

Introduction

With an aging population, topics regarding the geriatric population are coming to the forefront. The purpose of this work is to continue education regarding the proper assessment, treatment and documentation of malnutrition in the geriatric population. This compilation provided a framework for the proper assessment, treatment, and documentation of malnutrition in this special population. This review also elucidated that although common in practice, there is no proven data on the utility of pharmacotherapy in treating malnutrition in the geriatric population. This work is significant because as the geriatric population grows worldwide, so do the number of patients to care for. Therefore, it is imperative for Geriatricians, Family Physicians and other primary care providers to become well-versed in the proper detection and management of malnutrition.

Assessment

Patient is a 94 year old male with past medical history of CAD, failure to thrive and appetite decrease started on megace for appetite stimulation.

Diagnosis & Treatment

According to the data, prevalence of adult malnutrition ranges from 15%-60% , however only 3.2% of patients have the diagnosis of malnutrition. Therefore, it is suffice to assume that malnutrition is under-recognized and underdiagnosed.

The above patient met criteria for malnutrition since he had decreased appetite, unexplained weight loss and BMI in underweight range.

Treatment of malnutrition is varied. Some patients are monitored without intervention, others are screened for disorders or disease, and some are given appetite stimulation or supplementation.

Literature Review

Identifying Causes of Malnutrition in Elderly

- Poor appetite
- Loss of taste/smell
- Disease and disability
 - Dementia
 - Polypharmacy
 - Side effects of medication
- Lifestyle factors
 - Stress, burden of disease, social isolation (Hickson 2006).

The Role of Cytokines in Weight Loss in Elderly

- Proinflammatory cytokines TNFa, IL-1, IL-6 stimulate release of acute phase proteins, protein breakdown, muscle breakdown (Hickson 2006).
- TNFa related systemic inflammation
 - anorexia/muscle loss in COPD, HIV, RA, possibly similar mechanism for aging
 - Results in feeding suppression and lower nutrient intake.

Documentation

- screening is the first step in optimal malnutrition care
- no national benchmarking of malnutrition in acute care hospitals exists
- malnutrition screening and assessment must be standardized to track and monitor rates.
 - Including:
 - percent weight lost in particular time period
 - degree of severity

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