

Unplanned Weight Loss

Unplanned weight loss occurs in aged care settings when an older person experiences an unintentional reduction in body mass. In these cases, there is no written strategy or ongoing record detailing planned weight loss (DoHaAC 2023).

According to the [National Aged Care Mandatory Quality Indicator Program](#), there are two categories of unplanned weight loss

1. **Significant unplanned weight loss**, where a person loses greater than or equal to 5% of their body weight within three months.
2. **Consecutive unplanned weight loss**, where a person loses any amount of weight every month for three months in a row.

For example:

Consider a person who initially weighed **80 kg**.

- After one month, they weigh **79 kg**.
- After two months, they weigh **77.5 kg**.
- After three months, they weigh **76 kg**.

The person lost 5% of their body weight (4 kg) within three months and lost some amount of weight for three consecutive months. Therefore, they have experienced both significant and consecutive unplanned weight loss.

Note: Interventions may be required if an older person has a BMI of <20 (if under 70 years of age) or <22 (if over 70 years of age).

Planned Weight loss, it is equally important to identify residents with intended or planned weight loss which occurs when a client is identified as being overweight or obese and their weight is affecting their quality of life, mobility, and ability to transfer.

A plan weight loss typically prevents further weight gain whilst prompting overall reduction in weight with the use of dietary modification and/or certain medication.

In such cases, a written strategy to record their planned weight loss is recommended and exclusion from the NQIP reporting is recommended.

Causes of Unplanned Weight Loss in Older People

It's estimated that up to 68% of aged care clients are malnourished or at risk of malnutrition.

Weight loss often occurs when daily nutritional requirements are not being met. This could be due to food quality, difficulties with eating or the food failing to meet a person's cultural or religious needs.

Sometimes, weight loss is caused by an underlying health condition, even among clients who eat healthy and nutritious diets.

Unplanned weight loss may also be associated with age-related changes to the body, such as:

- Loss of taste, smell or sight
- Changes to the digestive system
- Swallowing difficulties
- Oral hygiene issues (e.g. missing or decayed teeth, poorly fitting dentures)
- Feeling full more quickly
- Decreased appetite
- Decreased capacity to store water
- Changes to functional capacity (e.g. mobility, dexterity).

Other specific factors that may be associated with weight loss include:

- Acute illness
- Dementia or other cognitive impairment
- Polypharmacy or medication side-effects
- Anxiety and/or depression
- Bereavement
- Chronic illness
- Social isolation
- Pain
- Poor food quality
- Issues related to the dining experience
- Staffing challenges (e.g. inadequate staff to assist with meals).

Consequences of Unplanned Weight Loss

Unplanned weight loss is associated with several adverse health effects among older adults, including:

- Increased susceptibility to illness
- Decreased immune function
- [Frailty](#)
- Loss of independence
- Decreased emotional and social health
- Impaired thermoregulation
- Inactivity
- Increased risk of fractures
- Impaired wound healing
- Impaired strength and mobility
- Impaired elimination (e.g. [dehydration](#), constipation)
- An overall decrease in quality of life
- Death.

Unplanned Weight Loss as a Quality Indicator

Being able to detect and manage unplanned weight loss in older people is essential. Unplanned weight loss is common among older people and poses serious risks. For this reason, it is a key quality indicator under the **National Aged Care Mandatory Quality Indicator Program (QI Program)**.

The QI program outlines specific indicators that all government-subsidised aged care facilities must report on to measure the quality and safety of their services and facilitate continuous improvement (My Aged Care 2022).

Under this program, all older people receiving residential aged care should be weighed monthly (DoHaAC 2023).

Raw data about each consenting older person's weight must be submitted to the [Government Provider Management System \(GPMS\)](#) **every quarter** (replacing the My Aged Care Provider portal

*Note: The following care recipients do **not** need to have their weight data submitted to the QI Program:*

- *Older people who withhold consent to being weighed*
- *Older people receiving end-of-life care*
- *Older people who do not have the required weights recorded (e.g. starting and/or finishing weight).*

The provider must report the number of care recipients excluded due to being in one of the above categories (DoHaAC 2023).

Weighing Clients

To ensure that weight data is as accurate as possible:

- Weigh each person at a similar time of day every month
- Ensure people wear clothing of a similar weight every month
- Use the same scale every month
- Ensure the scale is calibrated.

Unplanned Weight Loss Under the Strengthened Aged Care Quality Standards

The [strengthened Aged Care Quality Standards](#) require unplanned weight loss to be assessed and managed.

- [Standard 5: Clinical Care](#) - **Outcome 5.5: Clinical Safety** (Action 5.5.5) requires systems to be in place to address unplanned weight loss and malnourishment.
- [Standard 6: Food and Nutrition](#) - **Outcome 6.1: Partnering with older people on food and nutrition** (Action 6.1.2) requires systems to be in place to continuously improve food service in response to older people's food and drink intake. This includes reviewing any unplanned weight loss identified in an older person.

The Quality Standards also reiterate the requirement to report unplanned weight loss as part of the QI Program (ACQSC 2024a).

Standardised Care Process for Unplanned Weight Loss

1. Conduct a nutritional assessment of all older people upon admission.

- This should comprise:
- Dietary history
 - Medical history
 - Physical examination
 - Social factors
 - Functional ability.

2. Recognise any signs of weight loss.

- Intervene if:
- There is any unplanned weight loss detected
 - The person's BMI is <20 (if under 70 years of age) or <22 (if over 70 years of age)
 - The person's oral intake has been under 50% of their requirement for more than three days
 - Sudden weight loss is detected - this requires urgent escalation of care.

3. Determine appropriate interventions.

- Refer the person to relevant specialists (e.g., general practitioner, dietitian, speech pathologist, occupational therapist, pharmacist, dentist).
- Ensure the person is being weighed monthly as per the QI Program. Reweigh the client more frequently if weight loss is detected.
- Routinely assess whether interventions are working effectively.
- Discuss the older person's food and mealtime preferences. Provide them with information about nutrition and maintaining nutritional status.
- Ensure staff are appropriately trained in regards to:
 - Nutrition in older people
 - Malnourishment risk
 - [How to create a positive dining environment](#)
 - [How to assist people with eating and drinking](#)
 - Religious and cultural food preferences and choices.

Preventing Unplanned Weight Loss in Older People

By regularly monitoring older people's weight, staff should be able to promptly identify and address weight changes. Interventions for preventing weight loss may include:

Food-related interventions	<ul style="list-style-type: none">• Ensuring meals are tasty, nutritious, visually appealing and served at the right temperature• Intensifying the smell and taste of food in order to stimulate appetite• Reheating meals for clients who eat slowly to ensure they remain at a palatable temperature• Taking people's food preferences into consideration and providing them with meal options• Providing nutritious snacks, finger food and water throughout the day• Providing aids and adaptations for eating utensils
Dietary interventions (as guided by a dietitian or other health allies)	<ul style="list-style-type: none">• Modifying food and fluid textures• Increasing calorie or protein intake• Limiting dietary restrictions on salt, sugar, fat etc.• Providing nutritional supplements• Developing nutrition care plans together with older people
Environmental interventions	<ul style="list-style-type: none">• Ensuring the dining environment is relaxed and sociable (e.g. reducing interruptions, encouraging people to eat together or with family members)• Adjusting the eating environment (e.g. reducing visual and auditory stimulation, improving lighting)• Consider background music to make the dining environment more intimate• Ensure seating and seating arrangements are comfortable• Allowing visitors to bring meals and eat within the facility
Staff interventions	<ul style="list-style-type: none">• Allocating sufficient staff to assist older people• Assisting older people to eat if required (e.g. opening packages, reaching food, feeding)• Assisting older people with oral hygiene• Monitoring fluid intake• Referring clients to their GP, dietitian, dentist, pharmacist and speech pathologist if required in order to address any underlying issues• Ensuring dentures fit properly• Reviewing medicines for possible side effects• Identifying and treating any underlying conditions• Encouraging adequate exercise

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