


Is your parent eating well?

Nutrition and the elderly

By Carol Edwards, RN, GCM

Most health-conscious baby boomers do their best to maintain a healthy body by controlling calories and eating a well-balanced diet. So it would only make sense that these same practices would be continued into old age, right?



In reality, seniors don't always follow these practices. In old age, the "anorexia of aging," as dietitians call it, becomes a phenomenon. With advancing years, a person's body starts to ignore normal food cues, and altered feeding fads become apparent, such as eating infrequently or consuming more sweets, or not eating enough green vegetables. Changes in a person's health status and advancing age (when approaching an 80th birthday) further complicate matters. As well, the importance of excellent nutritional status in the senior years is often not well understood by the elderly, their family caregivers or even their physicians.

Not-so-optimal health

Nutrition is the cornerstone of my eldercare practice, and I confess that I am obsessed with helping older adults maintain the calories they need to reach their optimum body weights. For example, I've worked extensively with dietitians, who advise that a client's optimum daily caloric intake from age 80 onwards is between 1,200 to 1,600 calories. As well, they tell me that protein plays an increasingly important role in the body's provision of energy and resistance to infection. The daily fluid intake is approximately 1,500cc. All of these requirements are assessed when I work with a client, even in the absence of a dietician.

Possibly the biggest health risk to the elderly is the loss of calories and, subsequently, any weight loss. If poor nutritional habits continue, the faster an older person will deteriorate. Nutritional



status is responsible not only for resisting infection and maintaining all bodily functions, including excretion, but also for improving longevity, attitude, and wakefulness.

Unfortunately, many physical and situational conditions can affect eating. These include stroke, dementia, depression, hiatus hernia, gastric cancer, lack of appropriate food or consistency, altered and unfamiliar diet, swallowing issues, bowel issues (such as constipation), and poor feeding assistance.

Older adults with dementia can have particular problems, as the condition may involve a loss of appetite and the ability to eat or remember when to eat, and many caregivers often do not recognize or seek help until it's too late. As many of my clients are cognitively impaired, I know that recognizing early warning signs and taking steps to remedy the situation are critical.

Warning signs

Here are some of the signs that an older adult may be having trouble eating:

1. The elderly person is sitting and looking at a full plate of food yet not attempting to eat. This often occurs in the presence of infection or altered health status, such as dementia. All basic self care skills can be completely forgotten in the presence of cognitive impairment. In this situation, the older adult needs to be cued to feed themselves, from picking up the spoon to swallowing.
2. Where the person is eating as well as the food's consistency and texture are important. For example, a person may not want to eat in a noisy environment.
3. Physical problems can also affect nutrition. For instance, constipation is frequently ignored or overlooked in the cognitively impaired client, who, due to communication issues, may be unable to offer insight into the underlying problem.
4. Difficulties with swallowing (the presence or absence of the swallow reflex) also plays a role. This ability can be affected by infection. Caregivers should seek the help of a dietitian and a speech-language pathologist in order to prevent aspiration, a very dangerous complication of the disease process which could result in aspiration pneumonia.

Proper feeding techniques

For adults who live in long-term care, skilled staff are important to maintaining good

nutritional status. Staff should practise proper feeding techniques, such as gently coaching the client to begin the feeding process and paying close attention in order to maintain accurate food intake records from then onwards. Proper techniques are even more important when poor nutritional habits are a new development in the disease process. One resolution may be adding private support that includes feeding assistance.

Attention to proper calorie intake and food is managed better in long-term care facilities and is typically handled poorly or even neglected in acute settings such as hospitals. As such, private caregiver assistance may be required.

Regardless of where the person lives, prompt attention to any nutritional issues must be identified and resolved quickly before the person's health deteriorates further. Whether at home or in long-term care, the elderly person's care plan should include records of the client's weight (checked frequently), of daily food intake, of temperature and of daily bowel movements. Additionally, blood tests to monitor protein levels are important.

Help with nutrition

When an older adult has poor nutritional habits, one quick resolution is the use of liquid calories, such as a supplement. These products are usually well tolerated and provide both calories and fluids. If the person has swallowing problems, the fluids can be thickened to prevent aspiration, or if the problems are more complex and are expected to be prolonged, these fluids can be administered through a naso-gastric or a G-tube (stomach) feed. In the presence of dehydration, intravenous fluids can easily be administered. As well, an alternative for fluid replacement is sub-dermal (under skin).

Intrusive therapy, such as naso-gastric and G-tube feeding, must be carefully considered. Naso-gastric feeding is a temporary feeding technique, and G-tube feeding is a more permanent, intrusive intervention.

Noticing the signs of poor eating habits is the first step to improving nutrition. Then, a family caregiver should seek the objective opinion of a health care professional. ●



Carol Edwards, RN, CGM, is the president of Careable Inc. She can be reached at 416-362-9176.

Tips for managing nutrition

- Seek professional expertise from a family doctor, dietitian, speech-language pathologist or geriatric care manager.
- Monitor and record the person's daily food and fluid intake.
- Add supplements to stabilize and maintain calorie intake.
- Monitor and establish a healthy bowel protocol.
- Watch how the person eats. Eating with the elderly person will help, as loneliness is sometimes behind a person's reduced interest in food.
- Watch for effects of over medication, which can affect appetite.

Stay safe in the bathroom

By Linda Norton, BSc OT, OT Reg (Ont)



Tub mounted grab bar.

Quick tip

If you think a bath seat or bath bench may be helpful but you're reluctant to buy one, consider renting it instead. Renting will allow you to try the device and see for yourself just how helpful this equipment can be.

Every year, close to 180,000 Canadian adults over age 65 fall and injure themselves. Many of these falls occur in the bathroom. It's easy to see why. With smooth tiles and a little bit of water, bathrooms can quickly create a slippery situation.

But asking for help can be embarrassing or difficult, particularly as many of the tasks that occur in this room are so personal. Though it may be tempting, trying to do everything independently, regardless of how safe or unsafe it may be, can easily lead to a serious accident or fall.

Get a grip

To play it safe in the bathroom, consider that, although tempting, towel bars and soap dishes should not be used to steady yourself. These fixtures have not been mounted to support your weight load, and they can easily be pulled from the wall. Using these fixtures often starts subtly, with a hand resting on them occasionally, and then becomes a regular occurrence. If you find yourself touching these items to steady yourself, it is time to consider a grab bar.

Consider where in the bathroom you tend to need support to help you determine which style of grab bar you need. Helpful places to consider mounting one include

- **at the edge of the tub.** It is often helpful to mount a grab bar on the wall, perpendicular to the floor and in line with the tub's edge. You can then face and hang on to this bar when getting in and out of the tub. Keep your hip straight and

bend your knee backwards to step sideways into the tub. Using this method, you do not need the strength to lift your whole leg, and it may be easier to keep your balance.

- **inside the tub or shower.** A bar mounted inside the tub or shower can help you move from sitting to standing, or to steady yourself while you standing.

Grab bars come in a variety of styles and lengths, depending on your needs, and are often available in a variety of colours and shapes to match your decor. Types of grab bars include

- **suction mounted.** This type adheres to the tile in the tub or shower area, and can be easily removed. It is not designed to hold your body weight but rather to help steady you. It is important to follow the manufacturer's directions during installation and to check the bar on a regular basis to ensure continued adherence. For people who travel, this type of bar can be installed easily in hotel bathrooms, provided there are large tiles in the bathroom area.

- **tub mounted.** This type mounts to the side of the tub with a clamp. It is important to speak with a sales representative or read the manufacturer's literature carefully as not all tub-mounted grab bars fit on all tubs. Tub-mounted grab bars are easily removed and do not damage the tub itself.

- **wall mounted.** To mount this type of bar, holes are drilled into the tile and wall. These bars become a permanent fixture and when mounted correctly can enable you to more easily move from sitting to standing.

Take a seat

Maintaining your balance while in the shower or tub can also be a challenge, so using a hand-held shower and sitting on a bath stool or bench is usually recommended. Several different styles are available. If you have a fibre-glass tub, check with your sales representative, as some stools/benches may damage the tub depending on the weight placed on them.

Shower stools are small stools that are usually adjustable in height and that fit within the tub or shower. They may come with or without a back support. This type of equipment is most appropriate for people who are able to get into the tub when standing, perhaps with the help of a grab bar. They can be easily removed when someone else wants to use the tub or shower.

Transfer benches extend from inside the tub or shower to the outside. These are usually height adjustable and usually come with a back support. The primary advantage is you can sit on the bath bench while outside the tub, then place your legs into the tub. The disadvantage is transfer benches are usually heavier than shower stools, so although removable, they may be more difficult for others to remove when they want to use the tub or shower.



Transfer bench.

Bath lifts sit inside the tub and raise off the tub floor to make it easier to sit on them. Once you are positioned, they lower you down into the bathtub. Although many people like to be sitting in the water, bath lifts do have some disadvantages. The device takes up space in the tub, so when lowered down, you will have less room for your legs in the tub. Also it is important to check the device's weight capaci-

ty to ensure it can lift you safely. These devices are also usually more cumbersome to remove from the tub and are much more expensive than either a bath bench or bath seat.

Keep dry

Long-handled sponges and foot scrubs help you reach all of your body while bathing. Long-handled sponges come in different shapes and sizes, with different handle lengths. Before purchasing one, make sure you can manoeuvre it in such a way that you can reach your back and legs. Foot scrubs attach to the bottom of the tub. Suction cups for the soap and foot pads are on either side. Rubbing your foot alternatively on the soap and then the foot pad will help you clean the bottom of your feet. This way, you don't need to reach down to wash them, and potentially lose your balance.



To dry off after bathing, wear an absorbent robe, which will help dry some of the hard-to-reach places, such as your back. Also, sit down to dry yourself off. You can place a towel on your rollator (if you use one) and sit there to dry your legs and feet. You could also rest on the lid of the toilet seat or a small chair.

Finally, while bathing, have someone else at home if possible. That way if you have any difficulty, you'll have someone nearby who can help. If arranging for someone to be at home with you isn't possible, consider investing in an alert system. This type of system usually comes with a pendant or wrist band with a button. If you fall or have difficulty, you can push the button to alert a call centre. Staff at the centre may be able to speak to you directly to help and or call your pre-authorized list to summon help.

Unfortunately, accidents do occur in the home, and the bathroom is the most frequent place for them to happen. By considering your health needs, you can buy the right devices to help you maintain your independence and stay safe in the bathroom. ●



Linda Norton, BSc OT, OT Reg (Ont), is the Rehabilitation Education Co-ordinator with Shoppers Home Health Care.

Quick tip

If you have trouble keeping your balance, cleaning a bathtub can be a problem. Buy a long-handled tub scrub, which will enable you to clean the tub and tiles without stretching.

“The only time the world beats a path to your door is when you're in the bathroom.”

Anonymous