**WEIGHT LOSS EVALUATION**

In the Elderly

1) 5%/30 days or 10%/180 d.
2) intake < 75% for > 7 d
3) BMI < 18.5 or 4) Albumin < 3.2

**Additional benefits**

- norepinephrine
- 400 mg (start) — 600 mg q day
- norepinephrine
- 7.5 mg (start) — 30 mg q ho — anti-depressant & sleep
- norepinephrine
- 25 mg (start) — 100 mg q ho — anti-depressant
- norepinephrine
- 4-10 mg q day — anti-inflammatory
- metamizol
- 2.5 mg q 6 ho (start) — analgesic, anti-nausea
- metamizol
- 8 mg (start) — anti-anxiety, anti-nausea
- metamizol
- 100 mg q 6 ho — gastric emptying, anti-nausea
- metamizol
- 200 mg DE q 2 ho — for hypermetabolism

***MEALS-ON-WHEELS***

M: Meditations
M: Medical Problems
E: Emotional problems (depression)
A: Alcoholism
A: Abuse
A: Acid (stomach)
L: Late life paranoia
S: Swallowing problems
O: Oral problems (taste, teeth, olfactory)
N: No money (poverty)
W: Wandering and other dementia-related behaviors
H: Hypothyroidism
H: Hypercalcemia
H: Hyperadrenalism
E: Eating problems (tremor, stroke, etc.)
E: Enteral problems (e.g. constipation, Cancer, etc.)
L: Oral soft diet, other therapeutic unpalatable diets
S: Shopping problems
S: Social isolation

**Anorectic Medications**

- amiodarone
- serotonin
- tricyclic antidepressants
- SSRIs
- NSADS
- warfarin
- corticosteroids
- thyroxin
- potassium
- esmolol
- metronidazol
- celecoxib
- protonpump inhibitors
- calcium channel blockers
- anti-inflammatory agents
- analgesics
- antidiabetic agents
- antihypertensive agents
- anticoagulants
- antiemetics
- antiarrhythmics
- antihistaminics
- antipsychotics
- corticosteroids
- antineoplastics
- oral antidiabetic agents

For more explanation see www.unmc.edu/geriatrics/geri-paersh.html