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# Nutrition, Falls and Osteoporosis

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- Recommended Nutrient Reference Values (previously know at RDI)
- Individuals at risk malnutrition
- Falls risk – the correlation with nutrition
- Assessment and Screening for Malnutrition
- Osteoporosis & Falls
- Vitamin D requirements & Falls



## Nutrient Reference Values

- These are the new RDI's and endorsed by the NHMRC in September 2005.
- The recommendations are for healthy individuals and may not meet specific nutritional requirements of individuals with various diseases or conditions.
- They are designed to assist nutrition & health professionals to assess the dietary requirements of individuals and groups.



## Factors Associated with Increased Malnutrition Risk

- Socially isolated
- Living alone
- Dementia
- Swallowing difficulties
- Poor Dentition/ill fitting dentures
- Individuals living in residential care
- Acute/Chronic diseases or conditions
- Polypharmacy
- Loss of Appetite



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## Getting Older!

- How the process of ageing has a significant effect on how well we eat
  - Gastrointestinal system
  - Musculo-skeletal system (Sarcopenia)
  - Nervous system
  - Sensory system



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## Falls and Nutrition

- Constipation
- Poor fluid intake
- Poor oral intake/LOA
- Alcohol
- Parkinson's disease & medication
- Diabetes – BSL control
- Poor vitamin D intake
- Osteoporosis

Table 10: Risk factors identified

	Main Risk Factor	Identified Risk Factor but not main	Total at risk
Impaired balance	217 (41.3)	181 (34.4)	398 (75.7)
Muscle weakness / deconditioning	157 (29.8)	194 (36.9)	351 (66.7)
Chronic medical conditions such as stroke, Parkinson's Disease, arthritis	204 (38.8)	134 (25.5)	338 (64.3)
Unsteady gait	100 (19.0)	181 (34.4)	281 (53.4)
Polypharmacy (more than 4 medications)	29 (5.5)	251 (47.7)	280 (53.2)
Reduced physical activity	44 (8.4)	227 (43.2)	271 (51.6)
Vision Impairment/Spectacles problem	69 (13.1)	177 (33.7)	246 (46.8)
Fear of falling	73 (13.9)	167 (31.7)	240 (45.6)
Dizziness	95 (18.1)	75 (14.3)	170 (32.4)
Use of medications associated with increased falls risk	43 (8.2)	118 (22.4)	161 (30.6)
Environmental hazards – at home	19 (3.6)	120 (22.8)	139 (26.4)
Reduced functional independence	11 (2.1)	127 (24.1)	138 (26.2)
Foot problems	24 (4.6)	101 (19.2)	125 (23.8)
Cognitive impairment	42 (8.0)	76 (14.4)	118 (22.4)
Peripheral neuropathy / lower limb sensory loss	39 (7.4)	63 (12.0)	102 (19.4)
Poor footwear	6 (1.1)	94 (17.9)	100 (19.0)
Postural hypotension	34 (6.5)	60 (11.4)	94 (17.9)
Osteoporosis (low bone density)	17 (3.2)	72 (13.7)	89 (16.9)
Hazardous behaviours	26 (4.9)	51 (9.7)	77 (14.6)
Depression	17 (3.2)	64 (10.3)	71 (13.5)
Environmental hazards – away from home	7 (1.3)	35 (6.7)	42 (8.0)
Acute health problem	10 (1.9)	20 (3.8)	30 (5.7)
Under-nutrition	2 (0.4)	26 (4.9)	28 (5.3)
Syncope	7 (1.3)	7 (1.3)	14 (2.6)
Osteomalacia (low vitamin D)	1 (0.2)	10 (1.9)	11 (2.1)

## Assessment of Nutritional Risk

- There are multiple assessment tools used to assess nutritional risk.
- The MNA® is a validated nutrition screening and assessment tool that can identify geriatric patients age 65 and above who are malnourished or at risk of malnutrition.



**Nestlé Nutrition Institute**  
**Mini Nutritional Assessment**  
**MNA®**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight kg: \_\_\_\_\_ Height cm: \_\_\_\_\_ ICD Number: \_\_\_\_\_

Complete the screen by filling in the boxes with the appropriate numbers.  
Add the numbers for the screen. If over 87 or less, continue with the assessment to gain a Malnutrition Indicator Score.

**Screening**

**A. Has the resident lost weight over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulty?**  
1 = moderate loss of appetite  
2 = no loss of appetite

**B. Weight loss during the last 3 months**  
0 = weight loss greater than 5 kg (11 lb) or 3%  
1 = moderate loss  
2 = weight loss between 1 and 5 kg (2.2 and 11 lb) or 3%  
3 = no weight loss

**C. Mobility**  
0 = bed or chair bound  
1 = able to get up without help but does not get out  
2 = general

**D. Has the resident any health problems or diseases that could limit intake?**  
0 = no  
1 = yes

**E. Acute or chronic problems**  
1 = acute or chronic problems  
2 = no acute or chronic problems

**F. Body Mass Index (BMI) (weight in kg / height in m<sup>2</sup>)**  
0 = BMI less than 16  
1 = BMI 16 to less than 20  
2 = BMI 20 to less than 25  
3 = BMI 25 or greater

**Screening score:** (add numbers in questions A-F)  
0 = 0 points or fewer (possible malnutrition - continue assessment)  
1 = 1 point  
2 = 2 points

**Assessment**

**G. Does the resident eat less than a normal home or hospital diet?**  
0 = no  
1 = yes

**H. Does the resident have liquid diets per day?**  
0 = no  
1 = yes

**I. How much does the resident eat?**  
0 = less than 25%  
1 = 25-50%  
2 = 50-75%  
3 = 75-100%

**J. How much does the resident drink?**  
0 = less than 100%  
1 = 100-150%  
2 = 150-200%  
3 = 200-250%  
4 = 250-300%  
5 = 300-350%  
6 = 350-400%  
7 = 400-450%  
8 = 450-500%  
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586 = 29350-29400%  
587 = 29400-29450%  
588 = 29450-29500%  
589 = 29500-29550%  
590 = 29550-29600%  
591 = 29600-29650%  
592 = 29650-29700%  
593 = 29700-29750%  
594 = 29750-29800%  
595 = 29800-29850%  
596 = 29850-29900%  
597 = 29900-29950%  
598 = 29950-30000%  
599 = 30000-30050%  
600 = 30050-30100%  
601 = 30100-30150%  
602 = 30150-30200%  
603 = 30200-30250%  
604 = 30250-30300%  
605 = 30300-30350%

## Calcium Content of Common Foods

Food Source	Serve Size	Calcium (mg)
Regular Milk	1 cup (250ml)	285
Skim Milk	1 cup (250ml)	310
Anlene	1 cup (250ml)	500
Natural Yoghurt	1 tub (200g)	340
Low Fat Yoghurt	1 tub (200g)	420
Cheddar Cheese	40g cube	310
Low Fat Cottage Cheese	100g	80
White Bread	1 slice	15
Cooked Spinach	1 cup (340g)	170
Cooked Broccoli	1 cup (100g)	30
Canned Salmon + bones	½ cup	230
Canned Sardines + bones	50g	190
Almonds	15	50

## Vitamin D – How Much?

- Daily Requirement is at least 200 – 600IU
- Those at risk include frail, housebound, institutionalised, increasing age, decreased mobility, GI disease e.g. Coeliac, limited sun exposure. Suggested that a supplement of 400IU/day is recommended.
- Vitamin D can result in muscle weakness. It is estimated that Vitamin D supplementation reduces risk of falls by 30% among people in residential care



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## Conclusion

- Good nutrition @any stage of life is important & can help in prevention of falls.
- If you think someone is malnourished you are probably right!
- The MNA can be undertaken by any Allied Health professional.
- Dietitians are only a referral away.
- Thank you
- Any Questions?