

# Nutrition screenings should be regular part of geriatric health assessment

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As older adults typically have one or more chronic health conditions that can affect dietary intake, malnutrition has been identified as a serious problem in older adults. This has given rise to the recommendation that nutrition screenings be a mandatory part of the comprehensive geriatric analysis (CGA).

The CGA, first developed in the 1930s, is a multidimensional diagnostic process that looks at a frail elderly person's medical, psychosocial, and functional capabilities in order to develop an overall plan for treatment and follow-up. While it has been used across health settings, the CGA is typically used in a geriatric specialty unit by a team that includes physicians, nurses, dietitians, pharmacists, therapists, and social workers.

In a special review article published today in the American Society for Parenteral and Enteral Nutrition's (A.S.P.E.N.) *Nutrition in Clinical Practice* journal, Dr. Rose Ann DiMaria-Ghalili, an Associate Professor of Nursing at Drexel University, examines each component of the CGA and outlines how nutrition screenings would fit into each individual domain: physical/medical, mental, functional, and social.

Dr. DiMaria-Ghalili notes that healthcare providers should look for signs of malnutrition, such as including loss of subcutaneous fat, muscle loss, and fluid accumulation, as part of the physical examination portion of the CGA. In regards to mental health status, she identifies how changes in cognition and dementia can affect nutrition.

In the examination of the functioning of older adults, Dr. DiMaria-Ghalili highlights that malnutrition leads to a loss of muscle strength and mass, which will affect a patient's functional status. As for older adults' social domains (social networks and economic status), she points out that [older adults](#) on fixed and limited incomes often need to make decisions regarding paying for medications, housing costs, and food purchases, leading them to purchase food that is cheaper, less nutritious, and less healthy or skip meals altogether.

Beyond identifying potential nutrition problems, Dr. DiMaria-Ghalili stresses that any problems identified should be addressed and interventions implemented in a timely fashion. For this to be successful, she encourages the delivery and management of nutrition interventions be undertaken using a team approach, involving all of the patient's healthcare providers, including doctors, nurses, dietitians, pharmacists and social workers.

Provided by American Society for Parenteral and Enteral Nutrition

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