

## Depression and Nutritional Status

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## Learning Outcome

- To describe the relationship between the Beck Depression Inventory and Mini-Nutritional Assessment in participants of the Home Delivered Meals program.

## Depression and Nutritional Status

- Poor nutrition is a risk factor for depression.
- It's estimated that 16% of elders ingest fewer than 1,000 kcal/day, an amount that is not sufficient for weight maintenance.
- Depression affects 20-40% of Older Americans, and is cited as a common cause of appetite and weight loss.
- Older adults take longer to recover from depression and have shorter times to relapse than do younger persons.

## Depression

- About 30% of depressed older adults remain chronically depressed.
- Reoccurrence of depression is likely in approximately 50% of individuals who have experienced depression; therefore, although symptoms of depression in older life can appear to be a first occurrence, the more likely scenario is that the depressed older person has a history of previous depression.
- The risk of suicide is extremely high among depressed elderly people.

## Nutritional Status

- Older adults are at a disproportionate risk for malnutrition compared with the general population.
- Normal and pathological changes that occur with aging can decrease food intake and impair nutrient absorption and use.
- Consequences of malnutrition are prolonged hospital stays and increased morbidity and mortality.

## Data Collection Process

- 60 males and females over the age of 60 that receive home delivered meals in DuPage County.
- Interviewed face-to-face by three dietetic interns (20 each).
- Clients completed Home Delivered Meal Client Survey, MNA, Level I Screen, and Beck's Depression Inventory

## Results

- The mean +/- SD of the BDI total score were 9.94 +/- 8.06 indicating mild to moderate depression.
- The mean +/- SD of the MNA were 24.92 +/- 3.49, above the "at risk" category.
- 6.7% of the participants had scores of "malnourished", while 30% of the participants were "at risk for malnutrition" according to the MNA.

## Results

- The BDI total score is significantly negatively correlated ( $P < .01$ ) with the total MNA score (-.561), thus HDM participants with greater levels of depression were more likely to be "at risk" or "malnourished" according to the MNA.
- A decline in food intake was related to (BDI) anorexia, insomnia, weight loss, and fatigue.
- Anorexia was also correlated with weight loss, insomnia, fatigue, eating less full meals per day, a poorer self view of nutritional status, and total MNA score.

## Conclusions

- The data suggests that significant relationships exists between symptoms of depression and nutritional status in participants of the HDM program.
- Nutrition professionals need to recognize that symptoms of depression may be related to declines in nutritional status.
- Health professionals need to recognize depression as a likely diagnosis for the elderly, and have useful tools to properly diagnose it.
- An early referral/intervention for depression may eliminate invasive and expensive nutrition therapy while improving the HDM participant's quality of life.