leading nutrition
the dietitian centre

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nutrition matters

Hello and welcome to Nutrition Matters produced by Leading Nutrition for Aged Care Facilities, to support optimal nutrition practices. Leading Nutrition provides expert Dietitian services to over 100 aged care facilities throughout Victoria. The professional Dietitians at Leading Nutrition compile the nutrition insights offered in this newsletter.

Palliative Care - Nutrition issues at End of Life

Palliative care is an approach to treatment that focuses on improving quality of life in people diagnosed with a life-threatening illness (1). When a resident is receiving palliative care, the focus of their treatment is symptom management and the intention is neither to prolong life nor hasten death (1). Depending on "how palliative" a resident is, whether they have been diagnosed with a terminal illness but death is not imminent, or if they are reaching end-of-life, will result in the goals of care being significantly different. In addition, the goals of nutrition support in palliative care will change as the disease progresses (2). In this article someone who has been placed under palliative care and who is not facing imminent death will be referred to as being in "early palliative care"; those who are nearing end-stage will be referred to as being in "late palliative care".

Key Points

- *Within palliative care nutritional goals should reflect those of the general goals of treatment.*
- *Resident choice and personal values should be used to guide treatments throughout palliative care.*
- *Nutritional and treatment goals are likely to change as diseases progress, therefore appropriate interventions adapt along with this.*
- *Nutritional supplements may be appropriate during early stages of palliative care to assist in meeting goals; however as residents reach end-stages of disease the use of supplements may need to be reconsidered in line with goals of treatment.*
- *Artificial nutrition is generally not recommended for palliative care patients; however this should be determined on an individual basis.*

Throughout the process of palliative care it is of great importance to work as a team with a resident and their family to ensure that the treatment received is in line with their wishes. Drawing up a care plan in advance, where possible, can help to take the stress out of making decisions at this time, particularly for those whose family member has dementia. It is important to be aware that everyone approaches death with different cultural and religious beliefs, and personal values and an individual's right to determine their treatment is generally of greater importance than the beliefs of healthcare professionals (3). Individual residents may decide they want one aspect of care, but not another (3).

Early Palliative Care

Particularly during the early stages of palliative care, nutrition support is of great importance as it can give residents energy they need and also reduce their risk of infection, thereby improving quality of life (2). Nutritional goals should reflect other goals of treatment and should be made along with the individual resident and their family.

There are many ways to improve a resident's nutritional status and quality of life at this time including:

- *Adapting meal times to suit when a resident's appetite is best; avoiding times they may experience pain, nausea and fatigue that could reduce intake;*
- *Enabling residents to eat autonomously by using adapted cutlery and/or cutting up their meals as required;*
- *Offering favourite foods frequently and asking family members to bring favourite foods in to encourage enjoyment of eating;*
- *Asking residents where they would prefer to eat and encouraging use of the dining room where possible, to enhance positive social interaction;*
- *Providing high calorie meals and snacks where appetite is poor (2);*
- *Managing symptoms such as nausea and pain where possible (4).*

Nutritional supplements may be appropriate to assist residents in achieving nutritional goals within early palliative care (4) and should be considered along with the GP and Dietitian.

Late Palliative Care

Nutritional goals shift as general goals of palliative care change to suit a resident's disease progression. As residents move towards end-stage illness, management goals move towards symptom control, physical care and psychological support (4). At this time of life, more than any, it is of utmost importance that we consider quality of life and not quantity of life (5). It is important that residents and their families are aware of the dying process and the role of nutrition within this process (5). Towards the end-of-life the focus shifts from nutritional status to enhancing quality of life through good symptom control, frequent mouth care and alleviation of thirst (2)

At end-of-life, it is common for people to stop eating. Often, residents are pushed to eat at this time to provide comfort to their families, when this pressure is likely to cause more distress for the resident than not eating at all (6). The focus of eating at this stage should be enjoyment rather than nutrition. Despite loss of appetite frequently occurring at end-of-life, this has been found to not have an impact on quality of life (3). Further, dehydration at end-of-life is thought to have a sedative effect on the brain (3).

During late palliative care, the following is appropriate:

- *Offer small amounts of food and fluid regularly without using undue force, to provide both comfort and pleasure;*
- *Frequent small sips of fluid and adequate mouth care can help to reduce the sensation of thirst and discomfort associated with dehydration;*
- *Depending on physical consequences, previous dietary restrictions should be minimised or ceased;*
- *Discuss the ongoing benefits of inclusion of nutritional supplements with the resident's GP and Dietitian.*

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Artificial Feeding and Palliative Care

Artificial nutrition can be provided through a tube that is inserted into the gastrointestinal tract, called a percutaneous endoscopic gastrostomy (PEG). When contemplating artificial nutrition, there are many considerations including the goals of care and whether PEG feeding can contribute positively to these goals (4). In the case of advanced dementia, the American Dietetic Association has found that PEG feeding does not promote longer survival or improve function (3). In frail elderly people, PEG feeding is not generally recommended for those who have progressed to end-stage (7). In cases where PEG feeding is being considered, there should be consultation amongst the resident's family, doctor and Dietitian to ensure there is understanding around what might be achieved through artificial feeding and subsequently, whether this is a worthwhile option (3). In the case of artificial nutrition, as in any form of care, it is important to consider the goals of treatment and the benefits and disadvantages thereof doing so.

There are many ethical issues to be considered when a resident is placed on a palliative care program. The nutritional management and goals should always reflect the broader goals of treatment for individual residents, and residents and their families need to be closely involved in determining their treatment at this time. It is important to be aware of the cultural and religious beliefs of residents; advocating for residents to complete care directives in advance can be a highly appropriate way of reducing stress for family members should difficult decisions need to be made.

References:

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National Expansion

Leading Nutrition is the largest private practice of professional dietitians in Australia. We have provided professional and accredited Dietetic Services to aged care facilities since 1982, and are leaders in aged care nutrition, currently servicing over 150 facilities.
Our team of 20 professional dietitians share a strong commitment to providing aged-care services of an exceptionally high professional standard. Our commitment to customers is to ensure Best Current Practice for residents, and to provide leadership for continuous quality improvement.

Leading Nutrition is expanding!

We have had several customers request that we provide the same level of great service to locations beyond Victoria. We therefore launched services in NSW and WA this year. Feel free to contact us about how we can best service your facility.

Leading Nutrition and Southcity GP Services Implement a High Energy High Protein (HEHP) diet

Overview

Leading Nutrition received funding from Southcity GP Services through the 2010-2011 Aged Care Access Initiative (ACAI) funding to investigate the effects of implementing a HEHP diet on weight variation within a facility. The trial, headed by Accredited Practising Dietitian, Emily Fitzpatrick, was completed at The Armitage, a metropolitan residential aged care facility.

Background

HEHP diets are often used to assist people with poor appetites to increase their energy (caloric) intake to assist weight maintenance. They may involve the simple addition of high calorie condiments such as butter and cream to meals, with the aim of increasing the overall calorie content of a person's intake; this can prevent the need to take supplements or to increase the quantity of their intake.

Aims

- *To improve the nutritional status of the residents*
- *To determine if implementing a HEHP diet within a facility would reduce unintentional weight loss*

Methods

Nineteen residents identified as being underweight (BMI less than 22 kg/m2) or having recently lost a small amount of weight were included in the five month trial. The trial involved commencement of a HEHP diet. Residents across the facility were included in a weight screen at commencement and conclusion of the trial and those residents identified as requiring nutritional assessment received the HEHP diet.

	November '10	April '11
Significant loss (%)	0	0
Minor loss (%)	15	8
No significant change (%)	65	80
Minor Gain (%)	13	8
Significant gain (%)	6	0

Table 1: Results of weight screen

Nineteen residents were commenced on the HEHP diet at the beginning of the trial. It can be seen from the above table that there was less weight loss following implementation of the HEHP diet (weight loss reduced from 15% to 8%).

Conclusion

This trial shows promising outcomes, indicating that the implementation of a HEHP diet can result in reduced weight loss facility-wide. Further investigation of HEHP diets within aged care is recommended.

ACAI funding – is your facility eligible?

Aged Care Access Initiative Funding is provided by the Department of Health and Ageing to General Practice Networks to support GP's and Allied Health services in aged care facilities that are not already funded through other avenues. Each network selects what services are to be funded and this is reviewed each financial year. Many GP networks have chosen to provide dietetic services supporting improved nutrition for residents. To find out if your facility is eligible for services, contact your local General Practice Network.

Further Information

NSW http://www.gpnsw.org.au
VIC http://www.gpv.org.au
QLD http://wwwgpqld.com.au
WA http://www.wagpnetwork.com.au
SA http://www.gpsa.org.au

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About Leading Nutrition

Leading Nutrition is the aged-care nutrition leader in Australia, providing specialized aged-care services of an exceptionally high professional standard to 150 aged care facilities.

Why should I choose a Leading Nutrition 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 effective and efficient use of time and resources*
- *Values and experience of a cohesive team of 18 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 and continually are provided according to your needs.*

What Leading Nutrition can provide for your facility?

- *Staff education*
- *Food service workshops*
- *Nutrition and hydration auditing*
- *Supplement reviews, 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*
- *Efficient regular or on-call clinical services*
- *Locum or leave cover for your regular Dietitian*
- *Nutrition and hydration policy development*

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