

### Healthcare for older adults with unintentional weight loss: perceptions of Primary Care professionals in São Paulo, Brazil

Cuidado a idosos com perda de peso não intencional: percepções de profissionais da Atenção Primária em São Paulo, SP, Brasil (abstract: p. 17)

Atención a personas mayores con pérdida de peso involuntaria: percepciones de los profesionales de Atención Primaria en São Paulo, Brasil (resumen: p. 17)

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Aging involves biological changes such as unintentional weight loss. This study aimed to understand primary care professionals' perceptions of the nutritional status of older adults who are users of Primary Care Units, emphasizing unintentional weight loss and identifying possibilities for intervention by the interprofessional team. Seventeen individual interviews and one focus group were conducted in 2019 with health professionals in São Paulo, Brazil. Data were transcribed, submitted to thematic content analysis, and discussed in triangulation. Participants demonstrated difficulty in identifying older adults with unintentional weight loss. Challenges for care included food insecurity and problems in the work process in Primary Care, while possibilities for care involved health education, interprofessionality, and intersectoral work.

**Keywords:** Primary Health Care. Weight loss. Comprehensive health care. Older adults' nutritional physiological phenomena.



## Introduction

Healthcare for older adults in the city of São Paulo, Brazil, is provided at different care levels, and the presence of health services grounded on interprofessional teamwork and collaborative practice enables the provision of care to this population from various perspectives and in an extended way. Services like the Specialty Outpatient Clinics for Older Adults (AME Idoso), the Older Adults Health Reference Units (URSI), and the Older Adults Companion Program (PAI), among others, compose the Older Adults Healthcare Network (RASPI) in the city<sup>1</sup>. Primary healthcare (PHC) plays an important role in this Network for two reasons: it organizes care within different healthcare networks and the Primary Care Units (UBS) are the front door through which users access the health system<sup>1</sup>.

Specifically in PHC, the city of São Paulo has been using, since 2014, the Multidimensional Assessment of Older Adults in Primary Care (AMPI-AB). This set of instruments is constituted of a questionnaire, which contains 17 questions about biopsychosocial aspects of older adults, and functional screening tests, which aid the professionals in the construction of Individual Therapeutic Projects (ITP) and in the referral of patients to different professionals, health services, and sectors - like social assistance -, depending on the identified needs<sup>2</sup>.

Concerning the nutritional status of older adults, the AMPI-AB has a specific question about unintentional weight loss and recommends the assessment of body parameters through body mass index (BMI) and calf circumference (CC), a measurement that assesses muscle mass in older adults and may indicate risk of sarcopenia. If any of these items present alterations, the AMPI-AB recommends an assessment performed by a dietitian<sup>2</sup>.

The AMPI-AB encourages professionals to screen this population for weight loss, considering its potential negative implications for health and quality of life. Unintentional weight loss in older adults is associated with the development of sarcopenia, frailty syndrome, and malnutrition, conditions that can generate an important functional loss, decrease quality of life, and increase morbidity and mortality<sup>3,4</sup>. Recent world estimates indicate that approximately 25% of older adults ( $\geq 65$  years) are malnourished or at risk of malnutrition, and it is believed that this figure may increase due to the accelerated aging of the world population<sup>5</sup>.

The causes of unintentional weight loss and malnutrition are associated with physiological factors (changes in smell, taste, teeth, swallowing, and gastrointestinal motility, among others) and psychosocial factors (depression, social isolation, social vulnerability, and food insecurity, among others), which influence food intake in older adults<sup>3,4</sup>. Furthermore, the Covid-19 pandemic directly affected older adults' health when social isolation was required to contain the virus, generating losses to the population's mental health and family income, and affecting many households in Brazil<sup>6,7</sup>.

To effectively address the multifactorial nature of unintentional weight loss, the dietitian and various other health professionals must be involved. It is expected that PHC teams such as the Family Health Strategy (FHS) and the Multiprofessional Teams (eMulti, formerly Family Health Support Center - NASF), composed of



nurses, physicians, psychologists, dietitians, speech pathologists, audiologists, and physiotherapists, among others, propose individual care strategies grounded on the core knowledge of each profession, bringing positive impacts to the dietary patterns of older adults at nutritional risk<sup>8-10</sup>. According to international guidelines, healthcare for malnourished older adults must be supported by a screening routine, performed through specific nutritional risk assessment questionnaires, and by laboratory tests, anthropometric assessment, nutritional guidance for dietary changes, and prescription of oral nutritional supplements (ONS) when necessary<sup>7</sup>. Relatively simple instruments can be used in PHC, like the Mini Nutritional Assessment (MNA). It has questions about anthropometric measures (weight, height, and weight loss), dietary information (number of meals, food and fluid intake, and self-feeding capacity), global assessment (lifestyle, medication, and functional status), and self-assessment (self-perception of health and nutrition) that can be answered in less than 10 minutes<sup>11</sup>.

However, it has been found that nutritional care for older adults with unintentional weight loss is not always a priority for PHC professionals for a number of reasons. International studies have shown that health professionals find it difficult to provide nutritional care for older adults due to a lack of knowledge about the matter, the need to deal with the assisted population's various health demands, uncertainty about which professional should perform the nutritional screening, presence of high productivity goals that must be met, and short-duration consultations<sup>7</sup>.

Based on the perception that nutritional care for older adults in São Paulo's PHC is not a priority in health services like the Primary Care Units, the present study aimed to investigate PHC professionals' perception of the nutritional status of older adults who are users of Primary Care Units in São Paulo, focusing on unintentional weight loss, and to identify possibilities of intervention in this problem by the interprofessional team. The study derives from the master's thesis authored by the main researcher, who works as a dietitian in a Multiprofessional Team in the central area of São Paulo.

## Methods

This qualitative study has an explorative and descriptive nature grounded on the interpretivist and constructivist paradigms, as it seeks to understand relationships between people and their interpretations of reality<sup>12</sup>. The study was structured according to the Standards for Reporting Qualitative Research (SRQR)<sup>13</sup>.

It is important to describe the researchers' field of activity: the first works as a health professional at a Primary Care Unit in the central area of São Paulo and, at the time of data collection, had been working in the territory for four years. The second researcher is a professor with large experience in research with older adults.

Data collection was carried out in 2019 in two phases: individual interviews followed by a focus group. The target audience was PHC professionals with



undergraduate degrees working at Primary Care Units located in the central area of São Paulo. The unit where the main researcher works was excluded from the sample to minimize biases, and the collection was carried out in seven of the territory's eight units. The participants were indicated by the units' managers based on the following criteria: two professionals per unit with different academic backgrounds, which would total 14 participants in the two phases of the study. The first phase consisted of individual interviews based on a semi-structured script containing 11 questions about the participants' perceptions of the healthcare provided for older adults assisted at the region's units, focusing on those with unintentional weight loss. The questions also approached the challenges and possibilities for the provision of healthcare for this population. The second phase, the focus group, was guided by two questions about the challenges and possibilities related to the provision of care for the studied population. The decision to have different data collection methods aimed to stimulate, first, individual reflections on the subject through the interview script; then, in the focus group, dialog and collective problematization to facilitate a deeper exploration of the topic discussed.

The material collected in the two phases was fully transcribed and submitted to a Thematic Content Analysis so that the researchers could identify central themes, organize them into categories, and make inferences about the studied matter<sup>14,15</sup>. The themes and categories obtained in the two phases were discussed jointly by the researchers, with content triangulation, to ensure a broader and deeper understanding of the investigated phenomenon and increase the reliability of the results<sup>16</sup>.

The study was approved by the Research Ethics Committees of the School of Medicine of USP (opinion no. 3.342.422 on May 23, 2019) and the Municipal Health Department of São Paulo (opinion no. 3.382.875 on June 11, 2019). All the participants were invited to read the Informed Consent Form before the interviews. Upon acceptance to participate in the two phases of the study, they signed two copies of the form.

## Results

The individual interviews were conducted between August and October 2019, and the focus group, in October 2019. Table 1 presents the participants' demographic data, academic background, and professional practice in the two phases of the study. Fourteen professionals were interviewed; however, in the interval between the two phases of the study, three professionals ceased to work in the health services (two dietitians and one nurse), and the managers were asked to indicate three other participants to compose the sample, totaling 17 interviews. In the second phase, the focus group, 14 professionals were expected but only 12 showed up: one nurse and one physician justified their absence by stating that their participation might affect their productivity goals. Professionals from eight categories participated, mostly nurses, of the female sex, with interprofessional experience in their undergraduate courses, and between 1 and 5 years of work in PHC.

**Table 1.** Characterization of the study participants according to sex, academic background, interprofessional experience in the undergraduate course, and length of service in PHC. São Paulo, SP, 2019.

Sex	Interviews		Focus Group	
	Nº	%	Nº	%
Men	4	23.53	2	16.67
Women	13	76.47	10	83.33
<b>Total</b>	<b>17</b>	<b>100.0</b>	<b>12</b>	<b>100.00</b>
Academic background	Nº	%	Nº	%
Nurse	7	41.18	5	41.66
Physiotherapist	3	17.65	2	16.67
Dietitian	2	11.77	1	8.33
Speech pathologist and audiologist	1	5.88	1	8.33
Physical education professional	1	5.88	1	8.33
Psychologist	1	5.88	1	8.33
Social worker	1	5.88	1	8.33
Physician	1	5.88	0	0.00
<b>Total</b>	<b>17</b>	<b>100.0</b>	<b>12</b>	<b>100.00</b>
Interprofessional experience in the undergraduate course?	Nº	%	Nº	%
Yes	11	64.71	7	58.33
No	6	35.29	5	41.67
<b>Total</b>	<b>17</b>	<b>100.0</b>	<b>12</b>	<b>100.00</b>
Length of service in PHC	Nº	%	Nº	%
<1 year	3	17.65	3	25.00
1 to 5 years	7	41.18	5	41.67
5 to 10 years	1	5.88	0	0.00
> 10 years	6	35.29	4	33.33
<b>Total</b>	<b>17</b>	<b>100.0</b>	<b>12</b>	<b>100.00</b>

Source: Prepared by the authors.

Tables 2 and 3 present the results of the thematic content analysis of the interviews, which resulted in 11 themes (Table 2), and of the focus group, which resulted in 5 themes (Table 3), 4 of which were similar to those identified in the interviews.



**Table 2.** Themes and categories after the thematic content analysis of the interviews. São Paulo, SP, 2019.

Themes	Categories
1 Issues related to the demographic and biopsychosocial aspects of aging	Population aging and the high number of older adults in the Central Area
	Functionality conditions resulting from aging
	Older adults' acceptance of the frailty that may derive from aging
2 Issues associated with older adults' social vulnerability	Situations of violence and neglect suffered by older adults
	Older adults with frail bonds
3 Possibilities of care for older adults in Primary Healthcare	Team meeting or matrix support
	Home visit
	Individual and shared assistances
	Group approaches
	Older Adult Reception Room
	Comprehensive approach to older adults
4 Multidimensional Assessment of Older Adults in Primary Care (AMPI-AB)	Care shared with the RASPI
	Application of the AMPI-AB in the "Older Adult Room"
	AMPI-AB as an instrument that guides older adult care
5 Nutritional care provided by the primary care unit to the older population	AMPI-AB as a political request
	Management of Chronic Noncommunicable Diseases
	Referral to the dietitian
6 Unintentional weight loss in older adults: identification of the problem and possible causes	Nutritional orientations
	Identification of unintentional weight loss
	Causes of unintentional weight loss
7 Uniprofessional work and interprofessional teamwork in the care for older adults, including those with unintentional weight loss	Mental health issues as the cause of unintentional weight loss
	Investigation and assessment of unintentional weight loss
8 Challenges in the care for older adults with unintentional weight loss	Professionals' specific action in older adult care
	Interprofessional work and NASF team
	Absence or insufficiency of family support
	Older adults who live in single-person households
9 Work process challenges in the care for older adults, including those with unintentional weight loss	Risk of food insecurity due to financial insufficiency
	Older adults' non-adherence to care proposals
	Health services professionals' impatience towards older adults
	Limited time for assistances and fully booked schedules
	Difficulties with the physical structure in the health services
	Bureaucracy of the services that provide older adult care
Weakening of the Healthcare Networks that provide older adult care	
Lack of specific instruments for the nutritional assessment of older adults	
Isolated action of the NASF team with older adults	



		Group approaches
		Case discussion
10	Possibilities to address unintentional weight loss in older adults	Assessment, monitoring, and guidance on lifestyle
		Referral to Nutrition
		Nutritional supplementation
		Permanent Health Education
11	Importance of intersectoral work in older adult care and in addressing unintentional weight loss in this population	Home Meal Service for Older Adults (SADPI), "Meals on Wheels"
		Intersectoral work in the care for older adults with unintentional weight loss

Source: Prepared by the authors.

**Table 3.** Themes and categories after the thematic content analysis of the Focus Group. São Paulo, SP, 2019.

Themes	Categories
1 Identification of unintentional weight loss in older adults in PHC	Non-identification of unintentional weight loss
	Possibilities of identification of unintentional weight loss
	Causes of unintentional weight loss
2 Multidimensional Assessment of Older Adults in Primary Care (AMPI-AB)	Application of the AMPI-AB as a possibility of identification of unintentional weight loss
	Difficulties in the application of the AMPI-AB
	AMPI-AB as an instrument to collect data
3 Psychological suffering experienced by PHC professionals	Professionals' perceptions of the limits and possibilities of their practice
	Community Health Agents' perceptions of mental health
4 Challenges in the care for older adults with unintentional weight loss	Problems in the work process
	Bureaucracy in the work process
	Productivity goals in PHC
	Older adults' non-adherence to care proposals
	Social vulnerability
5 Possibilities to address unintentional weight loss in older adults	Other challenges
	Permanent Health Education
	Care provided by an interprofessional team
	Access to the services provided by the Municipal Department of Social Assistance and Development

Source: Prepared by the authors.

Regarding the main theme of the study, the provision of care for older adults with unintentional weight loss, some professionals, both in the interviews and in the focus group, informed that they had never thought about it and did not usually identify older adults with this condition in their practice, even though they noticed that the AMPI-AB, an instrument they frequently use in their work routines, has a specific question about the matter. Despite the non-identification of cases, the participants

described possible factors associated with unintentional weight loss, such as severe diseases that generate catabolism of body tissues (like cancer or tuberculosis) and social vulnerability (like situations of violence, neglect, and food insecurity).

Concerning the healthcare demand of the older population that attends primary care units, the professionals reported that the greatest actions are related to chronic noncommunicable diseases (CNCD), usually in group approaches to systemic arterial hypertension (SAH) and diabetes mellitus (DM).

A series of challenges related to older adult care, including those with unintentional weight loss, were broadly discussed in the two phases of the study, such as insufficiency of financial and family support, social isolation, and non-adherence to offers of care. Challenges related to the work process were also observed, like the short duration of medical and nursing consultations, high productivity goals, and problems like scheduled activities being canceled because of priority actions such as vaccination campaigns (at the time the study was being conducted, the State of São Paulo was facing an outbreak of measles). The PHC workers' psychological suffering emerged in the participants' discourses in the two phases of the study, especially related to the challenges of the work process. The participants also mentioned stress and burnout among Community Health Agents (CHA), a category with a high level of professionals in the primary care units.

The professionals reflected on possibilities of assistance in PHC for older adults with unintentional weight loss, like the use of the units' own work devices (consultations and home visits) and meetings to discuss cases. In addition, they emphasized the importance of Matrix Support and Permanent Health Education to increase their knowledge about the theme. The Group Approaches were mentioned many times as a possibility of care for older adults, as they often frequent these spaces. Longitudinality of care in the groups allows the identification of health changes like unintentional weight loss.

Another matter approached in the study phases was the importance of nutritional care for addressing the problem, provided as guidelines on adequate and healthy eating. The dietitian emerged as a fundamental professional to health management and education. The use of oral nutritional supplements was informed as a possibility of care in the context of unintentional weight loss and its outcomes; however, they are not provided in the health services and their cost is high.

Interprofessional action supported by NASF teams and the sharing of cases between the RASPI services, like URSI and PAI, were broadly debated by the participants as spaces to discuss complex cases and share information on nutritional care for older adults assisted at the same time by these services. In addition, intersectoral care for older adults, represented by a partnership between Health and Social Work, emerged in the two phases of the study, highlighting its importance in the fight against vulnerability and food insecurity.

The professionals considered that the Home Meal Service for Older Adults (SADPI), which delivers meals to the homes of vulnerable older adults, or the "Bom Prato" (Good Meal) Popular Restaurants, which offer low-cost meals, are fundamental to increase this population's food and nutritional security. However, regarding SADPI, some participants expressed concern related to the fact that meals





are delivered only on business days and there are no meals adapted to diabetics or people with chewing difficulties.

## Discussion

The identified profile of the study participants shows that care activities continue to be performed by women, either receiving payment for them as health professionals, or not, as informal caregivers of older adults and children in their families. Such disparity justifies the lingering difficulties related to the inclusion of women in the labor market and reinforces social stigmas about the roles played by men and women in society<sup>17</sup>.

The PHC professionals' difficulty in identifying older adults with unintentional weight loss raises concerns and has been observed in the international literature. Research carried out in different countries has shown that PHC professionals report difficulties in identifying older adults' malnutrition due to challenges like the short duration of consultations, high productivity goals, lack of knowledge about nutritional care, and focus on health actions targeted at combating overweight, not malnutrition<sup>7,18,19</sup>. In this aspect, it is worth highlighting the importance of the AMPI-AB in helping professionals from different areas identify changes in older adults' nutritional status. Another important aspect is that the participants did not mention calf circumference (CC), a simple measurement included in the AMPI-AB that can be easily used in PHC assistance and home visits.

Length of service in PHC ranging from 1 to 5 years, as reported by most of the study participants, reflects the high turnover of professionals, a situation that affects the provision of care for users. Attributes like longitudinality and continuity of care, required in this level of healthcare, are necessary for the PHC teams to be acquainted with the assisted population and able to identify and provide effective care for older adults with unintentional weight loss<sup>8</sup>.

Although the professionals have difficulties to identify unintentional weight loss in their work routine, they reflected on possible causes of the problem. Situations of violence and neglect related to older adults were broadly discussed in the two phases of the study, which shows that such situations generate concern and demand efforts from the PHC teams. Unfortunately, it is common for this population to experience violence and neglect of care in family settings and public spaces. Informal caregivers of older adults, like relatives, often are not adequately prepared to play this role and feel overloaded, as well as mentally and physically stressed. Policies from different sectors are still necessary for the creation of caregiver programs by the State<sup>17</sup>. Beyond overloaded caregivers, neglect and violence against older adults originate in cultural paradigms of depreciation regarding the aging process. Usually, older adults are despised and marginalized by society because they are considered unproductive, dependent (in economic, familial, and health aspects), and obsolete from the cultural point of view, based on the mistaken idea that they cannot assimilate new worldviews and attitudes<sup>20</sup>.



Aspects like social isolation, depression, and financial vulnerability, which affect many older adults in the central area of São Paulo, interfere with this population's food intake due to difficulties concerning food acquisition and preparation, which may lead to unintentional weight loss and health problems. These aspects were intensified in the Covid-19 pandemic. The need to implement social isolation to contain the health emergency increased anxiety and sadness indexes in older adults and aggravated food insecurity in the Brazilian population<sup>6,21,22</sup>.

Addressing food insecurity in Brazil is urgent, especially in the post-pandemic period. In the central area of São Paulo, some units of the state-run "Bom Prato" Popular Restaurants created special strategies to operate during the pandemic, aiming to assist vulnerable populations<sup>23</sup>. In addition, in the central area of São Paulo, there is the Home Meal Service for Older Adults (SADPI), linked to the Municipal Department of Social Assistance and Development, which delivers, on business days, meals composed of lunch and soup for older adults experiencing food insecurity due to social vulnerability or mobility impairments<sup>24</sup>. Other countries have similar programs called "Meals on Wheels"<sup>25</sup>. As far as we know, SADPI currently is the only service that delivers meals to older adults' homes in the city of São Paulo.

Despite the teams' efforts to deal with unintentional weight loss and its complications, older adults' non-adherence to healthcare was mentioned many times by the participants, as it interferes with the therapeutic project. This situation is also common among older adults in other countries: in England, for example, PHC professionals have observed that older adults often do not adhere to guidelines for addressing malnutrition because the orientations they received for many years focused on dietary practices for managing overweight and obesity, which is significantly different from the orientations to address malnutrition<sup>26</sup>. This type of guidance, which is crystallized in society and the area of health, tends to minimize the problem of malnutrition among older adults, who may even avoid speaking about it during healthcare assistance<sup>26,27</sup>.

The findings of this study showed that the complexity of the challenges discussed here generates psychological suffering among the participants. Especially in the focus group, the professionals extensively debated their concerns and anguish regarding the recurring difficulties and problems of the work process. The shortage of human and physical resources to deal with routine adversities has led workers to feel stress and emotional exhaustion. Many of them have developed conditions like anxiety and Burnout Syndrome<sup>28</sup>. These situations interfere with the quality of the work, and the professionals recognize that they may fail to identify important health conditions like unintentional weight loss in older adults. Similarly, PHC professionals in other countries have reported concerns about the health demands they may fail to identify, like malnutrition in older adults, due to work overload and other priorities in their routine<sup>7,18,19</sup>.

Still regarding the workers' psychological suffering, the stress experienced by Community Health Agents (CHA) was discussed by the participants and is also discussed in the literature. A study conducted with CHA has shown emotional overload in their routine, as they live in the territories where they work and may have a personal involvement with the assisted patients, which generates anguish and anxiety<sup>28</sup>.



Although work in PHC is marked by many challenges, the interviewees mentioned devices in this level of care, such as group approaches and homecare, that support the assistance provided for the population. Interprofessional work and collaborative practice, which walk together with Matrix Support and Permanent Health Education (PHE), are important possibilities of care for the assisted population, as they allow diversity of ideas and construction of new knowledge. However, the management must stimulate the professionals to use these spaces. Unfortunately, they are often affected by the problems of the work process, which negatively impact communication among professionals and hinder shared assistance in PHC and Specialized Care<sup>29</sup>.

The RASPI and the Intersectoral Network of Services, especially the Older Adults Companion Program and the Social Work services, can aid in the detection and care of unintentional weight loss and address its biopsychosocial causes<sup>1</sup>. An important aspect discussed here is the need for intersectoral work to provide care for older adults in Brazil. Different sectors compose a larger network of services that aim to guarantee rights and healthcare to this population<sup>30,31</sup>. Almost none of the studies that form the theoretical framework of this research mention that intersectoral work is needed in older adult care.

In addition to the problems in the work process, there are gaps in the participants' training regarding older adult care in PHC. National studies have shown that PHC nurses, professionals who are extremely important in this level of care, report deficits in their training regarding older adults' health, and that many of them do not feel equipped to conduct multidimensional assessments<sup>32,33</sup>. Some participants in this study mentioned they need to acquire knowledge on nutrition and aging from qualified professionals, such as dietitians. Similarly, PHC professionals in Ireland and England have shown insecurity towards technical knowledge on nutrition and aging and reported the need for educational actions to improve the healthcare provided for this population<sup>18,19</sup>.

Nutritional care is fundamental to addressing unintentional weight loss in older adults. We recommend the use of the "Dietary Guidelines for the Brazilian Population", as it is a document used in the Brazilian National Health System (SUS) to provide the main dietary guidelines for all lifecycles, supported by biological, social, cultural, and environmental dimensions of food consumption. The Guidelines contain simple recommendations that focus on the degree of food processing and value practices like the act of cooking, eating in the company of people, and the regionality of foods<sup>34</sup>. All these aspects are important considering social isolation and the diversity of the places of origin of many older adults who live in the central area of São Paulo. With the purpose of facilitating and enhancing the nutritional orientation in PHC, the "Protocol for using the Dietary Guidelines for the Brazilian Population in the nutritional orientation for older adults" was developed. It presents a flow of guiding questions with orientations to be provided by PHC professionals during assistances<sup>35,36</sup>.

The management must encourage the professionals to use these documents, and dietitians can conduct Dietary and Nutritional Education actions for PHC workers, highlighting the singular aspects of older adults' nutrition. International studies have shown that training in malnutrition in older adults for PHC professionals generated

improved knowledge on the subject and enhanced the nutritional care that is provided. The dietitian was considered a key element in the dissemination of specific knowledge<sup>37,38</sup>.

The use of oral nutritional supplements (ONS), quite common in other countries, is important for addressing malnutrition in older adults. However, English and Irish health professionals have reported difficulties in providing adequate prescriptions due to a lack of knowledge about the matter. They also mentioned some obstacles, like the high cost of ONS<sup>7,18,19</sup>. It is important to mention that there is no official program to provide nutritional supplements for malnourished older adults in São Paulo.

The significant increase in the number of older adults around the world and the complex care demanded by this population, including unintentional weight loss and malnutrition, summon national and international agencies to perform pertinent and interrelated actions. In this perspective, the PAHO, through the document “Decade of Healthy Aging 2020-2030”, has proposed actions of different sectors, such as international agencies, governments, civil society, and the media, among others, so that people can age with dignity, access to work, and high-quality public health, valuing their life experiences and strengthening society<sup>39</sup>.

## Conclusion

The study results indicate that, although the PHC professionals understand the possible causes of unintentional weight loss in older adults and its health implications, they still have difficulties in identifying it, especially due to issues related to the work process, like problems in the work routine and the need to meet productivity goals, as studies carried out with PHC professionals in other countries have shown. These issues have generated psychological suffering in health workers. Many challenges to older adult care were identified, such as social vulnerability and its health implications, especially the presence of food insecurity in the central area of São Paulo.

Possibilities of care for older adults with unintentional weight loss were identified by the participants, such as the use of the AMPI-AB results to discuss and develop individual therapeutic projects. Interprofessional care and collaborative practice were also considered valuable possibilities of care to this population, as well as nutritional guidance oriented by dietitians, which can be grounded on the Dietary Guidelines for the Brazilian Population and shared among PHC professionals. We would like to add that calf circumference, although not mentioned by the study participants, is suggested by documents and handbooks published by the Ministry of Health and the municipal government of São Paulo as a measurement to screen weight loss in older adults.

Permanent Health Education was another possibility considered by the participants to address unintentional weight loss in older adults, as well as work conducted jointly by the RASPI and the Intersectoral Network of Services that assist older adults in the city. Finally, further national studies should be carried out to highlight the importance of care for older adults with unintentional weight loss, aiming to avoid negative outcomes and ensure quality of life for this population.



## Authors' contribution

Both authors actively participated in all stages of preparing the manuscript.

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## Conflict of interest

The authors have no conflict of interest to declare.

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O envelhecimento cursa com alterações biológicas, como a perda de peso não intencional. O objetivo deste trabalho foi conhecer a percepção de profissionais da Atenção Primária à Saúde sobre o estado nutricional de idosos usuários de Unidades Básicas de Saúde, com ênfase para perda de peso não intencional, e identificar possibilidades de intervenção pela equipe interprofissional. Foram realizadas 17 entrevistas individuais e sessão de grupo focal com profissionais de saúde de São Paulo, SP, em 2019. Os dados foram transcritos, submetidos à Análise Temática de Conteúdo e discutidos em triangulação. Os participantes demonstraram dificuldade em identificar idosos com perda de peso não intencional. Como desafios para o cuidado, destaca-se a insegurança alimentar e os atravessamentos no processo de trabalho na Atenção Primária, e como possibilidades de cuidado, foram apontadas a educação em saúde, a interprofissionalidade e a intersetorialidade.

**Palavras-chave:** Atenção Primária à Saúde. Perda de peso. Atenção integral à saúde do idoso. Fenômenos fisiológicos da nutrição do idoso.

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El envejecimiento trae consigo alteraciones biológicas tales como la pérdida de peso no intencional. El objetivo de este trabajo fue conocer la percepción de profesionales de la Atención Primaria de la Salud sobre el estado nutricional de ancianos usuarios de Unidades Básicas de Salud, con énfasis en la pérdida de peso no intencional e identificar posibilidades de intervención por parte del equipo interprofesional. Se realizaron 17 entrevistas individuales y una sesión de grupo focal con profesionales de la salud de São Paulo, SP, en 2019. Los datos se transcribieron, se presentaron al Análisis Temático de Contenido y se discutieron en triangulación. Los participantes mostraron dificultad para identificar a ancianos con pérdida de peso no intencional. Como desafíos para el cuidado, se destaca la inseguridad alimentaria y los obstáculos en el proceso de trabajo en la Atención Primaria y como posibilidades de cuidado se señalaron la educación en salud, la interprofesionalidad y la intersectorialidad.

**Palabras clave:** Atención Primaria de la Salud. Pérdida de peso. Atención Integral a la salud del anciano. Fenómenos fisiológicos de la nutrición del anciano.