

GERIATRIC DIETETICS, HEALTHY AGEING AND CLINICAL NUTRITION SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want focused competence in nutrition care for older adults across community, hospital, rehabilitation, long term care and home settings.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want to develop specialized skills in geriatric nutrition, healthy ageing, malnutrition, sarcopenia, frailty, dysphagia, dementia, multimorbidity, nutrition support and advanced older adult care.

Specialization Approach

The course begins with ageing physiology and comprehensive geriatric assessment, then progresses into malnutrition, sarcopenia, frailty, hydration, chewing and swallowing concerns, dementia, chronic disease, polypharmacy, oral and enteral nutrition support, rehabilitation, palliative nutrition and advanced case management.

Clinical Focus

Participants learn to integrate dietary intake, weight history, muscle and functional status, cognition, swallowing, dentition, hydration, disease burden, medications, social circumstances, food access, living environment, patient preferences and goals instead of treating age or diagnosis in isolation.

Overall Aim

To develop dietitians who can prioritize nutrition care for complex older adults, prevent unnecessary dietary restriction, protect function and quality of life, support multidisciplinary care and defend nutrition decisions using individualized assessment.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Ageing Physiology and Comprehensive Geriatric Nutrition Assessment

Understand how ageing affects body composition, appetite, metabolism, function and nutrition assessment.

Month 2

Malnutrition, Sarcopenia, Frailty and Hydration

Develop competence in recognizing and managing major nutrition related geriatric syndromes.

Month 3

Dysphagia, Dementia, Oral Health and Feeding Difficulties

Understand how swallowing, cognition, oral health, functional ability and social factors influence eating and drinking.

Month 4

Multimorbidity, Polypharmacy and Geriatric Medical Nutrition Therapy

Apply nutrition reasoning to diabetes, cardiovascular disease, renal disease, gastrointestinal concerns and multiple coexisting diagnoses.

Month 5

Nutrition Support, Wound Healing, Rehabilitation and Advanced Geriatric Care

Develop skills in oral nutrition support, enteral nutrition, wound related nutrition, rehabilitation and palliative nutrition.

Month 6

Advanced Geriatric Dietetic Practice and Case Management

Integrate assessment, nutrition diagnosis, intervention, monitoring, documentation, care transitions and multidisciplinary practice.

MONTH 1: AGEING PHYSIOLOGY AND COMPREHENSIVE GERIATRIC NUTRITION ASSESSMENT

Theme: Do not treat chronological age. Assess the person behind the age.

Purpose: To understand how normal ageing, disease, functional ability and living circumstances influence nutritional status.

Week

Focus

Learning Content

Practical Application

1

Understanding Geriatric Dietetics

Role of the geriatric dietitian. Healthy ageing. Physiological ageing and disease. Heterogeneity among older adults. Community dwelling adults. Hospitalized patients. Rehabilitation. Long term care. Home care. Person centered nutrition care.

Participants compare the nutrition priorities of three older adults of similar age but very different levels of independence, disease

burden and nutrition risk.

2

Physiology of Ageing

Changes in body composition. Loss of lean tissue. Changes in energy expenditure. Appetite regulation. Taste and smell. Gastrointestinal changes. Renal considerations. Thirst perception. Bone and muscle ageing.

Participants connect physiological changes with potential nutrition risks without assuming every older adult has identical requirements.

3

Comprehensive Geriatric Nutrition Assessment

Weight history. Dietary intake. Appetite. Anthropometry. Biochemical information. Medical conditions. Medications. Supplements. Dentition. Swallowing. Bowel function. Hydration. Physical function. Cognition. Mood. Mobility. Social support. Food access and ability to prepare meals.

Participants complete a structured geriatric nutrition assessment and identify information that changes the nutrition plan.

4

Nutrition Screening and Clinical Prioritization

Screening and assessment. Unintentional weight loss. Reduced intake. Disease burden. Low body weight. Nutrition focused physical findings. Recognizing missing information. Determining urgency and referral needs.

Participants review several older adult cases and decide who requires immediate nutrition assessment and what should be assessed first.

Development Outcome: Participants should be able to assess ageing

within the complete medical, functional, cognitive and social context rather than assuming age alone determines nutrition needs.

MONTH 2: MALNUTRITION, SARCOPENIA, FRAILITY AND HYDRATION

Theme: In geriatric care, preserving function can be as important as changing body weight.

Purpose: To develop competence in recognizing and managing malnutrition, muscle loss, frailty and dehydration in older adults.

Week

Focus

Learning Content

Practical Application

5

Geriatric Malnutrition

Reduced appetite. Illness. Hospitalization. Chewing difficulty. Swallowing difficulty. Depression. Cognitive impairment. Medication effects. Poverty. Isolation. Functional limitations. Weight change. Intake assessment. Food enrichment. Meal pattern modification. Oral nutrition support. Monitoring.

Participants develop individualized nutrition care for an older adult with unintentional weight loss and reduced appetite.

6

Sarcopenia and Muscle Health

Muscle mass. Strength. Physical performance concepts. Protein adequacy. Energy sufficiency. Protein distribution. Micronutrient adequacy. Immobilization. Bed rest. Importance of resistance activity and rehabilitation collaboration.

Participants build a nutrition and rehabilitation support strategy for an older adult recovering from prolonged hospitalization.

7

Frailty and Functional Decline

Frailty concepts. Reduced physiological reserve. Mobility. Activities of daily living. Ability to shop, cook and feed oneself. Low intake. Weight loss. Low muscle reserve. Multimorbidity. Multidisciplinary care.

Participants compare a frail and a robust older adult and explain why their nutrition priorities differ despite similar chronological age.

8

Hydration and Dehydration

Reduced thirst. Dependence on carers. Swallowing difficulties. Cognitive impairment. Illness. Fluid intake history. Beverage preferences. Fluid accessibility. Assisted drinking. Meal based hydration. Medical fluid restriction where relevant.

Participants develop a practical hydration intervention for a dependent older adult with consistently low fluid intake.

Development Outcome: Participants should understand how body weight, muscle, strength, function, hydration and independence are connected and should be monitored together.

MONTH 3: DYSPHAGIA, DEMENTIA, ORAL HEALTH AND FEEDING DIFFICULTIES

Theme: Sometimes the problem is not what the patient should eat. The problem is whether they can eat it.

Purpose: To develop practical nutrition care for older adults whose

eating and drinking are affected by swallowing, oral, cognitive, psychological or social barriers.

Week

Focus

Learning Content

Practical Application

9

Dysphagia and Texture Modified Nutrition

Swallowing difficulty and aspiration risk as multidisciplinary clinical concerns. Nutritional adequacy of texture modified foods and thickened fluids when prescribed. Reduced meal appeal. Low energy intake. Dehydration risk. Collaboration with speech therapy, nursing, medicine and occupational therapy.

Participants modify a meal to meet prescribed texture requirements while preserving nutrient density, hydration and acceptability.

10

Oral Health and Chewing Difficulties

Dentition. Dentures. Oral pain. Dry mouth. Chewing limitations. Consequences of avoiding difficult textures. Nutrient dense soft food options. Unnecessary restriction. Dental and medical referral.

Participants redesign an inadequate soft diet for an older adult with poor dentition while maintaining dietary variety and nutrition density.

11

Dementia and Cognitive Decline

Forgetting meals. Food recognition difficulties. Altered preferences. Wandering. Dependence. Reduced intake. Mealtime environment.

Familiar foods. Feeding assistance. Finger foods where appropriate. Maintaining independence. Weight loss. Oral nutrition support when indicated.

Participants develop person centered nutrition care for an older adult with dementia and progressive weight loss.

12

Psychological and Social Feeding Barriers

Depression. Loneliness. Bereavement. Changes in meal routines. Cognitive barriers to shopping and cooking. Financial barriers. Food insecurity. Caregiver burden. Meal assistance. Community support.

Participants adapt a nutrition intervention to an older adult living alone with limited mobility, low appetite and weak social support.

Development Outcome: Participants should be able to identify whether poor intake is driven by swallowing, oral health, cognition, mood, function, social circumstances or a combination of factors.

MONTH 4: MULTIMORBIDITY, POLYPHARMACY AND GERIATRIC MEDICAL NUTRITION THERAPY

Theme: The older patient rarely arrives with only one diagnosis.

Purpose: To teach participants how to prioritize nutrition when chronic diseases, frailty, medications and malnutrition risk overlap.

Week

Focus

Learning Content

Practical Application

13

Diabetes and Metabolic Health in Older Adults

Individualized glucose management. Hypoglycemia risk. Meal skipping. Medications. Cognitive impairment. Inconsistent intake. Weight management. Avoiding aggressive restriction in frail or malnourished patients.

Participants compare diabetes nutrition priorities in a robust older adult and a frail older adult with poor intake.

14

Cardiovascular Disease and Hypertension

Blood pressure. Sodium. Dietary quality. Dyslipidemia. Dietary fat quality. Fiber. Heart failure. Appetite. Sodium and fluid considerations according to the medical plan. Balancing cardiometabolic goals with malnutrition risk.

Participants modify an overly restrictive cardiac diet for an older patient who is losing weight unintentionally.

15

Renal, Liver and Gastrointestinal Conditions

Kidney disease. Protein, electrolyte and fluid considerations according to disease stage and treatment. Constipation. Diarrhea. Gastrointestinal tolerance. Hydration. Liver conditions. Muscle preservation.

Participants prioritize nutrition for an older adult with kidney disease, diabetes and poor appetite while avoiding cumulative unnecessary restriction.

16

Polypharmacy and Medication Related Nutrition Problems

Prescription medicines. Nonprescription products. Supplements. Appetite changes. Nausea. Constipation. Diarrhea. Dry mouth. Taste changes. Drug nutrient awareness. Duplication. Inappropriate high

dose supplementation. Collaboration with pharmacists and prescribers.

Participants complete a medication and supplement related nutrition review and identify issues requiring multidisciplinary discussion.

Development Outcome: Participants should be able to decide which nutrition restrictions are necessary, which are low priority and which may be clinically counterproductive in a complex older adult.

MONTH 5: NUTRITION SUPPORT, WOUND HEALING, REHABILITATION AND ADVANCED GERIATRIC CARE

Theme: When oral intake becomes inadequate, the dietitian must understand the next level of support and the goals behind it.

Purpose: To develop advanced skills in oral nutrition support, enteral feeding, rehabilitation, wound related nutrition and person centered care during advanced illness.

Week

Focus

Learning Content

Practical Application

17

Oral Nutrition Support

Food fortification. Energy and protein density. Snacks. Oral nutrition supplements. Meal assistance. Adaptive utensils. Environmental strategies. Monitoring intake, weight, function, tolerance and preferences.

Participants build a food first and oral nutrition support pathway

for a malnourished older adult.

18

Enteral Nutrition in Older Adults

Indications for enteral feeding. Nasogastric and gastrostomy concepts. Formula selection. Energy. Protein. Fluid. Fiber. Monitoring tolerance, hydration, gastrointestinal symptoms and nutrition outcomes. Goals of care and patient preferences.

Participants develop a simulated enteral feeding and monitoring plan while explaining why enteral nutrition is or is not appropriate.

19

Pressure Injuries, Wounds and Rehabilitation Nutrition

Malnutrition and wound healing. Energy and protein adequacy. Micronutrient deficiency correction. Hydration. Muscle recovery. Functional rehabilitation. Multidisciplinary wound care.

Participants develop nutrition care for a malnourished older adult undergoing rehabilitation with a pressure injury.

20

Palliative and End of Life Nutrition

Comfort. Dignity. Symptom relief. Patient preferences. Appetite decline in advanced illness. Emotional meaning of feeding. Caregiver concerns. Artificial nutrition decisions within multidisciplinary care. Sensitive communication and realistic goals.

Participants develop a comfort focused nutrition approach for an advanced illness case and explain how goals differ from restorative nutrition care.

Development Outcome: Participants should understand that nutrition support decisions depend on clinical benefit, prognosis, goals of care, patient preferences, tolerance and quality of life

rather than calorie targets alone.

MONTH 6: ADVANCED GERIATRIC DIETETIC PRACTICE AND CASE MANAGEMENT

Theme: Manage the person, not a list of diagnoses.

Purpose: To integrate geriatric assessment, nutrition diagnosis, intervention, monitoring, documentation, care transitions and multidisciplinary practice.

Week

Focus

Learning Content

Practical Application

21

Geriatric Nutrition Diagnosis and Prioritization

Intake, clinical and behavioral environmental nutrition problems. PES statements. Malnutrition. Swallowing. Hydration. Disease management. Function. Social barriers. Patient goals. Primary and secondary priorities.

Participants develop and defend nutrition diagnoses for complex older adult cases.

22

Intervention, Counseling and Monitoring

Nutrition prescription. Food modification. Fortification. Oral nutrition supplements. Enteral nutrition. Education. Counseling. Functional goals. Strength. Mobility. Ability to eat independently. Quality of life. Monitoring intake, weight, symptoms, hydration, functional indicators and biochemical information.

Participants build a complete intervention and monitoring framework directly linked with identified nutrition problems.

23

Care Settings, Documentation and Multidisciplinary Practice

Acute hospital. Rehabilitation. Long term care. Home care. Community care. Screening. Meal service. Resident preferences. Caregiver support. ADIME documentation. Handover. Referral communication. Discharge and continuity of care.

Participants develop one patient nutrition pathway across hospital, rehabilitation and home and document each transition.

24

Advanced Geriatric Case Defense

Integration of ageing physiology, diagnoses, intake, weight history, frailty, sarcopenia, swallowing, cognition, hydration, medications, function, social circumstances, patient preferences, nutrition diagnosis, intervention and monitoring.

Participants present and defend a complete complex geriatric case, explaining why every major dietary restriction, support decision and monitoring target is appropriate or unnecessary.

Development Outcome: Participants should finish the specialization able to prioritize person centered nutrition care for complex older adults across different care settings while preserving function, dignity and quality of life.

GERIATRIC SPECIALIZATION CASE PORTFOLIO

Case Area

Practical Competency

Unintentional Weight Loss

Identify contributing factors and develop individualized nutrition care.

Geriatric Malnutrition

Complete assessment, nutrition diagnosis, intervention and monitoring.

Sarcopenia

Integrate energy, protein, muscle preservation and rehabilitation priorities.

Frailty

Connect nutrition care with functional and independence goals.

Dehydration

Identify barriers and develop realistic hydration support.

Dysphagia

Maintain nutritional adequacy within prescribed texture modification.

Poor Dentition

Adapt food texture without unnecessary nutrient loss or excessive restriction.

Dementia

Develop person centered mealtime and nutrition support.

Diabetes in Frailty

Balance glucose management with malnutrition and hypoglycemia risk.

Kidney Disease and Poor Intake

Prioritize renal considerations while protecting intake and nutritional status.

Heart Failure

Integrate nutrition adequacy with medically required sodium or fluid considerations.

Polypharmacy

Identify medication and supplement related nutrition concerns.

Pressure Injury

Develop nutrition support within comprehensive wound care.

Enteral Nutrition

Build a feeding and monitoring strategy linked with goals of care.

Rehabilitation

Support muscle, intake and functional recovery.

Palliative Care

Develop comfort focused nutrition goals and communication.

Complex Multimorbidity

Prioritize multiple competing nutrition problems without stacking unnecessary restrictions.

Final Case Defense

Defend the complete geriatric nutrition care process.

PROFESSIONAL SCOPE INTEGRATION

Situation

Geriatric Dietitian Role

Malnutrition

Assess and diagnose the nutrition problem and develop individualized nutrition support.

Frailty

Address nutrition contributors and collaborate with rehabilitation and medical teams.

Sarcopenia

Support energy and protein adequacy alongside appropriate strength and rehabilitation interventions.

Dysphagia

Manage nutritional adequacy within texture recommendations determined through appropriate swallowing assessment.

Dementia

Support eating, drinking, nutritional status and mealtime environment within person centered care.

Dehydration

Identify nutrition related causes and develop hydration strategies unless medically restricted.

Polypharmacy

Recognize medication related nutrition concerns and collaborate with pharmacists and prescribing clinicians.

Chronic Disease

Provide individualized medical nutrition therapy while avoiding cumulative unnecessary restriction.

Pressure Injury

Support nutritional adequacy as one component of multidisciplinary wound care.

Tube Feeding

Develop and monitor nutrition provision within multidisciplinary care and agreed goals.

Palliative Care

Align nutrition goals with comfort, prognosis, patient preferences and the wider care plan.

Cognitive Decline

Recognize nutritional implications while medical diagnosis and treatment remain outside dietetic scope.

Complex Older Adult

Prioritize nutrition within the complete medical, functional, psychological and social situation.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Comprehensive Geriatric Assessment

Structured geriatric nutrition assessment tool.

Malnutrition Screening Exercise

Identification and prioritization of nutrition risk.

Geriatric Malnutrition Case

Complete nutrition care process.

Sarcopenia Case

Nutrition and functional preservation framework.

Frailty Case

Multidisciplinary nutrition care priorities.

Hydration Assessment

Dehydration risk and intervention framework.

Dysphagia Case

Nutritionally adequate texture modified plan within multidisciplinary recommendations.

Dementia Nutrition Case

Person centered nutrition and mealtime strategy.

Polypharmacy Review

Medication and supplement related nutrition assessment.

Multimorbidity Case

Prioritization of competing dietary requirements.

Oral Nutrition Support Plan

Food enrichment and supplementation pathway.

Enteral Nutrition Case

Formula, delivery, monitoring and goals of care framework.

Pressure Injury Case

Nutrition support framework within wound care.

Long Term Care Audit

Menu, intake, hydration and resident care assessment.

Care Transition Plan

Hospital to rehabilitation to home nutrition pathway.

ADIME Portfolio

Complete geriatric clinical documentation.

Final Case Defense

Advanced multidisciplinary geriatric case presentation.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Older adults need less food because they are less active.

I understand that lower energy expenditure can coexist with high protein and micronutrient needs and significant malnutrition risk.

Weight loss is normal in old age.

I investigate unintentional weight loss rather than dismissing it as ageing.

A high BMI means malnutrition is unlikely.

I assess intake, weight trajectory, muscle, function and disease rather than body size alone.

A diabetic older adult needs a strict diabetic diet.

I balance glucose goals against frailty, hypoglycemia risk, intake

and malnutrition.

Dementia patients simply forget to eat.

I consider cognition, environment, swallowing, assistance, food recognition, preferences and disease progression.

Soft diet solves swallowing problems.

I understand that swallowing safety requires appropriate assessment and that dietetic care preserves nutrition within prescribed texture needs.

More restrictions mean better disease control.

I can identify when multiple restrictions reduce intake and become clinically counterproductive.

Tube feeding is purely a calorie calculation.

I consider clinical indication, goals of care, route, tolerance, hydration, monitoring and patient preferences.

Geriatric nutrition means making an elderly meal plan.

I can conduct, document and defend a complete person centered geriatric nutrition care process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand ageing physiology and the diversity of older adults.

Stage 2

Conduct comprehensive geriatric nutrition assessment.

Stage 3

Screen for and assess malnutrition.

Stage 4

Assess sarcopenia, frailty and functional decline.

Stage 5

Assess hydration and practical barriers to fluid intake.

Stage 6

Recognize chewing, swallowing and feeding barriers.

Stage 7

Support dementia nutrition and person centered mealtimes.

Stage 8

Manage multimorbidity without excessive dietary restriction.

Stage 9

Review medication and supplement related nutrition concerns.

Stage 10

Provide food first and oral nutrition support.

Stage 11

Understand enteral nutrition and goals of care.

Stage 12

Support wound healing, rehabilitation and functional recovery.

Stage 13

Apply person centered nutrition during advanced illness and palliative care.

Stage 14

Develop nutrition diagnosis and individualized intervention.

Stage 15

Monitor nutritional, functional and quality of life outcomes.

Stage 16

Coordinate nutrition care across hospital, rehabilitation, long term care, home and community settings.

Stage 17

Manage and defend advanced geriatric cases.

COURSE PHILOSOPHY

This specialization is designed to develop geriatric dietetic thinking rather than provide a collection of elderly meal plans. Participants learn to connect ageing physiology, intake, muscle, function, cognition, swallowing, hydration, disease, medications, living situation, patient preferences and goals of care so that nutrition intervention remains individualized, practical and professionally defensible.