Geriatric Failure to Thrive

Overview

The Institute of Medicine's definition of geriatric failure to thrive (FTT) is a syndrome manifested by weight loss greater than 5% of baseline, decreased appetite, poor nutrition, and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol levels.

Key Points

- Geriatric FTT describes a state of decline that is multi-factorial. Possible causes include but are not limited to concurrent diseases and functional impairments.
- Geriatric FTT can be a terminal condition which qualifies a patient for hospice care.
- Geriatric FTT is key decision point in the care of an elderly person. The diagnosis should prompt discussion of end-of-life care options to prevent needless interventions that may prolong suffering.
- Common medical conditions associated with FTT:
  - Cancer metastases
  - Chronic lung disease
  - Cirrhosis
  - Mental health illnesses – depression, psychosis
  - Cardiovascular disease – myocardial infarction, congestive heart failure
  - Infections
  - Rheumatologic disease
  - Infections – chronic, tuberculosis, recurrent urinary tract infections, recurrent pneumonia
- Medications associated with FTT:
  - Anticholinergic drugs
  - Antiepileptic
  - Benzodiazepines
  - Beta-blockers
  - Central alpha antagonists
  - Glucocorticoids
  - Opioids
Etiology

Ali (2015) suggest remembering eleven “D” words

- Diseases (medical illnesses)
- Dementia
- Delirium
- Drinking alcohol, other substance misuse
- Drugs
- Dysphagia
- Deafness, blindness, other sensory deficits
- Depression
- Desertion by family, social isolation
- Destitution (poverty)
- Despair (giving up)

Assessment

A complete work up for geriatric FTT should include:

- evaluate the physical and psychological health of the patient
- assess physical health with tools such as the Get Up and Go Test
- the Geriatric Depression Scale or Cornell Scale for Depression in Dementia can be used to assess psychological health
- assess functional ability
- complete medication review
  - look for drug side effects or drug interactions
  - cross check medications with the Beers criteria for potentially inappropriate medications in the elderly
- assess socio-environmental factors
- assess the impact of existing chronic diseases and nutrition
  - The Mini Nutritional Assessment is a validated tool for assessing nutritional risk in the elderly and is easy to administer
- Laboratory and radiologic evaluations are limited to complete blood count, chemistry panel, thyroid-stimulating hormone levels, urinalysis; other studies appropriate for an individual patient (see Robertson and Montagnini, 2004).
Diagnosis/Intervention

FTT leads to an increase in morbidity and mortality. Diagnosis of FTT should prompt end-of-life care options to prevent burdensome interventions that may cause/prolong suffering. Medical intervention will depend on the older adult’s plan of care and the etiologies contributing to the diagnosis. Interventions should be directed toward easily treatable causes of FTT with the goal to maintain or improve overall functional status. However, in selected patients based upon the patient's clinical picture and patient's preferences, the goal is to control symptoms, patient/family support at the end-of-life, and to forgo aggressive, life-prolonging, burdensome medical evaluation and treatment.

References


