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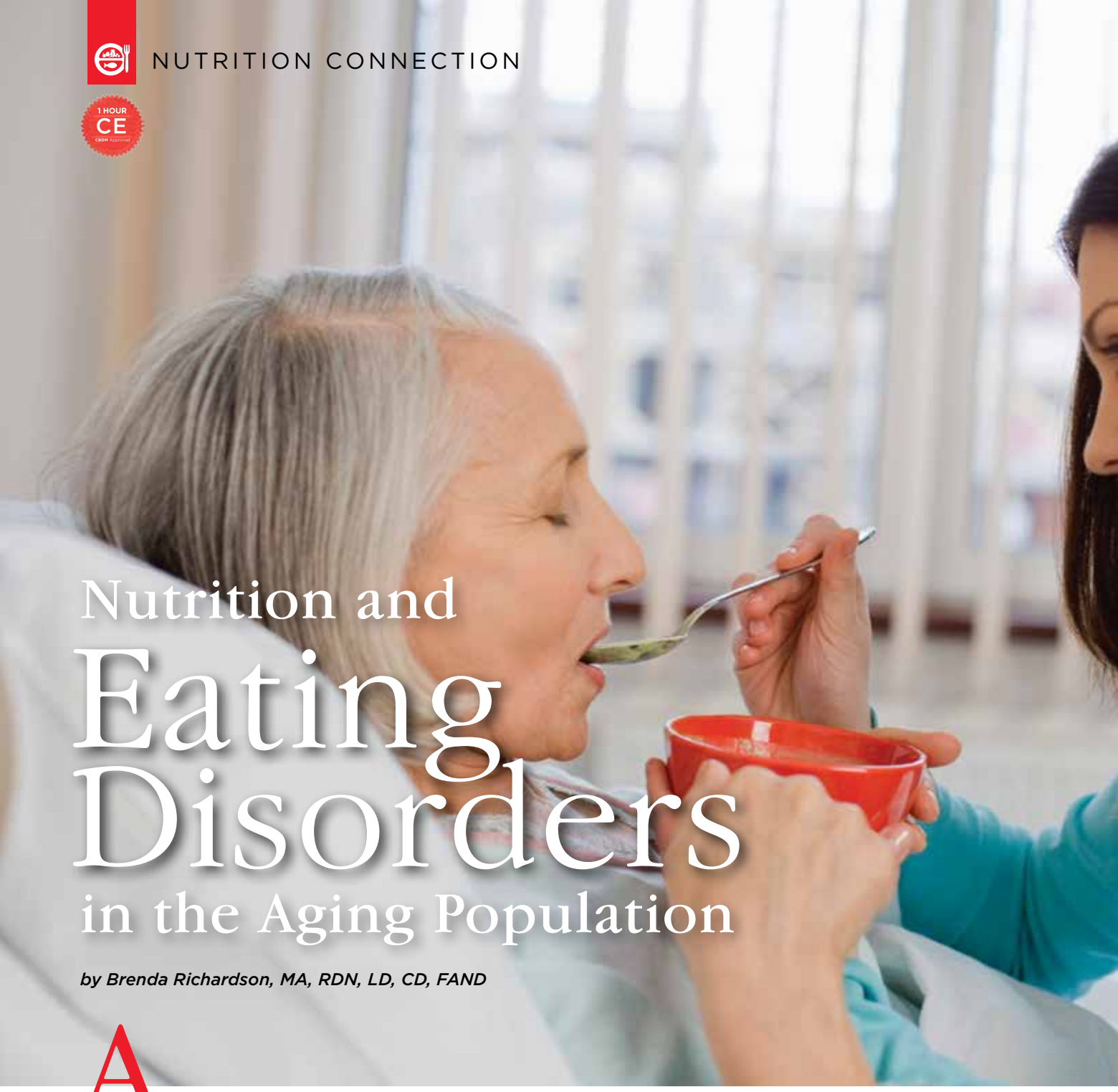


Nutrition and Eating Disorders in the Aging Population

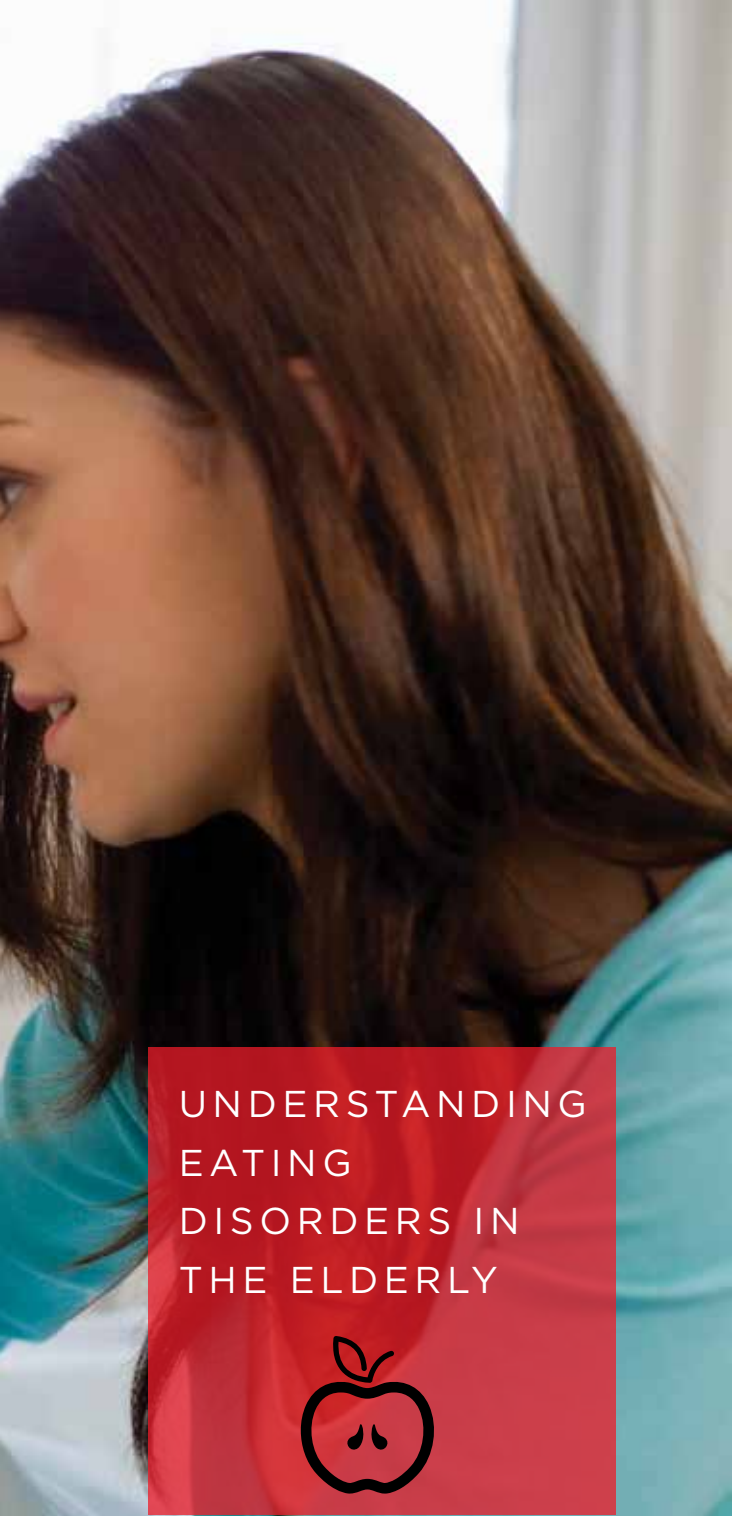
by Brenda Richardson, MA, RDN, LD, CD, FAND

As healthcare providers focused on nutritional services, our goal is to help our clients maintain—to the extent possible—acceptable parameters of nutritional status. We are expected to follow "best practice" to include:

- Providing nutritional care and services to each client, consistent with the client's comprehensive assessment;
- Recognizing, evaluating, and addressing the needs of the client, including—but not limited to—the client at risk or already experiencing impaired nutrition; and
- Providing appropriate medical nutrition therapy that takes into account the client's clinical condition, and preferences, when there is a nutritional indication.

In the State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care for §483.25(i) Nutrition F325 Nutrition, there is an excellent overview on nutrition and the critical role of nutrients. Nutrients are essential for many critical metabolic processes, the maintenance and repair of cells and organs, and energy to support daily functioning. Nutrition, Food and Dining all emerge into a very complex arena that affects the daily quality of life for each of our clients.

So as we are seeing a very rapid increase in our aging population, we look to improve our nutritional care and services. We continue to learn about the importance of



UNDERSTANDING EATING DISORDERS IN THE ELDERLY

"resident choice" and that each client has the right to be actively involved in their care. We are learning more about decision making and the power of letting clients make decisions. So as we improve at identifying and monitoring weight changes and food issues, do we include consideration of the presence or risk our clients may have related to an eating disorder? Is there a need to improve our understanding of eating disorders and appropriate interventions for the elderly? This article presents some key aspects of eating disorders to consider when caring for the aging population.

EATING DISORDERS IN THE AGING POPULATION ARE REAL

- While often overlooked, when eating disorders occur significant morbidity and mortality result.

In a study published in the *Journal of the International Psychogeriatrics* (June 2010), a literature search of 48 published cases of eating disorders in people over the age of 50 years was conducted. The study shared that the mean age was 68.9 years, and the majority of the cases were female (88 percent). The majority of the cases had anorexia nervosa and 10 percent had bulimia nervosa. Late onset eating disorders were more common than early onset. Comorbid psychiatric conditions existed in 60 percent, most commonly major depression. The most successful interventions included a combination of behavioral and pharmacologic interventions. Mortality was high (21 percent) secondary to the eating disorder and its complications.

- Up to 24 million of all ages and gender suffer from an eating disorder (anorexia, bulimia and binge eating disorder) in the United States.
- An estimated 10-15 percent of people with anorexia or bulimia are male.
- The elderly develop eating disorders for a number of reasons. These can range from loss of independence to the death of loved ones and a feeling of isolation. Refusing food can be a way of regaining control, or passively ending their own lives. Other reasons might include undiagnosed depression, unresolved past issues, stress, attention seeking, etc. Remission can also occur in elderly people who have previously experienced the disorder.
- Women are more likely than men to develop an eating disorder.

TYPES OF EATING DISORDERS

Anorexia Nervosa

Anorexia nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

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Symptoms:

- Inadequate food intake leading to a weight that is clearly too low.
- Intense fear of weight gain, obsession with weight, and persistent behavior to prevent weight gain.
- Self-esteem overly related to body image.
- Inability to appreciate the severity of the situation.
- Binge-Eating/Purging Type involves binge eating and/or purging behaviors during the last three months.

Warning Signs:

- Dramatic weight loss.
- Preoccupation with weight, food, calories, fat grams, and dieting.
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates, etc.).
- Frequent comments about feeling "fat" or overweight despite weight loss.
- Anxiety about gaining weight or being "fat."
- Denial of hunger.
- Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate).
- Consistent excuses to avoid mealtimes or situations involving food.
- Excessive, rigid exercise regimen--despite weather, fatigue, illness, or injury, the need to "burn off" calories taken in.
- Withdrawal from usual friends and activities.

Health Consequences of Anorexia Nervosa:

Anorexia nervosa involves self-starvation. The body is denied the essential nutrients it needs to function normally, so it is forced to slow down all of its processes to conserve energy. This "slowing down" can have serious medical consequences:

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing and increasing the risk for heart failure.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.

The elderly develop eating disorders for a number of reasons, ranging from loss of independence to the death of loved ones.

- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.

Binge Eating Disorder (BED)

Binge Eating Disorder (BED) is a type of eating disorder that is characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating.

Symptoms:

- Frequent episodes of consuming a very large amount of food but without behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge eating episodes.

- Feelings of strong shame or guilt regarding the binge eating.
- Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.

Health Consequences of Binge Eating Disorder:

The health risks of BED are most commonly those associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:

- High blood pressure
- High cholesterol levels
- Heart disease
- Diabetes mellitus
- Gallbladder disease
- Musculoskeletal problems

About Binge Eating Disorder:

- The prevalence of BED is estimated to be approximately 1-5 percent of the general population.
- Binge eating disorder affects women slightly more often than men. Estimates indicate that about 60 percent of people struggling with binge eating disorder are female, 40 percent are male.
- People who struggle with binge eating disorder can be of normal or heavier than average weight.
- BED is often associated with symptoms of depression.
- People struggling with binge eating disorder often express distress, shame, and guilt over their eating behaviors.
- People with binge eating disorder report a lower quality of life than those who don't have the disorder.

Bulimia Nervosa

Bulimia nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

Symptoms:

- Frequent episodes of consuming a very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge-eating episodes.
- Self-esteem overly related to body image.

Warning Signs of Bulimia Nervosa:

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or finding wrappers and containers indicating the consumption of large amounts of food.
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics.
- Excessive, rigid exercise regimen-—despite weather, fatigue, illness, or injury, the compulsive need to "burn off" calories taken in.
- Unusual swelling of the cheeks or jaw area.
- Calluses on the back of the hands and knuckles from self-induced vomiting.
- Discoloration or staining of the teeth.
- Creation of lifestyle schedules or rituals to make time for binge-and-purge sessions.
- Withdrawal from usual friends and activities.
- Behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns.

Health Consequences of Bulimia Nervosa:

Bulimia nervosa can be extremely harmful to the body. The recurrent binge-and-purge cycles can damage the entire digestive system, and purging behaviors can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions.

Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium and sodium from the body as a result of purging behaviors.
- Inflammation and possible rupture of the esophagus from frequent vomiting.

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- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Gastric rupture is an uncommon but possible side effect of binge eating.

About Bulimia Nervosa:

- Approximately 80 percent of bulimia nervosa patients are female.
- People struggling with bulimia nervosa usually appear to be of average body weight.
- Many people struggling with bulimia nervosa recognize that their behaviors are unusual and perhaps dangerous to their health.
- Bulimia nervosa is frequently associated with symptoms of depression and changes in social adjustment.

OTHER SPECIFIED FEEDING OR EATING DISORDER

Other Specified Feeding or Eating Disorder (OSFED) is a feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:

- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge-eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

The commonality in all of these conditions is the serious emotional and psychological suffering and/or serious problems in maintaining quality of life and care.

COMMON SIGNS AND SYMPTOMS OF EATING DISORDERS

Eating disorders in the elderly may present the same symptoms as those in younger populations but the causes may appear a little different. Just like the younger population, the elderly may develop eating disorders to feel in control. As they see their bodies becoming frail and experience loss of autonomy, they may turn to their diet as one of the few things they feel they can control.

- Weight changes (significant and insidious)
  - > Weight loss whether it is voluntary or involuntary is well known to predispose them to muscle wasting, frailty, diminished immunocompetence, depression and increased susceptibility to diseases and disorders, and strongly correlates with consequent morbidity and mortality.
- Depression with loss of appetite (or other anxiety disorders)
- Changes in behavior, such as disappearing right after a meal or using the restroom after eating
- Presence of laxatives, diet pills, or diuretics
- Missing, unused, or unopened food
- Fixation on death
- Chronic dizziness
- History of using one or more compensatory behaviors to influence weight after eating (fasting, dieting, etc.)
- History of using/abusing appetite suppressants, excessive caffeine, diuretics, laxatives, enemas, prescription meds, or a variety of complementary and alternative supplements.

NUTRITIONAL INTERVENTIONS

- Early recognition and timely intervention based on evidence-based and an interdisciplinary team approach (medical, nutritional, and psychological).
- Conduct a comprehensive nutritional assessment to include review of weight changes, anorexia, socioeconomic factors, medications, and appropriate labs/tests.
- Remember that clients with eating disorders may not recognize they are ill and they may be reluctant about accepting treatment.
- Always refer to appropriate healthcare providers for additional services as needed.
- Conduct an assessment for psychiatric risk, including suicidal and self-harm thoughts, plans, and/or intent.
- Liberalize dietary restrictions and adjust the diet to serve more of the foods they like.
- Serve several small meals throughout the day, rather than just a few big meals.
- Use flavor enhancers to improve the smell, appearance, or taste of food.

- Encourage the person to socialize and be active, including eating with others.

SUGGESTIONS FOR ONGOING MANAGEMENT

- Nutritional rehabilitation, weight restoration and stabilization, physiologic restoration, management of any refeeding complications, and interruption of purging/compensatory behaviors should be the immediate goals of treatment.
- Consider additional psychological and other therapeutic goals in parallel when possible.
- Work towards achieving an appropriate healthy weight, which assists in improving the physical, psychological, social, and emotional functioning of the client.
- Ongoing monitoring and support is needed. Distorted body image and eating disorder thoughts may persist after achieving a healthy weight and may require longer therapy.

CONCLUSION

There are many issues underlying the growth of eating disorders in the elderly. As healthcare providers we need to recognize that our clients will benefit from prompt identification and evidence-based interventions. Risk of death from suicide or medical complications is markedly increased for individuals with eating disorders. Remember that eating disorders in older adults can be treated, thus improving a person's health and hopefully allowing them to live longer with an improved quality of life. Nutrition plays a critical role in successful treatment.

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WEBSITES FOR MORE INFORMATION:

http://www.nationaleatingdisorders.org/ The National Eating Disorders Association (NEDA)

http://www.iaedp.com/ The International Association of Eating Disorders

http://www.aedweb.org/web/index.php The Academy for Eating Disorders

http://unceatingdisorders.org University of North Carolina Center of Excellence for Eating Disorders

http://renfrewcenter.com/ The Renfrew Centers