



Interdisciplinary Rounds for Weight Loss in the Nursing Home

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Background

- Obesity is a public health crisis. The number of adults with obesity is increasing every year. Obesity related conditions are the leading causes of preventable death. Obesity costs health systems billions of dollars annually.
- Lifestyle modification programs include a combination of diet, exercise and behavior change.
- Diet, exercise and behavior modification spans many allied health and behavioral health domains. The work of many professionals is required to support patients undergoing successful lifestyle modification.
- Interdisciplinary teams have well established efficacy in healthcare settings.
- Nursing home population includes many with significant obesity and complications of obesity.
- Patients are in control of their own diet and exercise while in the nursing home

Objectives

- Identify patients in the nursing home who are obese and suitable for lifestyle modification
- Intervene by supporting lifestyle modification
- Use interdisciplinary rounds to follow patients weekly to discuss progress

Methods

- All current medical records were screened for obesity, defined as BMI >40.
- Patients eligible for intervention include those with obesity primarily due to excess calories.
- Exclusions:
 - Significant weight due to edema, fluid overload and/or dialysis
 - Altered mentation or level of consciousness
- The patients were then prioritized based on severity of obesity and length of stay.
- The number of patients was limited due to time commitments
- Intervention included:
 - Initial consults by medicine, physical therapy and dietician
 - Weekly follow-up with interdisciplinary rounds comprised of the above members

Data

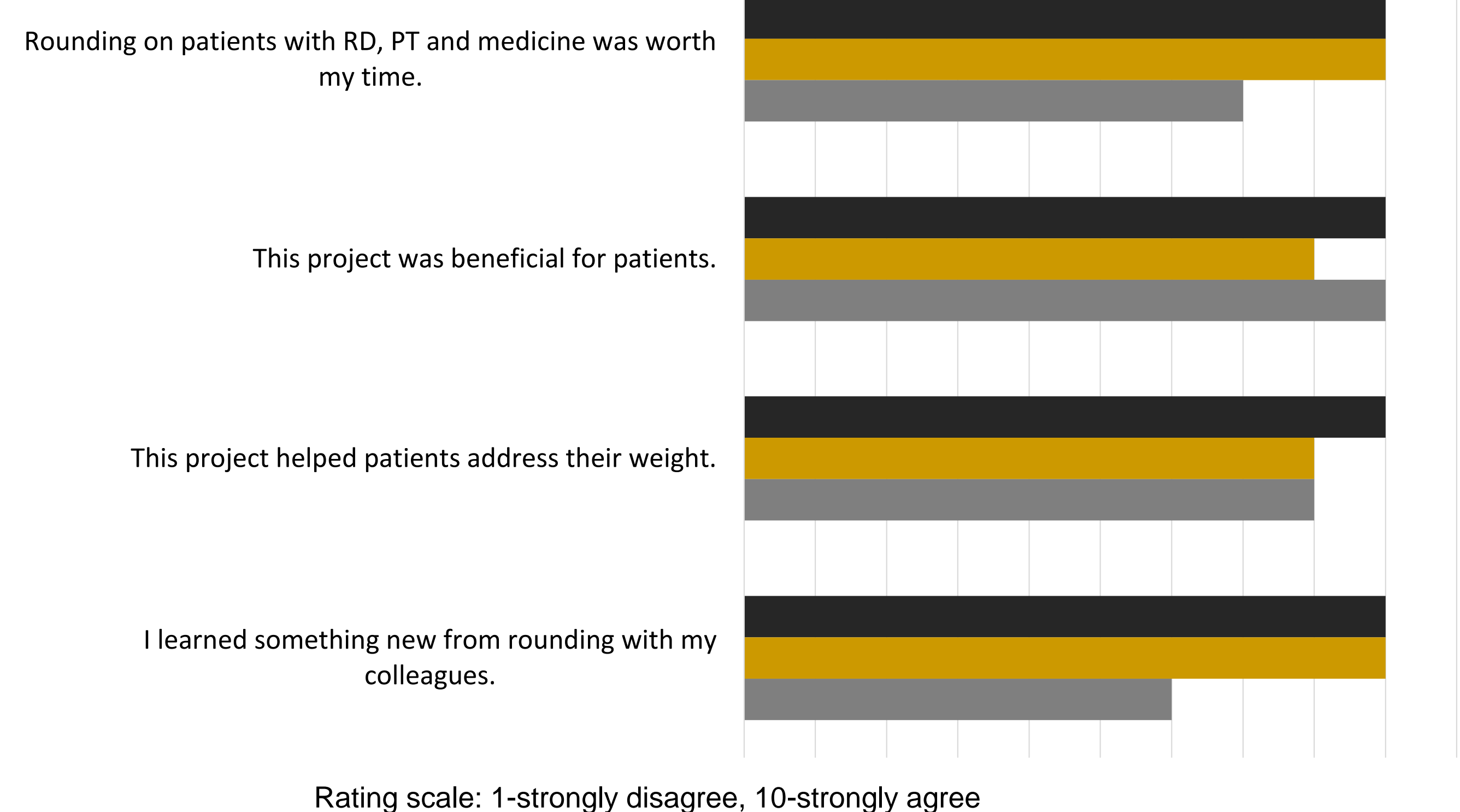
Study Population Demographics (n=6)

Total charts reviewed for BMI: 76	BMI ≥40: 22	Total selected: 6
Average Age: 63		
Sex: Male (1), Female (5)		
BMI range: 40 - 61		
Race/ethnicity: White (2), Black (3), Hispanic/Latino (1)		
Average length of stay (to date): 1 year		
Comorbidities: all patients had diabetes, hypertension and thyroid disease. Other comorbidities included: cardiac disease, DVT/PE, vascular disease, and osteoarthritis.		

Intervention Outcomes (averages)

Intervention length: 10 weeks	
Start BMI: 51	Finish BMI: 50
Start weight: 318 lbs	Finish weight: 310 lbs
Weight lost: 7.7 lbs	Weight loss range: 2.2 – 13 lbs

Attitudes and Perceptions (n=3)



Limitations

- Size of patient panel
- Lack of control group
- Project was finished early due to COVID-19 pandemic
- Lack of standardized weighing protocol

Discussion

- Obesity is common in our nursing home, 28% of residents had BMI of 40 and over.
- Seniors with obesity will also have comorbidities that require medical optimization.
- Not all obese patients are appropriate for lifestyle modification. Particularly those with dementia or other cognitive decline.
- Interdisciplinary teams can help manage medically complex weight loss
- Interdisciplinary rounds are perceived as beneficial and worthwhile by participants.
- Often professionals are working to manage one part of obesity. Dietician concerned about diet, physical therapist concerned about exercise, physician concerned about medical status. Typically these professionals are working in silos.
- Interdisciplinary rounds provide value to patients. Although we were not able to collect data on patient perceptions, we did receive informal feedback from patients that they found interdisciplinary rounds valuable for asking questions and feeling like everyone was working toward a common goal.
- Taking weight loss seriously and following up weekly allowed patients to understand this was important.
- Future projects could compare intervention groups to controls
- We included RD, PT and medicine in our project. Future projects can expand this team to nursing, social work and/or occupational therapy.
- Including behavioral health would be useful for helping with behavior change.
- No patients refused participation in our project.
- Some patients were not followed every week due to scheduling conflicts or unforeseen hospitalizations.
- The size of our project was only 6 patients however we visited each patient weekly, accounting for ~40 team visits over the course of 10 weeks

Conclusions

- We found it worthwhile to screen patients by BMI and select appropriate patients by reviewing the medical record.
- Weight loss in medically complicated seniors is possible.
- Interdisciplinary team approaches to weight loss are received well by patients and participating professionals.
- Consistent follow-up is important for weight loss.