

NEW DINING PRACTICE STANDARDS

Excerpts from Pioneer Network
Food and Dining Clinical Standards Task Force



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Liberalized Diet

Recommended Course of Practice	Current Thinking and Research	Reference
<p>Diet is to be determined with the person and in accordance with his/her informed choices, goals and preferences, rather than exclusively by diagnosis.</p>	<p><u>AMDA:</u> One of the frequent causes of weight loss in the long-term care setting is therapeutic diets. Therapeutic diets are often unpalatable and poorly tolerated by older persons and may lead to weight loss. The use of therapeutic diets, including low-salt, low-fat, and sugar-restricted diets, should be minimized in the LTC setting.</p>	<p>American Medical Directors Association Clinical Practice Guideline: Altered Nutritional Status. 2009</p>
	<p><u>ADA:</u> It is the position of the American Dietetic Association that the quality of life and nutritional status of older adults residing in health care communities can be enhanced by individualization to less-restrictive diets. For many older adults residing in health care communities, the benefits of less-restrictive diets outweigh the risks.</p>	<p>ADA Liberalization of the Diet Prescription Improves Quality of Life for Older Adults in Long-Term Care 2005</p>
	<p><u>CMS:</u> Elderly nursing home residents with diabetes can receive a regular diet that is consistent in the amount and timing of carbohydrates, along with proper medication to control blood glucose levels.</p>	<p>Leible and Wayne, The Role of the Physician's Order, paper written for CHII 2010</p>

Diabetic Diet

Recommended Course of Practice	Current Thinking and Research	Reference
<p>Ensure that the physician and consultant pharmacist are aware of resident food and dining preferences so that medication issues can be addressed and coordinated i.e. medication timing and impact on appetite.</p>	<p><u>AMDA:</u> An individualized regular diet that is well balanced and contains a variety of foods and a consistent amount of carbohydrates has been shown to be more effective than the typical treatment of diabetes.</p>	<p>AMDA Clinical Practice Guideline: Diabetes Management in the Long-Term Care Setting 2008</p>
	<p><u>ADA:</u> There is no evidence to support prescribing diets such as no concentrated sweets or no sugar added for older adults in living in health care communities, and these restricted diets are no longer considered appropriate.</p>	<p>ADA Position Paper Individualized Nutrition Approaches for Older Adults in Health Care Communities 2010</p>
	<p><u>CMS:</u> Elderly nursing home residents with diabetes can receive a regular diet that is consistent in the amount and timing of carbohydrates, along with proper medication to control blood glucose levels.</p>	<p>Leible and Wayne, The Role of the Physician's Order, paper written for CHII 2010</p>

Low Sodium Diet

Recommended Course of Practice	Current Thinking and Research	Reference
<p>Low sodium diets are not shown to be effective in the long term care population of elders for reducing blood pressure or exacerbations of CHF and therefore should only be used when benefit to the individual resident has been documented.</p>	<p><u>ADA</u>: A liberal approach to sodium in diets may be needed to maintain adequate nutritional status, especially in frail older adults.</p>	<p>ADA Liberalization of the Diet Prescription Improves Quality of Life for Older Adults in LTC 2005</p>
	<p><u>CMS</u>: Dietary restrictions, therapeutic (e.g., low fat or sodium restricted) diets, and mechanically altered diets may help in select situations. At other times, they may impair adequate nutrition and lead to further decline in nutritional status, especially in already undernourished or at-risk individuals. When a resident is not eating well or is losing weight, the interdisciplinary team may temporarily abate dietary restrictions and liberalize the diet to improve the resident’s food intake to try to stabilize their weight.</p>	<p>CMS State Operations Manual Appendix P, Tag & cTe Nutrition, LJĚđĀšŽŸ</p>

Cardiac Diet

Recommended Course of Practice	Current Thinking and Research	Reference
<p>Low saturated fat (low cholesterol) diets have only a modest effect on reducing blood cholesterol in the long term care elder population and therefore should only be used when benefit has been documented.</p>	<p><u>AMDA</u>: Special diets for diabetes, hypertension and heart failure, and hypercholesterolemia have not been shown to improve control or affect symptoms.</p>	
	<p>The effects of the traditional low cholesterol and low fat diets typically used to treat elevated cholesterol vary greatly and, at most, will decrease lipids by only 10-15%. If aggressive lipid reduction is appropriate for the nursing home resident it can be more effectively achieved through the use of medication that provides average reductions of between 30 and 40% while still allowing the individual to enjoy personal food choices.</p>	<p>¹ Randomised trial of cholesterol lowering in 4444 patients with coronary heart disease: the Scandinavian Simvastatin Survival Study (4S), The Lancet. 1994;344(8934):1383. ² LaRosa JC, Grundy SM, Waters DD, Shear C, Barter P, Fruchart JC, Gotto AM, Greten H, Kastelein JJ, Shepherd J, Wenger NK, Treating to New Targets (TNT) Investigators. Intensive lipid lowering with atorvastatin in patients with stable coronary disease. N Engl J Med. 2005;352(14):1425</p>

Altered Consistency Diet

Recommended Course of Practice	Current Thinking and Research	Reference
<p>When a person makes “risky” decisions, the plan of care will be adjusted to honor informed choice and provide supports available to mitigate the risks.</p>	<p>ADA: Older adults consuming modified texture diets report an increased need for assistance with eating, dissatisfaction with foods, and decreased enjoyment of eating, resulting in reduced food intake and weight loss</p>	
	<p>CMS: Identification of a swallowing abnormality alone does not necessarily warrant dietary restrictions or food texture modifications. No interventions consistently prevent aspiration and no tests consistently predict who will develop aspiration pneumonia.</p>	<p>CMS State Operations Manual Appendix PP, 483.25 Tag Fct€ Nutrition, LJĚĎĀłšŽŸ</p>
	<p>The anticipated outcome of solid foods ground or pureed and liquids thickened to nectar or honey thickness is improvement in oral intake and a reduced risk of choking and/or aspiration. However, data on their effectiveness is inconsistent; not all residents with dysphagia aspirate or choke and not all aspiration results in pneumonia.</p> <p><u>Campbell –Taylor 2008 Oropharyngeal DysphagiainLong-TermCare: Misperceptions of Treatment Efficacy</u></p> <p>Research shows that there was no simple relationship between prandial liquid aspiration and pneumonia in LTC patients. The consistent removal of plaque from teeth, gums, cheeks, and dentures has been shown to decrease significantly the incidence of pneumonia in LTC.</p> <p>Data does not support the perceived risk of aspiration.</p>	<p>Logeman JA, Gensler G, Robbins, et al. Design, Procedures, Findings, and Issues from the Largest NIH Funded Dysphagia Clinical Trial entitled Randomized Study of Two Interventions for Liquid Aspiration; Short and Long-term Effects. (Protocol 201) Presented at ASHA Annual Conference, November 16-18, 2006. Available at http://www.dysphagassist.com/major_randomized_studies. Accessed Dec 20, 2009.</p> <p>Robbins J, et al. Comparison of 2 Interventions for Liquid Aspiration on Pneumonia Incidence. <i>Ann Int Med</i> 2008; 148:509-518.</p> <p>Messinger-Rapport B, et al. Clinical Update on Nursing Home Medicine: 2009. <i>J Amer Med Dir Assoc</i> 2009; 10: 530-553.</p>