

Screening for both malnutrition and frailty needed to enhance health of aging populations

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By 2035 one in four Canadians will be 65 years old or older, an age group prone to malnutrition and frailty. A new literature review published today in *Applied Physiology, Nutrition, and Metabolism* describes the similarities between these two conditions, which are generally considered separately by clinicians, and recommends research efforts, diagnostic tools and medical treatments that consider both conditions.

Frailty in older populations is characterized by loss in strength and endurance, which increases vulnerability to other ailments and overall deterioration of health. Frail, older adults struggle with everyday activities such as cooking and eating, putting them at risk for malnourishment. Previous studies have found that [malnutrition](#) often co-occurs with [frailty](#) in [older adults](#), exacerbating the condition and causing further weakness. Even though the two conditions coincide with each other, currently, frailty and malnutrition are diagnosed independently of each other using different tools. "Simple tools for screening and processes for detecting and treating these conditions together need to be developed across the continuum of care," says Professor Heather Keller, senior author of the review and lead of the University of Waterloo's Nutrition and Aging Lab. Frailty and malnutrition "should be considered simultaneously due to the high likelihood that a patient will have both conditions together," Keller adds.

Keller and her research team compiled documents and reports on frailty and malnutrition and identified symptoms shared between the two conditions: [weight loss](#), slowness and weakness. Weight loss can be self-reported or measured, while the latter two symptoms can be readily assessed in any healthcare setting using reduced walking speed and grip strength of a patient's hand. The authors believe that the use of indicators that diagnose both malnutrition and frailty is needed to ensure that effective treatments are used to improve the health of seniors.

The review stresses how treatment plans that address both malnutrition and frailty are currently lacking and their effectiveness is not known. Oral nutritional supplements or nutrient dense diets in combination with physical exercise could improve nutrition status and strength in frail, malnourished patients.

Preventative health practices that capture both nutrition and frailty risk are also important, the authors say. Identifying at-risk individuals with standardized screening can ensure earlier intervention, which can minimize progression of the conditions and hospitalization. The authors conclude that when a health professional considers an older adult to be frail, they should also identify if they are malnourished.

This review is timely given Canada's shifting demographic. Additional burdens on Canada's healthcare system are expected over the next 20 years as a quarter of the country's population will exceed the age of 65 by 2035. Testing and implementing diagnostic and treatment tools that detect related [health conditions](#) such as frailty and malnutrition can improve efficiency of hospital and [primary care services](#), and ultimately patient outcomes.

More information: *Applied Physiology, Nutrition, and Metabolism*, [DOI: 10.1139/apnm-2016-0652](https://doi.org/10.1139/apnm-2016-0652)

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