

# Nutrition is More than Food: The Psychosocial Aspects of Elder Failure to Thrive

Diane Hendricks, CMSW, LMHP  
UNMC Section of Geriatrics  
NEBGEC 2009

No Conflict of Interest....



# Overall Goal:

Gain an understanding:  
of psychosocial issues including  
cultural implications that impact elder  
adult's with weight loss and what we  
can do about it....



## What we will focus on today...

- Psychosocial implications on weight loss including cultural issues
- Psychosocial strategies in addressing the problem
- Community resources for weight loss



# Who is at risk for weight loss?

- Living at home alone
- Lower educational levels
- Cognitive impairment
- Smokers
- Loss of spouse
- Caregiver stress



# Psychiatric Disorders that Increase Risk:

- Anxiety
- Depression
- Dementia
- Late life Psychotic Disorders
- Disturbed Eating Behaviors (Anorexia, Bulimia)
- Alcoholism



# How big of a problem is this?

- 5-20% of older adults living in the community
- 1 out of 4 older adults have no actual cause for weight loss
- 58% of SNF with psychiatric diagnosis including depression note weight loss

Peter, D April 1-8, 1993 Pauley L, Stehle, P. et al. Z. Gerontol. Geriatr. 2007; 40:3-



How can we find out if psychosocial issue is impacting?

### **Collateral information**

- Not hungry vs. not feeling well
- Clothes size change
- Perception of their weight loss
- History of weight loss/gain
- Cognitive status
- Mood issues
- Ability to cook? Working appliances?





## Collateral information continued:

- Times that are customary for meals?
- Large or small meals?
- Eat alone or in a group setting?
- Snack during day?
- Special things they like to have available during meals?
- Other relevant information: Finances, Social & Cultural Influences



# Socially Speaking...

- Women eat 13% more when men are present

Both genders eat more:

- 23% more when family is present
- 44% eat more in small groups

DeCatro, JM. Neurosci Bio-behav.Rev. 1996; 20:119-131

Morley, JE. Nutrition 2008, 17:660-663

Kayser-Jones, JJ. Geron Nurs 1996; 22:26-31

Mathey, MF et.al. Prev Med 2001; 32(5):416-23



## Cultural Influences and Self Care including Diet Study:

- People with more social support performed self-care more frequently
- Cohesiveness in the family influenced diet in Hispanic Americans but not in European Descent
- African Americans life stressors and caregiving responsibilities impeded self-care

Wenger,K. EdD,RN AJN,2007



# Measuring Acculturation

- 12 item acculturation scale controlled by: length of residence in the US, age at arrival, ethnic identification
- 4 questions: What language do you read and speak?
  - Language used as a child?
  - Language spoken at Home?
  - Language spoken with friends?

Marin, G., et. al Development of a short acculturation scale for Hispanics (1987)  
Marrinous, III, et. al Acculturation and Healthy Lifestyles Among Latinos AFM,  
6, 2, M/A 2008, 131-137

# Category Descriptions

- \*Give up their culture completely (Melting Pot)
- \*Bicultural: maintain heritage but integrate
- Separate or segregate- move to barrio
- Become invisible-no culture, no integration

Conclusion: \* have better health and economic levels

Escamilla, R & Putnik, P. The role of acculturation in nutrition, lifestyle, and incidence of type 2 diabetes among Latino, *Jnutr.* 2007;137(4): 860-867

# Generally Speaking...

## Food Practice/Diet

Kansas Foundation for Medical Care, INC., Cross-Cultural Healthcare Resource Guide, CMS,HHS,  
#8SOW-KS-CC-08-01

- African American: 3 meals/day, hearty with meat, fish, “Greens”, rice/potatoes and other starches.
- American Indian: number of meals vary. Share food with family/friends. Use of non-traditional medicine.
- Asian Indian: Use of spices and rice @ all meals. Lunch is the largest meal. Overeating: discouraged.
- Caucasian: Fast food culture, not a family event, diet foods/programs/books are plentiful to address obesity.

# Food Practice/Diet continued

- Chinese: Food is seen to keep balance-hot/cold. Refuse foods which relate to treatment of illness. Meat is not eaten in large quantities. Hot beverages when ill.
- Haitian: May prefer to fast rather than eat non-traditional foods. Being plump is healthy.
- Filipinos: prefer soft and warm foods. Don't like ice in drinks. Russians: like ice.
- Japanese: Many are lactose intolerant. Chopsticks.
- Korean: Snack on fruit and must be offered food/drink repeatedly before it will be accepted.



# Culturally Speaking...

- How they see food?
- Religious beliefs: no pork, alcohol, meat
- Access of cultural food?
- Not just what they like/dislike to eat but how they like it?
- Pattern: where, when, how much and with who?





# Where Do We Start?

## Safety issues come first...

### Home Safety Check?

- Working stove, microwave, Fridge?
- Items are stored and discarded properly
- Cognitive ability to prepare and organize meals safely
- Environment: well lit, reduced clutter, storage for items used

# Concrete Issues: No money?

- 12% do not have enough food
- 13% not eating for an entire day
- 14% hungry but not eating as they could not afford food
- Where can we refer?

Lauque S, JAGS 2004 52;1702-1704

Simmons SF. Et.al. J Gerontol. A. Biol, Sci. Med. 2001; 56(12):M790-4



# Then where?


## Explore:

- Vision/Hearing/Oral Hygiene issues
- Family system, cultural/religious influences
- Mood/Cognitive Issues
- Access to services (Rural vs Urban)
- Bring in support or consider placement?



## Other Strategies to consider...

- Meal times distractions
- Allow enough time, one food at a time?
- Healthy snacks readily available
- Adaptive equipment
- Social Environment



A word about those residing in care facilities...

## **Increase risk for weight loss:**

- Due to depression, cognitive impairment and adjustment issues
- Other factors: Environmental
- Staff Approach

# Dementia and changing levels of assistance

Examples;  
sit with and feed patient

**Complete  
assistance**

guide patients hand to fork,  
help patient hold up or utensil

**Physical  
guidance**

verbal coaching; “try a bite of  
chicken.”

**Verbal  
prompting**

meal set up; placing items in  
easy reach

**Nonverbal  
prompts**

Social interaction with meals

**Social  
interaction**

## Resources that may be helpful...

- Places to go for meals
- In-home Services
- Financial concerns
- Adaptive Equipment/Home Safety
- Area Agency on Aging, Alzheimer's Assoc.
- <http://www.mhcs.health.nsw.gov.au/mhcs/languages/.html> (Culture)

# More Resources...(Culture)

- <http://library.med.utah.edu/24languages/>
- <http://www.massgeneral.org/interpreters/pointtalk.asp>
- <http://www.ncihc.org/mc/page.do>
- [www.omhrc.gov](http://www.omhrc.gov)
- [www.xculture.org](http://www.xculture.org)
- Cultural Diversity: A Guide for Health Professionals.  
[http://  
www.health.qld.gov.au/multicultural/cultdiv/default.a  
sp](http://www.health.qld.gov.au/multicultural/cultdiv/default.asp)



# What we covered today...

1. Psychosocial implications of weight loss
2. Cultural influences
3. Strategies
4. Helpful Community resources

# Case In Point....

- What are the psychosocial issues presented in our original case?
- What information would you need to gather from a collateral source?
- What strategies would you consider?
- What community resources may be helpful?

Questions...