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## Malnutrition in old age – information and tips for home and in-patient care

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**Malnutrition refers to a persistent deficit of energy, protein and/or nutrients with consequences for the state of health.**

A distinction must be made between:

### Quantitative malnutrition:

- Less energy absorbed than demand in the long term
- For persons aged 65 and over: a body mass index below 20kg/m<sup>2</sup> and unintentional weight loss of over 5 % in three months

### Qualitative malnutrition:

- Lack of protein or other nutrients despite an adequate energy intake: this means that even normal or overweight persons may be malnourished.

Combinations of the two forms mentioned above often occur.


Malnutrition can weaken the immune system and increase the rate, duration and severity of infections. The potential effects are general weakness, deterioration in overall health, falls and hospitalisation.

Many reasons can lead to a refusal of food and loss of appetite. It is important to identify the causes of malnutrition to address and prevent them.

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### Signs of imminent or existing malnutrition:

- unintentional weight loss, e.g. 5 % in the past 1–3 months or 10 % in the past 6 months
- Refusal of food and drink
- Fatigue
- Listlessness
- General weakness
- Clothes appear to hang off the body
- Sunken cheeks, protruding bony prominences
- Constipation
- Dry skin and mucous membranes
- Sudden confusion



A template for recording the quantities of food and drink consumed by residents of senior citizens' facilities is available under Downloads at [www.seniorenverpflegung.nrw](http://www.seniorenverpflegung.nrw)

A range of screening tools exist to detect risks and signs of malnutrition. Regular **repeat screenings** are required. If malnutrition is indicated, a **nutritional assessment** must be performed to gain a comprehensive diagnosis of nutritional problems. Various documents are available at: [www.dgem.de](http://www.dgem.de)

The document "Nursing assessment of malnutrition and its causes in inpatient long-term/elderly care (PEMU)" is also suitable for practical use.

## A balanced diet provides energy and nutrients to prevent malnutrition.

### Recommendations of the “DGE Quality Standard for Meals on Wheels and in Senior Citizens’ Facilities”

(full board, 7 days):

- Min. 21 x (min. 3 x daily) cereals, cereal products and potatoes, of which at least 14 x wholemeal products and max. 2 x potato products.
- 21 x (3 x daily) vegetables and salad, of which at least 7 x raw vegetables and at least 2 x pulses
- 14 x (2 x daily) fruit, of which at least 7 x fresh or frozen without sugar and sweeteners and min. 3 x nuts or oilseeds
- Min. 14 x (min. 2 x daily) milk and dairy products
- Max. 3 x meat/sausage for lunch, at least half of which must be lean muscle meat
- 1 – 2 x fish, of which min. 1 x oily fish
- Rapeseed oil as a standard fat
- Drinks available at all times

## Particularly energy-dense foods can be provided or meals can be enriched accordingly if the energy intake is too low or the individual is losing weight.

Energy-dense foods are, for example:

- High-quality vegetable oils, such as rapeseed or linseed oil
- Pulses
- Nuts and oilseeds (or purée made from them)
- (Soaked) dried fruit
- High-fat milk and dairy products
- Eggs

You can find recipe ideas  
in the recipe database at:  
[www.fitimalter-dge.de](http://www.fitimalter-dge.de)

## How can we stimulate the appetite of individuals and encourage their willingness to eat?

- Provide a pleasant dining atmosphere.
- Prepare and serve meals in an appetising way.
- Offer several small portions.
- Take individual preferences into account. The collection and updating of the individual’s eating biography is useful here.
- If necessary, help the person to eat their food and use aids such as special crockery and cutlery. Finger food is also a good idea.
- Aromas stimulate the appetite, so make coffee in the living areas, for example.
- If intense food aromas alone satiate the appetite, cold foods are the better choice.
- Red stimulates the appetite – why not serve food on a plate with a red rim or red vegetables? Another idea would be to use place mats (see under Downloads at [www.seniorenverpflegung.nrw](http://www.seniorenverpflegung.nrw)).
- Some residents could be involved in the preparation of meals. This also stimulates the appetite.
- Try offering “nibbles” or a non-alcoholic aperitif before meals. Suitable nibbles are, for example, a “shot” of vegetable juice or smoothie or fruit juice, a strong broth, a piece of white bread, a small glass of non-alcoholic beer, teas containing bitter substances, slightly bitter vegetables or sour pickled vegetables.
- Use herbs and spices.
- Hunger comes naturally with a little exercise and fresh air.

You can find tips on fluid intake on our information sheet „Drinking fluids in old age“ under Downloads on [www.seniorenverpflegung.nrw](http://www.seniorenverpflegung.nrw)

Do you have any questions? Please contact the Vernetzungsstelle Seniorenernährung NRW (Network for Senior Nutrition in North Rhine-Westphalia): [seniorenverpflegung@verbraucherzentrale.nrw](mailto:seniorenverpflegung@verbraucherzentrale.nrw) or tel.: 0211 3809088

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