



# MANAGEMENT OF NUTRITIONAL CARE WITH CHRONIC DISEASES

Brenda Meredith, RD

Centra PACE

Lynchburg, VA

[brenda.meredith@centrahealth.com](mailto:brenda.meredith@centrahealth.com)

# Our Audience Today

---

Team member

1. Dietitian
2. Nurse/Physician
3. Therapist
4. Other disciplines

## Goal Today: “Give a pearl....”

---

- Network and share information available including webinars, web sites, printed information, standards of care
- Promote interdisciplinary care & understanding; it takes a team
- Define barriers to health in the elder PACE participants and provide ideas to side step the barrier

# You've come a long way baby...

- Blood pressure
- Blood sugar
- Weight
- Lipids
- 500 mg Na diet
- Use of tube feedings



# How We Practice in 2012.....

---

- Evidence based practice
- Geriatrics as a specialty
  - Do we need tight glycemic control in relation to retinopathy, neuropathy, nephropathy for someone who is a falls risk?
  - Is a 2 gm sodium diet realistic for someone who can not cook with a stove?
  - For a 5<sup>th</sup> grade level of education, is a notebook of teaching material helpful?

# How we practice in 2012

---

Pioneer Network dedicated to create a culture of aging that is:

- Life affirming
- Satisfying
- Humane
- Meaningful
- New Dining Practice Standards

[www.pioneernetwork.net](http://www.pioneernetwork.net)

Charles E. Driscoll, MD

Clinical Professor of Family Medicine UVA

Director, Lynchburg Family Medicine Residency  
And Geriatric Fellowship

# Blood

- Pressure
- Sugar
- Cholesterol





# Blood Pressure and Diabetes

---

- There is no evidence from randomized trials to support a strategy of lowering systolic blood pressure below 140 mm Hg.
- In patients with type 2 diabetes at high risk for cardiovascular events, targeting a systolic blood pressure of less than 120 mm Hg, as compared with less than 140 mm Hg, did not reduce the rate of a composite outcome of fatal and nonfatal major cardiovascular events. **LOE=1b**

Effects of Intensive Blood-Pressure Control in Type 2 Diabetes Mellitus  
The ACCORD Study Group\* N Engl J Med 2010;362:1575-85.

## Blood Sugar

HgbA1C=7.3

**But I don't feel good when my sugar is under 120!**

- Low and high mean HgbA1c values are associated with increased all-cause mortality and cardiac events.
- Results showed a general U-shaped relationship between glycolic control and all-cause mortality, with the lowest hazard ratio at an HbA1c of about 7.5%.

Currie C, Peters J, et al. Survival as a function of HbA1c in people with type 2 diabetes: a retrospective cohort study The Lancet, 375(9713)481 - 489, 6 February 2010

## Blood Cholesterol=233

### Do I still need to take this statin thingy?

- The use of cholesterol-lowering drugs in people 70 or older should be limited to patients with very high cholesterol levels (greater than 300 milligrams) and those who manifest cardiovascular disease (previous history of heart attack or angina), but not necessarily hypertension.

Kaiser FE, Morley JE. Cholesterol can be lowered in older persons. Should we care?. *Journal of the American Geriatrics Society* Jan 1990; 38: 84 - 85.

Beckett N, Nunes M, Bulpitt C. Is it advantageous to lower cholesterol in the elderly hypertensive?. *Cardiovascular Drugs and Therapy* Aug 2000; 14: 397 - 405.

# Utilize the pace guidelines

- Goals for:
- Longevity
- Functional
- Palliative
- Goal realistic to assessment status
- Goal in line with participant wishes

NPA Primary Care Committee  
Diabetes Mellitus Model Practice, 2009

Recommended intervention	"Standard therapy"	Goal: Longevity	Goal: Functional	Goal: Palliative	Who
<b>Glycemic Management</b>					
• HbA1C	Measure every 6 months. Goal < 7-8	Measure every 6 months. More often if not at goal. Goal < 7-8	Measure every 6 months. Goal less < 8-9	Consider	PCP
• Self monitor blood glucose (SMBG)	Daily (1-4 times)	Daily (0-4 times) (see comment 3)	If on short acting insulin: before dose. Otherwise with symptoms or medication changes	Consider if adjusting medications or if symptoms	Participant or Caregiver
<b>Lipid Management</b>					
• LDL assessment	Measure initially then every 6-12 months if >100. Measure every 2 years if less than 100 on initial. LDL goal less than 100 (less than 70 if known CVD)	Yes Goal < 70-100.	Consider (see comment 6)	No	PCP
• Triglyceride assessment	Measure initially then every 6-12 months if > 150. Treat to Goal < 150	Yes	Consider	No	PCP
• HDL assessment	Measure initially then every 6-12 months if < 40. Goal is > 40	Yes	Consider	No	PCP
<b>Blood Pressure (BP) Management</b>	Measure every 6 months. Goal is < 130/80	Yes Goal < 130/80	Yes Goal < 140/90	No	PCP
<b>Medications</b>					
• Aspirin 75-325 mg/day	Yes, if not on anticoagulation therapy and no contraindications	Yes, if not on anticoagulation therapy and no contraindications	Yes, if not on anticoagulation therapy and no contraindications	Consider	PCP
• ACEI or ARB for micro-albuminuria or nephropathy	yes	Yes	Consider	Consider	PCP
<b>Smoking cessation assistance</b>	Initial assessment for tobacco use and if using, counsel and assist to quit every 6 months	Yes	Yes	No	PCP
<b>Dietitian Consultation for Medical Nutrition Therapy (MNT) (see comment 11)</b>	Initial instruction than as needed	Annually and more often if needed	Annual Assessment	Annual Assessment	RD
<b>Eye care: dilated-eye exam by eye-care specialist</b>					
• Annual screen if at high risk (see definition)	yes	Yes	Yes	No	Optometrist or Ophthalmologist
• Bi-annual screen if at low risk	yes	Yes	Consider	No	Optometrist or Ophthalmologist
<b>Foot examination</b>					
• to screen for neuropathy, bony deformity, PVD	Annually. (Consider ABI)	Yes	Yes	Yes	PCP
• if neuropathy, bony deformity, or PVD present	at each chronic care visit	Yes	Yes	Yes	PCP and/or Podiatrist
<b>Laboratory testing</b>					
• Detection of Nephropathy by measurement of urine micro-albumin/creatinine ratio	Initially then annually if micro- or macro-albuminuria not previously present	Yes	Consider	No	PCP

© This is the property of the National PACE Association and its members and may not be used, reproduced or modified without the expressed written consent of the National PACE Association. July, 2009.

# Should we let this happen to Barbie?





# What is the message?

- What does grim reaper represent?
- What do you see in the man?
- What do you see in surroundings?
- Do you identify with any of this?



search ID: pion327

PIERO  
TONIN

# Obesity....What is a realistic goal?

- Hormones involved
  - Ghrelin
  - Leptin
- Education
- Lack of movement
- Motivation



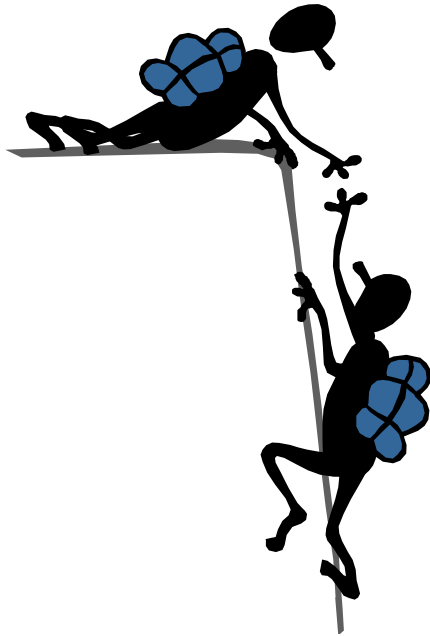
# Challenges of Care .....

- Dollar Store
  - Cheap food
  - Limited vegetables
  - Small to shop
- Ministry Boxes
- The perimeter is a long way
- Limited dentition to chew
- Cultural preferences
- No scratch cooking
- Limited finances
- Decline cognitive functioning
- Depression





# The challenge is great...how do we do it????



# Explore creative ways to increase nutritional awareness for older Americans who are slow to change eating habits.



# Market Healthy Nutrition

- Cooking classes
- Tastings
- National Nutrition Month
- Games



# Creative Ways....Have Fun & Learn

- My Plate....put the food in the correct group
- The Price is Right game
- Food Bingo
- Heart Tic Tac Toe



# Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

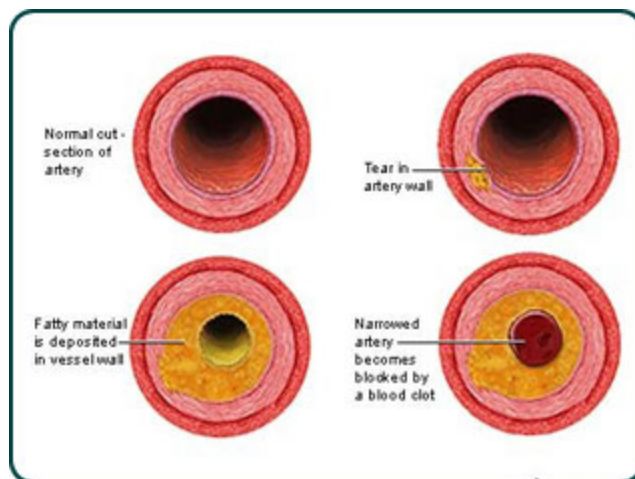


## MR. G and High Triglycerides

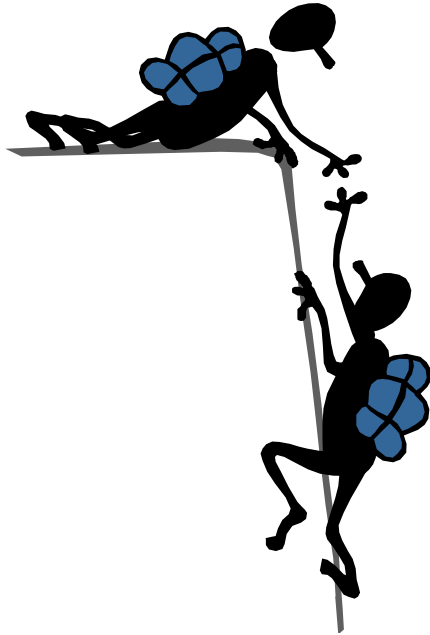
“I signed that DNR paper but I’m not ready to die....”

Agreed to:

1. Change 2 liters of Pepsi a day to diet
2. Include more tuna in diet



# The challenge is great...how do we do it????





# Does one size fit all?

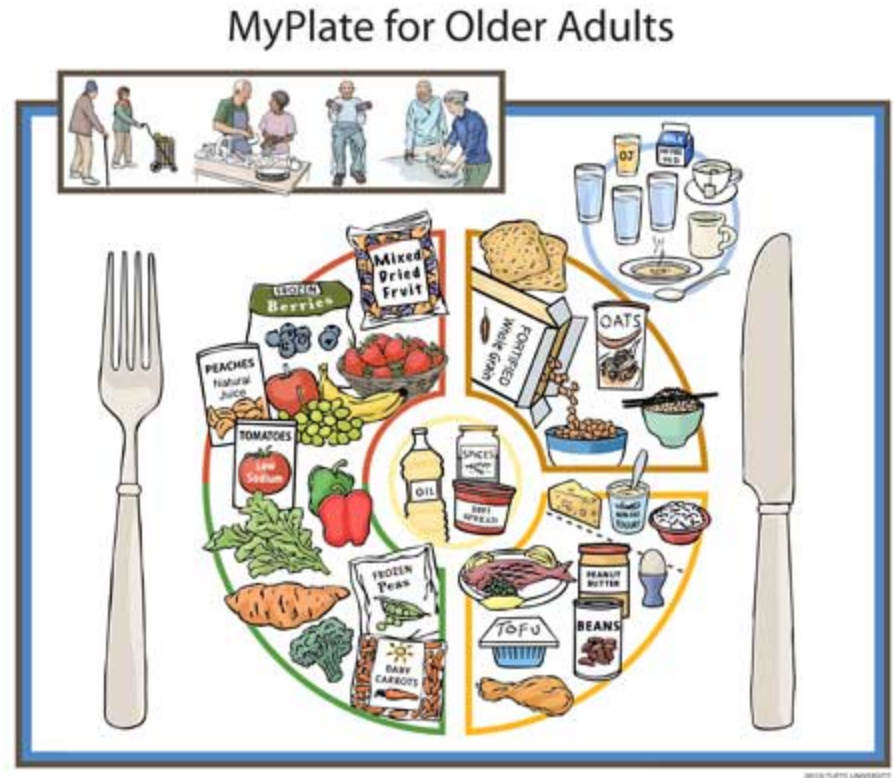
---





# MyPlate from Tufts University

- Main plate
- Beverages
- Square



## PACE Participant DT

---

BMI > 40; poorly controlled diabetic; sees cardiologist.

Must achieve weight loss. Recommend enroll in program as Weight Watchers or bariatric surgery.

My dilemma:

- Could not get her to stop Pepsi

- Mrs. U
  - Diabetic; BMI greater than 40
  - Gained 30 lbs in past year
  - Recent frax foot; non-weight bearing; in a LTC with 3 full meals a day and very limited activity
  - High functioning; knows allot about portion control, weight, label reading diabetes
  - Dog died while in LTC
  - How is a dietitian to handle?

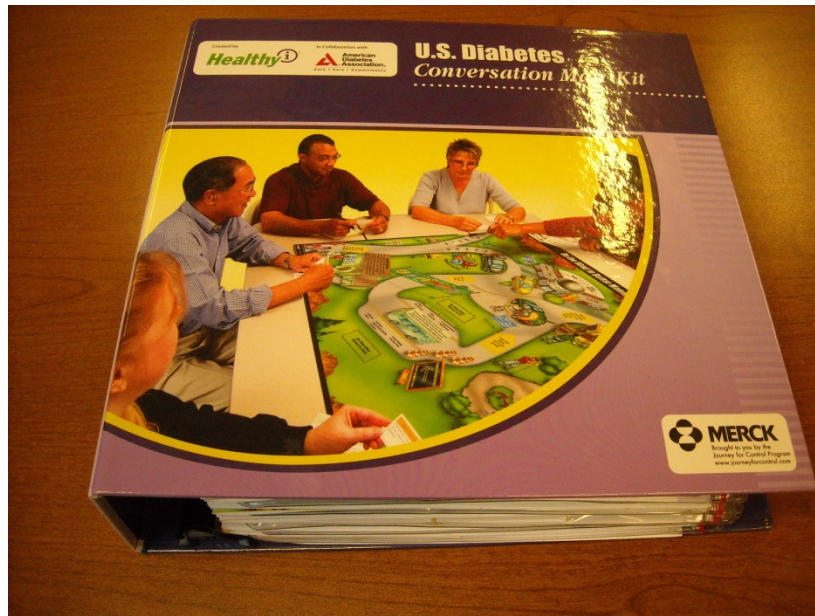
# Stages of Change

---

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



# Diabetic mapping...helping each other



# Causes of High & Low Blood Glucose

---

- A late or skipped meal
- More physical activity than usual
- Taking more diabetes medicine than your plan
- Eating less than usual
- If you are on diabetes medicine, drinking alcohol without eating.
  - 1 High
  - 2 Low

# Myth or Fact

---

- People with diabetes are more likely to get colds and other illnesses.
- If a person with diabetes feels okay, he or she is ok
- You are in charge of managing your own diabetes
- Fruit is a healthy food. Therefore it is okay to eat as much as you wish.
- People with diabetes can't eat sweets or chocolate.
  1. Myth
  2. Fact

# 3 Keys to Success

---

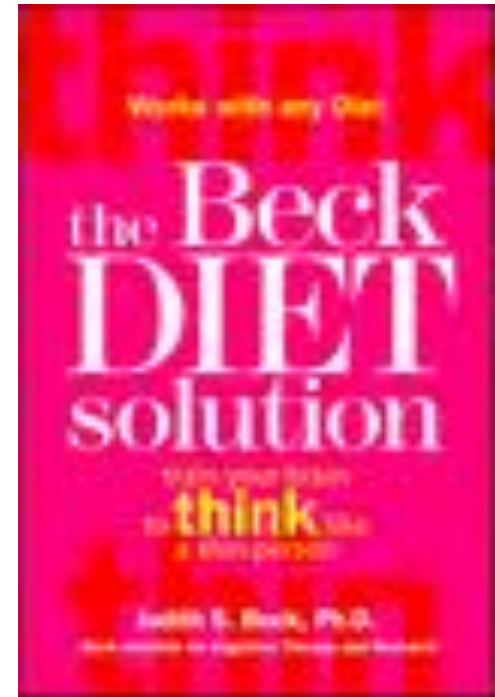
- Nutrition
- Exercise
- Behavior Therapy





## Recommended reading: Dr. Beck....

---

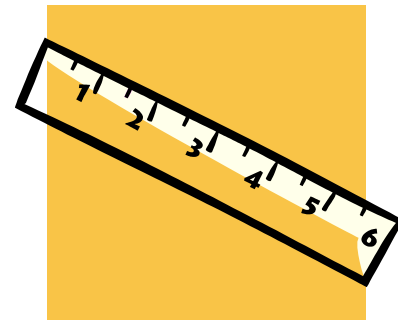


- The Beck Diet Solution
- The Complete Beck Diet for Life

# Motivational Interviewing

[www.beverageinstitute.org](http://www.beverageinstitute.org) (CPE for professionals)

- Motivational interviewing questions....
- You tried to do \_\_\_\_\_ before and it has not worked for you.
- On a scale of 1-6, what number describes your motivation to exercise? How could you move that from a 3 to a 4?



# Individualize Care

## Example of Mr. P

- Wife & he are both PACE participants
- PACE lunch; MOW eve meal
- High blood sugars
  - Fruit juices
  - Less rice



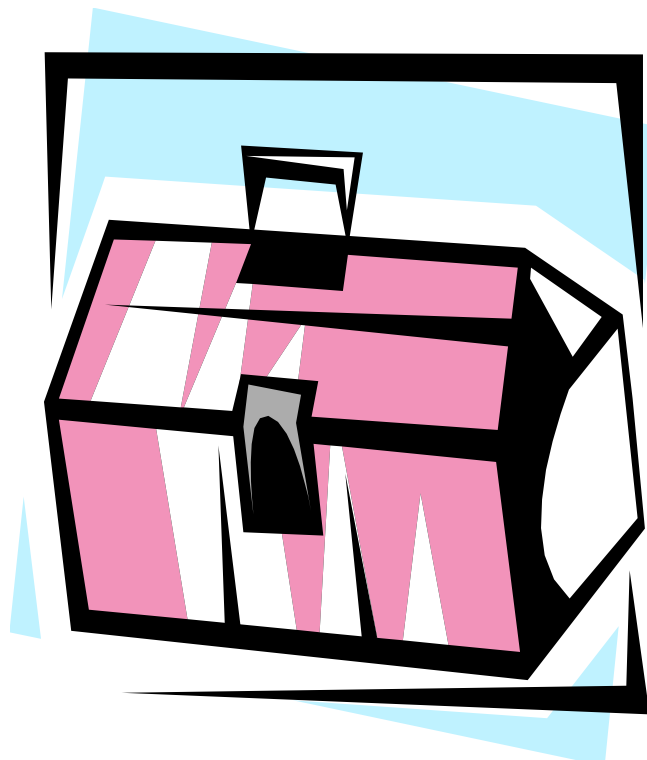
## Mrs. P Example of team approach to care

- Problem was fear of hypoglycemia
- HgbA1c was  $> 10.0$
- Lantus
- Needed meal insulin
- Diet review
- Start with Novolog before lunch



# The Tool Chest

- American College of Physicians (large print; great photos/color; easy to identify with)
  - Caring for your Heart
  - Living With COPD
  - Living with Diabetes



# Standards of Practice included in New Dining Standards

---

- Standard of practice for individualized Diabetic/Calorie Controlled Diet
- Standard of Practice for Individualized Cardiac Diet
- Standard of Practice for Individualized Honoring Choices
- Standard of Practice for Shifting of Traditional Professional Control to Individualized Support for Self Directed Living

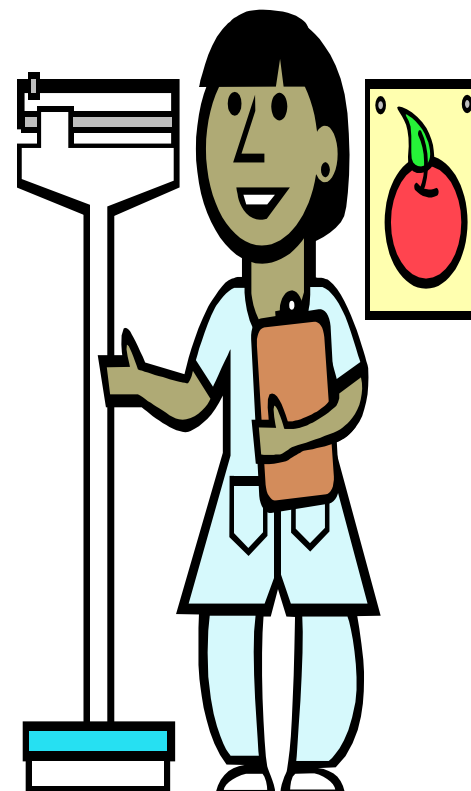
# Sharing of Resources

---

- American College of Physicians
  - [www.acpfoundation.org](http://www.acpfoundation.org)
- University Nebraska Extension
  - [www.extension.unl.edu/fnh](http://www.extension.unl.edu/fnh)
- Joslin clinic
  - [www.joslin.org](http://www.joslin.org)
- Low literacy diabetes education
  - [www.learningaboutdiabetes.org](http://www.learningaboutdiabetes.org)
- MyPlate for Older Adults
  - [www.hnrc.tufts.edu/](http://www.hnrc.tufts.edu/)
- New Dining Practice Standards
  - [www.pioneernetwork.net/Data/Documents/NewDiningStandards.pdf](http://www.pioneernetwork.net/Data/Documents/NewDiningStandards.pdf)
- National Pressure Ulcer Advisory Panel White Paper
  - [www.npuap.org/](http://www.npuap.org/)

# THE RD Tool Chest : DPG's

- Diabetes Care & Education
  - Diabetes & the Older Adult (Cutting Edge Spring 2009 )
  - Diabetes Forecast & Diabetes Self Management
- Diabetes Weight Management
- Consultant Dietitians in Health Care Communities





# Final thoughts...the trump card...Participant Rights

- Honor informed choice
- Recognize interventions have a potential to help and harm the elder
- As a team support decisions and mitigate risks

