

MALNUTRITION AND DEHYDRATION

Consumer Fact Sheet

October 2006

Nutritional well-being is an important part of successful aging. Malnutrition and dehydration can lead to a number of serious health problems. A few examples are infections, confusion, and weight loss. Severe dehydration can be fatal. Malnutrition is costly, lowers the quality of nursing home residents' lives, and is often completely avoidable.

Nutrition and the Nursing Home Reform Act of 1987

A Federal law requires nursing homes to assess the nutritional status of residents -- both at the time of admission and every three months thereafter. Based on the assessment, the facility must take steps to ensure that the resident maintains good nutritional health and must provide residents with a "well-balanced, palatable meal" which is attractive and served at the proper temperature. The facility must offer substitutes of similar nutritive value to residents who refuse food served. Although the law would seem to guarantee adequate nutrition for residents, studies show that 40% of nursing home residents are still malnourished. It is important for consumers to become informed on this important issue.

Causes of Malnutrition and Dehydration in Nursing Homes

Many things contribute to malnutrition and dehydration in nursing home residents. The following list shows factors that may interfere with getting an adequate amount of the vitamins, minerals, protein, calories, and liquids needed to maintain strength and health.

Physical and psychological causes of malnutrition and dehydration in nursing homes can include: illness, especially congestive heart failure, chronic lung diseases, and kidney diseases; adverse drug effects, such as nausea, vomiting, diarrhea, cognitive disturbances, or sleepiness; food and drug interactions, which decrease the ability of the body to absorb vitamins and minerals; depression and loneliness; swallowing disorders; mouth problems,

such as tooth loss, dentures that do not fit properly, mouth sores, and mouth pain; and tremors, dementia, or agitation which affect the residents' ability to feed themselves.

Malnutrition and dehydration in nursing homes can also result from environmental causes, including inadequate attention from staff for residents who need assistance eating; lack of individualized care, as many residents may lose their appetites from a lack of exercise, exposure to fresh air, or sensory or mental stimulation; staff who are uneducated about proper ways to assist residents with eating and drinking, including proper positioning; reliance on liquid supplements instead of making sure residents eat enough food to get the vitamins and minerals they need; special diets or pureed food, which are often unappetizing or regular food that is served cold; cultural differences that occur when the nursing facility does not serve foods that a resident is accustomed to eating; an unpleasant, chaotic dining room environment, which distracts residents and increases agitation; tube feedings not being administered; absence of fresh water within reach at the bedside and failure to open cartons of milk, juice, and supplements that are left out of reach; and not providing oral health care prior to meals.

Pinpointing the Problem

If you suspect that your family member or friend is not getting enough to eat or drink, ask yourself these questions: Does she:

- Seem to be losing weight?
- Have clothes that fit more loosely than usual?
- Have dry, cracked lips or a pale-looking mouth?
- Have difficulty speaking due to a dry mouth?
- Often complain of thirst and ask for water?
- Urinate infrequently and have dark yellow urine?
- Have skin that feels dry and warm to the touch?
- Have a dry, bright red, and furrowed tongue?
- Complain that her false teeth no longer fit?
- Have any mouth tenderness, sores or tooth loss?
- Have thinning hair or hair that is growing sparser?

- Have wounds that seem to take longer to heal?
- Appear weak or disoriented?
- Have skin that is breaking down or seems loose and looks or feels drier than usual?

What Should You Do?

First, determine if:

- Your family member or friend can feed herself;
- She is allowed to eat her meal when and where she prefers to have it;
- It takes a long time for her to eat or is rushed through meals;
- She seems to eat more when you are there to assist her in eating;
- She is uninterested in food/has lost her appetite;
- She can choose from a menu/ foods that she used to eat at home are on the menu;
- Healthy snacks are readily available to residents;
- She likes the food in the facility and if alternative foods or beverages are offered;
- She is on a special diet and if it is necessary;
- Staff routinely monitors her weight.

Second, you should ***share what you found with the staff of the nursing facility.*** Let them know that you noticed your loved one's clothes are looser than they used to be, that she looks smaller sitting in her favorite chair, or any other observations you have made. Make sure to mention any physical symptoms that you found, such as dry skin and cracked lips. Ask the doctor about a blood test to check for nutritional deficiency or dehydration.

Third, ***ask for a care planning conference right away.*** The nursing home should have informed you about your loved one's weight loss. Find out if the staff knows about her loss of weight. Draw up a care plan with the resident and the staff of the nursing facility. It should include what will be on her meal plan, how it will be served, and who will assist her at each meal.

Ask staff to develop a hydration program to make sure that your relative/friend drinks 1,500 mL (six to seven 8 ounce glasses) each day. Make sure that she is provided with glasses and cups that are not too heavy for her to handle. Check to see if straws are available at mealtime and at the bedside. You may want to help by sometimes bringing her favorite foods and juices to the home. During hot weather, be on the lookout for excessive loss of fluid, and make sure the resident is drinking an adequate amount of fluid. If she perspires heavily, she will need additional fluids.

Loss of appetite and weight loss can indicate depression, so be sure that someone on staff will

assess your loved one for this illness. If there is no one on staff who can assess for depression, ask for a psychiatric evaluation. Since medications may also interfere with nutritional well-being, ask if the physician or pharmacist can review all of the resident's medicines for possible interactions. Many medications cause dryness of the mouth and loss of appetite, which make it difficult to eat. If your relative is on a special diet such as a low salt diet, ask the doctor if she can be on a regular diet. Eating adequately may be more important than restricting salt intake. Finally, if you suspect the resident has any dental or swallowing problems that may interfere with her ability to eat, ask for a dental and dysphasia (difficulty or inability to swallow) exam.

Fourth, ***monitor your family member or friend to see she gets the care she needs.*** You should start to see weight gain and signs of malnutrition and dehydration disappear. Attend the next care planning conference so that you, your loved one, and the staff can evaluate her progress together.

Fifth, ***give positive feedback to the CNAs and other staff*** who take the time to make sure that your relative eats and drinks adequately. Work with the staff to develop a program to ensure that she drinks 6-7 glasses of fluid each day. Also, ask them to measure her intake and output as carefully as possible. If she is incontinent, ask if they can check the color of her urine to determine if she is getting adequate fluids. The urine should be light yellow in color.

If All Else Fails . . .

Get help from your local ombudsman. Contact the State Office on Aging for the name and number of the long term care ombudsman program nearest you. Ombudsmen are empowered by law to serve as advocates for nursing home residents and can assist you. You can also call a citizens' advocacy group in your area. Contact NCCNHR at 202-332-2275, or www.nccnhr.org for more information.

Additional Resources:

- **Nursing Homes: Getting Good Care There** -- Consumer Book Cost: \$11.95*
- **Dr. Jeanie Kayser-Jones**, Professor, Gerontological Nursing and Medical Anthropology, University of California, San Francisco, Email: jeanie.kayser-jones@nursing.ucsf.edu

*Price listed does not include shipping and handling.