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Nutrition Matters

December 2010

Hello and welcome to Nutrition Matters, produced by the Melbourne Dietetic Centre for Aged Care Facilities to support optimal nutrition practices. The professional dietitians at the Melbourne Dietetic Centre compile the nutrition insights offered in this newsletter.

In this issue we look at the burden of malnutrition within aged care.

Malnutrition – A burden for the elderly.

What is Malnutrition?

Malnutrition is commonly recognised as an imbalance between the body's demand for nutrients and energy and the supply of nutrients and energy delivered. When an imbalance exists, body maintenance, growth and functioning become compromised. The prevalence of malnutrition has been found to rise with age and to place a profound burden on the health, social and psychological state of the elderly. This article looks at how malnutrition burdens the elderly and discusses some of the preventative measures that can be taken to tackle malnutrition.

Working in an aged care facility, you will know that maintaining a resident's nutrition and preventing weight loss can be challenging. Studies have shown that fifty per cent of residents within Australian aged care facilities are suffering from malnutrition^[1] with many of these residents going undiagnosed and untreated.^[2] It is vital that residents do not suffer under-nutrition as it can cause inefficient wound healing, increased susceptibility to infections and increased recovery time, increased susceptibility to pressure ulcers and can affect brain function, along with severe weight loss.

In addition to the physical burden that malnutrition causes to residents, significant financial costs are also attributed to malnutrition in the

elderly. Data from the UK has shown that more than ten per cent of the total health budget is being spent on malnutrition and that there has been a near doubling of the cost of malnutrition between 2006 and 2009. Half of the malnutrition costs in the UK are attributed to elderly patients and residents.^{[3],[4]} Malnutrition costs in Australia are likely to show similar trends. The costs of malnutrition are high due to the many ill-health effects suffered by persons with malnutrition.

What are the effects of malnutrition on the elderly?

• Weight loss

Unintentional weight loss is most commonly a result of malnutrition and can lead to death. Despite energy requirements decreasing as residents get older, there is an increase in requirements for other nutrients (i.e. vitamins and calcium).

• Slowed wound healing

Protein and minerals are needed in order for body tissue repair. If they are not present in the diet, wounds will be painful and unhealed for longer than necessary.

• Increased chance of infection and slowed recovery from illness

Adequate protein-energy diets are needed in order for immune system cells to fight infection and maintain good health.

• Increased chance of pressure ulcers

Loss of lean body mass and immobility increase resident's risk of pressure ulcers, therefore adequate calories are required to ensure body mass is not lost.

• Brain functioning

Residents with low levels of vitamins and minerals have



Malnutrition – A burden for the elderly cont'd...

difficulty concentrating, difficulty remembering things and are less likely to socialise. Dehydration also affects brain function as if residents do not drink enough water during the day, this can increase their chances of falls and dizzy spells.

Recommendations to prevent malnutrition

- Screening residents for malnutrition regularly (at minimum on admission, with monthly weight monitoring thereafter)
- Consult dietitian for recommendations for all residents classified at risk of malnutrition
- Flagging codes in facility kitchens to ensure residents get a nutrition-appropriate diet as advised by the dietitian
- Awareness and training on malnutrition for all health and social professionals in the facility, as well as raised awareness amongst older people themselves.



Treating and preventing malnutrition within your facility can be as simple as ensuring your menu is nutritionally adequate, having a menu review carried out by a qualified dietitian, having flexibility to provide high energy/high protein diets or fortifying food and fluids to boost protein and energy intake. Additionally taking a global view of malnutrition within your facility, looking at dining room environments, feeding assistance and strategies and reviewing resident's food and fluid preferences can go a long way to reduce the long term medical and financial costs associated with malnutrition.

To find out more about reducing the burden of malnutrition within your facility, contact an MDC dietitian.

Key Points

- 50% of residents are malnourished
- Malnutrition causes significant medical and financial costs
- The profile of malnutrition needs to be raised, with increased screening and treatment within Australian aged care facilities
- Dietitians are malnutrition experts and will assist your residents and staff to reduce the malnutrition burden

Acknowledgement: Nicole Dellora, Bachelor of Human Nutrition Student, La Trobe University for assistance in compiling nutrition information within this edition of Nutrition Matters as part of a recent industry placement with the Melbourne Dietetic Centre.

Further Reading

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3. Marinos E. (2006), 'Invited Editorial: Nutrition and Health Economics', *Nutrition*, vol 20, 576-578
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Case Study

Customer: Ukrainian Elderly People's Home, Delahey

Challenge: Although confident they would pass all aspects of Accreditation, including Nutrition, the Care Manager at Ukrainian Elderly People's Home (UEPH), Deb D'Costa, wanted to ensure the provision of not just a satisfactory food and nutrition service for UEPH residents, but a premium food and nutrition service that residents and families would rave about.

Solution: In 2007, UEPH employed MDC's comprehensive dietitian services. Initially, the focus was on the dietitian getting to know the individual needs of UEPH's residents and the Ukrainian diet. A Menu Review was carried out that not only looked at the nutritional value of the foods, but gave recommendations for improving kitchen and food delivery systems as well as the overall meal-time environment for residents. Over the next year, regular monthly visits helped the dietitian and the facility staff to form strong relationships, resulting in better communication within the home.

UEPH passed accreditation with ease in early 2009 but Deb and the MDC dietitian were still keen on further improving nutrition. Taking a collaborative approach, the dietitian worked with Deb and her staff to set up an improved system for screening and referring residents at nutrition risk that focussed on being proactive and identifying at-risk residents before weight loss occurred.

MDC's Customer Partner came out for a service review in 2009 and discussed with Deb some ideas that were working well at some of MDC's other facilities across Victoria. Following this, the MDC dietitian and Deb put together an action plan for extra quality improvements to be carried out throughout the next year. This plan included the scheduling of regular "interactive" mini-workshops with floor staff, to replace more formal education sessions, and increased involvement of the dietitian in the dining room at meal times, to help demonstrate better feeding techniques for staff. A Care Plan audit was also to be carried out.

"We have always found MDC employees to be thorough and efficient in their delivery of services. Open communication is the key, optimizing our relationship with MDC who are certainly very proactive and consultative in their approach. The benefits of our relationship with MDC extend far beyond the obvious and include not only improved quality of life for our residents but also a reduction in costs through improved efficiencies and less use of commercial supplements."

- Deborah D'Costa, Care Manager,
Ukrainian Elderly Peoples Home

As an addition to the regular on-site training provided, UEPH's kitchen manager attended one of MDC's 2 day Nutrition in Aged Care Seminars, and was able to bring back some fantastic ideas for improving recipes and adding extra nutrition to the meals.

Results: Improvements to overall nutrition for UEPH have been made over the past 3 years as a result of the collaborative work of MDC and the UEPH management and staff. Significant developments have been made in the area of meal-plating and feeding techniques, however, the most notable result has been the better management of unintentional weight loss over recent months, with little unexpected weight loss occurring throughout the facility. This has resulted in less referrals for the dietitian, with more time being able to be spent on other important and beneficial ongoing quality improvement activities for UEPH.



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About MDC

Melbourne Dietetic Centre (MDC) is an aged-care nutrition leader in Victoria, providing specialized aged-care services of an exceptionally high professional standard.

Why should I choose an MDC dietitian for my facility?

- ✓ Aged care specialists
- ✓ Flexibility to work with you according to your individual needs
- ✓ We concentrate on making you accreditation-ready all the time
- ✓ Always contactable (full-time reception and after hours emergency line)
- ✓ Better value for money as you get effective and efficient use of time and resources
- ✓ Values and experience of a cohesive team of 15 dietitians, not just a sole provider
- ✓ Access to a plethora of resources, associations, current research and best practice guidelines
- ✓ Strong focus on quality assurance and continuous improvement both internally and for your facility
- ✓ Your own Customer Partner, who keeps in regular contact with you to ensure optimum services are continually provided according to your needs

What MDC Can Provide For Your Facility

- Efficient regular or on-call clinical services
- Locum or leave cover for your regular dietitian
- Staff education
- Food service workshops
- Nutrition and hydration auditing
- Menu reviews and menu planning
- Assistance for passing accreditation
- Quality Assurance activities and reports
- Nutrition screening for malnutrition risk
- Comprehensive Diet Manual detailing modified diets & special meal plans
- Nutrition and hydration policy development

Committed to providing quality nutrition services - MDC now rewards facilities for referral of our services to other facilities. If you know a facility that would benefit from MDC services that sign up after your recommendation, we will provide your facility with bonus services free of charge. It's our way of saying thanks for valuing our hard work!

Nursing Homes in the News

Dementia takes away the meaning for flavours

A recent report presented in the Elsevier's Cortex journal reported on by DPS aged guide has proven what many of us have suspected, that people with dementia have difficulty identifying individual food flavours. Just as other aspects of cognition decline, so too does the ability to identify foods. The study showed that people with dementia are still able to determine if they like or dislike foods offered, although they may not recognize what the foods are. This places residents with dementia at increased risk of malnutrition as they may not be able to report preferred foods. Therefore it is important to present people with dementia a variety of foods and fluids, paying attention to cues of whether or not the item is tolerated.

Reference: Dementia takes away the meaning of flavours, Monday October 24th. DPS Guide to Aged Care News. <http://www.agedcareguide.com.au/news.asp?search=Food&newsid=5275>

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