



COAST: A Comprehensive Older-Adult Screening Tool¹

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Malnutrition results from the lack of adequate nutrition to maintain good health (Moreira et al. 2016). Of particular concern in older adults is malnutrition resulting from inadequate protein and energy (calories), which leads to muscle loss (Crichton et al. 2019). Nutrition risk screening is a first step to quickly identify individuals who might be malnourished or at risk of malnutrition. A malnutrition screening tool should be easy to use, quick to administer, and valid—that is, able to correctly identify those at risk of malnutrition. The Comprehensive Older Adult Screening Tool (COAST) is a valid and practical tool to determine if community-dwelling older adults are at risk for malnutrition (Alabasi et al. 2020). For malnutrition screening with COAST, older adults are those individuals over the age of 60 years.

There is a high prevalence of malnutrition among community-dwelling older adults, particularly in rural communities (Crichton et al. 2019). Malnutrition is a significant health concern because it is associated with frailty (Lorenzo-Lopez et al. 2017), reduced quality of life (Rasheed and Woods 2013), and mortality (Shakersain et al. 2016). Older adults receiving congregate and homedelivered meal services are at higher risk of malnutrition than the US older adult population due to their lower health, functional, and financial status (Lloyd and Wellman 2015).

Unintended weight loss results from insufficient calories and may lead to malnutrition. In addition, many older

adults may not consume adequate protein, putting them at risk for malnutrition (ter Borg et al. 2015). A high level of evidence supports poor appetite, hospitalization, eating dependency, poor self-perceived health, and poor physical functioning as determinants of malnutrition (O'Keeffe et al. 2018). A recent study confirmed that risk of malnutrition is increased in older adults with poor appetite and eating difficulties, as well as in those with respiratory and gastrointestinal diseases (Kiesswetter et al. 2020). The COAST was designed to target these risk factors with questions about unintended weight loss, appetite, changes in the kind/ amount of food eaten due to illness and health conditions, and intake of protein foods. Although diet quality is not associated with protein-energy malnutrition (Hengeveld et al. 2018), the question "How healthy is your overall diet?" was added as a proxy for diet quality, specifically intake of fruits and vegetables, because this may be a strong indicator of vitamin and mineral intake (Loftfield et al. 2015).

There are many malnutrition screening tools, and some are intended for community-dwelling older adults (Isautier et al. 2019). One such tool, the Malnutrition Screening Tool (MST), has recently been recommended for malnutrition screening in all adults regardless of age and in all settings (Skipper et al. 2020). However, its low specificity in older adults in community settings is a concern (Dwyer et al. 2019). In addition, it relies on an estimate of weight loss that may not be known and offers logistical challenges for measurement in a community setting. In addition, the Mini Nutrition Assessment Short-Form (MNA°-SF) is commonly

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used to screen for malnutrition in clinical environments but requires measuring height and weight, or alternatively, calf circumference, which may be time-consuming and challenging to conduct in the community.

The COAST was designed to be brief. It has only five questions and can be administrated by interview or self-screening. The COAST was developed specifically for older adults of lower socioeconomic status at high risk of malnutrition. This contrasts with other screening tools that target the general older adult population (Morrison, Laur, and Keller 2019).

Identifying older adults at risk for malnutrition is needed to ensure they receive appropriate referrals for food and nutrition services. Because the COAST was developed for screening at congregate meal sites and other low socioeconomic groups of older adults, the tool may be ideally suited for longer-term outcome evaluation of Extension nutrition education programs targeted at these populations.

COAST (Interview)			
First name:	Last name:		Date:
1. Have you lost weight recently without trying?			
0 = Yes			
1 = No			
2. Have you been eating less food because of a de	ecreased appetite?		
0 = Yes			
1 = No			
3. Do you have an illness or condition that has n	nade you change the kind and/o	r amour	nt of food you eat?
0 = Yes			
1 = No			
4. In general, how healthy is your overall diet?			
0 = Poor			
1 = Good			
2 = Very good			
5. Do you consume			
Dairy products (milk, cheese, yogurt) or soy	y milk at least once a day?	Yes	No
• Meat, poultry (e.g., chicken), fish/seafood, o	or eggs every day?	Yes	No
• Legumes (e.g., beans), soy products, nuts, or	r seeds at least twice a week?	Yes	No
0 = If 0 yes response			
1 = If one yes response			
2 = If two yes responses			
3 = If three yes responses			
Screening score (subtotal max 8 points) 7–8 points: ☐ At low risk of malnutrition			
5–6 points: ☐ At moderate risk of malnutrition			
0–4 points: □ At high risk of malnutrition			

(Ferguson et al. 1999; National Screening Initiative 1994; Loftfield et al. 2015; Vellas et al. 1999)

COAST

1. Have you lost weight recently without trying?
Yes
No
2. Have you been eating less food because of a decreased appetite?
Yes
No
3. Do you have an illness or condition that has made you change the kind and/or amount of food you eat?
Yes
No
4. In general, how healthy is your overall diet?
Poor
Good
Very good
5. Do you consume
 Dairy products (milk, cheese, yogurt) or soy milk at least once a day? Yes
No
 Meat, poultry (e.g., chicken), fish/seafood, or eggs every day? Yes
No
• Legumes (e.g., beans), soy products, nuts, or seeds at least twice a week? (Vellas et al. 1999) Yes
No
(Ferguson et al. 1999; National Screening Initiative 1994; Loftfield et al. 2015; Vellas et al. 1999)

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