
This brochure summarizes recent statistics about older persons' marital status, living arrangements, racial and ethnic composition, geographic distribution, income, employment, education and health and health care


This study determined the prevalence of underweight and hypoalbuminia in VA nursing home residents and the frequency with which physicians, nurses and dietitians document their awareness of these problems, and found a high prevalence of calorie and protein undernutrition among 2,811 residents, with wide variation across 26 nursing homes, and a frequent lack of documentation of these problems by physicians and nurses


This presentation outlined the planning, development and implementation of a statewide nutrition screening program, its multidisciplinary approach and its findings that use the DETERMINE Checklist on 1,000 senior citizens at 40 senior centers, 54% of elderly women scored at nutritional risk compared to almost 48% of elderly men


This report describes service delivery and financial data for 209 out of 212 grantees of Title VI-Grants for Native Americans of the Older Americans Act, for the 1991 budget period


This report packet contains updated requirements for the State Program Performance Report for Older Americans Act Titles III and VI

This article reviews nutrition and its effects on the health of the elderly, including nutritional requirements for select individual nutrients, and comments on directions for future research.


This was a study of 98 daughter caregivers for community dwelling elders to determine if caregivers are aware of the severely underweight elder's risk of malnutrition and accordingly increase nutritional care efforts. The study found caregivers were aware of their elder's risk of malnutrition and were significantly more likely to give protein supplements, to make food accessible, and to encourage and pressure the elder to eat. However, it appears caregivers recognize the risk and intensify feeding concern for the elder only at more severe levels of undernourishment rather than at earlier and less severe stages of undernutrition and nutritional risk.


This report details the outcome of a special grant project that developed a HomeDelivered system using frozen meals, a specially adapted vehicle and newly developed computerized delivery software to bring home delivered meals to isolated rural areas in northwestern Ohio.


This chapter reviews multiple aspects of nutrition in the elderly, including theories of aging, nutritional status and factors affecting nutritional status, nutritional requirements and drug-nutrient interaction.


This article describes characteristics of project directors taken from a national survey of elderly nutrition programs about service innovations. Key findings include: the number of minority program directors remains low, and those directors managing programs serving large numbers of low-income or minority elderly had less education and ;lower salaries


This article describes the 50% of elderly nutrition programs that serve weekend home-delivered meals from a 1986-87 national survey of nutrition programs, and the findings that areas with a higher concentration of minority elderly were least likely to offer weekend meals and were less innovative in services in general.


This article describes the elderly nutrition program service innovations in Massachusetts within a framework of an elderly health continuum

This 105 page report describes the results of national survey of elder nutrition service providers about program innovations implemented in their service areas. Information on program finding, staffing and program director characteristics in relation to service innovations was also collected.


A food frequency of 254 low-income Mexican-American and non-Hispanic white elderly aged 60-96 was conducted in San Antonio, Texas. Significant differences were found between the two groups' food choices; for example, Mexican American elderly drank less skim milk and ate less fruits and vegetables.


This is a study to determine the extent of unexplained anorexia and poor weight status in residents in six nursing homes and to describe some factors associated with these conditions. Key findings include: the prevalence of geriatric anorexia and involuntary weight loss was 59% of 164 charts reviewed and existed in about two-thirds of the cases on admission to the nursing home, and the single most common associated condition was confusion, present in 44% of the subjects.

Bartlett BJ. (Columbus, Ohio: Bartlett, Ohio Dietetic Association, October 4, 1988).

This testimony describes the need for nutrition assessment, planning and monitoring in a community based long-term care program for the elderly and discusses nutrition and functional status, case management and professional health assessment.

Bennet J. Hidden malnutrition worsens health of elderly. (New York: October 10, 1992)

This news article describes hidden malnutrition in the elderly in New York City, discussing how it often goes unrecognized and untreated, the problem in research defining and measuring elderly malnutrition, the difficulties in determining how many elders are affected, and the complicating effects of aging, chronic disease and poverty.


This retrospective study of 82 elderly patients with "failure to thrive" is an attempt to clarify the clinical picture of failure to thrive and concludes that failure to thrive is diagnosed when patients' functional ability to live with multi-system diseases, patients' coping with ensuing problems and patients' managing their own care are markedly diminished.


This chapter discusses the theory that undernutrition of the elderly is a process to slow the progress of various disease processes, in particular atherogenesis and tumorogenesis, rather than being a pathological process.

This chapter discusses the issues of drug use by the elderly, age related changes affecting medication use, drug effects on nutritional status, and the effects of food on drugs.


This report describes the outcome of a public-private partnership in nutrition research on the effects of supplementing the diets of home-delivered meal (HDM) clients. The majority of underweight HDM clients given extra meals or liquid nutrition supplements gained weight and lean body mass, while the majority of underweight HDM clients given regular HDM clients given regular HDM service lost weight and lean body mass.


This chapter discusses hip fractures in the elderly, including information about the relationship between femoral bone mineral density and hip fracture, nutrition and hip fracture, and the benefits of oral dietary supplements and protein.


This article describes how the concepts of failure to thrive from pediatrics can be redefined and used in caring for older persons and includes information about physical and cognitive function and depression.


The purpose of this study was to report on the success of foster caregivers in Honolulu and Baltimore and specific caregiver characteristics; of noted is that approximately 79% of the clients needed special diets.


This study examined the effects of dietary protein on healing of pressure ulcers in malnourished nursing home patients and found that when compared to a supplement with 14% protein, a higher protein supplement (24%) given either orally or through tube feeding and over eight weeks, significantly improved healing of pressure ulcers.


In this one-year retrospective hospital chart review, 6% of elderly patients admitted had two or more positive measures for malnutrition, the very old had more positive signs of malnutrition and the most common diagnoses associated with malnutrition were digestive disorders, infection or cancer. The authors concluded that due to the different levels of recognition of malnutrition found in different hospital service areas, more training of professional staff in nutrition screening is needed.

This report discusses the results of a national survey on food insecurity among the elderly. Key findings include: 1) high number of elderly experience food insecurity, even those with incomes well above poverty, 2) Factors with the strongest causal impact on food insecurity were income, health conditions and race/ethnicity, and 3) those elders using food assistance and meal programs still experience food insecurity.


This article discusses food security and insecurity: their definitions, measurement, risk factors, the potential consequences of food insecurity and the need for further research.


This article describes the evaluation of 48 patients with severe chronic congestive heart failure finding malnutrition common and associated with increased right atrial pressure and tricuspid regurgitation.


This study examined the effect of physiological amounts of vitamins and trace minerals on immunocompetence and occurrence of infection related illness in 96 independently living, healthy elderly randomly assigned to receive nutrient supplementation or placebo. Supplementation with a modest physiological amount of micronutrients was found to improve immunity and decrease the risk of infection in old age.


This nutrition and aging background paper, written for a health promotion and aging workshop, is based on scientific literature and discusses the characteristics of older persons, the effects of aging and chronic diseases, and major policy.


This chapter discusses nutritional therapies for the elderly such as oral supplements and enteral and parenteral feeding, including indications for nutritional support, procedures and potential complications, and in-home nutritional support.


This report examines the factors associated with using food stamps, home-delivered meals and congregate meals. Key findings include: receipt of food stamps depends on race, income, receipt of welfare and ability to drive; receipt of home delivered meals depends on physical health,
limitations of functional abilities, living arrangements and sex; and use of congregate meals depends on age, race, sex, living arrangements, income, ability to drive and whether an individual has an eating-related health condition


This study describes sociodemographic, health, nutritional, formal and informal support factors and their relationship to dietary quality in 80 elderly blacks in Springfield, Massachusetts. Subjects could usually buy food to eat, consumed traditional and cultural foods, often daily or weekly, ate diets on average very low in energy, calcium and vitamin B-6, and slightly low in protein, thiamin, riboflavin and iron. Dietary quality was related to the use of home health aides, perception of health and the number of meals consumed, with slightly over 12% of subjects eating only one meal per day, and an additional 45% reporting they usually ate only two meals per day


This booklet contains the final 1992 amended version of the Older Americans Act of 1065 and the Native Programs Act of 1974


This OTA background paper provide information about in-hospital treatment, in-hospital and long-term mortality, post-hospital and outpatient service use and long-term functional impairment following a hip fracture


This special report is part of the Office of Technology and Assessment's study of preventive services for the elderly, and examines the strengths and weaknesses of the Medicare program as a vehicle for funding the delivery of preventive services to the elderly


This study compared elderly nutritional risk assessed by DETERMINE Checklist and nutritional risk assessed by more traditional criteria, and found in elderly meals-on-wheels applicants, 96% scored at risk using DETERMINE Checklist versus 66% using more traditional measures and criteria


This study compared living arrangements and other factors (income, employment and health
status, energy intake, body mass index, use of supplements) with dietary quality for 4,402 adults aged 55 years or older in the Nationwide Food Consumption Survey 1977-78. More men living alone, particularly those 75+, consumed a poor quality diet than did men living with a spouse. A significant difference in dietary quality between women living alone and women living with a spouse was found in the 55-64 year old age group. Energy intake was the most important variable to account for the relationship between living arrangement and dietary quality; older adults living alone were not making poorer food choices, but instead consuming fewer calories.


This study looked at the association between living arrangements and eating behaviors using data from over 4000 survey respondents aged 55+. Persons 75+ had the lowest proportion of people eating away from home, the largest caloric consumption in the morning and, correspondingly, the lowest evening consumption, the lowest proportion of calories from snacks, and the largest proportion of calories from ready-to-eat cereals. Authors conclude there is reason to believe that lower caloric intake by elderly people makes it more difficult for them to obtain recommended nutrients and places them at greater risk of nutrient inadequacy.


This study diagnosed 8.6% of 185 Medicare patients (65-69 years old admitted to an acute-care tertiary hospital) as malnourished based on two of four measures (serum albumin, total lymphocyte count, percent ideal body weight, and percent weight loss) and found 1) the average length of stay (LOS) was 14 days (range 5-31 days) 2) 20% were readmitted within one month of discharge, 3) further studies are necessary to assess the frequency of malnutrition in medicare patients and impact on hospital resources, LOS and DRG reimbursement, and 4) early diagnosis/treatment of malnutrition may decrease LOS and costs incurred by hospitals.


This article is chronological review if studies relating poor nutritional status with increased morbidity.


This report reviews and summarizes research on the role of diet in health promotion and disease prevention, and based on the scientific evidence that relates dietary excesses and imbalances to chronic diseases, recommends dietary changes that can improve the health of many Americans.


This article describes the initiation and first two years of operation of a statewide food and nutrition policy council in New York State.


This report reviews literature concerning aging and nutrition, emphasizing current elderly-related nutrition problems, prevention of those problems and successful problem solving interventions.

This study examined the impact of home-delivered meals (HDM) on food insecurity, dietary practices and diabetic control and reports HDM had a positive impact on food insecurity and dietary diversity (but without making a difference in blood glucose levels), and may lessen the risk of diabetes-related hospitalizations.


This review defines, characterizes and analyzes the factors that can contribute to failure to thrive in older persons, including normal aging, malnutrition and weight loss, and specific physical, psychological and/or social precipitants such as chronic disease, dementia, depression, drugs, dysphagia, isolation and poverty.

**Biomarkers: The 10 Determinants of Aging You Can Control.** (New York: Simon & Schuster, 1991)

This book outlines a program that applies current research findings to health promotion and disease prevention behaviors that all adults can adopt to prevent premature physical decline.

**Pressure sores and nutrition.** In Morely, JE, Glick Z, Rubenstein LZ, ed: *Geriatric Nutrition.* (New York: Raven Press, Ltd., 1990)

This chapter discusses nutrition as a risk factor for pressure sores, the biology of wound healing, specific nutritional requirements, and the management of nutritional factors associated with pressure sores.

Finn SC. ADA's nutrition & health campaign for women promotes research and behavioral change. *Perspect Appl Nutr.* 1:3-7(1993)

This article discusses the American Dietetic Association's Nutrition and Health Campaign for Women with specific information included on women and cardiovascular disease, breast cancer and osteoporosis, and research and nutrition education needs for women.


This testimony describes nutrition's role in maintaining the health, independence and quality of life of older Americans, including the greater risks for malnutrition in the elderly, cost saving through nutrition services, barrier to nutrition services for older persons, and recommendations to improve the availability of nutrition services for the elderly.


This review article discusses the significance, the incidence and causes of factors related to weight loss in the elderly, including the effects of low body weight and weight loss on mortality and morbidity, the limitations of anthropometric assessment standards for the elderly, involuntary weight loss and physical disease, weight loss and psychiatric disorders including depression and dementia, changes in body composition in the elderly, energy intake of the elderly and the effects of aging on food intake, taste acuity, dentition, gastrointestinal function, functional abilities, drug use, income status, and social isolation.


This study of 113 elderly recruited from a longitudinal study of a representative sample of the
elderly population of Cleveland, OH, separately assessed medically diagnosed conditions and self-report functional disability. Results indicate that the interview self-report can provide useful estimates of the presence of medical conditions, but alone it is not sufficiently sensitive for diagnosis. The authors recommend a three-dimensional classification with functional disabilities matched against specific medical conditions.


This study reports information about the distribution between community care and institutional care of a representative sample of almost 1600 urban elderly over a nine-year period; two to eight times as many impaired or disabled elderly are cared for in the community as in institutions.


This study of over 4,000 elderly home-delivered meal clients and 2,600+ elderly congregate meal clients living within New York City and throughout New York State examined how social, economic, location, health and food need characteristics are related to elderly persons' not eating for one or more days. The percentage of clients not eating was 3.4% for congregate and 17.5% for home-delivered. The variables of ethnicity, location, receipt of Medicaid, living alone, health problems, mobility, age less than 80 years, cancer, nausea, difficulty swallowing, diarrhea, loss of appetite, and receipt of food from a food pantry were all related to not eating in allocation of meal program funds and as screening criteria for meal program participation.


This article describes a study to determine the reasons why home-delivered meal clients remain on the program, with findings suggesting three groups of clients with distinctly different duration's of program participation: short-, intermediate-, and long-duration groups.


This manual reviews the purpose, structure and goals of the NSI and includes discussion, tips and models for community-based, acute care, long-term care and ambulatory screening and education programs, using examples from successfully implemented programs.

Malnutrition: A Hidden Cost in Health Care. (Columbus, Ohio: Ross Product Division, Abbott Laboratories, 1993)

This 42-page manual was developed for health care industry and documents the extent of and costs associated with malnutrition in formal health care settings and the importance of identifying and treating malnutrition.


This report includes an appendix discussing the association between poverty and nutrition among elderly and concludes that no national survey data existence at the time of this report provides a comprehensive picture of the nutritional intake of the elderly, and that there are no definitive guidelines concerning the actual nutritional needs of the elderly.

This Office of Technology and Assessment staff report examines the implications of potential Medicare coverage for the use of preventive services by analyzing current use and the determinants of that use, providing information on the number of elderly using preventive services, which elderly use preventive services, and implications for policy


This article discusses three factors affecting the nutritional status of the elderly; alcohol intake, cognitive status and institutionalization


This chapter discusses cardiac cachexia, including causes, drugs and anorexia, and management of the condition


This statewide nutrition screening intervention project (funded in three stages by a Nebraska-based private foundation) began with a 33-question telephone interview of a representative sample of independently-living Nebraskan elders and reports 40% at nutritional risk


This conference workshop handout describes the Oswego Senior Services Breakfast Program, including menus and computerized nutrient calculations


This study examined racial differences in well-being among older persons using services at Older Americans Act-funded nutrition sites. Compared to white elders, black aged were more disadvantaged in economic security, health and functional status, social integration, and knowledge about and access to services; however, the life perspectives of blacks was more positive than that of whites


This study examined racial differences in well-being among 440 older persons receiving in-home services, and found that compared with white homebound aged, black aged receiving in-home services have more limited economical resources, live in more impoverished neighborhoods, are more impaired in health and functional status, have more limited social resources and have more limited knowledge and access to services

In this study of 264 elderly clients from six congregate sites in Montgomery Co., Maryland, 30% of women and 17% of men reported being instructed by a physician to follow a specific therapeutic diet, 33% of men and 52% of women said certain foods were served at meal sites that they selectively avoided eating, 91% of site managers reported providing nutrition education once per month and yet, only 53% of clients believed nutrition education was offered regularly

Harris T, et al. NHANES supplement use by healthy elderly. *Am J Clin Nutr.* 50:1145-1149(1989). This article reviews the role of NHANES for nutritional epidemiology, highlighting how NHANES III plans to expand the nutrition database for older persons

Hartz SC, et al. Nutrient supplement use by healthy elderly. *J Am Coll Nutr.* 7:119-128(1988). This article describes the nutrient supplement use of the elderly as one part of a nutritional status survey of 691 community-dwelling elderly in Boston. When considering food intake only, 10% or more of the sample had dietary intakes of less than two-thirds the RDA for vitamins B6 and B12, folic acid, zinc, calcium, magnesium, and vitamin A for men only


This chapter discusses malnutrition and cancer including the pathophysiology of cancer cachexia and pharmacological interventions to treat cachexia


This brief communication discusses infection control in long-term care facilities, including background information on the estimated 1.5 million infections that occur annually in nursing homes (10% in individuals more than 50 years of age and 25% in individuals more than 60 years of age), statutory and regulatory requirements and the components of an infection control program


This chapter discusses nutritional assessment components, anthropometry, nitrogen balance and serum biochemical markers


This bill introduced in the House of Representatives by Representative Wyden, required the Surgeon General of the Public Health Service to prepare biennial reports on the relationship between nutrition and health and contained specific requirements for the report contents and defined the special populations for which the report was to address the existence of hunger and malnutrition


This study examined outcomes of a long-term home care program using a treatment and a control group. Results include: 1) the treatment group had a lower rate of admission to nursing homes (both ICF and SNF) compared to the control group, 2) the treatment group used five times the community-based care, 3) at nine months, functional status in the treatment group
was significantly better in only cognitive function also observed at 48 months, 4) no difference in mortality was found; however, the control group received home-delivered meals (HDMs) and the study did not test whether the HDMs made the non-difference between the two groups and 5) comparing total cost of care, the treatment group care cost 25% more


This research project surveyed Title IIIC program clients in a large county in a southwest state about their nutrition education interests and the nutrition education they received through the Title IIIC program; findings suggest that nutrition education received was adequate


This report examines an assortment of diseases, causes of injury, risk factors, and the health care of an aging population, emphasizing health promotion and disability prevention interventions and health policy


This article describes Older Americans Act nutrition programs for elderly American Indians and Alaska Natives, including funding, types of services and the results of a comprehensive program evaluation in 1982


This Congressional testimony discusses food insecurity problems among New York City elderly (including 40 real life examples), the urban Institute food insecurity study methods and findings in the New York community sample, and the role of senior centers and other community-based services in preventing food insecurity among the elderly


This study evaluates the nutritional assessment received by elderly residents in one nursing home who are prescribed oral liquid supplements and examines whether there is evidence of any benefit from the supplementation. Key findings include: the diagnosis of and intervention in undernutrition in nursing home residents is frequently disorganized and hampered by the lack of convenient and unambiguous assessment tools, and oral supplement use is associated with weight gain and also improves other nutritional parameters in select individuals


The author describes this book as an introduction to the psychosocial skills and knowledge practitioners need to work effectively with the elderly in home health care settings; topics include the organizational nature of home health agencies, the importance policy plays in their operation and model fieldwork assignments

This article determined nutritional status in 200 elderly long-term care hospital patients in Canada. Key findings include: severe undernutrition was present in 18%, mild/moderate undernutrition was present in 27.5%, and undernutrition was positively related to dysphagia, slow eating, low protein intake, poor appetite, presence of feeding tube and age


This article discusses the causes of malnutrition in older persons in long-term and acute-care institutions, including disease, infections, pressure sores, depression and dementias


This study examined the nutritional status of 169 Chinese-, 90 Korean-, and 50 Japanese-American elderly in Chicago (using 24 hour dietary recalls, heights, weights and triceps skinfold measures) and reports many of these elderly consumed inadequate amounts of calcium, a large number of Korean elderly also consumed inadequate protein and vitamins A and C, and significant percentages of all three groups consumed inadequate calories (20-48%) and were classified as thin or very thin (38-74%)


Conducted to assess the frequency of malnutrition in alcoholic inpatients, this study found alcoholism associated with poor nutritional status in hospitalized patients and suggests that alcoholism-related malnutrition is mostly related to caloric undernutrition


This article summarizes information from the National Nursing Home Survey and the Supplement on Aging to the National Health Interview Survey providing a profile of the elderly who receive help with daily activities of living


This study obtained anthropometric measures and health data on 418 community-dwelling elderly in Houston. Key findings include: 34% of the total elderly subjects had BMIs less than 25 (considered below desirable range of 25-29 according to the Committee on Diet and Health, Food and Nutrition Board); when considering only those subjects 75+, 41% had BMIs below the desirable range; anthropometric measures varied with sex, age, health practices and the presence of certain disorders


This overview article describes some of the practical reasons why elderly composition data are needed, including information about major changes in body mass components and body dimensions, and the uses of preventing malnutrition in institutionalized elderly, health risk screening and planning and evaluation intervention and therapy

This study of deaths and hospitalization attributable to pneumonia examined four measures of nutritional status and found the risk of pneumonia death 2.6 times higher in men in the lowest body mass index range compared to those in the highest range, and 4.5 times higher among men in the lowest range of arm muscle measures.


In this study almost 44% of over 3,000 rural community-dwelling elderly reported they were following either a recommended special dietary regimen or self-prescribed food practices, with low sodium the #1 diet recommended or self-prescribed, followed in order by low fat/ low cholesterol, diabetic, low calorie, high fiber and low fiber diets. Mean nutrient intakes of those following and those not following special diets differed significantly. Higher intakes of all nutrients except energy, thiamin, and riboflavin were observed among those following special diets.


This report summarizes the discussions of an ad hoc expert panel charged with identifying core indicators to assess the nutritional status of difficult-to-sample populations.


This update report summarizes the findings of the Expert Panel on Nutrition Monitoring on the status of nutrition monitoring in the US, through their review of all national nutrition surveys in existence at the time and includes recommendations for ways to strengthen national nutrition monitoring in the US.


This article clinically describes the features of malnutrition and the results of nutrition therapy in nine malnourished elderly patients.


In this study in the United Kingdom the adequacy of dietary intake and the nutritional status of elderly hospital patients were compared to a group of fit young subjects and a group of fit community-living elderly. Elderly long-stay hospital patients were grossly undernourished based on anthropometric measures and their dietary intake did not meet recommended daily allowances. There was no biochemical or hematological evidence of undernutrition in the three groups.


This small study examined the medical records of 52 nursing home residents to determine the potential for drug-nutrient interactions and drug- drug interactions. Key findings include: written potential for drug-drug interactions and drug-nutrient interactions were identified.
This chapter discusses to what degree social class is associated with health among the elderly in the US including prevalence of major diseases, less serious chronic diseases and conditions, functional health and health self-ratings.


This article reports on population survey data from the Hispanic Health and Nutrition Examination Survey used to calculate calcium intake from one 24-hour dietary recall. Women in all age, racial and ethnic groups consumed less calcium than the RDA; for all women 55-74 years the range was 460-616 mg/day. For Hispanics, dairy foods were the main source of calcium, with corn tortillas an important source for Mexican Americans.


This chapter discusses the anatomy and function of the oral cavity, oral health status and needs of the elderly, changes in oral structures with aging and with disease, the impact of nutritional status on oral health and the impact of oral health on nutritional status.


Using a sample of 2,403 home health clients served by four agencies in Nebraska, New Jersey and Wisconsin, this study examined the characteristics of home health clients and the nursing services provided to them. The median age of the sample was 68.6, approximately 40% lived alone, over 59% required a spouse or adult child to serve as primary caregiver. Medicare was the primary source of reimbursement for service with mean length of service at almost 35 days. Diabetes, congestive heart failure and cerebrovascular disease were the most frequently occurring medical diagnoses, the average number of drugs per client was 5.2 drugs per length of service and of the nine most frequently occurring problems requiring nursing intervention, nutrition problems ranked sixth.


This study investigated an anorexic-like syndrome reported in older persons and found abnormal eating attitudes and body image in an important minority of elderly males, but different in patterns from that seen in classical anorexia nervosa.


This study was an attempt to improve the identification of cognitive, affective, gait and nutritional problems in older medical patients by having non-physical clinic personnel administer formal geriatric assessment tools to 183 medical outpatients age 70 years and older. Fifty-six percent of the patients had at least one meaningful impairment identified, and few of the problems identified using the tools had been previously recognized.

This chapter provides information on performing nutritional assessment of the elderly including clinical assessment, anthropometric assessment, biochemical measures, immunological assessment, hematologic measures, and dietary assessment.

Mobile Meals Inc., Area Agency on Aging PSA 10B, Inc. Minority Outreach Project. (Columbus, Ohio: Ohio Department of Aging, April, 1992).

This eight-eight page report describes a special outreach program piloted in Portage County, Ohio to reach a very isolated and mistrustful group of minority elderly who needed a variety of community services but had previously refused help. By coordinating with community outreach workers not employed by the nutrition program, home-delivered meals were used for entry into the elders' homes by the community workers, trust was established and eventually other services started.


This article discusses three major barriers to physicians recognizing and adequately treating malnutrition in older persons, including lack of training and lack of awareness about how best to treat malnutrition.


This review article discusses anorexia in the elderly and animal studies showing increased satiety and decreased feeding drive, anorexia and psychiatric disorders, and anorexia and disease.


This study looked at all non-critically ill patients 70+ admitted to an Oslo, Norway Hospital over a three week period and found almost 55% with weights 90% or below normal (20% at 75% or below normal); of these, only 36% were recognized as malnourished upon admission, only 7% received any form of nutrition support and no patient was diagnosed as malnourished at the time of discharge. The authors conclude malnutrition in the elderly in this hospital is underdiagnosed and undertreated.


This is a study of the nutritional status of recently hospitalized elderly compared to a group of community-dwelling elderly. Key findings include the presence of undernutrition (based on three measures of malnutrition) in 17% of the recent hospitalized group compared to the slightly less than 4% for the community-dwelling control groups. Undernutrition causes and contributing factors include greater numbers unable to buy and prepare food, increased numbers with difficulty chewing, increased number on prescribed diets and less meals eaten overall.


This chapter discusses protein nutriture and protein requirements of the elderly, including lean body mass changes with aging.


This eight page report and table includes descriptive information for each home and community-based service waiver program offering services to elderly persons in the US as of 1992.


This report is the 17th in a series on the national health status submitted by the Secretary of Health and Human Services to the President and Congress as mandated by the Public Health Service Act. The report presents national trends in public health statistics and reviews the progress of the Healthy People 2000 objectives.


This newsletter article describes the progress on three Futures Symposiums to be held by the National Eldercare Institute on Nutrition.


This is a report on the work of a 19-member interdisciplinary committee appointed to conduct a study to 1) develop criteria for evaluating scientific evidence relating dietary components, foods, food groups, and dietary patterns to health maintenance and risk of chronic disease reduction, 2) use these criteria to assess the scientific evidence and 3) propose dietary guidelines for maintaining health and reducing chronic disease risk.


Using a malnutrition index, this study describes the nutritional status of 100 elderly patients upon admission to a skilled nursing facility. Nutrition assessment included anthropometric measures, calculations of Body Mass Index (BMI) and biochemical data (serum albumin, cholesterol, hemoglobin and hematocrit levels and total lymphocyte count). Thirty-nine percent of the total patients were found to be malnourished. Forty-eight percent admitted from acute-care facilities and 34% admitted from home were malnourished. The strongest predictor of decreased nutritional status was route of admission, with patients from acute-care facilities having lower nutritional reserves than those coming from home.

New Mexico State Agency on Aging, Grisham, ML. (Santa Fe, New Mexico: July 12, 1993)

This state action memorandum describes a New Mexico State Agency on Aging breakfast initiative, including nutrient standards, breakfast meal pattern and menu.

New York State Office for the Aging, Rosenzweig LY. *A Population at Risk: Current Findings and

This report reviews the nutritional status and needs of New York State's older adults, examines the ability of nutrition service providers to meet needs, and presents program strategies for meeting current and future needs. Key findings include: 39% of clients were on modified diets due to diabetes, arthritis, hypertension or heart disease, 35% took four or more medications, 63% took one to three medications, 21% experienced poor oral health with 83% of those not receiving dental care and 18% of clients were underweight. Information about the impact of nutrition services intervention is limited to comparing program clients to those on waiting lists in the area of food group consumption, days going without food, and frequency of hospital stays.


Seasonal dietary intakes were assessed in over 350 Alaska Natives aged 21-60 years of age from 11 communities, to understand the role diet may play in increasing rates of heart disease, cancer and diabetes in this population. Results suggest that energy and protein intakes decrease in the last 30 years but the proportion of energy from fat remain unchanged, and excess energy and fat, and low calcium, fruit and vegetable intakes may be contributing to recent increases in chronic disease.

North Carolina Department of Human Resources, Vacendak SR. (Raleigh, North Carolina:1993) National Nutrition Screening Initiative Survey Results and Follow-up Survey. This memorandum summarizes the findings from a random sampling of over 2,000 DETERMINE checklists completed throughout North Carolina, with 33% having a score of 6 or higher.


This newsletter article describes the progress made in meetings between National Institute of Aging (NIA) officials and Nutrition Screening Initiative representatives to help implement the congressional mandate for research by the NIA into the effectiveness and cost-effectiveness of nutrition screening and intervention with the elderly.


Using multidisciplinary approach and six key areas of nutrition intervention, this manual summarizes and models appropriate intervention steps for problem identified during nutrition screening of the elderly.


This conference presented numerous sessions on how nutrition screening and intervention has been incorporated into a variety of services for the elderly. The published conference program includes abstracts from conference sessions, research briefs and poster sessions.

Nutrition Strategic Study: A Report to the Director of the Ohio Department of Aging. (Columbus, Ohio: Ohio Department of Aging, 1989).
This report summarizes a statewide survey of nutrition programs and the discussion of a statewide committee formed to examine and develop recommendations on the role of Ohio Department of Aging funded nutrition services in a developing long-term care system


This is a compilation of the goals, assumptions and recommendations in the areas of service, research and policy made by the Nutrition Working Group at the Surgeon General's workshop on health promotion and aging


This report describes the Older Americans Act Nutrition Program including administration and funding, benefits and meals served, eligibility and characteristics of participants, contributions and potential policy issues


This article describes the diagnosis and clinical management of failure to thrive in the elderly, recommending in addition to the physical exam a review of the patient's functional abilities, cognitive status and mood, and early intervention to avoid hospitalization or institutionalization


This study of 232 residents from two nursing homes demonstrated no well-nourished patients had pressure sores, no mildly or moderately patients had pressure sores, but those patients who had degenerated to a "severe state of malnutrition" developed pressure sores, with the more severe the malnutrition, the more severe the sore


This literature review was completed as partial fulfillment for the National Elderly Nutrition Program Evaluation and includes information on program participation (including subgroups such as low income and minority elderly), nutritional needs of the elderly, assessing the nutritional status of the elderly, program impacts, program administration, costs and quality, and funding sources, uses and transfers


This study examined the food assistance needs of needs of low-income elderly, their participation in available food and nutrition programs, and the overall effectiveness of these programs at meeting their food and nutrition needs. Key findings include: low-income elderly have a high prevalence of characteristics related to poor nutrition, such as living alone, 85+ years of age, less schooling, greater functional impairment and chronic illness and fewer assets; major federal food assistance programs appear to be well targeted to those elderly in greatest need; and the measured impacts of USDA food assistance are positive but generally small


http://www.fiu.edu/~nutreldr/AoA_bib_Codespoti.htm (19 of 29) [9/22/2000 3:30:40 PM]
This chapter summarizes the characteristics that place the older population at particular risk of nutritional problems and describes the evolution of US policies, programs and services aimed at improving the nutritional status of older Americans.


This study tested the energy expenditure in 14 chronically ill mental patients with rapid and severe weight loss and found mean energy expenditure low and no patients in negative energy balance. Other causes for weight loss are discussed, including episodes of infection, confusion, refusal of food, paranoia and depression leading to periods of inadequate food intake, use of antibiotics for infection, failure to recognize starvation and lack of staff for appropriate patient feeding support.


Using a sample of over 1300 elderly from the Longitudinal Study of Aging, this study shows a relationship between mortality and attributing health problems to old age. Discussion includes that others have found attributions of health problems to aging exceed 60% for some conditions and is associated with a delay in contacting a physician or a reluctance to discuss health problems with other people or health care providers.


This article describes a small prospective study on 21 hospitalized medical patients to determine the effects of age and gender on food intake. Patients over 65 years old who weighed less than 80% of their ideal body weight consumed significantly less energy and fewer macro- and micronutrients.


This article discusses elderly malnutrition, including risk factors, epidemiology and etiology, nutritional assessment, intervention, clinical treatment and options for managing malnutrition.


This study, done in two hospitals, found patients with the likelihood of malnutrition had over three times the number of major complications, stayed in the hospital two-thirds longer and were almost four times more likely to die. Various costs associated with patients with the likelihood of malnutrition are also cited.


This report details the consensus reached (by broadly representative multidisciplinary group of professionals) on elderly nutrition risk factors, indicators and an approach to nutrition screening as the beginning of the Nutrition Screening Initiative, a five-year multifaceted effort to promote nutrition screening and better nutritional care in America's health care system, beginning with the elderly.

Sixty-seven randomly selected older adults from institutionalized and community-dwelling geriatric populations were studied to demonstrate an association between xerostomia (dry mouth) and inadequate dietary intake. Nutritional intake analysis was performed on both groups with xerostomia and a control group matched for age, sex and physical status. Key findings include significant inadequacies in the nutritional intakes of both groups with xerostomia were found, as well as reduced taste and food perception, and the mean Body Mass Index (BMI) for each group with xerostomia was significantly lower than the mean BMI for the control group.


This article discusses weight loss in the elderly, including aging, physiology and weight loss, and the nine "d's" of geriatric weight loss: dentition, dysgeusia, dysphagia, diarrhea, disease, depression, dementia, dysfunction and drugs.


This article discusses the development of meal programs for the frail elderly in the US and two questions: whether the programs serve those most in need and whether they reduce the need for more costly care. The author suggests that the recent finding that provision of home-delivered meals reduces hospitalization rates should be reexamined to determine whether the medically needy are actually kept out of the hospital by the provision of home-delivered meals.


This article discusses the two questions posed in a 1990 article by the author: whether in-home meal programs serve those most in need and whether the receipt of in-home meals reduces the need for higher levels of care. The author suggests that the elderly most frequently served those with medical disability. The author again recommends that the findings that provision of home-delivered meals reduce hospitalization be reexamined to determine whether the medically needy actually kept out of the hospital by the provision of in-home meals.


This basic text on geriatric nutrition covers such topics as the elderly in our society, the physiology and pathology of aging, factors determining food intake, assessment of nutritional status, nutritional deficiencies, drugs and nutrition in the elderly, nutrition services for the elderly and geriatric nutrition for Third World.


This basic text on geriatric nutrition covers topics as the elderly in our society, the physiology and pathology of aging, factors determining food intake, assessment of nutritional status, drugs and nutrition in the elderly and geriatric nutrition in the Third World and immigrant populations.


This article describes the development and findings of a statewide program design for nutrition
surveillance of the elderly in New York, including information on those elderly going without food, characteristics of in-home meals clients, and duration of service


This study compared the nutritional behaviors of 50 recently (up to two years) widowed elderly and 50 married elderly subjects. Key findings include that widowed subjects had a significantly lower mean Diet Quality score than the married group, along with a significant difference in their mean Eating Behavior score. Grief resolution was found to be positively correlated with enjoyment of meals, Diet Quality score, appetite rating, Eating Behavior score, days don't feel like eating, number of pounds lost and one social factor, number of confidants.


In this retrospective review of 30 hospital charts of elderly patients, 43% were reported to have evidence of malnutrition; most patients lived alone or with family, with only 20% institutionalized. Common barriers to adequate dietary intake were difficulty chewing or swallowing, impaired cognition, depression, impaired dentition and difficulty preparing meals or self-feeding.


This chapter describes the prevalence of protein-calorie undernutrition (PCU) in the nursing home population including survey information for both nursing home and community-dwelling elderly, the relationship of PCU to mortality in nursing homes, and the cause of and intervention measures for PCU in nursing homes.


This article describes the prevalence of protein-calorie undernutrition (PCU) in nursing homes, the relationship of PCU to mortality, the causes of PCU in nursing homes and implications for homebound elderly.


This detailed letter to the editor critiques the national Nutrition Screening Initiative with an emphasis on the validation of the "DETERMINE" checklist and whether or not the initiative meets the basic requirements for mass public screening.


This is a review of vitamin requirements of elderly indicating there is strong evidence that aging affects the requirements for certain vitamins. The authors conclude the 1989 recommended dietary allowances (RDAs) appear too low for the elderly persons for vitamin D, riboflavin, vitamin B6 and vitamin B12, and too high for vitamin A.


This national dietary survey of a representative sample of elderly 65-98 years of age reports...
substantial percentages had inadequate intakes of energy and nutrients. Over 40% of men and women were below two-thirds of the RDA for vitamin E, calcium and zinc, with the same percentage of men also below two-thirds of the RDA for vitamin A; over 20% of men and women skipped lunch.


In this small (N=35) retrospective chart review of elderly Medicare patients readmitted to the hospital, several diet and nutrition-related factors were identified in a number of cases, including being placed on modified diets, multiple diets, multiple drugs at discharge, and poor appetites prior to discharge.


This study examines the relationship of socioeconomic status and living arrangements to nutritional intake of a representative sample of South Carolina elderly. Key findings include: a positive relationship between low socioeconomic status and inadequate nutritional intake, and no relationship between living arrangements and nutrient intake.


This article outlines a new role for the Registered Dietitian in providing nutrition case management through nutritional status assessment using a functional approach; practical steps and assessment instruments are included.


This is a cross-sectional study of 240 residents of one skilled nursing facility to classify residents' functional eating status and examine factors associated with loss of functional eating capacity. Key findings include: 1) eating dependency did not correlate with age or weight loss, and 2) eating dependency was associated with impaired mobility, cognition, modified consistency diets, upper extremity dysfunction, abnormal oral-motor examinations, absence of teeth and dentures, behavioral indicators of abnormal oral and pharyngeal stages of swallowing increased mortality.


This chapter discusses malnutrition in the elderly and anorexia of aging including its multiple causes, nutritional assessment and treatment.


This article discusses challenges in recruiting homebound older persons to participate in nutritional studies and in establishing quality control procedures in a field setting.


This article discusses challenges in recruiting homebound older persons to participate in...
nutritional studies and in establishing quality control procedures in a field setting. 


This chapter discusses aging and health promotion and disease prevention including strategies of health promotion in old age for diet, physical activity, smoking, alcohol abuse, medications and health fraud.


This chapter highlights historical experiences, the concepts of diversity and diverse life patterns, policy and social action areas and measures.

**State of Connecticut, Department of Social Services, Buck DR.** (Hartford Connecticut: 1994)

This letter from the Elderly Services Division transmits their "Elderly Nutrition Assessment Form" a one-page carbonless form for determining medical, nutritional and functional problems, and necessary community services.


In this study of 786 black and white elderly, in each of the four race and gender groups, Body Mass Index (BMI) was inversely related to HDL cholesterol and positively correlated with hypertension. Those with BMIs lower than the 15th percentile of the group were labeled "thin" with approximately 10% of white men, 10% of white women, 15% of black men and 11% of black women classified as thin.


This was a clinical study of 19 post-hospitalized patients with surgical wounds (the majority were 60+ years of age) to determine whether nutritional intake at home was adequate to support wound healing. Sixteen subjects had insufficient caloric intake to support wound healing and over half has less than the RDA of protein. Over two-thirds reported a decrease from their usual weight and anthropometric measures for all subjects were below medians reported in the first and second National Health and Nutrition Examination Surveys (NHANES I & II).

**Strauss KF, Indian Health Service, Personal Communication.** (Rockville, Maryland: 1994)


A one-day nutrition survey was completed in 1989 in a 288-bed acute care facility with 46% of inpatients identified as at-risk for malnutrition. A comprehensive nutrition screening and intervention program was developed and implemented on two floors in 1992. 1993 statistics showed 24% of inpatients malnourished and 50% needing education intervention.


This commentary discusses nutrition and ethnicity, including variations in risk for nutrition-related disease among different ethnic groups, cultural influences on dietary practices and nutritional status, and the need for culturally specific research.
This program provides nutrition screening and assessment of very frail, vulnerable, low income elderly and provides up to three meals per day in liquid supplements (for donation only). Clients’ physicians are alerted to each client’s nutritional risk and their potential need for follow-up medical care.


This prospective study followed 98 rehabilitation patients for three months after hospital discharge and found protein-energy undernutrition a strong independent risk factor for non-elective hospital readmission: the more severe the undernutrition, the greater the risk. Patients found at highest risk for readmission had been given good prognosis, were more likely sent home, tended to be more cognitively intact and functionally independent than the patients not readmitted. The author concludes the findings suggests that these undernourished patients were not necessarily patients in the end stages of a chronic progressively disabling disease.


One hundred and ten patients newly admitted to a geriatric rehabilitation unit of a Veterans Administration hospital were included in a prospective study to determine whether protein-calorie undernutrition correlated with subsequent risk of developing in-hospital complications independent from non-nutrition factors. The risk of developing at least one complication was found to correlate with, in order of significance, functional status at admission and the presence or absence of pulmonary disease. Nutrition factors also independently correlated with the risk of developing an infectious complication and dying within the hospital.


This study of 109 patients admitted to a geriatric rehabilitation unit of a Veterans Administration hospital evaluated whether poor oral health is a potentially reversible contributor to the development of significantly involuntary weight loss. Out of 97 factors, the number of general oral problems was the best predictor of significant involuntary weight loss within one year of admission, followed by household income, age, smoking status, adequacy of nutrient intake prior to readmission and education.


This prospective non-interventional study included 250 randomly selected 65+ years old patients admitted to a Veterans Administration hospital. Key findings include: 39% were found to be at high risk of protein-energy malnutrition, no patient had a diagnosis of malnutrition recorded on the medical record problem list, only 13% of the high risk group received some form of nutrition support therapy, and in this hospital patients were not usually screened appropriately for protein-energy malnutrition, the diagnosis was missed frequently or ignored, and nutrition support therapy was found to be underutilized.

This study found that the best predictor of mortality within one year of hospital discharge in a select population of geriatric rehabilitation patients was the percent of usual body weight lost in the year previous to admission, subscapular skinfold thickness and the discharge Katz Index of Activities of Daily Living score. The authors concluded that the results provided compelling evidence for the importance of nutritional status in predicting in-hospital and post-discharge mortality.


This report contains the findings of a national telephone survey among over 750 health care providers and administrators who care for the elderly. Key findings include: geriatric physicians and nurses administrators agree that nutrition plays a major role in the prevention and treatment of and recovery from illness and disease; and doctors, nurses and the elderly and the need for these services in a basic health benefits package.


Using National Health and Nutrition Examination Survey data, this study examined whether body weight is a risk factor for mortality among older persons, and found low body weight (body mass index less than 22 kg/meter squared) to be associated with increased mortality.


This article describes a chart review of medical record from seven family practice centers finding significant and unexplained weight loss in elderly patients, with depression the most common diagnosis (18%), followed by cancer (16%), and 24% without definitive cause even after two years of clinical investigation.


This study in Switzerland randomized 62 elderly patients into two groups, one receiving a supplement with protein, the other receiving a supplement without protein, and found improved clinical results for the patients given oral nutritional supplement with protein; their rate of complication and death was significantly lower, as was their median hospital stay (69 versus 102 days).


This report summarizes data from a number of reports prepared by the Census Bureau, but primarily from the 1990 Census of Population and Housing and national surveys such as the Current Population Survey, the Survey of Income and Program Participation, the Heath Interview Survey and the Longitudinal Survey on Aging.

This report provides background information on the status of aging in American, including an overview of the health, income, employment, housing, and social characteristics of America’s older population.


This is a study to examine the drug consumption pattern of elderly nursing home residents through the review of 390 medical records for one year. Key findings include: the mean number of drugs taken was 6.6 drugs per day, and 41% of the residents taking drugs with the side effects of anorexia, nausea, vomiting and food aversion lost even more than 10% of body weight in three to 12 months.


This study was designed to measure nutrient intake, food patterns and nutritional status of low-income community-dwelling elderly and found subjects frequently consuming less than two-thirds the RDA for vitamin B6, folacin, and zinc, with 35% having low vitamin B6 status and 33% subnormal serum iron values.


This essay discusses the patterns of malnutrition in the elderly, the capacity of the elderly to adapt to starvation and refeeding, and whether or not malnutrition is inevitable in the elderly.


This letter to the editor includes findings that support the hypothesis that malnutrition increases the propensity to fall and recommends a nutritional approach to the prevention of hip fracture and falls that takes into account not only calcium intake, but overall energy intake.


This chapter discusses aging and physical health and the difference between men and women, including mortality rates and trends, chronic health conditions, self-rated health, and social and physical disability.


This survey found that 43 states and the District of Columbia provided some weekend home-delivered meals (HDM), but usually only in a few areas of each state, and without any reporting mechanism for weekend HDM. A small pilot study of 16 HDM clients showed that without meals on weekends, they were more likely to have insufficient intake of protein and several key vitamins and minerals.


This small study evaluated the dietary adequacy of 61 independently living elderly individuals in relation to loneliness, social and physical health. Key findings include: energy and calcium were the most likely underconsumed, poor physical health was related to decreased intakes of vitamin...
A and ascorbic, and loneliness was related to dietary inadequacies


This retrospective review of the medical record of 114 malnourished and 106 non-malnourished male veterans. Key findings include: the malnourished group received significantly more special inpatient dietetic feedings beyond the basic diet and more special inpatient dietetic feedings beyond the basic diet and more special services with improvement in dietary intake greater in malnourished patients, and the post-discharge care was not greater for the malnourished group because no discharge plan of care for malnutrition was done. The authors make the important point that rarely is malnutrition corrected during the hospital stay.


This report discusses a pilot nutrition screening program for congregate and home-delivered meals programs in Dade County, Florida which found 69% of congregate clients and 89% of home-delivered clients to be at moderate to high "potential" nutritional risk using the NSI DETERMINE Checklist and Level I RD assessment.


A total of 99 inpatients and 121 outpatients were included in this clinical study to examine the nutritional status of Navajo elderly. Based on 13 different measures for malnutrition, high rates of protein malnutrition (despite normal caloric stores) were found in both inpatients and outpatients, with males, inpatients and those 75 or older more affected. The pattern of undernutrition leads the authors to suggest chronic protein malnutrition versus the result of acute disease. For inpatients, length of stay in the hospital was shown to be related to their undernutrition.


This newsletter article discusses the National Eldercare programs by linking research, policy and practice.


This article describes further work on the development and validation of a 16-item nutritional risk index.


This study of non-institutionalized elderly in one section of metropolitan St. Louis found nutritional risk, as measured by a 16-item nutritional risk index, to be the most important predictor of the total number of elderly visits to the physician, elderly visits to physicians in the emergency room and the occurrence of hospital episodes in the elderly.


This article discusses the development of a 16-item nutritional risk index and its application in...

This study analyzes information from over 5,000 respondents in the Longitudinal Study on Aging and finds an indication that the risk for nursing home placement is greater for older adults and that among the respondents living in nursing homes, the risk of dying there was greater for older adults.


This article describes the cause and physiology of malnutrition and discusses wound healing and nutritional requirements.


This report outlines the findings of a statewide nutrition screening project using the DETERMINE Checklist on over 7,000 elders with a statewide average score in the moderate nutritional risk range and higher risk scores for all minority groups.