

### **Dietitians support healthy weights of long-term care residents**

Keller, H.H., Gibbs, A. J., Boudreau, L.D., Goy, R.E., Patillo, M.S., Brown, H.M. (2000). *Prevention of weight loss in dementia with comprehensive nutritional treatment*. J Am Geriatrics Soc, 51:945-951.

#### **How can dietitians help?**

Weight loss is common for residents of long term care facilities (LTCF), and residents with progressive dementia are more likely to lose weight. Weight loss has been linked to sickness, early death and infection. Special Care Units (SCU) have been created to provide enhanced care for people with dementia. This study was designed to find out whether increasing the time for a dietitian to assess, treat and monitor residents with dementia would help them maintain their weight. To do this, the study used one group of SCU residents that received enhanced nutritional care and compared them to a similar group from another SCU where the residents received usual care. The two groups were compared to observe the impact of this enhanced dietary care on overall resident health.

#### **What was done?**

Two facilities with SCU were used in this study, one with residents that underwent changes to their diet and received enhanced care, and another where the residents continued to be given normal care. Each unit had 25-30 residents. The nursing staff at both facilities was similar, and each SCU had a dietitian. The study ran for 30 months. In the first 9 months, people at both facilities were given standard normal care. In the next 9 months, residents of the treatment SCU had increased dietitian time and improved meal plans that promoted dietary energy and protein intake. The other SCU functioned as the comparison site, and did not alter its methods of care. In the last year of the study, all participants received the standard amount (15 minutes per resident per month) of time with a dietitian, but the enhanced intervention site menu was continued. During the 30 months, nurses measured monthly weight to determine whether people lost, gained or stayed at the weight they had at the beginning of the study.

#### **What we found?**

After the 30 months, the people who were followed more closely by the dietitian and ate an enhanced diet on average gained weight. A weight gain of 5% or more was found in 27% of the residents of the intervention site, yet only 6.8% of those who received normal care in the comparison site gained weight. More than a third (36%) of residents at the comparison SCU lost weight, while only 6% of residents at the intervention site lost weight. More comparison residents left the SCU, for reasons of death or hospitalization, than those in the intervention site. As well, there were proportionally more deaths at the comparison site than the intervention site, with a total of 10 deaths over the intervention period.

#### **Importance of this Research:**

The study found that weight loss is preventable for residents with dementia in LTCF. This research was particularly important because it tested for the effect of an enhanced menu as well as increased dietitian time. The greatest benefit was seen when both interventions were in place.

#### **Applying what we found:**

This study has many positive benefits for seniors in LTCF, by showing that weight loss especially in high risk people with dementia, is not inevitable or necessary. The results have numerous practical applications for the nutritional care of residents in LTCF, which

include enhancing the meal plans with protein and energy, and increasing time for dietitians to assess, treat and monitor these residents. Approximately 1 hour per resident per month of dietitian time was provided to the residents who went on to maintain their weight. This enhanced care which is a 'best practice' has the potential to improve quality of life and decrease morbidity and mortality.