

A DISEASE PROCESS MODULE:

ADULT FAILURE TO THRIVE (AFTT)



...Developing top-notch caregivers, one inservice at a time.



A Disease Process Module:

ADULT FAILURE TO THRIVE (AFTT)

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Describe the decline in health that is known as Adult Failure to Thrive.



List at least three medical conditions and three medications commonly associated with AFTT.



Discuss the importance of nutrition and physical activity and social interaction in preventing and treating AFTT.



Plan and carry out interventions to provide hope to clients who seem depressed or hopeless.



Demonstrate empathy and compassion toward clients with AFTT as they approach the end of their lives.



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A Disease Process Module: Adult Failure to Thrive (AFTT)

THIS IS THE ROAD THAT RUTH TOOK . . .

Ruth never planned to outlive her husband and all their friends. But that’s what happened. At 93, Ruth was all alone. A stroke had left her with some left-sided weakness, but she was able to remain in her home. Then in June, Ruth’s weakness led to a fall and a broken hip. After a brief stay in the hospital, Ruth was discharged to a rehabilitation facility.

Ruth’s hip was slow to heal and she became progressively more **depressed**. She told her nursing assistants that she hated needing assistance to get around and she couldn’t stand the mechanical soft diet the doctor ordered.

The doctor placed her on a medication for the depression, but couldn’t change the diet or her need for assistance.



By August, it became clear that Ruth could not return to her previous level of activity. She had to use a front wheel walker and needed assistance with dressing and toileting. The doctor told her she needed long term nursing home care.

After three months in the nursing home, Ruth now **stays in bed** most of the day. She says food just doesn’t taste good and **she only eats 25 to 50%** of her meals. She has **lost 10 pounds** and says she is tired all the time. She has fallen twice in the last two months, both on attempts to do an unassisted transfer.

The doctor orders nutritional supplements and recommends counseling, but Ruth refuses. Another 60 days passes and Ruth **loses another 10 pounds**.

Ruth tells her nurse that she’s tired of taking so many medications. The doctor determines she is mentally fit to make this decision for herself and all meds are discontinued. Her diet is changed to regular with no restrictions.

Ruth’s **inactivity and poor nutrition** lead to the development of several pressure ulcers. The **pain** becomes unbearable and **infection** sets in, but Ruth continues to refuse all treatment.

Seven months after Ruth’s fall at home, she dies in the nursing home from complications of Adult Failure to Thrive (or AFTT, for short).

Keep reading to learn all about Adult Failure to Thrive. Find out why it happens and what you can do to help someone who is on the same path that Ruth took.

WHAT DOES AFTT LOOK LIKE?

Adult Failure to Thrive is a state of decline that can happen when a senior has multiple chronic diseases, takes certain medications, becomes depressed, and/or has limited or no social support.

The person usually experiences the loss of ability to function or “get around,” and has a greater need for help with ADLs. In addition, the person experiences worsening depression and shows a loss of willingness to eat and drink that eventually leads to death.

Symptoms associated with AFTT include:

Decreased appetite.

Poor nutrition.

Dehydration.

Risk for infection.

Increased risk for pressure ulcers.



Weight loss greater than 5% of baseline.

Inactivity.

Depression.

Cognitive decline.

Increased risk for hip fractures.

Important! *The symptoms of AFTT should not be considered a normal consequence of aging.*

Many of the symptoms associated with AFTT can be treated and reversed. It’s important to recognize the signs and symptoms of AFTT as soon as possible so that treatment can be most effective.



Ruth’s Challenge: Remember Ruth from the beginning of this inservice? The doctor tried everything he could, but nothing seemed to work.

What else did Ruth need? Ruth had suffered many losses. She experienced the loss of her husband, all her friends, her home, her health, and her independence.

Ruth needed social support. She needed hope. And she needed to feel that regaining some independence was possible.

What role do you think a CNA like you may have played in turning Ruth’s situation around?



The Facts

- It is estimated that between 5 and 35% of community-dwelling older adults suffer from adult failure to thrive.
- As many as 40% of nursing home residents can be classified as having AFTT.
- As people become elderly, some appear to dwindle away . . . that’s why AFTT was once known as “the dwindles.”
- More often than not, the cause of AFTT is not identifiable or reversible.
- Depression that occurs for the first time late in life is associated with a faster decline when failure to thrive is diagnosed.



CONNECT IT NOW!

APPLY WHAT YOU KNOW!

IS YOUR CLIENT AT RISK?

Think about a client for whom you provide care. Look at the medical conditions listed on this page. Does your client have one or more of these conditions?

Now check the chart or ask the nurse about your client's medications.

If you think your client may be at risk for failure to thrive, bring your concerns to the nurse. Come up with a plan to deal with any symptoms as soon as they arise.

WHAT CAUSES ADULT FAILURE TO THRIVE?

It's impossible to pinpoint a specific "cause" of failure to thrive in adults. There are many different medical conditions that can lead to failure to thrive, including chronic infections, inflammatory conditions, and psychiatric conditions. In addition, some common medications also contribute to AFTT.

Here are some common medical conditions that can trigger failure to thrive in elderly patients:

- Cancer, particularly in advanced stages.
- Chronic lung disease, such as COPD.
- Kidney failure.
- Liver failure.
- Depression.
- Diabetes.
- Hip or other large-bone fracture that leads to immobility.
- Congestive heart failure.
- Stroke.
- Chronic inflammatory illnesses, such as rheumatoid arthritis and lupus.
- Tuberculosis.

Common medications associated with failure to thrive include:

- Seizure medications, like Tegretol, Neurontin, and Dilantin.
- Medications for anxiety such as Xanax, Klonopin, and Ativan.
- Certain blood pressure lowering medications called Beta blockers.
- Diuretics (water pills), particularly high-potency combinations because they can cause dehydration and electrolyte imbalances.
- Steroids.
- Opioids.
- Older (first generation) antidepressants like Prozac, Paxil, and Zoloft.
- **Any combination of more than four prescription medications.**



HELPING WITH NUTRITION

Weight loss is one of the most important signs of failure to thrive in adults. Weight loss may be a sign of a physical problem like chronic diarrhea, or it may be a result of poor appetite. In addition to weight loss, problems with nutrition almost always go hand-in-hand with dehydration.

How you can help:

- Monitor weight loss closely. A loss of 5% or more in body weight is a serious problem that must be reported. (See sidebar to learn how to calculate a 5% weight loss.)
- Monitor and report any chronic diarrhea. This may be a sign that food is not being absorbed properly. It's a condition that can usually be treated.
- Clients who receive chemotherapy or radiation for cancer treatment may experience nausea and vomiting. This is also treatable and reversible. Be sure to report to your supervisor if your client is unable to eat or drink because of nausea or vomiting.
- Some medications and the normal aging process can leave clients unable to smell and taste food the way they used to. This can make eating a miserable experience. Talk to your supervisor. There are certain spices and herbs that can be safely added to most people's food to make it easier to taste.
- Clients with poor eyesight may find it hard to get excited about eating what they can't see. Describe in detail what is on the plate and what it looks like. Explain where items are located. Use the face of a clock as a road map. For example, your roll is at two o'clock, your meat is at six o'clock and your green beans are at nine o'clock.
- Constipation may be part of the problem as the digestive process slows and becomes less efficient. This can cause bloating, nausea, and abdominal pain, often making it too uncomfortable to eat. Be sure your client eats plenty of whole grains and high fiber foods, and drinks 6-8 eight ounce glasses of water each day to avoid constipation.
- Keep in mind, a relaxed and positive setting with easy social interaction during meals helps improve nutritional intake and overall health. Serve meals "family style" if possible.
- If your client becomes agitated during mealtimes, decrease noise and distractions. Play soft music. Sit with your client and keep the conversation pleasant and light.
- If possible, serve 5 or 6 small meals and snacks throughout the day instead of 3 big ones.



CALCULATE!

HOW DO YOU CALCULATE A 5% WEIGHT LOSS?

If you are concerned about your clients weight, look back at the recorded weight from 30 days ago.

For this example, say your client's weight was 135 pounds just one month ago.

STEP 1

To find 5% of 135, multiply by 0.05 like this:

$$135 \times .05 = 6.75$$

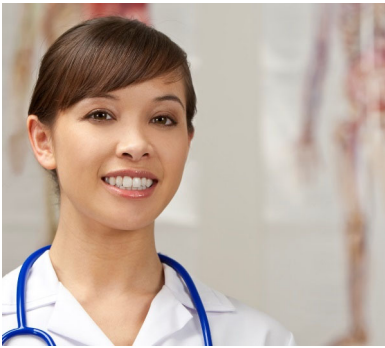
So, 6.75 pounds is 5% of 135 pounds.

STEP 2

Then, subtract, like this:

$$135 - 6.75 = 128.25$$

If the current weight is 128.25 pounds or less, then there has been a 5% (or greater) weight loss over 30 days.



THE NEXT STEP!

A SIMPLE MEDITATION

Here is a simple, quick meditation you can try yourself!

Once you learn how to do it and feel the benefits, you can lead your clients through the steps.

- *Sit in a comfortable, relaxed position. Close your eyes and take a few deep breaths.*
- *Imagine you are in a peaceful, beautiful place like a shady park, a sunny beach, or a breezy field of flowers.*
- *Focus intently on the sights, sounds, smells of your peaceful place as you continue to breath deeply and evenly.*
- *Continue focusing and breathing for about 5 minutes.*
- *When you are finished, gently return to your everyday reality and notice how you feel calmer, rested, and refreshed!*

COMPLIMENTARY & ALTERNATIVE HELP

Complementary and Alternative Medicine (CAM, for short) is defined as "a group of diverse practices and products that are not generally considered part of conventional medicine."

There are several main categories of CAM, including:

- Natural products - Vitamins, herbs, and nutritional supplements.
- Mind and body medicine - Yoga, Tai-Chi, meditation, hypnosis, music, and art therapy.
- Chiropractic and Other Body Work - Body manipulation, massage, and acupuncture.

Here's how you can help clients beat AFTT with CAM:

- **Ginger** can help increase appetite and soothe nausea and upset stomach. Serve ginger ale or ginger tea for your client to sip throughout the day.
- **Meditation** can be used to relax, cope with illness, or to enhance overall health and well-being. Meditation is a simple practice that includes focused attention and deep breathing. The immediate effect comes when increased oxygen enters the body during deep breathing exercises. Increased oxygen improves mood, stimulates the appetite, increases energy and alertness, and can even promote more restful sleep.
- **Tai Chi** (pronounced TIE-chee) is a gentle, slow-motion form of ancient Chinese exercise. It is a safe alternative for older adults who cannot otherwise exercise. It is very low impact, does not require any special equipment, and can be done indoors or out. Individuals enrolled in Tai Chi exercise programs report: stronger knee and ankle muscles, improved mobility and flexibility, and better balance.
 - Remember Ruth from the beginning of this inservice? A major factor in her decline was the loss of immobility she experienced after her fall. A Tai-chi class may have turned things around for her.



- **Take it outdoors!** Being outdoors and feeling connected to nature has the potential to improve your client's physical, emotional, and spiritual well being. **Here are a few things your client may be able to do outdoors:**

- Go for a walk
- Bird watch
- People watch
- Photography
- Read outdoors
- Picnic
- Shop the farmer's market
- Shop a flea market
- Nap under a shady tree

REVERSING AFTT WITH HOPE

Hope is defined as the essential ingredient that helps people cope successfully with life challenges and transitions in order to continue functioning during chronic illness and other significant losses.

Remember Ruth? Ruth desperately needed hope. Hope would have given Ruth the energy she needed to cope with her health problems and emotional losses, to adapt to her new reality, and to continue functioning during the transition.

Here's how you can give your client's hope:

- Help clients identify their significant losses, such as spouse, friends, home, health, independence, etc. Explain that grief is normal with all loss, not just loss of a loved one. Give your client permission to grieve their losses. Reassure them that grief is not a permanent feeling. It moves through stages and eventually becomes less intense.
- Use reminiscence and story telling to help your client remember how they coped with difficult feelings in the past.
- Help your client identify sources of spirituality. She may want to read a Bible (or have it read to her), pray, attend a worship service, or speak to a chaplain. People who use religious coping mechanisms are less likely to develop depression and hopelessness than those who do not.
- Promote hope and spiritual well-being by connecting your clients to sources of life and joy, even at times of illness, suffering, and death. For example, a visit from children, a walk on a sunny day, the love of family, even an exciting sports event can divert the mind away from fear and hopelessness, even for a short while. It can be extremely restorative.
- Reminisce with your client about his or her life. The process of remembering past pleasant activities inspires hope.
- When possible, provide opportunities for social interaction. This may be in the form of visits from family and friends, group activities, eating in the dining room instead of alone in the room, and/or attending religious services.
- Help your client identify areas in which she can have some control. Encourage your client to become active in setting realistic healthcare goals.
- Provide plant or pet therapy if possible. Caring for pets or plants helps clients redefine their role and makes them feel needed and loved.
- **IMPORTANT:** Avoid offering false hope. For example, don't imply that your client's cancer can be treated if it cannot. Don't tell your client she can go home if going home is not an option.



THINK ABOUT IT!

THE ROLE OF RELIGION

It's difficult to pinpoint how or why religion impacts health—**but here is what researchers know:**

- People who have regular spiritual practices tend to live longer, have better coping skills, and a richer social life.
- People who are spiritual tend to have a more positive outlook and a better quality of life.
- Results of a recent pain study showed that 76 percent of those polled use prayer as the most common nondrug way of controlling pain.
- A study of heart patients showed that those who participated in religious activities complied better with follow-up treatment, had improved physical functioning at the 12-month follow-up visit, and had less anxiety.



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You provide care for Paul, a 76 year old widower who lives at home alone. Paul suffered a stroke a year ago, and while his recovery is going well, he seems depressed and lonely.
- **WHAT YOU KNOW:** You know that before the stroke, Paul had a group of guy friends that got together once a week to play cards. You offer to help him organize a game but he refuses. He tells you that he doesn't feel he has the energy for it and besides, one of the guys just passed away.
- **GET CREATIVE:** Think of three creative solutions that may help Paul socialize more.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

INCREASING SOCIAL INTERACTION

Like Ruth, many people find themselves feeling extremely lonely as the end of their lives approach. Losses just seem to pile up. Spouses, friends, and other family members pass away. Children move far from home.

While it's impossible to "replace" loved ones just by meeting new people, maintaining some form of social interaction can decrease loneliness. Social interaction helps people confirm that they are still here, that they matter, and that they still have some purpose.

Here's how you can promote social interaction with your clients:

- If your clients don't socialize with others—but they are capable of it—they may fight your suggestions to get together with people. But, don't give up. Try to get them to talk about why they avoid being with other people.
- Are there members of a church group or other volunteer organization that would make visits to your clients—especially the ones who are rarely visited by family members?
- Help your clients reminisce by prompting them to recall different memories. You may want to ask:
 - *What was the first car you ever owned?*
 - *What subjects did you like in school?*
 - *Did you grow up in the city or in the country?*
 - *What was your favorite holiday growing up?*
- If family members (especially children) come to visit, encourage them to play a game with your client. Keep in mind, it's usually best to limit the activity to 1 or 2 hours. The kids' energy level may wear out elderly clients!
- Volunteering can provide a sense of purpose, connectedness, and the satisfaction of helping others in need. Look for opportunities like packing care packages for troops overseas, organizing a coat drive for school kids, and making blankets for sick children. Check out www.seniorcorps.org for volunteer opportunities all over the United States.
- If your client's family lives too far away to visit often, try to set up a regular time to do a video call on the computer. Services like Skype are fairly easy to set up and are free to use. Equipment needed includes a computer with internet and a webcam for each caller.
- For internet savvy clients, keeping socially active can include connecting with family and friends on Facebook or through email.



THE ROLE OF HOSPICE

When efforts to treat AFTT fail, hospice may be called in to help.

The main goal of hospice is to help clients live meaningful lives—with comfort and dignity—for the time that’s left them.

People who receive hospice care are usually in the last six months of their lives, however, it is still possible to turn things around. There have been cases of people “graduating” from the hospice program by getting better!

Hospice provides care known as palliative care. This is also known as “comfort care.” Palliative care focuses on making a person comfortable by reducing or taking away the symptoms of an illness.

People who choose hospice have made the decision to focus their medical care on comfort rather than cure.

For more detailed information on providing care for Hospice clients, look for our inservice on “Understanding Hospice.”

A WORD ABOUT PATIENT RIGHTS

As you care for clients who are experiencing failure to thrive, it’s important to keep in mind that every client has the right to:

- Make decisions about their own care.
- Change their minds about health care treatments and services.
- Refuse care (after being told what might happen if they do).
- Have an advance directive if they want one, including a Living Will, a Medical Power of Attorney, and a Do Not Resuscitate (DNR) order.

WHAT EXACTLY ARE ADVANCE DIRECTIVES?

Everyone has the right to say how they want to be treated in the face of a terminal illness or if the ability to communicate is lost.

- **Advance Directives are legal documents that allow clients to express their wishes regarding their care as they face the end of life.**

Many people mistakenly believe that advanced directives mean the client DOES NOT want any treatment. The truth is that advance directives allow the client to determine HOW they want to be treated.

- Be sure to talk to your clients and their family members about the client's wishes and about any advance directives they have in place.



TALK ABOUT IT!

As a healthcare worker, you probably don’t look forward to seeing your clients approach the end of their lives. But being there for the death of a client can be a special and life changing event for you.

Have you ever been present with a client at the exact moment of death? How did you feel? How did the experience change the way you live your own life?

Jot down your thoughts, then discuss it with your co-workers. Listen to their stories. Learn how death changed them, too.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Adult Failure to Thrive is a state of decline that can happen when a senior has multiple chronic diseases, takes certain medications, becomes depressed, and/or has limited or no social support.
2. Failure to thrive in adults can come about as a result of a disease process, a side effect of medicine, or as the result of a decision made by the client.
3. The symptoms of AFTT should not be considered a normal consequence of aging.
4. More often than not, the cause of the AFTT is not identifiable or reversible.
5. It's important to keep in mind that every client has the right to make decisions about their own care, change their minds about the health care treatments they receive, and every client has the right to refuse care.

WHEN THE END IS NEAR . . .

As failure to thrive progresses, the person moves closer to death. While the process of dying is as unique as the individual experiencing it, there are some things that remain common for all people.

For everyone, as death approaches, metabolism slows down.

***Metabolism is the body's way of converting food into the energy.
Low metabolism = low energy.***

As metabolism slows, less oxygen is carried to the brain. This causes a chain reaction of events in the body.

- Vision begins to blur, the sense of taste and smell become less acute, and there is a decreased perception of pain. Hearing is usually last to go.
- Skin becomes mottled (blotchy), cold, and clammy.
- There is a gradual decrease in urinary output. Loss of muscle control leads to incontinence.
- Initially there is an increased heart rate, followed by a slow, irregular heart rate, with a decreasing blood pressure.
- There may be abdominal bloating, gas, and incontinence. A bowel movement may occur just before or at the exact time of death.
- Breathing is first increased, then slows and becomes irregular. The inability to cough or clear the throat causes gurgling or "noisy" breathing. This sound is also known as the "Death Rattle."
- Death occurs when all the vital organs stop functioning.

How you can help with end-of-life care:

- The goal of end-of-life care is to keep the client as comfortable as possible. Report to the nurse any changes in the level of pain so that pain medications can be adjusted.
- Always keep the client clean and dry.
- Offer small sips of fluids or ice chips. Perform frequent mouth care.
- Keep the atmosphere of the room calm and peaceful. Control noises and odors. Turn the ringer on the phone down so it does not startle anyone. Keep lights low. Keep the area clutter free.
- Continue to speak directly to the client. Remember, hearing is the last sense to go. So, chances are you will be heard!
- It's okay to just sit with the dying client. You don't even have to speak.



FINAL THOUGHTS . . .

Some cases of failure to thrive in adults come about as a result of a disease process or a side effect of medicine. These are easy to recognize and reverse.

Other instances are the result of a decision made by the client to “give up,” “let go,” or to just “stop trying.” These situations are harder to treat and—sometimes—can even be unethical to treat.

Remember, your client has the right to make decisions about his or her own care. And when a client makes the decision to stop treatment or to stop eating, urge him to speak to the doctor first, but respect his choice.

With all clients . . .

- It’s important to watch for and report the signs of failure to thrive early—before the situation becomes dangerous. Report to your supervisor right away if any of your clients are unwilling to eat or drink, if they seem to experience a bout of depression for no reason, or if there is any other sudden decline in their health.
- Keep a close eye on the side effects of medications your clients take. If you are unsure what to look for, ask the nurse. For example, you may notice that your client becomes drowsy or dizzy after taking a certain medication. This could be a side effect or a drug interaction with another medication. Either way, the medication order may need to be changed or tweaked so that the side effect does not lead to more serious problems.
- Remember, poor nutrition and dehydration can quickly become dangerous, especially in the elderly. Keep track of what your client eats and drinks. Check his or her weight to monitor for weight loss. Report to your supervisor right away if your client eats less than 25% of most meals.
- Staying active is important for physical and emotional well being. Help your client get some form of physical activity each day. If your client is mobile, go for walks or other outdoor activities. If your client is bed-bound, try doing stretches or yoga in bed!
- Never underestimate the power of social interaction. Encourage friends and family to visit. If you work in a facility, plan opportunities for your client to interact with others and create new friendships. Spark conversation yourself by asking about your client’s favorite topics or family.
- Remain available to listen when your client is ready to talk about his or her feelings of loss, lack of self-worth, or sadness. These feelings are common and your willingness to listen and be empathetic can make all the difference!



WHAT I KNOW NOW!

Now that you’ve read this inservice on adult failure to thrive, jot down a couple of things you learned that you didn’t know before.





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Adult Failure to Thrive (AFTT)

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about adult failure to thrive? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- Which of the following is a symptom of Adult Failure to Thrive?**
 - A. Decreased appetite.
 - B. 5% weight loss.
 - C. Depression.
 - D. All of these.
- A client suffering from AFTT may benefit from:**
 - A. More time alone.
 - B. Increase in medications.
 - C. Forced feedings.
 - D. Time spent outdoors.
- Your client tells you she is tired of all of her medical treatments and wants to stop taking her medications. You should:**
 - A. Support her in her plan to stop taking medications.
 - B. Urge her to discuss the plan with her doctor before deciding.
 - C. Tell her that prayer actually works better than medicine anyway.
 - D. Tell her she's being silly and that she is not allowed to make that choice.
- Complimentary and alternative treatment(s) that may help with AFTT is/are:**
 - A. Meditation.
 - B. Tai chi.
 - C. Ginger.
 - D. All of these.
- True or False**
Any combination of more than four prescription medications can lead to AFTT.
- True or False**
Adult failure to thrive just happens when people get old.
- True or False**
A relaxed and positive setting with easy social interaction during meals helps improve nutritional intake.
- True or False**
Hope helps people cope with life challenges and transitions.
- True or False**
As death approaches, metabolism revs into overdrive.
- True or False**
The main goal of hospice is to speed up the dying process.

