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Unintentional Weight Loss in Older Adults

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Agenda

Understand
how unintentional weight loss (UWL) is defined and monitored

Identify
potential causes of UWL

Recognize
potential nonpharmacological and medication treatment options for UWL

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Defining Unintentional Weight Loss (UWL)

Usually defined as losing greater than or equal to 5% of body weight in a 6-to-12-month period without meaning to


Body Mass Index (BMI) of less than 18.5 kg/m² is considered "underweight"


Goldley et al. Unintentional weight loss in older adults. Am Fam Physician. 2012;186(1):24-30.
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Evaluation of UWL in Older Adults



 Checking weights consistently is the best way to identify and monitor UWL.


 Assess for changes in eating and dietary habits.


 Could a medication (newly started or long-term) be the cause?

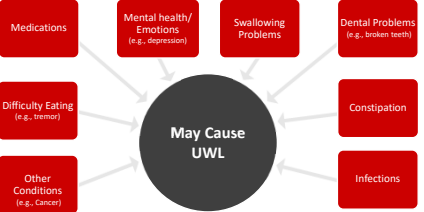
Wasserman MA. Unintentional weight loss. Merck Manual Professional Version. 2023 Feb.

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Causes of Unintentional Weight Loss (not all-inclusive)



Goldley et al. Unintentional weight loss in older adults. Am Fam Physician. 2012;186(1):24-30.
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Medications that may cause UWL (not all-inclusive):

Adverse Effect	Medication Class and Examples
Anorexia or Changes in appetite	Glucagon-like peptide 1 (GLP-1) agonists: Trulicity (dulaglutide), Ozempic (semaglutide)
	Opioid analgesics: codeine, hydrocodone, oxycodone, tramadol
Changes in sense of taste	Selective serotonin reuptake inhibitors (SSRI): escitalopram, fluoxetine, sertraline
	Antibiotics: amoxicillin, azithromycin, ciprofloxacin
	Statin drugs: atorvastatin, pravastatin, rosuvastatin
	Angiotensin-converting enzyme (ACE) inhibitors: benazepril, enalapril, lisinopril

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Medications that may cause UWL (not all-inclusive):

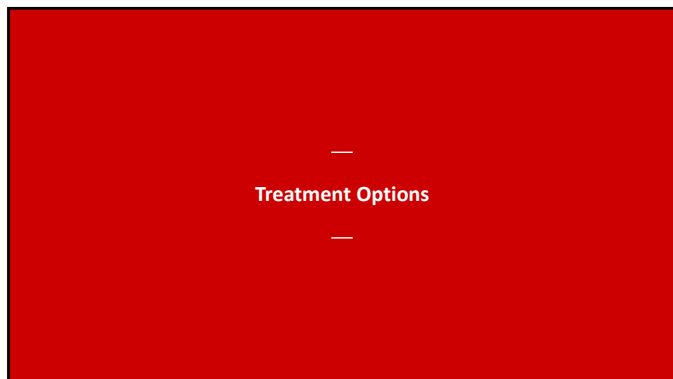
Adverse Effect	Medication Class and Examples
Dry mouth	Anticholinergics: darifenacin, oxybutynin, solifenacin, tolterodine, trospium
	Antihistamines: cetirizine, desloratadine, diphenhydramine, fexofenadine, hydroxyzine, levocetirizine, loratadine
Nausea and vomiting	Antibiotics: azithromycin, cephalexin, clindamycin, levofloxacin
	Medications for Parkinson's disease: levodopa, pramipexole, ropinirole

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Nonpharmacological Treatments for UWL: The First-Line Option

Treatment Approach	Potential Actions to Take
Consider Resident's Individual Needs	<ul style="list-style-type: none"> Determine their likes and dislikes Consider cultural and religious expectations Care for the resident's oral hygiene Provide feeding assistance, if appropriate Consider consultation with dietician
Offer Appealing Foods	<ul style="list-style-type: none"> Pay attention to color, texture, consistency and temperature Use herbs and spices to provide extra flavor Nutritional supplements may be required
Create a Positive Dining Atmosphere	<ul style="list-style-type: none"> Promote a social environment by sitting people together Furnish eating area with comfortable seating Give residents enough time to finish their meal

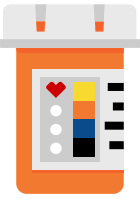
Nutrition and Weight, American Geriatrics Society. Retrieved from https://geriatricsonline.org/apply/contents/products/2022/04/nutrition_and_weight.pdf

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Medication Management in UWL



No medication has been approved by the FDA for general UWL.


There is a lack of evidence demonstrated with medication treatments; serious adverse reactions are also possible.

Medication therapy may be considered an option if:

- Appropriate non-medication treatment measures were attempted
- The resident is comprehensively assessed
- The prescriber weighs that the potential benefits of the new medication outweigh the risks

Risk Food and Drug Administration

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Medication Options for UWL

Mirtazapine (Remeron®)


- Drug class: Antidepressant
- Evidence does not support use if depression is not also present
- May cause sedation, dry mouth
- Use with caution in those with liver or kidney disease

Dronabinol (Marinol®)

- Drug class: Cannabinoid
- Approved for anorexia in individuals with AIDS, but safety and efficacy for general older adult population not established
- May cause nausea, dizziness, somnolence, and headache


Please refer to the individual prescribing information at <https://dailymed.nlm.nih.gov/dailymed/>

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Agenda



Recognize the negative impact, risk factors, and symptoms of depression in older adults




Identify non-pharmacological options to potentially reduce symptoms of depression in older adults



Understand pharmacological treatment options to reduce symptoms of depression in older adults

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Negative Outcomes of Depression



Poorer Quality of Life

- Loss of pleasure in activities
- Sad, irritable, or anxious
- Cognitive impairment



Higher Mortality-Rate

- Cardiovascular death
- Suicide
- All-cause mortality

Older adults may **falsely** believe that it is normal for people to get depressed as they get older

[CDC Healthy Aging: Depression and Aging](#)
[Mental Health America: Depression](#)
[JAMA Network Open: Prevalence and Management of Depression in Patients with Cardiovascular Disease](#)
[Mental Health America: Depression](#)

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Risk Factors for Depression

Female

Personal or family history of depression

Socioeconomically disadvantaged

Social isolation, loneliness, and abuse are leading risk factors for poor mental health in adults aged 60 and older.


Mental and physical impairments

Major life changes, trauma, or stress

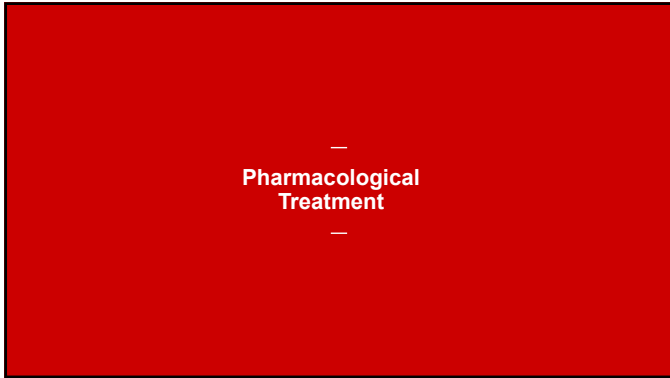
Chronic illness and certain medications

[CDC Healthy Aging: Depression and Aging](#)
[Mental Health America: Depression](#)
[National Institute of Mental Health: Depression](#)
[World Health Organization: Mental Health](#)

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Pharmacological Treatment

- Selective serotonin reuptake inhibitors (SSRI)
- Serotonin-norepinephrine reuptake inhibitors (SNRI)
- Miscellaneous

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Time to Effect

- Antidepressants can take weeks to months before benefits are seen
- Side effects can be seen a few days after initiation of therapy
- This may affect adherence since side effects present before any potential benefits

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Antidepressant Adverse Effects


- Falls
- Change in appetite
- Change in energy/sleep
- Low serum sodium
- Bleeding risk
- Lower seizure threshold
- Serotonin Syndrome – dangerously high serotonin levels
 - Usually associated with combining two or more medications or supplements that increase serotonin (e.g., tramadol, linezolid)
 - Symptoms: tremor, restlessness, confusion, hyperactivity, fever, excessive sweating, shivering, incoordination
- QT Prolongation – ventricular arrhythmias that result in fainting or even sudden death
- Thoughts of suicide

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Utilizing Side Effects of Antidepressants




Trouble sleeping or lacking energy?
Bedtime vs morning administration



Gaining or losing weight?
Antidepressants may decrease or increase appetite

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Selective Serotonin Reuptake Inhibitors

Medication	Common Adverse Effects
Citalopram (Celexa)	• GI symptoms, headache, sexual dysfunction, bleeding
Escitalopram (Lexapro)	• Citalopram and escitalopram have a risk of QT prolongation. Symptoms include irregular heartbeat, shortness of breath, dizziness/falls, fainting
Fluoxetine (Prozac)	• Fluoxetine is associated with weight loss and insomnia
Paroxetine (Paxil)	• Paroxetine is associated with confusion, dry eyes, gait changes, sedation, and withdrawal symptoms if therapy is interrupted
Sertraline (Zoloft)	

Prescribing information obtained from DailyMed: <https://dailymed.nlm.nih.gov/>

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Serotonin-Norepinephrine Reuptake Inhibitors

Medication	Adverse Drug Effects
Desvenlafaxine (Pristiq)	<ul style="list-style-type: none"> • Dry mouth, headache, elevated blood pressure, falls, bleeding • Desvenlafaxine and venlafaxine are associated with withdrawal symptoms if therapy is interrupted
Venlafaxine (Effexor)	
Duloxetine (Cymbalta)	
Levomilnacipran (Fetzima)	

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Miscellaneous Antidepressants

Medication	Adverse Drug Effects
Bupropion (Wellbutrin)	Sedation, headache, dizziness/falls, tremor
Mirtazapine (Remeron)	Sedation, increased appetite, weight gain, dizziness/falls
Trazodone (Desyrel)	Sedation, dizziness/falls, postural hypotension
Vilazodone (Viibryd)	GI symptoms, insomnia
Vortioxetine (Trintellix)	Loss of appetite, abnormal dreams

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Antidepressants Generally Avoided in Older Adults

Tricyclic Antidepressants (TCA)

Anticholinergic, cardiovascular, and central nervous system side effects

- Amitriptyline (Elavil)
- Doxepin (Sinequan)
- Nortriptyline (Pamelor)

Monoamine Oxidase Inhibitors (MAOI)


Several food and drug-drug interactions

- Phenelzine (Nardil)
- Selegiline (Emsam)
- Tranylcypromine (Parnate)

American Geriatrics Society 2023 updated AGS Beers Criteria. JGIM. 2023.


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Summary




Identify Depression Symptoms
Pay attention to mood changes
Routine screening



Nonpharmacological Therapy
Personalized Activities
Psychotherapy
Socialization




Pharmacological Therapy
SSRI
SNRI
Miscellaneous
Medications to Avoid



Adverse Effects of Medications
Be aware
Monitor
Report

SSRI = serotonin-reuptake inhibitor; SNRI = selective serotonin reuptake inhibitor

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