



COULD YOUR PATIENT BE MALNOURISHED?

There are many factors that can put a patient at risk for malnutrition. Limited financial resources, social isolation, fatigue, limited mobility and/or dexterity, poor dentition, poor food and beverage choices, concomitant medical conditions, psychosocial issues, side effects of medication and supplements can all contribute. To do a quick assessment on your patient, consider the following:

- Does your patient have enough money for food?
- Does your patient have access to food and cooking facilities?
- Does your patient have a good appetite?
- Does your patient drink enough fluids?
- Does your patient consume enough fiber?
- Does your patient consume enough calcium?
- Does your patient consume too many sweets?
- Does your patient consume too much alcohol?
- Is your patient underweight? Overweight? Gaining weight? Losing weight?
- Does your patient have teeth? Need dental work?
- Does your patient suffer from nausea, vomiting, diarrhea or constipation?
- Does your patient have swallowing problems?
- Does your patient have difficulty ambulating?
- Does your patient have problems with manual dexterity?
- Does your patient have visual impairment? Difficulty reading?
- Does your patient have a caregiver who has visual impairment or difficulty reading?
- Does your patient have a caregiver who is unable to read?
- Does your patient live alone?
- Does your patient have an adequate support system?
- Is your patient dependent on others for assistance with activities of daily living, instrumental activities of daily living?
- Does your patient suffer from fatigue, pain, depression, cognitive impairment?
- Does your patient have family or other psychosocial issues?
- Could medications and/or supplements be interfering with appetite or causing other gastrointestinal symptoms?
- Does your patient have food intolerances or allergies that affect food choices?
- Does your patient follow a special diet or have food beliefs that limit food choices?



The following form can help you screen your patients and identify those at risk. In a nonjudgmental manner, tell the patient that you want to find out what he or she usually eats and drinks. (If a caregiver provides meals and snacks, or if the patient is unable to provide a history, the caregiver may be able to provide the information.) Complete the 24 Hour Food Recall to see what the patient ate yesterday. Ask if this was a typical day. In addition to meals, be sure to ask what the patient drinks when thirsty and snacks on when hungry. Use the Food Frequency to help you find out how often, if ever, the patient includes foods from the various food groups. Consider frequency, timing, portions, and composition of meals and snacks. A quick comparison with the food guide pyramid, or the food guide for your country, can help you identify any categories that are over-represented or omitted entirely. Small balanced meals and snacks, including foods from all groups of the food guide pyramid, spread throughout the day, are the ideal for maximizing nutrient intake and keeping up energy levels. A referral to a registered dietitian is suggested for providing detailed, personalized recommendations for a specific patient; recommendations can be customized for medical and economic needs as well as religious, ethnic, and personal food preferences.

To eliminate additional risk factors

- the patient may benefit from a referral to
 - social service for community resources
 - a speech-language pathologist for swallowing issues
 - a mental health professional for mental health or psychosocial issues
 - a dentist for dental care or dentures
 - an occupational therapist for time and energy management
 - a physical therapist
 - a low vision specialist

- The patient and/or caregiver may benefit from
 - nutrition education
 - additional assistance with shopping, cooking and meal planning
 - additional supervision by a home health aide
 - day program with one or more meals provided
 - an assisted living facility, or skilled nursing facility
 - Meals on Wheels

Eating well can help your patient function at his or her best. Small changes may yield significant improvements in energy level, feelings of self-efficacy, quality of life and/or nutritional status.

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Consortium of Multiple Sclerosis Centers

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