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# **Healthy Weight Management Addressing Weight Loss & Weight Gain in Long Term Care**

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## **Texas Quality Matters**

# Objectives

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- Define Weighing Procedures
- Identify the Assessment Process
- Define Care Plans
- Define Care



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# Weighing Procedures

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- Same time of day
- Same scale
- Establish a baseline
- Record to easily assess trends
- Re-weigh within 72-hours if loss occurs
  - Date and document both weights
- Weigh weekly until weight stable



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# Significant Weight Loss

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- Weight loss  $\geq$  5% of usual body weight in 30 days
- Weight loss  $\geq$  7.5% of usual body weight in 90 days
- Weight loss  $\geq$  10% of usual body weight in 180 days



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# After Significant Weight Loss

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## Re-weigh:

- Within 72 hours to verify significant weight loss
  - Date/Document

## Notify:

- Within 48 hours after verifying
  - Physician, Family, Dietitian

## Intervene:

- Within 24 hours after verifying
  - Identify, assess, take action



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# Appropriate Assessment

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- Recognize risk factors
- Assess/identify residents at risk



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# Risk Factors for Weight Loss

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- **M – Medications**
- **E – Emotional problems**
- **A – Anorexia**
- **L – Late-life paranoia**
- **S – Swallowing disorders**
- **O – Oral Problems**
- **N – Nosocomial infections**
- **W – Wandering**
- **H – Hyperthyroidism**
- **E – Enteric Problems**
- **E – Eating problems**
- **L – Low salt/cholesterol diets**
- **S – Social problems**



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# Reversible or Not?

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- Irreversible weight loss is caused by diseases and is an end-of-life issue.
- Reversible weight loss is due to inadequate nutritional intake.



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# Assessment: Weight Gain

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## Identify Weight Gain as to Severity

- **Overweight:** 25-29.9 BMI – monitor
- **Obesity:** >30 BMI – need to address



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# Assessment: Weight Gain

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## Identify Risk Factors

- Medications:
  - Insulin, tricyclic antidepressants, antipsychotics, anticonvulsants, etc.
- Functional impairment
- Medical problems:
  - Eedema, etc.
- Excessive caloric intake



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# Assessment: Weight Gain

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## Identify Risks and Benefits of Weight Gain

- **Risks**

- Decrease in overall nutritional intake
- Decrease in muscle mass and bone density
- Decrease in pleasure of eating

- **Benefits**

- Improve weight range to desirable level (<30 BMI)
- Improve medical complications if <75 years old (Quantity of life)
- Improve functioning and mobility for all ages (Quality of life)



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# Assessment: Weight Gain

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## Identify Resident's Willingness to Change

- Facility's Responsibility: To educate
- Resident's Rights: To choose



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# Assessment: RD Role

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- RD to perform annual assessment of nutrition (protein, calorie) & fluid needs
- RD to plan person-specific nutrition related goal(s)



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# Investigate and Manage

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- Food Intake Assessment
- Functional Impairment
- Effect of Medications
- Social Factors



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# Care Plans

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- Person-centered measurable goals
- Individualized interventions
- Utilization of the RD's assessments, nutrition goals, and recommendations
- Utilization of an interdisciplinary approach



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# Prevention of Reversible Weight Loss

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- **Individual Interventions**
  - Facilitate increased food consumption
  - Provide feeding assistance
  - Manage underlying conditions
  - Reassess effects of medications
- **Dining**
  - Enhance the dining experience



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# Prevention of Reversible Weight Loss

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- **Family support**
- **Nutritional therapy**
  - Fortified foods, Snacks, Finger Foods
  - Liquid nutritional supplements



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# Care: Weight Gain

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## **Dietary Recommendations**

- Reduce calories by 500 kcals/day
- Increase protein to 1.0 g/kg of body weight
- Provide a multiple vitamin-mineral supplement

## **Exercise Recommendations**

- Provided 10-20 minutes of resident appropriate exercise at least every other day



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# Care: End of Life

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## Palliative Nutrition Therapy

- Focus on quality of life and relief of symptoms
- Goals: WL & DHN are expected outcomes at the end of life
- Palliative Care Form:

[www.dads.state.tx.us/providers/forms/palliativecareform.pdf](http://www.dads.state.tx.us/providers/forms/palliativecareform.pdf)



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# Care: End of Life

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## Palliative Nutrition Therapy

- Interventions:
  - Provide favorite foods
  - Discontinue therapeutic diets, unless controlling symptoms
  - Small frequent meals are better tolerated
  - Monitor food preferences frequently



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# Care: End of Life

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## Palliative Nutrition Therapy

- Interventions:
  - Do not push food
  - Fluids to alleviate constipation and drug toxicity
  - Let individual be in control
  - In last hours, dehydration acts as a natural anesthetic which increases comfort and decreases anxiety



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# References

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- **Quality Matters Website:**  
<http://www.texasqualitymatters.com>
- **American Dietetic Association:**  
[www.eatright.org](http://www.eatright.org)



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# Thank You

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