Managing nutrition in the elderly: Grief and depression

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In this case study, Associate Professor Renuka Visvanathan discusses the management of nutrition in a recently bereaved patient experiencing grief and depression.

Depression and nutrition

Both depression and under-nutrition are frequent problems among older individuals. While the relationship between them is complex, depression increases the risk of impaired nutritional status. While depression can lead to weight gain in individuals, it can also lead to weight loss.[1] In addition to the physiological effects of depression (such as loss of appetite), social factors such as isolation and lack of social support, can further impact on the depressed older person's food intake.

Patient profile: Mrs X

Mrs X is an 85-year-old widow whose husband just passed away from lung cancer. She has dementia with an impaired MMSE score of 20/30 and now lives alone with assistance, mainly from a concerned daughter. She has lost her appetite and 2 kg in weight.

She is fatigued during the day as she has trouble sleeping at night. She also has a past history of heart failure, type 2 diabetes, renal failure and early dementia, for which she takes at least 7 different medications daily.

What would you consider to be the potential cause/s of Mrs X's loss of appetite?

Given the recent bereavement, depression would be a key potential factor to consider. Other factors that may be contributing to Mrs X's loss of appetite or under-nutrition include dementia, polypharmacy and social isolation. Several medications she is taking can have anorectic side effects so addressing these is important. It is important also to ensure that her chronic disease management is optimal as poorly controlled heart failure, for example, can contribute to poor nutritional intake.

What other assessments would you conduct?

I would:

- → review her medication and consider alternates for medications that can result in anorexia or weight loss
- → screen for depression
- → check blood pressure, renal function, and diabetic control
- → check for other contributing causes of depressive symptoms such as hypothyroidism and hypercalcaemia
- → investigate with a CT brain if clinically indicated (e.g. to rule out a cerebrovascular accident).

In terms of nutrition, I would:

→ complete the MNA®, a validated nutrition screening tool to determine risk of under-nutrition

→ review Mrs X's food intake if she was shown to be at-risk

→ suggest a primary care 75+ health assessment and in-home medication review

→ consider a referral to a specialist to confirm the diagnosis of dementia and commence medication if clinically indicated.

Having confirmed a diagnosis of depression, how would you manage this?

If depression is confirmed, then the first strategy is to consider non-pharmacological approaches such as increasing social contact, incorporating some exercise, and increasing family contact. If depression continues, trial of an anti-depressant may be warranted.

Mrs X's results on the MNA® show that she is at-risk of malnutrition. What steps do you carry out to review her food intake?

I would try to obtain a 1-day food diary preferably with the daughter observing. Referral for Home and Community Care (HACC) assessment would allow an in-home assessment of her pantry and fridge and of her ability to prepare meals. Referral to a HACC dietitian in the local community, if possible, would allow full assessment of all of these factors as well as an in-depth nutritional assessment. Information on HACC services is available from Department of Health websites for the individual states and territories.

What nutritional interventions would you recommend (also taking into account the patient's depression)?

Efforts will need to be taken to ensure that she is able to purchase quality food, prepare the food, and where possible, eat in company. Her family may be able to participate in ensuring this and where possible, she could be linked into community activities or support services that will assist with meals. Home-delivered meals may be of benefit. Mrs X is very likely to have micronutrient deficiencies and may benefit from a daily multivitamin and a replenishment of Vitamin D if found to be deficient.

Following review of the above strategies and if there is ongoing weight loss, consider the addition of multi-nutrient oral supplements, preferably between meals. Options might include Sustagen® Hospital Formula, or puddings such as Sustagen® Instant Pudding, which are available from pharmacy. It is important to ensure that these are consumed between meals to ensure that there is no reduction in regular meal intake. Family support to ensure that these are taken will be required, for example by prompting via telephone.

Ageing and depression: Nutritional interventions

Depression is a common cause of poor appetite in the elderly, resulting in weight loss, loss of lean body mass, and under-nutrition. Interventions to improve nutritional state and increase lean body mass in these patients include:

✓ providing adequate assistance with shopping, meal preparation and eating

✓ ensuring opportunity to eat in a social environment, i.e. with family or friends

✓ having small, frequent portions of nutrient dense foods

✓ including protein with each meal and snack

✓ incorporating some form of regular exercise to help increase appetite, improve well-being , preserve muscle mass and ensuring optimal bone health

✓ using oral nutritional supplements to assist in meeting nutritional requirements between meals.

For elderly patients identified as malnourished, this checklist can be used to help review and manage malnutrition.

GP consultation checklist for managing malnutrition

Check for medical reasons for poor appetite, such as depression, dementia, medication, dental problems and dysphagia.

- ☐ Review medications
- ☐ Check oral health
- ☐ Check for dysphagia
- ☐ Screen for depression
- ☐ Assess for cognitive impairment
- ☐ Assess fall risk and review bone health
- ☐ Review physical activity
- ☐ Check fluid intake
- ☐ Assess and manage constipation
- ☐ Assess and manage pain
- ☐ Assess and optimise chronic disease

Check ability to feed self appetite

- ☐ Provide healthy eating tips
- ☐ Check ability to shop for, store and prepare food and arrange support if required
- ☐ Check for disabilities that may impact on ability to prepare or shop for food

Make meals more enjoyable

- ☐ Review restrictive diets – and abandon if indicated
- ☐ Suggest ways to make food tastier (seasonings, etc.)
- ☐ Get family and friends involved
- ☐ Suggest ways to make meals a social event

Follow up regularly

- ☐ Reassess nutritional status by regular weighing
- ☐ Remind patients about good nutrition at follow-up
- ☐ Reinforce messages with written notes

For further information, see:
'Managing malnutrition on our doorstep: A practical guide for general practice'.

Reference: 1. Smoliner C et al. Br J Nutr 2009; 102: 1663–7.

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