Holistic nursing considerations when conducting nutritional assessment in a community setting

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Abstract:

Malnutrition is a significant public health issue in the UK, particularly impacting older adults in community settings, affecting quality of life, healthcare costs, and patient outcomes (Age UK, 2023a). This article highlights the importance of a comprehensive nutritional assessment that considers biological, psychological, and social factors. Community nurses play a vital role in identifying malnutrition risks by going beyond traditional screening tools and incorporating patient-specific observations. Their unique access to patients' living environments enables them to apply clinical judgement and detect early signs and risks for malnutrition. By combining validated assessment tools with a holistic approach, nurses can develop tailored care plans addressing both immediate deficiencies and broader lifestyle factors. A thorough, person-centered approach is essential for promoting preventative care and improving nutritional outcomes for older adults in community settings, ensuring proactive and comprehensive care.

Key Words: Community Nursing, nutrition, holistic assessment, older people, risk factors, person centered care

Introduction:

Nutrition is an important element of health and wellbeing for all but is absolutely essential for adults over 65, particularly those with one or more co-morbid health conditions. Adequate nutrition can support recovery, strengthen the immune system, promote healing and improve overall health outcomes for an individual (WHO, 2020). Maintenance of appropriate nutritional intake is multifactorial, with many influencing factors not solved by providing nutritional supplements alone. Nurses working in the community are in an ideal position to assess and support nutrition interventions from a holistic perspective which takes into consideration mental, physical and cognitive health, as well as cultural, social and personal circumstances (NMC, 2024).

This article aims to increase awareness of important elements of a comprehensive nutritional assessment in a community setting. Owing to the increased acuity and complexity of community patients within modern healthcare settings, assessment of an individual's dietary, biological, psychological and social aspects has the potential to positively impact care planning and health outcomes. This article highlights specific elements for nursing consideration when undertaking nutritional assessments in this patient group. Additionally, the article suggests tools that can be employed to support comprehensive assessment and intervention, enabling nurses to develop a keener understanding of their patient's nutritional status, resulting in improved health outcomes and a reduction in healthcare resource use.

Background

The importance of nutrition

Nutrition is an often over-looked but critical determinant of health and driver of healthcare cost, particularly for older adults in the community. Malnutrition is defined as the lack of energy, protein, and other essential nutrients, leading to negative effects on body size, shape, and composition, as well as impaired function and clinical outcomes (Holdoway et al, 2021). It is widely accepted that malnutrition is multifactorial arising from underlying diseases and social determinants such as economic status, isolation and access to food (Elia and Russell, 2009; Holdoway et al, 2021; NICE, 2017; NICE, 2024). With more than three million people in the UK at risk, malnutrition is a pressing public health issue with impact on both individual quality of life and use of health services (O'Keeffe et al, 2018; Age UK, 2023a). Poorly managed nutrition is associated with increased infection risk, delayed wound healing, physical and functional decline, increased risk of falls, prolonged hospital admission and longer hospital stays, as well as a higher risk of mortality, all of which contribute to rising healthcare costs (Omidvari et al, 2013; Holdoway et al, 2021; Kiesswetter et al, 2022). It is estimated that approximately 15% of annual health and social care expenditure in the UK – equivalent to £23.5 billion – relates to malnutrition with affected individuals incurring healthcare costs up to three times higher than those with adequate nutrition (Stratton et al, 2018; NHS England, 2022).

Older Adults

Older adults (65+) are particularly vulnerable to malnutrition due to factors such as co-morbidities, diminished oral intake, and age-related physiological changes that affect nutrient absorption and metabolism (O'Keeffe et al, 2018). Additional risks arise from polypharmacy, functional impairments, food accessibility, social isolation, and psychological factors such as depression (Tonkikh, et al, 2019; Kiesswetter et al, 2022). When considering malnutrition prevalence by care setting, recent evidence suggests that risk of malnutrition is highest in the community, both when patients are in their own home (56%) or are resident in a care home (55%) (Stratton et al, 2023). This highlights the need for a proactive, community-based approach to nutritional assessment and intervention, further supported by the NHS Long Term Plan and the Ageing Well Programme. These initiatives emphasise the importance of nutrition, hydration, and oral health in supporting older adults' well-being (NHSE, 2019).

Community Nursing

In the community, nurses provide care through home visits, community clinics, day centres, outreach and public health programs, focusing on individuals who may not be in regular contact with other healthcare services (including those experiencing homelessness, refugees and vulnerable communities). Identifying at-risk individuals in these settings often involves proactive screening and assessment with nurses trained to identify warning signs of malnutrition and poor health. Some of the same issues that create barriers to access, such as social isolation, lack of awareness, or mobility challenges, also increase risk of nutritional deficiencies, making outreach efforts critical

(QNI, 2020). It is essential for nurses working with this population to consider nutrition from a holistic perspective rather than a medical model.

Holistic Practice

Holistic nursing practice emphasises a whole person approach to care, considering not only physical health but also psychological, social and environmental factors that influence well-being. In the context of nutritional assessment, this means moving beyond clinical indicators alone, to address lifestyle, access to food, social support and mental health, all of which contribute to nutritional status (Waight and Board, 2024). Community nurses can adopt a holistic approach to nutritional assessment, recognising how physical health, mental state, social support, and environmental factors collectively impact an individual's ability to maintain adequate nutrition. This should include patient's comorbidities, medications, physical observations, oral health, mental health, psychological well-being, and social factors rather than focusing on weight and BMI alone.

Assessment Tools

To conduct a more holistic assessment, nurses in the community may need to utilise more comprehensive nutritional assessment methods than the standard tools applied in the inpatient setting. Current guidelines recommend that nutritional support should be offered when people have a Body Mass Index (BMI) of less than 18.5 kg/m^2, have unintentional weight loss of more than 10% in the last 3-6 months or have a BMI of less than 20kg/m^2 and unintentional weight loss of greater than 5% within the last 3-6 months (NICE, 2024). The suggested assessment tool to support risk calculation is the Malnutrition

Universal Screening Tool (MUST) (BAPEN, 2011). This widely adopted tool supports detection of malnutrition in adults across health services (Gomes-Neto et al, 2021) and has been found to be quick and easy to use, resulting in detection of malnutrition risk that can support care planning (Eglseer et al, 2017). While effective, its reliance on BMI and recent weight changes means it primarily identifies existing malnutrition, rather than those at risk, limiting its value for prevention (Smith, 2014). This limitation is of particular significance in community settings, where individuals may not routinely weigh themselves, making weight-based calculations challenging. The Mini Nutritional Assessment Tool (Kaiser et al, 2009) is an alternative that provides a more comprehensive evaluation including dietary habits, mobility and psychological factors.

In community nursing, holistic nutritional assessment extends beyond clinical measurements and standardised tools. By using clinical judgement and insight, often referred to as the “art of nursing,” subtle cues from patients and their family members guide additional assessments and suggest potential interventions. Observation, active listening and conversation are invaluable tools that allow nurses to assess underlying nutritional risks beyond what structured tools can capture (Bades, 2022). Furthermore, patients themselves can be actively engaged in the process of evaluating their own nutritional needs and challenges. Nurses could encourage the use of a collaborative tool such as the Patients Association Nutrition Checklist (Patient’s Association, 2021) to help patients self-assess their risk and identify their concerns related to nutrition. This helpful tool can encourage discussion and raise awareness related to potential risk factors allowing patients and healthcare staff to formulate management strategies. While time constraints often challenge community-based care, prioritising collaboration can shift assessment from a purely clinical task to a patient-centred approach that fosters trust and encourages disclosure of any concerns.

Implementing a Holistic Assessment

Biological Factors:

While biological factors alone are insufficient to determine nutritional status, they remain an essential aspect of a holistic assessment. Age, comorbid conditions and medications may highlight an increased risk for malnutrition. Nurses should be aware that acute infection and musculoskeletal injuries as well as chronic illnesses (see table 1) increase the body's demand for energy (calories) and protein while potentially increasing nutrient loss (Langley-Evans, 2021). Weight loss and decreased appetite can be indicators of undiagnosed underlying disease as well as potentially preventable effects of known chronic illness. It is critical for nurses to be alert for early signs of decreased nutrition before patients develop clinically significant malnutrition. Nurses should complete thorough health histories and physical examinations to assess for additional signs and symptoms that may suggest potential diagnoses and need for additional evaluation and management.

Table One sits here.

As many patients requiring community-based nursing care are advancing in age, nurses must understand the normal impact of aging on nutrition. For most older adults, there is a reduced requirement for calories related to decreased activity, however there can be an increased demand for protein and certain micronutrients such as Vitamin B, C, and D which may be lacking in easily accessible diets (Langley-Evans, 2021). There are age-associated changes that can lead to "anorexia of aging," including a decrease in smell and taste, reduced hunger cues, and delayed gastric emptying that occur in addition to the social and psychological changes in elderly patients (Wysokinski et al, 2015). While these can be normal changes, it is important to rule out alternative treatable diseases before attributing these changes to the physiology of aging alone.

Medications

In addition to the disease processes themselves, nurses must bear in mind that many of the medications used to treat acute and chronic health conditions may affect appetite or cause side effects such as nausea or diarrhoea that decrease caloric intake or absorption (Clegg and Williams, 2018). A thorough nutritional assessment should include a review of all medications and consideration of possible side effects and interactions. Table two lists common medications that may affect nutritional status by contributing to weight or nutrient loss.

Table Two sits here

Oral Health

It is important for nurses to consider oral health as part of their nutritional assessment. A poor state of oral health is associated with nutritional deficiencies, particularly among the elderly. The loss of natural teeth, diseases of the tongue, gums and tissues, poor oral hygiene and dental pain are correlated with loss of appetite, weight loss and malnutrition (Rapp et al, 2021). Lack of teeth, oral pain or use of poorly fitting dentures decreases ability to chew foods such as meat which are generally higher in protein and foods that are typically higher in fiber such as raw fruits and vegetable and whole grain breads. Decreased salivary secretion, which is common with aging and worsened by certain medications, can affect taste and ability to swallow (Takehara et al, 2021).

Nurses should also be aware that mouth cancers often present as persistent mouth sores, white patches, lumps or growths. Weight loss in oral cancer is often related to decreased nutrition rather than cachexia itself (Abati et al, 2020). Any suspicious lesions that persist greater than two weeks should be biopsied as early diagnosis is essential to decreasing mortality rate (WHO, 2024).

Patients may frequently downplay or not mention mouth pain or changes unless specifically questioned. The Oral Health Assessment Tool (Chalmers, 2005), included in the NICE Health Toolkit (NICE, 2016), is a simple 8-point screen that can identify key indicators of risk and support assessment. This tool can be used to quantify symptoms and follow up on patient and family responses to simple questions such as “Are you having any trouble eating or swallowing?” or “How are your dentures fitting?” Understanding the strong correlation with nutrition, nurses should perform simple oral exams to assess the number and state of teeth, gum health, and identify ulcerations, inflammation, and tongue lesions as part of their nutritional assessment. In short, a few simple questions and a brief oral exam can identify potential barriers to nutrition and early signs of oral cancer.

Mental Health

When assessing a patient's nutritional status, community nurses need to consider a range of psychological factors that can significantly influence dietary behaviors (Risch et al, 2022). Mental health conditions such as depression and anxiety can be present across the lifespan and often affect appetite, resulting in over or undereating, and patients with severe mental illness (SMI) are particularly impacted by motivation, medication, agitation, cognitive impairment and financial constraints (Teasdale et al, 2017). Conversely, due to the important role that nutrients play in the neuroendocrine system function (Tryptophan, vitamins B6, B12, folate, phenylalanine, tyrosine, histidine, choline, and glutamic acid are essential for producing neurotransmitters like serotonin, dopamine, and norepinephrine, which regulate mood, appetite, and cognition), it has been argued that sub-optimal nutrition directly impacts the management and progression of mental health disorders (Kris-Etherton et al, 2021). It follows therefore that holistic assessment of nutrition should incorporate awareness of mental health aspects as a key focus.

Life Events

Outside of mental health diagnoses, life events can psychologically impact appetite and engagement with healthy nutrition (Hill et al, 2021). Nurses need to consider the potential that patients dealing with emotional stress or trauma may develop unhealthy eating patterns, such as erratic meal timing or reliance on comfort foods and factor this into assessment accordingly (Firth et al, 2020). Evidence from the Covid 19 pandemic suggests that social isolation has a direct correlation with malnutrition risk, with factors such as living alone and loss of family members having a direct impact on quality of life and nutritional status (Wang et al, 2023).

Bereavement, particularly in older adults, is linked to changes is nutritional intake and eating behaviors (Allen-Perkins et al, 2024). Widowed elders often have diets of lower nutritional quality, including fewer servings of fruits and vegetables, and are more likely to eat alone, skip meals, and have limited food variety (Stahl and Schulz, 2014). Community nurses must take into consideration the potential that those who have recently been bereaved may require support with food preparation and an understanding of the appropriate nutritional content of their meals. Key challenges include difficulties with shopping, meal preparation, and the acknowledgement of the social importance of eating (Malnutrition Task Force, 2021). Nurses need to be mindful of these psychological influences and incorporate them into assessment (Risch et al, 2022).

Cost of Living

With approximately three million people over the age of sixty in the UK admitting to skipping meals to reduce food costs, income is a prevalent factor when considering nutrition in community patients (Age UK, 2023b). Low income may also directly contribute to an individual’s ability to buy food of high nutritional value and to travel to complete shopping tasks (Malnutrition Task Force, 2021). It is therefore essential that community nurses assess whether individuals are receiving any benefits that they may be entitled to and are signposted to services that can support the navigation of welfare services and third sector support.

Social Connection

Due to the link between social isolation and nutritional status, evaluating a patient's social connections is a sound way to assess protective factors related to nutrition. Social networks, encompassing family ties, friendships, and community engagement have been shown to enhance life satisfaction and contribute positively to nutritional well-being in older adults. Factors such as living in multi-generational households or strong community involvement are key supportive influences for nutrition (Asamane et al, 2020). By assessing a patient's social network, community nurses can identify individuals who may benefit from additional support and facilitate appropriate referrals to services such as Social Prescribing (accessible via the patient's GP). This can lead to provision of support including food banks, meal delivery services and community kitchen initiatives. There is also the potential to access activities such as cooking classes, gardening groups and budgeting classes (dependent on local provision) that can empower individuals to make healthy dietary choices as well as establishing social connection with others (Buck and Ewbank, 2020).

Cultural considerations

Culturally aware assessment of nutrition is essential to ensure that nurses identify factors that may influence individuals from diverse backgrounds (Asamane et al, 2020). For example, some older adults may rely on day centres or food banks for meals, but these centres may not always be able to meet cultural dietary requirements, such as the need for halal foods or foods that align with other religious or cultural practices. In addition, older adults may face challenges in accessing familiar foods that reflect their cultural preferences and dietary habits, particularly when affordability and availability are limited (QNI, 2020). Nurses working in community settings can play an important role by including cultural awareness in their assessments

Domestic environment considerations

With access to a patient's home, community nurses are well-placed to establish potential domestic factors that may impact nutrition. By asking questions about who the patient typically eats with and where they source their groceries, nurses can gain insight into the patient's access to food and how it is prepared that could affect their nutritional intake (O'Keeffe et al, 2019). Observing the state of the kitchen—such as the condition of the refrigerator or oven, and whether there are dishes in the sink—can provide important clues about the patient's ability to prepare meals. Careful observation of these domestic factors helps nurses gain a comprehensive understanding of the patient's nutritional needs and challenges.

Putting it into practice

Table three consolidates key actions that nurses can take to implement a holistic nutritional assessment.

Table three sits here

As nurses in the community serve as liaisons between healthcare services and social care, they can utilise their holistic assessment findings to ensure that patients receive appropriate referrals to dietitians, social workers, or meal support programs where available. This contributes to multi-professional collaboration, ultimately leading to improved patient outcomes. A multi-agency approach, involving primary care teams, voluntary organisations and social services, is crucial to ensuring older adults receive comprehensive nutritional support (NICE, 2024).

Conclusion

Malnutrition is a multifaceted public health issue in the UK that significantly affects quality of life, healthcare costs and patient outcomes, particularly amongst older adults in community settings. Recognising the biological, social and psychological factors that influence nutritional health is essential for comprehensive and preventative patient care. Community nurses play a crucial role in identifying those at risk and tailoring early interventions that address deficiencies. Their unique access to patient's living environments, along with the opportunity to build rapport over time, enables them to apply clinical judgement and nursing insight to develop a more detailed understanding of the individual factors affecting nutrition. By going beyond standard assessment tools, nurses can incorporate direct observations and patient specific elements into a more holistic assessment. This approach supports the creation of tailored nutritional care plans that address immediate deficiencies as well as wider lifestyle factors. Combining validated assessment tools with clinical expertise enables community nurses to promote preventative care and support older patients to achieve better nutritional outcomes.

Key Points:

1. A thorough nutritional assessment of community-dwelling patients should include a review of biological, psychological and social factors.
2. Current malnutrition screening tools may not identify risk factors for older adults in the community setting
3. Nurses should be alert to cues from the patient’s medical or social history, their home, their clothes, and their family members that might suggest weight loss or risk for malnutrition.
4. Routinely conducting comprehensive expanded assessment and considering additional factors such as reduced food intake, oral health and social network, clinicians can identify early risk factors and enable the development of more person-centered care plans.

CPD Reflective Questions

1. What elements of the patient's medical history would provide additional insight into their nutritional status?
2. How can a community nurse identify psychosocial risk factors for altered nutrition?
3. What questions, observations or tools might you consider adding into your routine patient assessment to encompass some of the considerations mentioned within this article?
4. Considering the socio-cultural demographics of the patient population in your area, how can you tailor your assessment and management to reflect patient requirements in line with the available services?

Table One - Common conditions that may affect nutritional status

Condition	Signs and Symptoms
Acute & Chronic Respiratory Diseases: COPD, COVID, Tuberculosis, Influenza	Cough, shortness of breath, wheezing, pursed lip breathing, barrel-chest, fever, sore throat
Heart Failure	Shortness of breath, swelling, fatigue, cough, tachycardia, increased jugular venous distention, decreased appetite
Chronic gastrointestinal disorders: Crohn's disease, Ulcerative colitis,	Nausea, decreased appetite, abdominal pain and cramping, blood or mucous in stool, mouth sores, pain w/ bowel movements, fatigue, bloating, gas

Celiac disease, and irritable bowel syndrome	
Acute GI infection: H.pylori, e.coli, Hepatitis, travel-associated pathogens	Nausea, diarrhea, vomiting, abdominal pain and cramping, fever, jaundice, dark urine, fatigue
Kidney Disease	Swelling, urinary frequency, hematuria, nausea and vomiting, itching, muscle cramps, metallic taste, foul breath, headaches
Endocrine Disease: Hyperthyroidism, Diabetes	Heat intolerance, anxiety, tachycardia and hair changes, diarrhoea, muscle weakness (thyroid), polyuria, polydipsia (Diabetes)
Neurological Conditions: Parkinsons, Alzheimer's, Vascular Dementia	Tremor, muscle stiffness, slowness of movement, constipation, dysphagia, dry mouth, memory changes, confusion, difficulty with tasks
Musculoskeletal conditions: Arthritis, joint pain, fractures, chronic pain	Swelling, redness, pain, decreased range of motion, difficulty walking or moving, sleeplessness
Eating Disorders: Anorexia Nervosa, Bulimia	May include amennhorhea, tachycardia, complaints of fatigue or coldness, headaches, insomnia, constipation, hair loss,
Cancer	Pain, swelling, skin changes or masses, decreased appetite, cough, fatigue.

Table Two: Medications that may impact nutrition

Direct effect on weight-loss as a side effect
Diabetes medications- GLP-1 Receptor Agonists (Liraglutide), Metformin, SGLT-2 Inhibitors (Empagliflozin) Stimulant medications for ADHD (Amphetemine/dextroamphetamine) Seizure/migraine medications- Topiramate, Zonisamide Anti-depressant/Anti-anxiety/Smoking Cessation- Bupropion
Indirect effect on weight and nutrition through side effects
May cause nausea: Chemotherapy Opioids Antibiotics (Erythromycin, Metronidazole) Anti-depressants (Fluoxetine, Sertraline, Venlafaxine) NSAIDS (Ibuprofen) Diabetes medications: Metformin
May cause dry mouth: Anticholinergics (Oxybutynin, Tolterodine) Antidepressants (Amitriptyline, Fluoxetine, Sertraline) Antihistamines (Diphenhydramine, loratadine, cetirizine) Anti-hypertensives (HCTZ, Lisinopril, Clonidine) Decongestants (Pseudoephedrine, phenylephrine)

Diuretics (Furosemide, Spironolactone) Anti-psychotics (Clozapine, Olanzapine, Risperdal) Pain medications (Morphine, Hydrocodone) Anti-emetics (Ondansetron, Metoclopramide)
May cause diarrhoea: Antibiotics Metformin Laxatives Chemotherapy Anti-retroviral drugs for HIV (Lopinavir/Ritonavir, Tenofovir)
May cause oral thrush: Antibiotics (Amoxicillin, Ciprofloxacin, Tetracycline) Corticosteroids (prednisone, inhaled Fluticasone) Immunosuppressants/chemotherapy Proton Pump Inhibitors for GERD (Omeprazole) SGLT-2 inhibitors for Diabetes (Empagliflozin)

Table Three: A Holistic Nutritional Assessment- Actions to consider

Actions to consider
Consider 'Red Flags' - Symptoms that require urgent referral and follow up: • Rapid unintentional weight loss over a short period indicating acute malnutrition (>5% of body mass in three months, (Cederholm et al., 2015)). • Constitutional/'B' symptoms including lymphadenopathy, night sweats, lethargy and malaise • Melaena or change in bowel habit (consider gastrointestinal malignancy) • Shortness of breath, or unresolving cough with or without haemoptysis (consider lung malignancy) • Suspicion of Oral Cancer: Non-healing mouth ulcers, unexplained oral pain, persistent lumps, red or white patches, or difficulty swallowing (WHO, 2024).
Review patient's medical history and medications: • Identify any diagnoses associated with weight loss (see Table Two) including mental health conditions such as depression, anxiety, or severe mental illness that may impact appetite and nutritional intake. • Assess medications that may contribute to weight loss (directly or as a side effect) (See Table Three).
Oral Health Assessment: • Examine the patients mouth for sores, a coated tongue or poor dentition.

• Ask if the patient experiences discomfort when eating. Consider follow up with the Oral Health Assessment Tool (OHAT) • Check dentures – do they still fit? (Weight loss can alter gum shape, leading to loose dentures and discomfort).
Physical indicators: • Observe clothing and jewelry—are they noticeably loose? Is the patient using a belt or braces to keep trousers up? • Assess muscle mass—do they show signs of decreased strength, skeletal muscle loss, or fatigue? Consider pre-cachexia (Berardi et al, 2021). • Look at photographs of the patient at home—are there noticeable changes in weight or physical appearance?
Liaise with family members/carers/friends: • Gather insights from those who know the patient well to establish a baseline, ensuring patient consent where appropriate.
Psychosocial Questions: • Can you tell me about any recent changes in your appetite or eating habits? • How do you feel about eating and mealtimes? • What influences your motivation to cook or remember to eat? • Who do you eat with? • Where and how do you get your groceries? • What are your typical meals? • Can you describe any recent changes in who you live with or see regularly?

- Do cultural factors or religious beliefs play a role in your food choices or eating habits? If so, how?
- How do you feel about your ability to afford food?
- Are you receiving any financial support?

Observations:

- Check the refridgerator and cabinets - are they stocked?
- Look for food waste - excessive waste or expired items could indicate difficulty consuming purchased food.
- Does the oven work? Are there dishes in the sink?
- Assess the condition of cookware and kitchen appliances as well as kitchen accessibility and lighting level.

Assessment Tools

- Consider using the Mini Nutritional Assessment Tool or the Patient's Association Nutrition Checklist for additional structured assessment.

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