting to diagnose and treat depression
- Treating dry mouth or denture problems
- Removing medications that decrease appetite if possible
- Providing smaller, more frequent meals where indicated
- Positioning your loved one properly during meals
- Providing assistance and supportive equipment
- Providing supplements or artificial nutrition and hydration

What you can do to help

- Tell the nursing staff about your loved one's food preferences and eating routine.
- Bring in favorite foods from home (when approved in advance by the nursing staff and dining service team).
- Encourage your loved one to eat and drink.
- Join your loved one during mealtime.
- Assist your loved one in dining, when possible, if he or she eats better for you.
- Discuss the issue of artificial nutrition or hydration with your family member before the question arises (see treatment information).
- Provide us with accurate telephone numbers for family members or other caregivers.

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