

What is heroic geriatrics? Professionals and ordinary people perform amazing feats and service in geriatrics that make the paper, televised news, and earn awards. Heroics in geriatrics do not have to be gravity-defying feats of greatness, but rather sometimes, it is in the simplicity of specialized knowledge that even a 2012 grad of geriatric social work can provide...

A Struggle

I recently began seeing a client who was dealing with increased weakness and weight loss over time. The family consistently complained about the client not eating enough and only having an appetite for certain candies. This frustrated the family because they felt she was making a choice to only eat sweets and actively turning down other foods, despite their pleading and concern. Although the family had tried using multiple tactics to sneak food and meal supplements whenever possible, my client continued to refuse food and began solely drinking meal supplements. The family was desperately trying to help their mother and did not understand why she was refusing their help. Some even wondered if she was trying to eat less because she no longer wanted to live. ***Is mom trying to starve herself to death?***

The Insight

From the beginning, I could tell there were honest and heart felt intentions, but there were also major misunderstandings. I found out no one had asked my client why she was not eating. It was soon discovered that no one had asked if she was hungry or enjoying food, how did food taste, and was she getting joy and/or satisfaction from her meals? Although these questions spring to my mind when dealing with older clients who are having trouble with motivation to eat, ***these are not common sense questions, but rather information I gathered in my geriatric training and experience.***

Discovery

After sitting down with my client and her daughter, I found my client did not want to starve herself at all, but rather she felt helpless, hurt, and misunderstood. My client knew that her family was frustrated with her and she was saddened and worried she may be causing them burden or grief. She was frustrated, because she felt her kids were making assumptions about her actions and feelings and that she was not eating on purpose, when this was not the case at all. My mission was not to lecture my client, but to listen and validate her. ***What was causing her not to eat?*** Was she hungry? She said she did get hungry, but didn't stay hungry long after she started eating. I asked her if she enjoyed eating? She answered no, and when I asked why, she said it was not enjoyable to her anymore. When I asked her if food tasted good, she said it did not seem to taste much at all anymore, not to mention she could no longer smell food when it was cooking or even right in front of her... ***BINGO!***

Geriatric Education In Action!

Taste and smell are integral parts of the eating experience. Although when we think about losing senses as we age we often think of sight and hearing, taste and smell can also decline or extinguish altogether for a host of reasons! These losses can be traumatic, depressing and cause

issues like those experienced by my client. At some point in my training and experience in geriatrics, I studied and learned about ageusia, and anosmia, the loss/absence of taste and smell respectively. Once I realized my client may be dealing with either or both of these conditions, I was able to educate her and her family, and even provide simple ways to start dealing with these issues and begin approaching food in a new way with new purpose. I urged the client and her family to follow up with her doctor and nurse for further advice and understanding. ***It is a geriatric professional who takes time to understand and guide their clients to success.***

Triumph

I did not do anything awe-defying, and yet for this client, it made a world of difference. In the 3 months since I explained anosmia and ageusia, my client and her family have followed up with her doctor and she is eating consistently and healthily. My client has gained 8 healthy pounds and reports feeling happier, in control, and able to enjoy food again, although different from in the past. This small gift of knowledge provided relief and understanding for the family, who can now go forward productively supporting and encouraging their mother. Most importantly, my client has stated she feels confidence and dignity again because she has the power, strength, and tools to help herself. ***What is heroic geriatrics? It's simple. Providing an opportunity for quality of life, dignity and respect!***