CARE FOR ELDERS

Nutrition, Oral Health and Dysphagia

•Case Study•
Part I

July, 2007
Acknowledgments:

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For information on other modules please contact:

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Nutrition, Oral Health and Dysphagia – Part 1
Goals and Learning Objectives

At the end of the Nutrition, Oral Health and Dysphagia module, you will be able to:

**Note:** We will not include anything related to dysphagia in Part I. The focus will be on frequently encountered nutritional problems in elders and red alerts for professionals to recognize and respond to.

1. describe the nutritional and hydration requirements of an older adult in order to maintain and sustain life,
2. define malnutrition, dehydration, and dysphagia,
3. describe the inter-relationship of oral health with nutrition, hydration and dysphagia,
4. identify risk factors that may lead to the development of both transient and persistent malnutrition and dehydration,
5. describe how acute and chronic illnesses can impact nutritional and hydration status, leading to malnutrition and dehydration,
6. identify the key factors in a patient’s history, clinical findings, supplemental diagnostic tests and diagnoses that are relevant to complete the patient assessment for malnutrition and dehydration,
7. develop an interdisciplinary, patient-centred management plan to achieve the patient/family goals related to nutritional/hydration status and oral health,
8. identify the ethical, psychological, social, cultural and economic impact of oral/dental problems, and malnutrition and dehydration concerns on quality of life, and
9. discuss the dilemma of “to feed or not to feed” in an older adult with dysphagia including issues around the risks and benefits of both oral and artificial feeding.
Sadie is a 72 year old lady who has been married to Jacob for 54 years. They live independently in their own multi-level home near the centre of town. They are both highly involved in the Jewish Seniors' Centre where Sadie is found many times directing the preparation of food for numerous religious functions. Jacob loves to boast about his wife’s cooking. Her friends say that her cooking is legendary and that based upon her rounded girth, she must do a lot of tasting of the cuisine that she makes. She has two children, Rosie and David, who are both married with their own children and active lives.

Sadie has a long-standing history of hypertension, hypercholesteremia and three years ago had a mild myocardial infraction. Following her recovery from her MI, she attended the healthy heart program where she was able to lose 10 kilograms with exercise and dietary alterations. However, over the past year, she has steadily re-gained the weight. She says that she is very active so that she gets her exercise from running around so much with her cooking and keeping her own household in order. She also says that she perspires so much that she feels that she loses at least a few pounds each time she has to cook for an event, as she does not even have time to sit down to have a cup of coffee or a glass of juice.

Her doctor has prescribed Lipitor (for her cholesterol), Valsartan (for re-modeling her cardiac muscle post MI and maintenance of her BP), enteric coated ASA (anti-platelet to prevent a clot that could cause a MI or stroke) and hydrochlorothiazide (mild diuretic to treat her hypertension). Her blood pressure fluctuates and her cholesterol continues to be borderline normal level.

Questions:

1. What factors are contributing to Sadie's food intake?

2. What risk factors may affect Sadie’s hydration status?
Part II

Jacob said to Rosie that he is very worried about Sadie as she has been looking pale lately and seems to tire more quickly than she did before. Her appetite has really dropped off in the past month and she only nibbles at her food. Whenever she tries to lie down to rest, she has to get up because she gets a stabbing pain just under her breast bone and has a burning sensation in her chest. She has been chewing on Tums to relieve what she believes is heart burn. She says that it helps sometimes but not always. Jacob says she gets up during the night and sleeps in a chair because she says that she does not want to disturb him. He wants her to see their doctor but she just brushes him off, saying that she is fine. Besides, she is happy that she is losing some weight as she needed to anyways.

Sadie was in charge of a fund-raising dinner at the Jewish Seniors’ Centre; despite Jacob’s plea that she slow down, Sadie would not listen. Rosie noticed how pale and sweaty her Mom was and told her to sit down and rest which Sadie also ignored. Twenty minutes later, Jacob came into the kitchen to tell Sadie to come out and rest but she was nowhere to be found. David found her outside, slumped over, saying that she was feeling extremely weak with pain in her stomach and chest. They immediately took her to Emergency. She told the Emergency physician that she was feeling better by the time she got to Emergency, after taking two Tums. She was worked up for an MI but the results were negative. She was instructed to follow up with her own family physician on the next day.

Questions:

1. Which of Jacob’s concerns would you want to follow up on?
Part III

The next day, Jacob and Rosie took her to the family physician. During his assessment, because of her symptoms, the family physician suspected that Sadie was experiencing gastro-esophageal reflux disorder (GERD). She had re-gained the weight that she had previously lost and it was mostly observed around her waist. He also found that Sadie’s mouth was dry and her natural teeth were in need of dental care. Sadie was sent for CBC, electrolytes, renal and liver enzymes (ALT, AST, Alk Phos, GGT), amylase (to rule out pancreatitis), calcium and a urinalysis. She was to have a barium swallow test done as well. The doctor ordered domperidone to increase her gastric motility. She was also ordered to get some rest, eat small, non-spicy meals, chew her food well and drink lots of fluids. Rosie and Jacob rallied to try to ensure that Sadie would get some rest and be relieved of her Seniors’ Centre responsibility for a while. She was to see the physician again in a few weeks.

Jacob complained to David and Rosie that Sadie was eating less than a bird would eat, only sipping small amounts of her milky coffee (coffee with lots of cream) and he felt that she was getting weaker. When David asked Sadie whether she was also taking her medications, she said that she takes too many already and only takes the new medication when she has pain. She feels that it does not help though. She finds that when she sits up in the Lazy Boy chair, the pain is reduced.

Questions:

1. How could you classify Sadie’s nutritional intake at this time?

2. What factors are contributing to this?

Please do not turn the page until instructed by the facilitator
Sadie’s blood test results were normal but the barium swallow did indicate significant reflux. Sadie was diagnosed with GERD. The physician started a proton pump inhibitor daily to decrease stomach acidity.

The physician recommended raising the head of her bed, not lying down flat, and staying in an upright position for about an hour after meals. He also counseled her on taking her medications regularly. He reinforced the need for her to see her dentist to make sure that she is able to chew her food well. Since treatment for GERD includes dietary adjustments, he referred her to the out-patient dietitian.

David took Jacob and Sadie to her appointment with the registered dietitian at the hospital. After some prodding from Jacob, Sadie told the RD that she was afraid to eat as she did not want the pain and everything else that she had been experiencing to return. She only ate bits of bread with cheese now. She had cut down on her coffee as she already noticed that it upset her stomach.

Question:

1. What would you recommend to help Sadie and Jacob?
Sadie went home with the plan to make small meals for herself that were nutritious but lower in fat and spices and to restrict her caffeine intake (coffee, tea, cola, chocolate). In addition to that, she continues to monitor the foods that she is eating and the effects she feels after eating them. She has been learning from this experience what she tolerates best. She continues to try to expand her range of acceptable foods as she develops more confidence in her ability to choose. She was counseled to take time to sit and eat her meals slowly, chew her food well and take her fluids throughout her meal. The RD gave Sadie the phone number of Dial-A-Dietitian (1-800-667-3433) as well as the website (www.dialadietitian.org) for this group. Jacob bought Sadie the recipe book that the RD suggested. Chronic Heartburn: Managing Acid Reflux and GERD Through Understanding, Diet and Lifestyle by Barbara E. Wendland, MSc, RD and Lisa Marie Ruffolo, 2006, published by Robert Rose Inc., 120 Eglinton Ave E., Suite 800, Toronto.

Rosie took her to the dentist for a check-up as Sadie admitted that she had not seen her for many years. The dentist said that she would need to have three appointments to have her teeth cleaned and repaired. She counseled her on oral care and encouraged her to follow the regime, as she was fortunate to have her own teeth. Sadie found that she could chew her food much better now.

After six months of taking her medications regularly, sitting upright after meals, raising the head of her bed and taking the time to enjoy her meals, she had improved considerably. She had added to the variety of foods consumed that she tolerated well. David helped her complete the on-line assessment (Dietitians of Canada Website, Eatracker.ca) for her food intake as the dietitian had recommended she do. She was pleased with the positive results, as they indicated she was consuming a good diet. She discontinued her multi-vitamins. In addition, she had lost 3 kilograms and was feeling more energetic.

Jacob was enjoying the same meals but in larger portions. Both were feeling positive about the changes they had made together.

Sadie learned that at least 5 of her friends at the Seniors’ Centre also had GERD. She was excited to share the recipes that she had adapted from her new recipe book, to meet both her GERD and kosher needs. Sadie’s certainly back in TOWN cooking up a storm and loving her life again.

Please review the objectives and complete the evaluation form.
## Care for Elders Module Evaluation

**Module Title:**  
**Date:**  
**Location:**

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<th>Please rate the following statements (✓):</th>
<th>Strongly Disagree</th>
<th>Somewhat disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
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<tbody>
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<td>1. The organization, room, and timing of the session was adequate</td>
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<td>2. The pre-reading package covered information that was new to me</td>
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<td>4. Today’s session DID improve my knowledge of interdisciplinary roles, responsibilities and team dynamics</td>
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<td>5. The facilitator was effective in keeping discussion moving forward</td>
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<td>6. The facilitator provided new, critical information as needed</td>
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<td>8. The discussion in my group was helpful for my learning</td>
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1. **Please name two changes in your own practice that you will implement as a result of what you learned today.**

   1. ______________________________________________________________________________________________

   2. ______________________________________________________________________________________________

2. **Please name two ways in which this session could be improved.**

   1. ______________________________________________________________________________________________

   2. ______________________________________________________________________________________________

Please return evaluation forms to: Division of Community Geriatrics, Department of Family Practice, UBC  
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