

## CLINICAL NUTRITION IN CARE HOMES

**Meeting the nutritional needs of the complex and vulnerable population of care home service users.**



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The number of older people living in care homes is predicted to rise by 15 percent over the next six years (1). An estimated five percent of people over the age of 65 and 20 percent of those over 85 years already live in this setting (2), making nutritional care of this vulnerable group an increasing priority for the NHS and the dietetic profession.

There are over 9,500 care homes in the UK registered to provide care to older people (3) and the needs of this population can vary hugely. Some service users will require 24-hour nursing care and have a lack of awareness of their surroundings, while others choose to maintain their independence when living in a communal care setting. Age can also vary widely, with the oldest residents celebrating three-figure birthdays.

Despite this, there are common issues across all care homes that are linked to nutrition which are placing significant pressures on the NHS by increasing community healthcare visits, hospital admissions or initiation of prescriptions. The most common of these are falls, UTIs, pressure ulcers and constipation.

Older people fall more frequently than those of working age and in care homes up to 35 percent of these falls result in serious injury (4). If a care home resident is undernourished, they are more likely to fall as they will have reduced muscle strength and coordination and when they do fall, they have less protection for their bones. Equally, a BMI in the obese category places extra strain on joints and makes it harder to correct a stumble, making a fall more likely (5). As well as macronutrient imbalance,

micronutrient deficiencies also have an impact. The extent of vitamin D deficiency in care homes has been widely recognised, but other vitamins and minerals also play a role. Vitamins A, C and E are all required for good vision and a lack of these can lead to disorientation when mobilising. Similarly, vitamin B12 deficiency can cause a loss of spatial awareness and folic acid deficiency confusion (5). Dehydration is also a problem as consequences include postural hypotension, confusion and unsteadiness (6).

Dehydration is also a key factor in the development of pressure sores, UTIs and constipation (6). The point prevalence of UTIs is reported as 0.6-21.8% of the care home population (7), while constipation affects between 44 and 74 percent of care home residents (8). It is difficult to find data on the prevalence of pressure ulcers in care homes as they are poorly reported, partially due to fear that development of a pressure ulcer could be

seen as a sign of neglect. However, dehydration increases the risk of pressure ulcers two-fold as there is less protection over bony points (9) and risk of developing a pressure ulcer is significantly associated with malnutrition (10). Once a resident has a pressure ulcer, poor nutrition and hydration will delay healing (11, 12).

These four problems can be ameliorated by improving the nutrition and hydration status of care home residents and, in turn, this will have a major impact on a resident's quality of life and health. Therefore, when supporting a care home resident, a clinical dietitian must investigate a range of risk

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Cathy leads the Food First Project in Bedfordshire and has a keen interest in increasing the awareness and management of malnutrition and dehydration in the community.

Vittoria has worked on the Food First project for the past 18 months where she has enjoyed meeting and helping a wide range of professionals and service users.

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*By considering more than weight and BMI, dietitians are able to demonstrate how they are able to use their clinical knowledge to support patients who do not fit a standard model of nutritional care, justifying their role within the healthcare team.*

factors in order to ensure that advice considers not just macro and micronutrients, but fluid intake and other contributory factors such as poor mobility, dentition or social isolation. This should happen regardless of whether the patient is being seen in their care home, a clinic or in the acute setting.

Taking a multidisciplinary, holistic approach is more likely to lead to a successful change for a patient, but it is also essential to take into account the impact that non-dietetic issues may have on their ability to meet their nutritional goals. For example, providing advice on resolving a nutrient imbalance would not heal a pressure ulcer if food and fluids are not available in a format that the patient can

easily reach and manage. For this reason, many older care home residents have complex nutritional needs that can only be met by working in conjunction with other health, social and catering staff.

By considering more than weight and BMI, dietitians are able to demonstrate how they are able to use their clinical knowledge to support patients who do not fit a standard model of nutritional care, justifying their role within the healthcare team. Reducing the incidence of clinical harm in care home residents by reducing cases of constipation, UTIs, pressure ulcers and falls will also ensure that dietitians reduce healthcare needs and improve quality of life, demonstrating their value to the wider healthcare economy.

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Questions relating to: <i>Clinical nutrition in care homes</i>	
Type your answers below and then <b>print for your records</b> . Alternatively print and complete answers by hand.	
Q.1	What are the predicted statistics for older people living in care homes?
A	
Q.2	Describe how the needs of care home residents can vary widely.
A	
Q.3	What are the most common reasons for hospital admissions for care home residents?
A	
Q.4	Why are falls more likely to occur with the elderly?
A	
Q.5	What role do vitamins play in the nutrition of elderly patients in care homes?
A	
Q.6	Why is hydration so important in this vulnerable group?
A	
Q.7	What is the role of a clinical dietitian when supporting care home residents?
A	
Q.8	Describe why a multidisciplinary approach is essential when working with care home residents.
A	
Q.9	How can dietitians demonstrate their value in the care home setting to the wider healthcare community?
A	
Please type additional notes here . . .	