

Unintentional weight loss in older adults is associated with increased morbidity and mortality. More than a 5% reduction in body weight within 6 to 12 months is the definition of unintentional weight loss. It occurs in 15% to 20% of older adults, and up to 50% to 60% of residents in aged care facilities. Unintentional weight loss should be considered a marker for serious illness as it can lead to loss of function, increased hip fracture in women, increased in-hospital morbidity and increased overall mortality. Medication use and polypharmacy can contribute to unintentional weight loss.

Etiology

Body composition changes with age. Lean body mass begins to decrease around 30 years of age, with gains in fat mass that continue until 65 to 70 years of age. Total body weight usually peaks at 60 years of age with small decreases of around 0.1 to 0.2kg per year considered normal after 70 years of age. Other physiological changes considered part of normal ageing include:

- Decreased bone mass
- Decrease in basal metabolic rate
- Changes in smell and taste
- Slowed gastric emptying
- Reduced efficiency of chewing
- Early satiety

Cachexia (loss of skeletal muscle rather than body fat) can contribute to adverse outcomes through increased rates of infection, poor wound healing, pressure sores, reduced responses to treatment and increased risk of mortality. However, it is important to recognise that weight loss is not a normal part of ageing.

Medical history

Evaluation of unintentional weight loss in older people should start with an appropriate history, focusing on sense of smell, food intake, swallowing, dental pain, and symptoms of depression.

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