CME Digest

ANOREXIA OF AGING: A SIMPLE APPROACH TO MANAGEMENT

Although Americans are living longer and living better, elderly people are often predisposed to protein-energy malnutrition. This problem often goes unnoticed, and disproportionate attention may be paid to conditions that result.

The so-called "anorexia of aging" is marked by poor appetite, physical illness, weight loss, and predisposing stress. Seen in people of all socioeconomic levels, it does not have body-image disturbance as a common feature. Although sophisticated tests to evaluate nutritional status are available, diet history and history of weight loss adequately identify the problem in most cases.

The factors contributing to anorexia in old people include social issues such as poor access to pleasant foods, poverty, social isolation at mealtime, and inability to prepare food; psychologic issues such as depression (with appetite disturbance) and dementia (with appetite disturbance or inability to prepare food, or both); physiologic factors such as change in taste perception, medications that alter taste or appetite, and poor dentition; and pathophysiologic factors such as Parkinson's disease, cardiac disease (congestive heart failure or angina pectoris), chronic obstructive pulmonary disease, hyperthyroidism, cancer, constipation, and pain (regardless of cause).

Recent research suggests that simple and inexpensive tests such as the hematocrit and plasma cholesterol and albumin concentrations may serve as important prognostic indicators in frail elderly patients. The severity of illness and length of hospital stay correlate well with a decline in plasma cholesterol and albumin. The work of Rudman and colleagues suggests that threshold lower limits of cholesterol, albumin, and hematocrit correlate with increased risk of death. In a study of nursing home patients, serum albumin concentrations less than 4.0 g/dL, cholesterol concentrations less than 160 mg/dL, and hematocrits less than 41% correlated with a higher death rate. Multivariate analysis underscored the increase in 1-year mortality rates for institutionalized people with hypoalbuminemic malnutrition, weight loss, and infection.

Nutritional interventions for elderly patients should be as safe, simple, and clever as possible. Attention to socialization at mealtime, food preference, and lifelong dietary habits are a preferable alternative to feeding tubes. Nursing, medical, and dietary staff must work together to lift as many dietary restrictions as possible and, when necessary, to choose medications that do not adversely affect appetite, mood, and gastrointestinal function.

MARTIN J. GORBIEN, MD
Section of Geriatric Medicine
The Cleveland Clinic Foundation

SUGGESTED READING

Drinka PJ, Goodwin JS. Prevalence and consequences of vitamin deficiency in the nursing home: a critical review. J Am Geriatr Soc 1991; **39**:1008–1017.

Noel MA, Smith TK, Ettinger WH. Characteristics and outcomes of hospitalized patients who develop hypocholesterolemia. J Am Geriatr Soc 1991; **39**:455–461.

Rudman D, Feller AG, Nagrai HS, et al. Relation of serum albumin concentration to death rate in nursing home men. J Parenter Enter Nutr 1987; **11**:360–363.

Rudman D, Mattson DZ, Feller AG, et al. A mortality risk index for men in a Veterans Administration extended-care facility. J Parenter Enter Nutr 1989; **13**:189–195.