



Weight Management Planning for Older Adults: A Guide for Health Centers

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Introduction

As people age, metabolic, physical, and physiological changes become more complex to manage in a healthcare setting. The older adult cohort (65 years and older) in the United States will continue to grow significantly in the coming decades, from 54 million in 2019 to an estimated 81 million by 2040.¹ This growth calls for a coordinated delivery of healthcare through interprofessional collaboration to achieve better health outcomes, particularly with non-communicable chronic diseases.^{2,3,4} For many community-dwelling older adults, there may be missing supports or inadequate access to quality health care or social services that may impact their ability to consistently engage in healthy lifestyle behaviors.⁵ Using a patient-centered approach to address the unique challenges faced by older adults can empower them to reach dietary or physical activity goals needed to reach or maintain a healthy weight.

Proper nutritional intake is a vital part of maintaining well-being and functional status over time.^{4,5} Malnutrition in later life is associated with higher rates of morbidity and mortality, and is often a precursor of sarcopenia, hip fractures, and overall frailty.⁶ Providers must understand the impact of obesity in older adults and their unique challenges with weight management in order to promote effective interventions and prevention strategies.

The **purpose** of this publication is to provide guidance to health center providers (i.e. nurse practitioners, primary care physicians, physician assistants, community health workers) on approaches to improve weight management planning and care for older adults by identifying risks and ensuring tailored plans and adequate care coordination for their specific needs.



Evaluating Weight for Older Adults

Optimized nutrition is the key to achieving and maintaining a healthy weight, but this will first require an evaluation of a patient's current needs and services.⁴ Both malnutrition and chronic conditions can be categorized by their level of severity and progression, which influence an older adult's ability to independently manage their symptoms or dietary needs, particularly as they age.⁷ A comprehensive geriatric assessment requires accurate identification and resolution of health problems across multiple domains, which is best achieved through interprofessional, age-friendly healthcare models where healthcare professionals communicate throughout the diagnosis and treatment decision-making processes.

The health care provider plays a crucial role in assessing risk factors for overweight and obesity, unintended weight loss, and attitudes around diet and exercise in their older adult patients.⁸ Effective long-term healthy habits must incorporate healthy eating, regular physical activity, and a valuation of calories consumed based on personal characteristics such as gender or activity level.⁹ Conventional guidelines for moderation of caloric content have shifted in recent years, expanding the framework to acknowledge the influence and interconnectivity of patient background, health status, food access, and environmental exposures on overall health.¹⁰ Factors such as physical impairment, cognitive decline, or mental health concerns (i.e., depression or social isolation) can contribute to changes in appetite or eating habits in older adults.^{3,10} Lack of food choices and/or dietary advice can also lead to accelerated malnutrition and health decline over time.^{4,10,11}

Current research indicates that clinicians should not rely solely on body mass index (BMI) to guide their patient evaluation, particularly for older adults.⁸ Measuring weight and height alone does not account for other important factors, such as age, gender, lean muscle, and distribution of fat deposits.^{6,12} Simple anthropometric measurements like waist circumference can provide further insight into regional obesity, whether it be android (waist) or gynoid (hips and thighs).⁸ If a patient falls into an underweight or obese BMI category, health care professionals should take disease-associated inflammatory patterns into consideration.¹³ Older adults who have experienced an injury, illness, or recent surgery are more likely to have an inflammatory response that could challenge their body's muscle mass and fat storage in order to compensate.²



Understanding the Unique Needs of Older Adults

A full medical history is an important component of a nutritional assessment, including any history of weight fluctuation.¹³ The health of many older adults can be compromised by one or more chronic conditions, which can impact dietary behaviors and contribute to negative health outcomes because of nutritional deficiencies.¹³ Patients may experience physical limitations related to chewing or swallowing, which can affect digestion and the absorption of food. Polypharmacy can lead to loss of appetite or gastrointestinal problems, as well as poor oral health, which can result in missing teeth or difficulty chewing.¹¹

The physical environment where the older adult patient resides plays a key role in reinforcing the efforts of their health care providers and supporting overall quality of life. Housing is a social determinant of health, and home hazards or neighborhood safety can compromise health or worsen chronic conditions.¹⁴ In order to effectively engage in healthy lifestyle behaviors, a housing situation must be able to accommodate functional limitations to allow for an older adult or their caregiver to carry out both activities of daily living (ADLs) and instrumental activities of daily living (IADLs).¹⁴ The social environment should also be considered as older adults continue to age in place, which requires adequate access to community resources that can help support their nutritional intake. Many of these services are provided by the Administration on Aging (AOA) and the Administration for Community Living (ACL), which can include home-delivered meals, case management, transportation, and family caregiving support.¹⁵ The number of available social supports will be dependent on the size and setting of the neighborhood, particularly if they are in rural locations or within a food desert.^{14,16,17}

There are many causes of food insecurity for older adults, including medication and healthcare priorities, and limited access to finances or healthy food choices.⁴ Chronic stress is at the center of the cycle of food insecurity and chronic disease. Higher health care expenses can lead to spending trade-offs, which in turn impact both dietary quality and eating behaviors.⁴ Healthcare professionals are well positioned to guide their patients and their caregivers towards lower-cost food choices and connect them with community resources that can consistently support their nutritional needs.

Approaches for Weight Management in Older Adults

Targeted lifestyle interventions are often more effective in controlling or reducing existing medical conditions than medical treatments alone. As calorie needs decline as people age, it is important to guide older adults and their caregivers to choose a nutrient-dense diet that includes foods from each group and adequate portion sizes based on the body composition, age, and level of activity.¹⁸ The Dietary Guidelines for Americans (2020–2025) from the Department of Agriculture and Department of Health and Human Services detail special nutrition considerations for older adults, particularly for nutrients like dietary protein and vitamin B12 that are under-consumed in this life stage.¹⁸ A full nutritional assessment should include both foods and dietary supplements, such as vitamin D or calcium. Drinking enough water is essential to the digestion of food and absorption of nutrients, but dehydration is often an overlooked health risk in this population.¹⁸ Providers should consult with a registered dietician as part of the interdisciplinary care team to create customized meal plans.

Dietary Considerations for Older Adults¹⁸

- Focus on variety, nutrient density, amount of food
- Limit added sugars and saturated fats, reduce sodium intake
- Ensure ability to easily chew and swallow foods
- Customize recommendations based on budget, cultural background, food preferences, and availability of community-based resources



Physical activity is an essential part of healthy aging and weight management, but it is important to find exercises that best fit the abilities and physical environment of the older adult. It is generally recommended that adults of all ages engage in 150–300 minutes of moderate-intensity physical activity per week, as well as 2 days a week that focus on full-body muscle-strengthening activities.¹⁹ Consistent shorter duration physical activity can provide the same benefits as longer sessions. Older adults should be encouraged to pursue multicomponent activities, or exercises that combine endurance, strength, balance, and flexibility work. These programs encourage the development of muscle mass while minimizing risk factors for sarcopenia and falls.^{6,20} There are many virtual and community-based resources available for older adults looking to start or improve a physical activity regimen. Providers should first explore a patient's readiness to change and review exercises that are aligned with their functional capacity.²¹ A fitness plan can be created in the form of an exercise prescription, which an older adult can use as a reference for their physical activity between check-ins.

Exercise Prescriptions for Older Adults²¹



- Achievable, patient-appropriate activity goals
- Identify barriers and potential solutions
- Specific recommendations: frequency, intensity, type, time, progression, precautions
- Exercise prescriptions will vary depending on the desired outcomes, but should reduce risk of injury and encourage continued patient participation
- Evaluate every 3-6 months and offer adjustments if needed

After receiving a comprehensive assessment of weight and nutritional status, regular follow-ups can aid in further explaining recommended changes or checking in on lifestyle behavior goals. In addition to a patient's health status, providers should also consider the older adult's health beliefs and attitudes towards making or sustaining a lifestyle change.⁸ Collaboratively setting the agenda for discussion can help an older adult feel like an active partner in the problem-solving and goal-setting process. Disruptions to progress are normal, and may include life transitions, seasonal changes, or modifications to a daily routine. Providers can help to normalize these challenges and offer an empathetic response. Celebrating small successes can help build patient confidence and focus attention on the overall purpose of healthy living.

The use of telecommunications technologies through telehealth can facilitate patient self-management and improve communication between providers, older adult patients and their caregivers.²² The COVID-19 pandemic has accelerated the use of telehealth services and communication approaches, which have allowed providers to be in more consistent contact with those sheltering in place.^{14,22} While there is a continued need to address the potential barriers of internet access and patient privacy, telehealth has provided a new approach to care delivery where transportation and available social supports would have otherwise been a challenge.²³

Case Example

Note: The following scenario will be used to apply the information presented in this issue brief regarding appropriate weight management among older adults.

Mr. Armstrong is a 65-year-old patient with type 2 diabetes, hypertension, and high cholesterol. Mr. Armstrong was previously a moderately active individual, but after falling and hurting his knee two years ago, his physical activity reduced significantly. As a result, Mr. Armstrong experienced an increase in body weight from 230 to 250 pounds. This weight translates to a BMI of 39, which is classified as the upper limit of Class 2 obesity. Mr. Armstrong has expressed a lack of confidence in his ability to engage in physical activity and believes healthy foods are too expensive and difficult to prepare.

Overall healthcare goals for Mr. Armstrong:

- Improve glycemic control
- Reduce cardiovascular risk
- Facilitate weight loss



Case Example, continued

Questions for the provider to consider:

What lifestyle behaviors need to be modified?

- Healthier eating and regular physical activity

How can a long-term goal be divided into smaller steps?

- Try new behavior a few days a week or for smaller increments of time; after a month, revisit and increase if patient is capable and confident
- Identify available peer groups or local senior programs that focus on meal prep or physical activity and make referrals when appropriate

How ready is Mr. Armstrong to make a change?

- Regularly assess confidence levels and adjust goals to stay realistic

What will motivate Mr. Armstrong to maintain healthy lifestyle behaviors?

- Designate a family member or friend to be a “check-in buddy” for in-between appointments to discuss progress



SMART goal example: healthy eating

Behavior change needed: *Eat healthier meals*

Specific: Fill half the plate with fruits & veggies at every meal, 4 days a week.

Measurable: Mark days on calendar or journal.

Achievable: Trade recipes and ideas with friends, or visit farmer's market once a week and try one new food.

Relevant: Patient wants to lose weight and avoid diabetes complications.

Time-based: Try this for a month, revisit, and adjust as needed.



SMART goal example: physical activity

Behavior change needed: *Become more active*

Specific: Walk for 20 minutes a day, 4 days a week.

Measurable: Time walks and keep an exercise log.

Achievable: Partner with a walking buddy for motivation.

Relevant: Build up endurance to join a community center Zumba class.

Time-Based: Try this for a month, revisit, and adjust as needed.

Summary

A healthy diet and regular physical activity are essential across the lifespan to maintain good health and reduce the risk of developing chronic conditions.¹⁸ For older adults with weight management concerns, early identification and treatment of nutritional issues will significantly improve health outcomes and quality of life.²

As the health of older adults becomes more complex, it is pivotal to address concerns with an interdisciplinary healthcare team. An appropriate weight management approach for this population should include the following:

1. A comprehensive screening and assessment that includes:

- Functional status, existing chronic illnesses, medications, nutritional intake;
- Physical and social environment (home and neighborhood safety, community resources, financial stability, food security);
- Weight evaluation (height, weight, BMI, anthropometric measurements).

2. A customized weight management plan for each patient that aligns with the healthcare goals and is shared with the interdisciplinary team, which may include meal plans, supplements, and physical activity regimen.

3. Realistic goals that can be adjusted over time and ensure adequate social support and community resources are available to encourage long-term behavior change.



Resources

- [The Centers for Medicare and Medicaid Services \(CMS\)](#) offers an obesity counseling benefit for individuals with a BMI equal to or greater than 30kg/m². This intensive behavioral therapy is delivered in both 15-minute individual and 30-minute group sessions over a period of 6 months, with a possibility of extension if a patient can lose weight.
- [Healthy Weight, Nutrition, and Physical Activity Resources](#) from the Centers for Disease Control and Prevention (CDC)
 - Includes materials on weight loss and management, nutrition, and meal planning
- Evidence-based lifestyle community workshops:
 - [Chronic Disease Self-Management Program \(CDSMP\)](#) is a 6-week interactive workshop for adults who have at least one chronic condition. The goal is to promote participant confidence and knowledge to effectively manage their conditions and use motivational approaches to improve their physical and psychological well-being.
 - [A Matter of Balance Program](#) is an 8-week structured group intervention that highlights useful strategies to reduce fear of falling and encourage older adults to confidently increase their activity levels.
- [Health Tips for Older Adults](#) from the National Institute of Diabetes and Digestive and Kidney Diseases
 - Includes materials on healthy weight, healthy eating, and physical activity
- [Exercise Prescriptions in Older Adults](#) from the American Family Physician
 - Includes key recommendations for practice, sample prescriptions, and physical activity options for specific medical conditions
- [My Dietary Supplement and Medicine Record](#) from the National Institutes of Health Office of Dietary Supplements:
 - Handout for patients to list all supplements, prescriptions, and over-the-counter medications they currently use

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