

ADDRESSING MALNUTRITION IN THE ELDERLY: NUTRITIONAL COUNSELING STRATEGIES IN MEDICAL PRACTICE

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Abstract

Malnutrition among the elderly presents a complex challenge with far-reaching implications for individual well-being and healthcare systems. Aging individuals undergo physiological changes, coupled with diverse social and environmental factors, contributing to the risk of malnutrition. This issue extends beyond personal health, straining healthcare systems and societal resources. Hospitalizations and readmissions due to malnutrition-related complications escalate healthcare costs, compounded by the demand for specialized care, rehabilitation services, and long-term assistance for those experiencing functional decline. Initiated on February 18th, 2023, this review article stems from a meticulous examination of academic literature, utilizing databases like PubMed, Web of Science, and Cochrane. The objective was to comprehensively understand the global public health impact of malnutrition in the elderly and explore the role of nutritional counseling in both its prevention and management. The review delves into strategies to enhance nutritional counseling practices among healthcare providers, addressing gaps in existing literature and providing a roadmap for future research in this critical area. Combatting malnutrition in the elderly necessitates a multifaceted, patient-centric approach through nutritional counseling strategies in medical practice. This involves a combination of preventative measures, nutrition modification, and supportive interventions. Initiating screenings, assessments, and health education establishes a foundation for early identification, while individualized care plans, collaboration with dietitians, increased protein intake, texture-modified diets, and food supplementation offer tailored solutions. Additional strategies like regular follow-up, social and emotional support, medication review, technology use, and community resource utilization ensure a holistic impact on elderly nutritional well-being. Recognizing the interplay between nutrition and various life facets, ongoing research and collaboration can refine nutritional counseling strategies, fostering healthier aging and improving the overall quality of life for the elderly.

Keywords: nutrition, elderly, screenings, assessment, counseling, health education, diet

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Introduction

Malnutrition in the elderly poses a significant and multifaceted challenge, exerting a profound impact on both individual health and broader healthcare systems. As individuals age, they often experience physiological and metabolic changes, coupled with a variety of social and environmental factors, which can contribute to malnutrition (1). According to the World Health Organization, a decreased sense of smell and taste, deteriorating oral health, and isolated living are major risk factors for malnutrition after the age of 60 (2). This state of nutritional deficiency, whether due to inadequate intake, absorption, or utilization of nutrients, has far-reaching consequences that extend beyond the individual to impact families, communities, and healthcare resources (3). The consequences of malnutrition in the elderly are extensive, affecting various aspects of physical and mental well-being. One of the primary concerns is the decline in muscle mass and strength, leading to weakness and an increased risk of falls and fractures. Malnutrition can also compromise the immune system, making older adults more susceptible to infections and impairing the body's ability to heal. Additionally, it can contribute to cognitive decline and exacerbate existing chronic conditions, reducing overall quality of life (4). A study estimating the global prevalence of malnutrition in elders concluded that the overall average prevalence around 12 countries was 22.8%, and approximately two-thirds of the study participants were either malnourished or were at risk of malnourishment (5). Looking at regional prevalence, a study from Iran highlighted that the overall prevalence of malnutrition in the elderly was around 12.2% (6). In Turkey, the prevalence was observed to be 24.5% for moderate malnutrition, however, 13.9% of the participants had severe malnutrition (7). In a research study regarding the prevalence and risk factors of malnutrition in older adults in the Middle East, it was observed that prominent deficits of significant macro and micronutrients were present in the region. Moreover, several gaps, such as nutritional monitoring, use of dietary supplements, and ineffectiveness of food fortification, were also identified, aiding in the growing prevalence rates of malnutrition in the elderly (8).

The burden of malnutrition on the elderly extends beyond the individual level, placing strain on healthcare systems and societal resources. Hospital admissions and readmissions related to malnutrition and its associated complications increase healthcare costs significantly. The economic impact is compounded by the need for specialized care, rehabilitation services, and long-term assistance for individuals who experience

functional decline due to malnutrition-related issues (9). The management of malnutrition-related complications, such as pressure ulcers, infections, and delayed recovery from illnesses or surgeries, places a considerable burden on healthcare professionals and facilities. This burden is further intensified by the need for interdisciplinary care involving physicians, dietitians, nurses, and rehabilitation specialists to address the complex challenges associated with malnutrition in older adults (10). Preventing and addressing malnutrition in the elderly requires a comprehensive and proactive approach that spans healthcare, social services, and community initiatives. Nutritional counseling plays a crucial role in addressing and mitigating malnutrition in the elderly. This personalized and evidence-based approach involves healthcare professionals, particularly dietitians, working collaboratively with older individuals to develop tailored dietary plans that meet their unique nutritional needs and preferences (13). Nutritional counseling not only helps in the prevention of malnutrition in older adults, but also caters to already malnourished adults and their needs. Awareness regarding supplementation and major dietary modifications can aid in increasing the appetite as well as muscle

The rationale for conducting a review article on nutritional counseling strategies in medical practice for addressing malnutrition in the elderly stems from the growing recognition of the pervasive impact of malnutrition on the aging population and the need for effective intervention strategies. Consequently, there is a critical need to consolidate existing knowledge, research findings, and best practices in nutritional counseling to provide a comprehensive understanding of the most effective strategies in medical practice. The prevalence of malnutrition in the elderly, with its associated health consequences, underscores the urgency of exploring and disseminating evidence-based interventions. By reviewing existing literature on nutritional counseling in medical practice, this article seeks to synthesize current knowledge on successful interventions, the impact of nutritional counseling on health outcomes, and potential barriers to implementation. Additionally, the review aims to highlight gaps in the existing literature, providing a roadmap for future research endeavors in this critical area. Ultimately, the goal is to equip healthcare professionals with a understanding comprehensive of effective nutritional counseling strategies, fostering improved outcomes in the management and prevention of malnutrition in the elderly. This review article also serves as a valuable resource for

clinicians, researchers, and policymakers seeking to enhance the nutritional care provided to the aging population and alleviate the associated burdens on individuals and healthcare systems alike.

Methods

This review article was initiated on February 18th, 2023, following a comprehensive examination of existing academic literature. A careful literature review was undertaken, employing various databases such as PubMed, Web of Science, and Cochrane. The search strategy incorporated diverse combinations medical of terminology, complemented by manual searches on Google Scholar to identify pertinent research terms. The primary objective of this literature review was to gain insights into the substantial impact of malnutrition in the elderly on global public health, as well as to investigate the role of nutritional counseling in both its management and prevention. Moreover, the review delved into numerous strategies aimed at enhancing nutritional counseling practices among healthcare providers. It is essential to emphasize that the articles chosen for inclusion in this study adhered to multiple criteria, ensuring a thorough and rigorous review process.

Discussion

Nutritional counseling strategies for addressing malnutrition in the elderly involve personalized assessments, tailored dietary plans, and education on the importance of proper nutrition in aging. **Emphasizing** protein intake, addressing swallowing difficulties, and collaborating with dietitians are essential components. Regular follow-up, behavioral strategies, and considering socioeconomic factors enhance adherence. Cultural preferences, food accessibility, and family involvement are also integral. Overall, a holistic, interdisciplinary approach ensures comprehensive care, promoting optimal health and well-being in the elderly population.

Preventive steps

Addressing malnutrition in the elderly necessitates a proactive approach, integrating preventative measures such as screenings, assessments, and health education. The cornerstone of this strategy lies in early identification and intervention through systematic screenings. Routine nutritional screenings, often conducted during healthcare visits, involve the use of validated tools like the Mini Nutritional Assessment (MNA) to assess the risk of malnutrition. Research indicates that these screenings serve as a vital initial step in identifying elderly individuals who may be susceptible to

nutritional deficiencies, allowing for timely intervention before complications arise (14, 15). Additionally, comprehensive nutritional assessments play a pivotal role in understanding the specific needs and challenges faced by each elderly individual. These assessments delve into dietary habits, weight history, and potential barriers to adequate nutrition (15, 16). Utilizing research databases for practical guidance facilitates a thorough examination of existing academic literature to inform evidence-based assessment practices. The gathered insights enable healthcare professionals, particularly dietitians, to tailor interventions that address the unique nutritional requirements and preferences of each older adult

In conjunction with assessments, health education and awareness form integral components of preventative measures against malnutrition. Elderly individuals and their caregivers need to be informed about the importance of nutrition in aging and the potential consequences of malnutrition. This education encompasses the changing nutritional needs of older adults, the role of various nutrients in maintaining health, and the impact of malnutrition on overall well-being Furthermore, health education extends to the promotion of regular screenings and assessments as routine components of healthcare for the elderly. Evidence suggests that creating awareness among healthcare providers about the significance of incorporating nutritional screenings into routine check-ups ensures early detection and intervention. By fostering a culture of proactive nutritional care, can contribute to healthcare professionals preventing malnutrition-related complications and improving the overall health trajectory of older individuals (19, 20).

Screenings, assessments, and health education also serve as critical components in identifying and addressing swallowing difficulties, known as dysphagia, a common issue in the elderly population. Early detection of dysphagia allows for modifications in dietary consistency, ensuring that older adults can safely consume a nutritionally Integrating information on adequate diet. dysphagia into health education programs empowers healthcare professionals and caregivers to recognize and manage this condition effectively (21). Moreover, to enhance preventative measures, interdisciplinary collaboration is key. Involving physicians, nurses, dietitians, and other healthcare providers in a coordinated effort ensures a holistic approach to malnutrition prevention. collaboration extends to community-based initiatives, where partnerships with nutritionists, social workers, and community organizations can amplify the impact of preventative strategies. These partnerships help address social determinants of malnutrition, including food accessibility, affordability, and social isolation (22). By embracing these strategies, healthcare professionals can work towards ensuring the nutritional well-being of the elderly population and mitigating the burden of malnutrition.

Nutrition modification

Addressing malnutrition in the elderly requires a multifaceted approach within medical practice, emphasizing nutrition modification strategies that are tailored to the unique needs of older individuals. One pivotal aspect involves the development of individualized care plans. These plans, crafted through collaboration between healthcare providers and patients, consider personal preferences, dietary habits, and any underlying health conditions. According to the research evidence, individualization of care plans ensures that nutritional interventions align with the specific needs and goals of each elderly person, promoting a more personalized and effective approach to malnutrition combating (23,24). collaboration with dietitians plays a central role in nutritional counseling strategies for the elderly. Dietitians, specializing in geriatric nutrition, bring expertise to the table, assisting in the development and implementation of personalized dietary plans. Studies indicate that the collaboration ensures that interventions are evidence-based, nutritional addressing not only the prevention but also the management of malnutrition. Dietitians contribute valuable insights into optimizing nutrient intake tailoring dietary recommendations accommodate individual preferences, cultural considerations, and potential barriers to adherence

Increasing protein intake is also a fundamental element in combating malnutrition and promoting healthy aging. Protein plays a crucial role in maintaining muscle mass, strength, and overall physical function in the elderly. Nutritional strategies counseling often emphasize incorporating lean protein sources, such as poultry, fish, beans, and dairy products, into the diet. Research suggests that ensuring an adequate protein intake becomes especially critical for older adults, as it helps mitigate the age-related decline in muscle mass and supports overall health (26). Moreover, texture-modified diets are another essential component of nutritional counseling for addressing malnutrition, particularly when elderly individuals experience difficulties swallowing, known as dysphagia. **Texture** modification involves altering the consistency of foods to match an individual's ability to safely swallow. This may include adapting the texture to pureed or minced forms, ensuring that the nutritional content remains intact while minimizing the risk of aspiration (27, 28). In instances where dietary modifications alone may not suffice, food supplementation becomes a valuable tool in addressing malnutrition in the elderly. Nutritional supplements, such as oral nutritional supplements (ONS) or enteral nutrition, provide a concentrated source of essential nutrients. These supplements can be tailored to individual nutritional needs, ensuring that any deficiencies are adequately addressed (29).

Other strategies

Furthermore, malnutrition in the elderly requires a comprehensive approach that extends beyond dietary modifications. Nutritional counseling strategies in medical practice encompass a range of interventions, including regular follow-up, social and emotional support, medication review, the use of technology, and leveraging community resources to foster holistic well-being. Regular follow-up is a crucial component of nutritional counseling, ensuring sustained progress and adapting interventions as needed. Evidence suggests that scheduled appointments allow healthcare professionals to monitor nutritional status, assess the effectiveness of dietary plans, and address any emerging challenges or concerns. The continuity of care through regular follow-up also enhances patient engagement and adherence to nutritional recommendations, contributing to longterm success in combating malnutrition (30, 31). Social and emotional support additionally plays a vital role in nutritional counseling for the elderly. Malnutrition is often intertwined with social isolation, depression, and changes in mental health, which can impact appetite and dietary habits. According to multiple research studies, providing a supportive environment, both within the healthcare setting and at home, fosters emotional well-being encourages adherence recommendations. Involving family members or caregivers in the nutritional counseling process promotes a collaborative approach, ensuring a holistic support system for the elderly (12, 32). Medication review another is essential consideration in addressing malnutrition, as certain medications may interact with nutrients or contribute to appetite suppression. Collaborating with pharmacists and healthcare providers to assess and adjust medication regimens can help minimize potential barriers to adequate nutrition. This holistic approach ensures that medication management aligns with nutritional goals, optimizing the overall health of older individuals (33). Moreover, integrating technology into nutritional counseling strategies offers innovative solutions to enhance engagement and support. Mobile applications, telehealth platforms, and wearable devices can facilitate remote monitoring of dietary habits, physical activity, and overall health. Technology can provide real-time feedback, educational resources, and personalized guidance, making nutritional counseling more accessible and convenient for the elderly, particularly those with limited mobility or transportation challenges (30). In addition to that, utilizing community resources is a valuable strategy to address malnutrition among the elderly. Evidence endorses that collaboration with local organizations, senior centers, and community outreach programs can enhance access to nutritious foods, meal delivery services, and educational workshops. Community resources provide a broader support network, addressing socio-economic factors, contributing to the overall well-being of older adults (22).

Conclusion

In conclusion, addressing malnutrition in the elderly through nutritional counseling strategies in medical practice demands a multifaceted and patient-centric approach. The amalgamation of preventative measures, nutrition modification, and supportive interventions creates a comprehensive framework to combat malnutrition effectively. By recognizing the intricate interplay between nutrition and various facets of an individual's life, healthcare professionals can create a more resilient and adaptable system of care.

References

- 1. Dent E, Wright OR, Woo J, Hoogendijk EO. Malnutrition in older adults. The Lancet. 2023.
- 2. Organization TWH. Supplemental nutrition with dietary advice for older people affected by undernutrition 2023 [Available from: https://www.who.int/tools/elena/interventions/nutrition-older-people.
- 3. Visvanathan R. Under-Nutrition in Older People: A Serious and Growing Global Problem! Journal of Postgraduate Medicine. 2003;49(4):352-60.
- 4. Charlton KE, Batterham MJ, Bowden S, Ghosh A, Caldwell K, Barone L, et al. A high prevalence of malnutrition in acute geriatric patients predicts adverse clinical outcomes and mortality within 12 months. e-SPEN Journal. 2013;8(3):e120-e5.
- 5. Kaiser MJ, Bauer JM, Rämsch C, Uter W, Guigoz Y, Cederholm T, et al. Frequency of

- Malnutrition in Older Adults: A Multinational Perspective Using the Mini Nutritional Assessment. Journal of the American Geriatrics Society. 2010;58(9):1734-8.
- Abolghasem Gorji H, Alikhani M, Mohseni M, Moradi-Joo M, Ziaiifar H, Moosavi A. The Prevalence of Malnutrition in Iranian Elderly: A Review Article. Iran J Public Health. 2017;46(12):1603-10.
- 7. Demirdag F, Kolbasi EN, Pehlivan O. Prevalence of Malnutrition According to the Global Leadership Initiative on Malnutrition Criteria in Community-dwelling Older Adults in Turkey. Medeni Med J. 2022;37(3):234-9.
- 8. Hwalla N, Al Dhaheri AS, Radwan H, Alfawaz HA, Fouda MA, Al-Daghri NM, et al. The Prevalence of Micronutrient Deficiencies a nd Inadequacies in the Middle East and Appro aches to Interventions. Nutrients. 2017;9(3):229.
- 9. Abizanda P, Sinclair A, Barcons N, Lizán L, Rodríguez-Mañas L. Costs of malnutrition in institutionalized and community-dwelling older adults: a systematic review. Journal of the American Medical Directors Association. 2016;17(1):17-23.
- 10. Evans C. Malnutrition in the elderly: a multifactorial failure to thrive. The Permanente Journal. 2005;9(3):38.
- 11. Albert SM. Do family caregivers recognize malnutrition in the frail elderly? Journal of the American Geriatrics Society. 1993;41(6):617-22.
- 12. Boulos C, Salameh P, Barberger-Gateau P. Social isolation and risk for malnutrition among older people. Geriatrics & gerontology international. 2017;17(2):286-94.
- 13. Wells JL, Dumbrell AC. Nutrition and aging: assessment and treatment of compromised nutritional status in frail elderly patients. Clinical interventions in aging. 2006;1(1):67-79.
- 14. Harris D, Haboubi N. Malnutrition screening in the elderly population. Journal of the royal society of medicine. 2005;98(9):411-4.
- 15. Guigoz Y, Lauque S, Vellas BJ. Identifying the elderly at risk for malnutrition: The Mini Nutritional Assessment. Clinics in geriatric medicine. 2002;18(4):737-57.
- 16. Basibüyük GÖ, Ayremlou P, Aeidlou SNS, Çinar Z, Faruk A, Bektas Y, et al. Evaluation of malnutrition among elderly people living in nursing homes by Mini Nutritional Assessment Short Form (MNA-SF) in Turkey. Mædica. 2019;14(1):38.
- 17.Ng TP, Nyunt MSZ, Gao Q, Wee SL, Yap P, Yap KB. Elderly Nutritional Indicators for Geriatric

- Malnutrition Assessment (ENIGMA): Development and validation of a nutritional prognostic index. Clinical nutrition ESPEN. 2017;22:54-63.
- 18.Fleurke M, Voskuil DW, Beneken genaamd Kolmer DM. The role of the dietitian in the management of malnutrition in the elderly: A systematic review of current practices. Nutrition & Dietetics. 2020;77(1):60-75.
- 19. Fernández-Barrés S, García-Barco M, Basora J, Martínez T, Pedret R, Arija V. The efficacy of a nutrition education intervention to prevent risk of malnutrition for dependent elderly patients receiving Home Care: A randomized controlled trial. International journal of nursing studies. 2017;70:131-41.
- 20. Corish CA, Bardon LA. Malnutrition in older adults: screening and determinants. Proceedings of the Nutrition Society. 2019;78(3):372-9.
- 21.Mañas-Martínez AB, Bucar-Barjud M, Campos-Fernández J, Gimeno-Orna JA, Pérez-Calvo J, Ocón-Bretón J. Association of positive screening for dysphagia with nutritional status and long-term mortality in hospitalized elderly patients. Endocrinología, Diabetes y Nutrición (English ed). 2018;65(7):402-8.
- 22. Verwijs MH, Puijk-Hekman S, van der Heijden E, Vasse E, de Groot LC, de van der Schueren MA. Interdisciplinary communication and collaboration as key to improved nutritional care of malnourished older adults across health-care settings—A qualitative study. Health Expectations. 2020;23(5):1096-107.
- 23. Avelino-Silva TJ, Jaluul O. Malnutrition in hospitalized older patients: management strategies to improve patient care and clinical outcomes. International Journal of Gerontology. 2017;11(2):56-61.
- 24.Hedman S, Nydahl M, Faxén-Irving G. Individually prescribed diet is fundamental to optimize nutritional treatment in geriatric patients. Clinical Nutrition. 2016;35(3):692-8.
- 25. Mawardi F, Lestari AS, Kusnanto H, Sasongko EP, Hilmanto D. Malnutrition in older adults: how interprofessional teams see it? A systematic review of the qualitative research. Family Practice. 2021;38(1):43-8.
- 26. Artaza-Artabe I, Sáez-López P, Sánchez-Hernández N, Fernández-Gutierrez N, Malafarina V. The relationship between nutrition and frailty: Effects of protein intake, nutritional supplementation, vitamin D and exercise on muscle metabolism in the elderly. A systematic review. Maturitas. 2016;93:89-99.
- 27.Rodd BG, Tas A, Taylor K. Dysphagia, texture modification, the elderly and micronutrient

- deficiency: a review. Critical Reviews in Food Science and Nutrition. 2022;62(26):7354-69.
- 28.Ballesteros-Pomar MD, Cherubini A, Keller H, Lam P, Rolland Y, Simmons S. Texture-modified diet for improving the management of oropharyngeal dysphagia in nursing home residents: an expert review. The journal of nutrition, health & aging. 2020;24:576-81.
- 29. Iuliano S, Poon S, Wang X, Bui M, Seeman E. Dairy food supplementation may reduce malnutrition risk in institutionalised elderly. British Journal of Nutrition. 2017;117(1):142-7.
- 30.Norman K, Haß U, Pirlich M. Malnutrition in older adults—recent advances and remaining challenges. Nutrients. 2021;13(8):2764.
- 31.Lindegaard Pedersen J, Pedersen P, Damsgaard E. Nutritional follow-up after discharge prevents readmission to hospital-a randomized clinical trial. The journal of nutrition, health & aging. 2017;21:75-82.
- 32.Katsas K, Mamalaki E, Kontogianni MD, Anastasiou CA, Kosmidis MH, Varlamis I, et al. Malnutrition in older adults: Correlations with social, diet-related, and neuropsychological factors. Nutrition. 2020;71:110640.
- 33.Kok W, Haverkort E, Algra Y, Mollema J, Hollaar V, Naumann E, et al. The association between polypharmacy and malnutrition (risk) in older people: A systematic review. Clinical Nutrition ESPEN. 2022;49:163-71.