

# ELDERLY DEPRESSION AND NUTRITION



Looking at the impact of Depression on nutrition in the elderly population and how we can fix it.



Presented to you by:

LONG TERM CARE RD



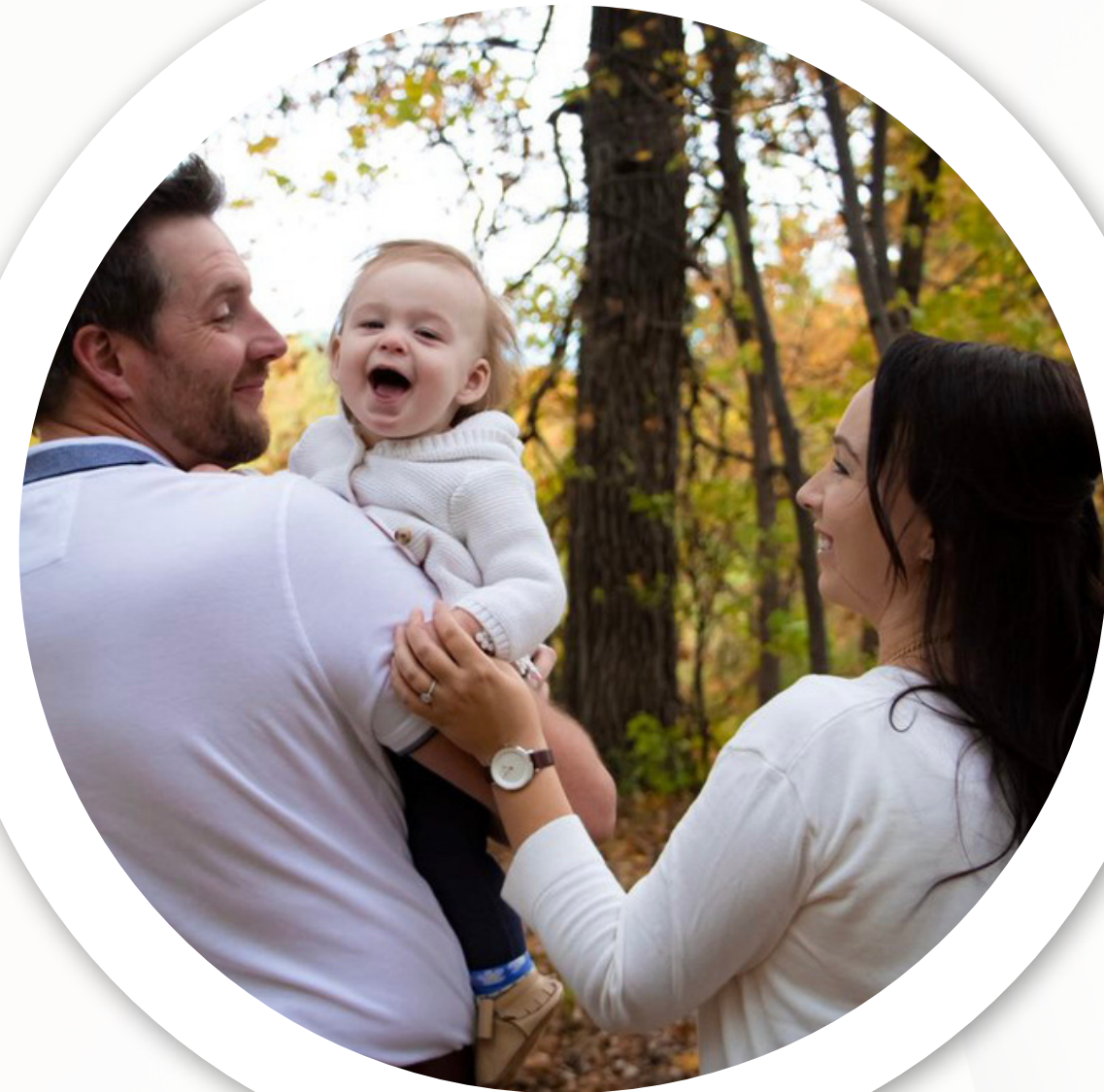
# Welcome

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Long Term Care Dietitian for 9 years

Making the Most of Mealtimes:  
M3 Study

Passionate advocate for geriatric nutrition!



# Learning Objectives

- Be able to define malnutrition, particularly in the elderly
- Understand the prevalence of depression in the elderly
- Recognize the impact of depression on malnutrition rates
- Learn strategies to reduce the impact of depression and improve malnutrition rates and overall nutrition

VISIT US

# Content List

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- 01 . Defining malnutrition
- 02 . Prevalence of malnutrition
- 03 . Causes of depression
- 04 . Depression and Nutrition
- 05 . The cycle
- 06 . Current use of medication
- 07 . Screening for malnutrition
- 08 . Team approach
- 09 . Nutrition strategies
- 10 . Prevention is key



# 01 Defining Malnutrition

Characterized as an insufficient intake of nutrients to meet ones needs.

Criteria:

- Unintentional weight loss (10%)
- Inadequate food and fluid intake
- Subcutaneous fat loss
- Reduced muscle mass
- Fluid accumulation
- Diminished hand grip strength



## 02 Burden of Malnutrition

Rates range from 20-77%, the average rate being up to 60%.(1)

Results in:

- Increased pressure injuries
- Increased risk of hospitalization
- Reduced quality of life
- Risk of early mortality
- Loss of independence
- Loss of physical capacity

While common it is not inevitable!

It IS preventable AND treatable!





## 03 Causes and Signs of Depression

Often unrecognized and under diagnosed in long term care and the elderly, current rates ~27.1% (2)

### WHAT IT LOOKS LIKE

- Social isolation, refusing to join others
- Erratic eating patterns
- Meal time refusal, common complaints of not being hungry

### CAUSES

Disease burden, loss of loved ones, loss of independence, medications, isolation.

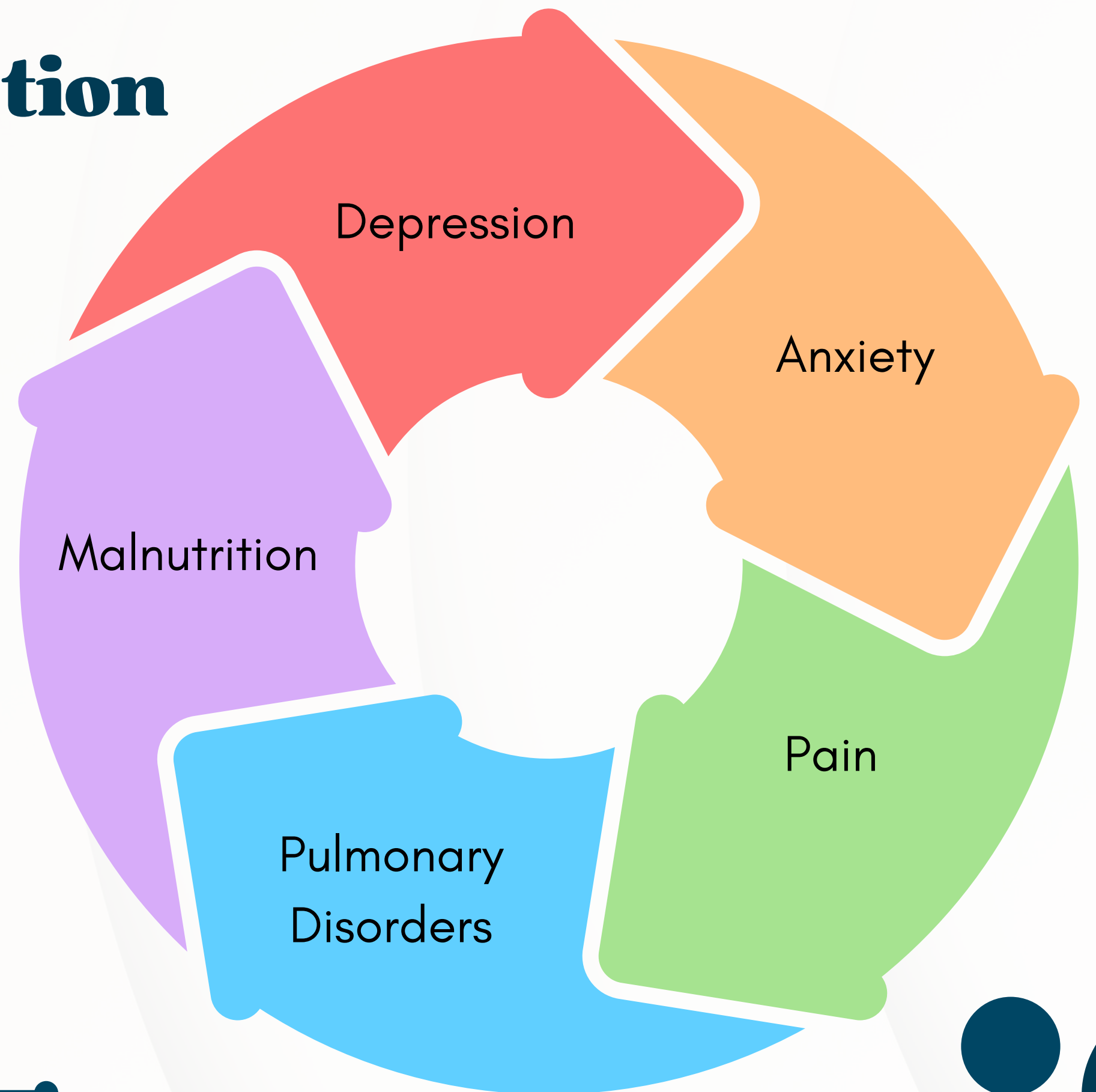


## 03 Depression Connection

Common health conditions with depression

These are significantly associated

Depression is often treated with pharmacological help, but no other treatments



Hoben et. al, 2019



## 04 Depression and Nutrition

48% of depressed residents were also malnourished (3).

Significant association between the two conditions

### EXPERIENCES

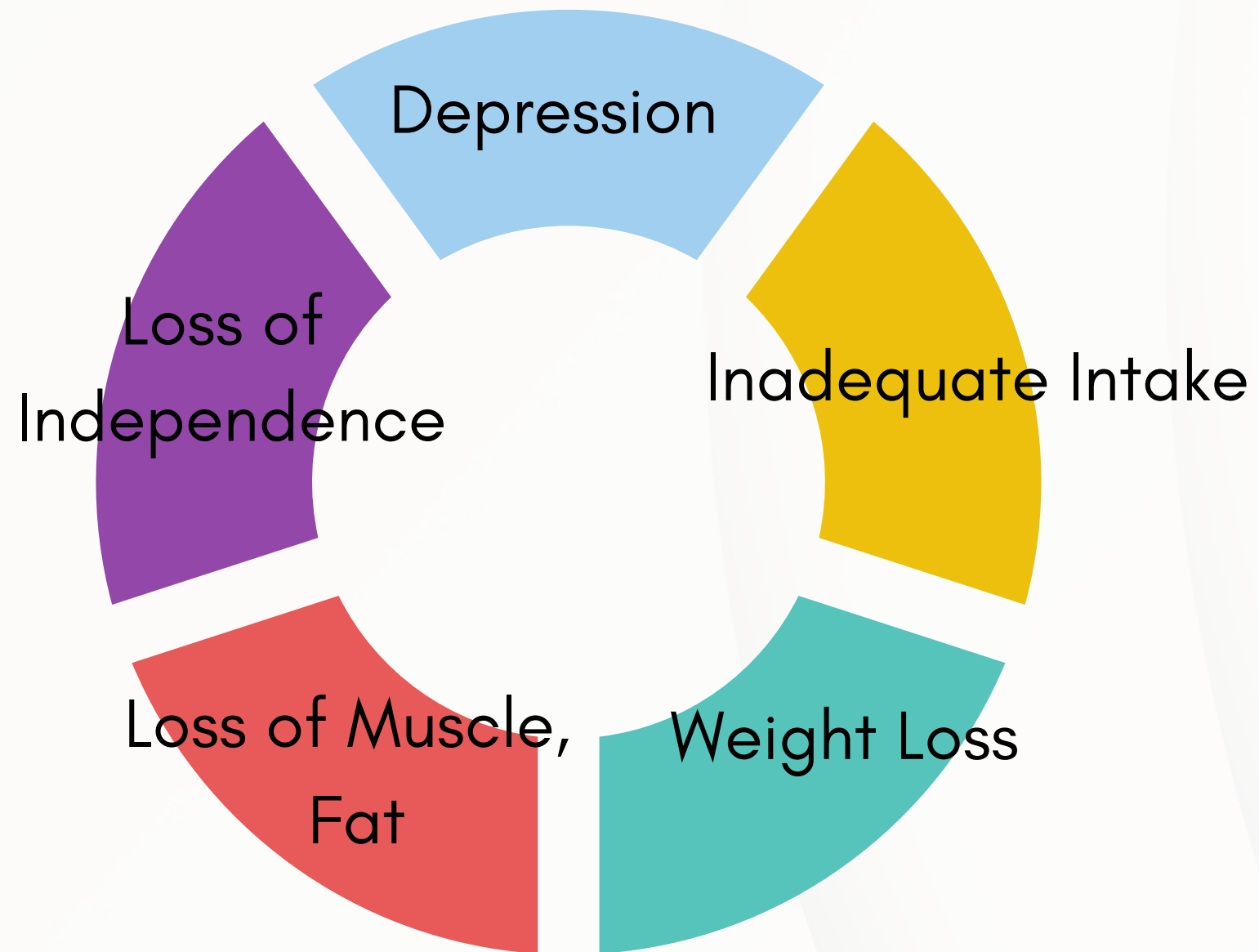
- Weight loss
- Increased fatigue
- Reduced muscle mass (Sarcopenia), fat, decreased nutrient absorption and increased inflammation





## 05 The Cycle

The cycle goes for 48% of elderly with depression





# 06 Current Medication Use

01



## Treat Depression

Depression medications are commonly prescribed to treat and manage depressive symptoms.

02



## Appetite Stimulant

Mirtazapine has a side effect of appetite stimulant and weight gain, can be beneficial in those with malnutrition and depression.

03



## Reassessment

Though medications have good side effects in some, reevaluation should take place to reduce polypharmacy and reduce pill burden.

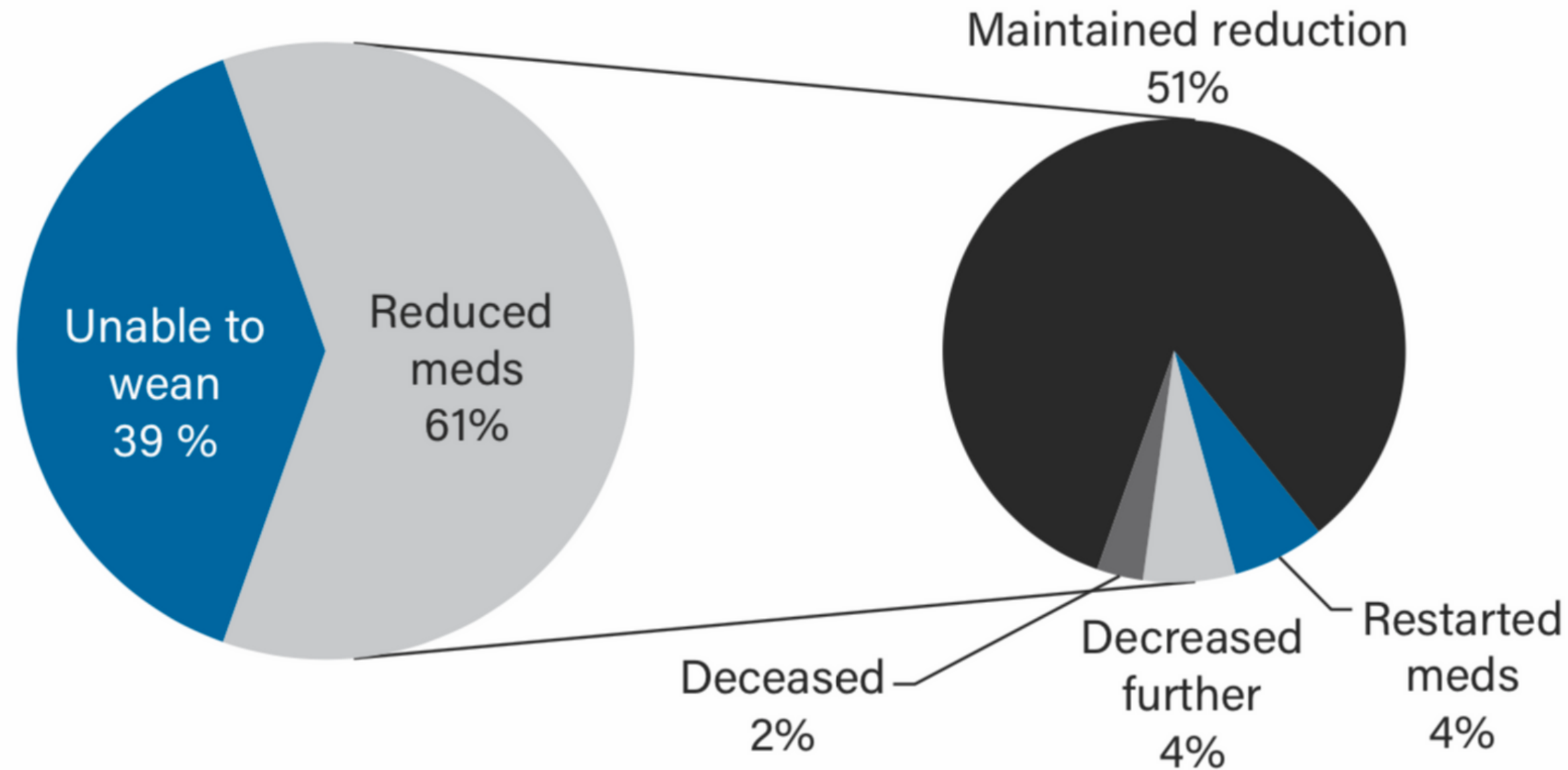
# Meaningful Use of Antidepressants in Long-term Care Facilities



Alicia Harbison, DO, Joseph Mwesige, MD, MPH, CMD, FACP

**Keywords** Older Adults  
Antidepressants  
Nursing Homes

## After Original Reduction



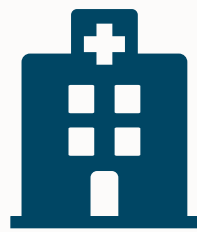
**Figure 1.** Post-Intervention Data of Long-Term Care Residents Taking Antidepressants



# So Where Do We Start?



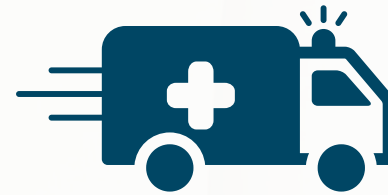
# 07 Screening for Malnutrition & Depression



## Pre-Screen

Upon admission, all patients should be screened for malnutrition risk factors and depression.

Step 1



## Registered Dietitian

The Registered Dietitian will be your key player in identifying and monitoring for malnutrition symptom, while nurses and doctors can screen for depression

Step 2



## Ongoing

Malnutrition should be continually screened at least quarterly to identify and treat it early, nursing can also screen for depression quarterly.

Step 3



# 08 Team Approach

## Everyone Participates!

Collaboration is key

Early identification can reduce rates of both untreated depression AND malnutrition

Work to improve quality of life

Improve life rates in the elderly

Reduce family emotional stress and burden





# The Good News!





# 09 Nutrition Strategies



## Encourage Socialization

All people should be allowed to choose who they eat with, and social engagement should be a priority.



## Visual Appeal of Food

The look of food is just as important as the nutritional value of the food being served. We eat with our eyes first!



## Improve Dining Rooms

Dining room environments play a big factor in the overall success of a meal. It should be warm, home like, distraction and medication free!



## Food Preferences

Serving someone foods they like will go a long way in encouraging intake, and provide positive emotions which can help.

# 09 Nutrition Strategies



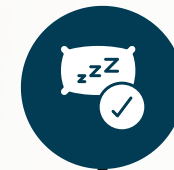
## Encourage Physical Activity

While some may have limited mobility, even simple arm exercises can make a difference in both physical and mental health.



## Staff Training

Staff should be trained on the best ways to socialize with elderly individuals during meal times, this is a skill that needs to be taught.



## Encourage Family Involvement

Family or friend involvement at mealtimes is a great way to improve intake and mood. They can be a great asset to any facility needing help.



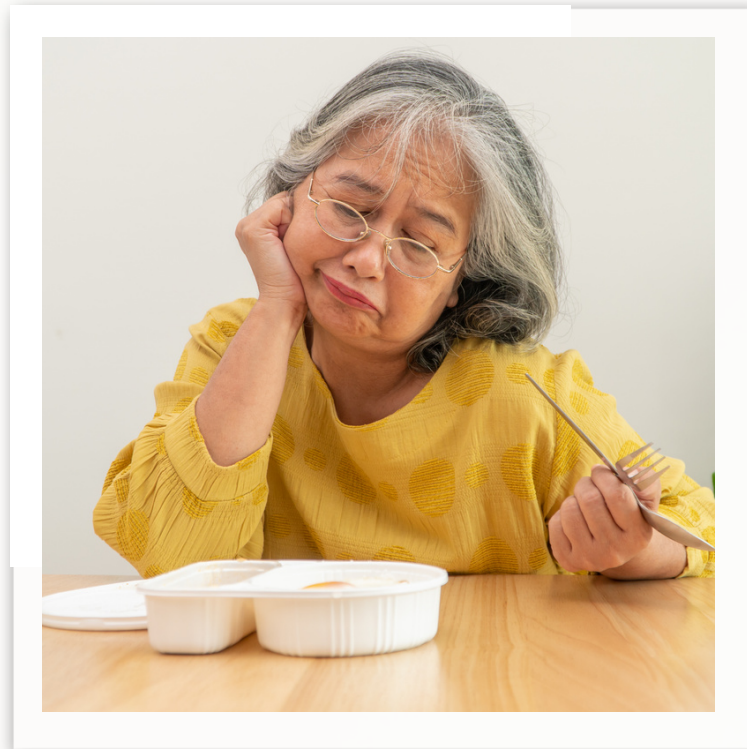
## No MedPass at Meals

Medications can alter taste of foods, decrease interest in foods, decrease the atmosphere of the dining room, and be very distracting.



# 10 Prevention is KEY!

Malnutrition IS treatable and preventable - Depression is treatable and there are many strategies to try!



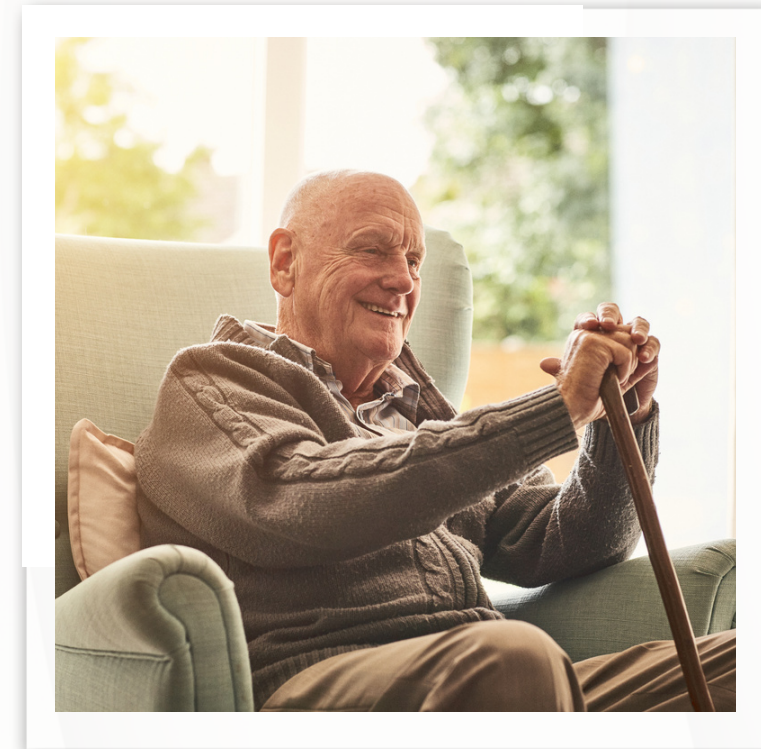
## Early Identification

All Staff!



## Early Treatment

All Staff!



## Constant Evaluation

All Staff!



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# THANKYOU!



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