Managing nutrition in the elderly: COPD

In this case study, Dr Damian Flanagan discusses the management of nutrition in a patient with chronic obstructive pulmonary disease (COPD), highlighting the problems with undernutrition often associated with COPD patients.

COPD and nutrition

Nutritional depletion is common in patients with COPD and often presents as recent involuntary weight loss. However, often patients with COPD may have a reduction in lean body mass even when weight is stable. These patients often have a reduced food intake because of:

- dyspnoea, making eating difficult
- hypoxia-related appetite suppression
- acute exacerbations.

Improving nutritional status is important to preserve functional capacity and reduce the risk of rehospitalisation.

Patient profile: Mrs Q

Mrs Q is a 68-year-old woman with severe COPD who lives alone. Although not yet dependent on oxygen, she is markedly restricted in her day-to-day activities due to breathlessness. She currently has a small non-healing ulcer on the lower limb.

Mrs Q has a low BMI of 19 and a Mini-Nutritional Assessment (MNA®) score of 10 (at risk of malnutrition). She considers her appetite ‘normal’ but struggles to shop and cook, agreeing she often ‘cuts corners’. She also agrees that she often tires when eating meals.

Physical examination reveals her to be frail, with a barrel chest with obvious thin skin devoid of subcutaneous fat. She has several Band Aids on her arms and legs, covering minor skin traumas.

Mrs Q has presented for another dressing of her lower limb ulcer by your practice nurse. She asks me if ‘anything more can be done’. She mentions she thinks she may have lost more weight since the last time she saw me.

What do you see as the key risk factors for Mrs Q’s nutritional status?

- High metabolic rate due to her breathing needs
- Poor oral intake relating to both the quality and quantity of food, which is affected by her lack of mobility and limited access to supermarkets and general services.
What would be your main treatment goals for Mrs Q?
I would aim to increase her weight, aiming for a BMI of 21. I’d also look at ways to support her COPD, and consider domiciliary oxygen.

What nutritional interventions do you initiate for Mrs Q given her COPD diagnosis?
I would recommend:
- small frequent meals
- ensuring protein at each meal and snack
- close monitoring of weight.

What other interventions do you recommend for Mrs Q?
I’d suggest contact with the local council for Home and Community Care (HACC) assessment for assistance with shopping or meal preparation. I’d also determine whether family can assist with providing meals.

What are your ongoing management strategies?
- Continue to monitor weight at each review
- If no improvement in weight or food intake at next appointment (or in about 1 month), introduce oral nutritional supplements such as Sustagen® Hospital Formula
- Re-screen with the MNA® after 3–6 months
- Refer to an Accredited Practicing Dietitian if weight and/or MNA® score do not improve.

Dietary tips for patients with COPD
✓ Make the most of times when appetite is good – this may be earlier in the day when fatigue is less.
✓ Include smaller more frequent meals, and ensure there is a protein source at each meal e.g. cheese, milk, yoghurt, meat.
✓ If appetite is poor, oral nutritional supplements can assist with meeting energy, protein and micronutrient requirements.

This case study expresses the clinical views of the clinician and may not reflect the views of Nestlé Healthcare Nutrition. Nestlé Healthcare Nutrition funded the publication and distribution of this case study and sponsors the clinician’s participation in the Nestlé Malnutrition Advisory Board.
Nutritional supplements can only be of assistance where dietary intake is inadequate. Sustagen® Hospital Formula is a formulated meal replacement and cannot be used as a total diet replacement.
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