

CDR Gerontology Nutrition Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is the minimum weight loss percentage over six months to be classified as significant?**
 - A. 2%**
 - B. 5%**
 - C. 7.5%**
 - D. 10%**
- 2. What type of formula is standard for general tube feeding needs?**
 - A. High-protein, low-fiber, lactose-heavy**
 - B. Isotonic, low-residue, complete**
 - C. Fat-free, high-calorie, concentrated**
 - D. Supplementary, low-water, isotonic**
- 3. Which of the following describes the Level 2 Dysphagia Diet?**
 - A. Foods must be entirely liquid**
 - B. Foods are hard and crunchy**
 - C. Moist and soft in texture**
 - D. Chunky with added fiber**
- 4. Which food sources are considered best for dietary fiber in older adults?**
 - A. Processed foods**
 - B. Whole grains, fruits, and vegetables**
 - C. Sugary snacks**
 - D. Meat products**
- 5. What are common barriers to maintaining proper nutrition for older adults?**
 - A. Lack of interest in food**
 - B. Limited mobility, cognitive decline, and financial constraints**
 - C. High levels of physical activity**
 - D. Availability of diverse food options**

- 6. What percentage of older adults is reported to be edentulous in men?**
- A. 25%**
 - B. 24%**
 - C. 30%**
 - D. 20%**
- 7. What is the minimum caloric requirement per kg for healthy older men?**
- A. 18-22 kcal/kg**
 - B. 20-24 kcal/kg**
 - C. 24-28 kcal/kg**
 - D. 30 kcal/kg**
- 8. Which dietary pattern is recommended for older adults to manage chronic diseases?**
- A. High-carb diet**
 - B. Low-fat diet**
 - C. Balanced diet rich in whole foods**
 - D. Raw food diet**
- 9. What type of oils are commonly used in Black American diets?**
- A. Olive oil**
 - B. Coconut oil**
 - C. Palm oil**
 - D. Canola oil**
- 10. Which mineral is known to help alleviate symptoms of menopause in older women?**
- A. Calcium**
 - B. Iron**
 - C. Magnesium**
 - D. Potassium**

Answers

SAMPLE

1. C
2. B
3. C
4. B
5. B
6. B
7. B
8. C
9. C
10. C

SAMPLE

Explanations

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1. What is the minimum weight loss percentage over six months to be classified as significant?

- A. 2%
- B. 5%
- C. 7.5%**
- D. 10%

A minimum weight loss percentage of 5% over six months is generally classified as significant in the context of clinical assessments and outcomes. This threshold is important because it indicates a meaningful change that can lead to improved health outcomes and reduced risk for chronic diseases. Weight loss at this level often signifies changes in dietary habits, increased physical activity, or other lifestyle adjustments that can promote further health benefits. In discussions around weight management, particularly for older adults or those with obesity-related conditions, 5% is considered a key marker. It is low enough that it is achievable for many people while still being substantial enough to elicit physiological benefits, such as improvements in blood pressure, blood lipid levels, and glucose metabolism. While other percentages, such as 2% or 10%, might be mentioned in various contexts, the 5% figure strikes a balance between feasibility and health impact, making it the standard benchmark for evaluating significant weight loss in clinical practice.

2. What type of formula is standard for general tube feeding needs?

- A. High-protein, low-fiber, lactose-heavy
- B. Isotonic, low-residue, complete**
- C. Fat-free, high-calorie, concentrated
- D. Supplementary, low-water, isotonic

The correct type of formula for general tube feeding needs is one that is isotonic, low-residue, and complete. An isotonic formula is designed to have a similar osmolarity to bodily fluids, which helps minimize gastrointestinal discomfort and reduces the risk of complications such as diarrhea or dehydration when delivered via a feeding tube. This is crucial for patients who may have compromised digestive systems. A low-residue formula means it is formulated with limited amounts of fiber and undigestible components, making it easier for the body to absorb nutrients without creating excessive waste. This feature is particularly beneficial for individuals who may have bowel issues or are in recovery, as it helps maintain regular gastrointestinal function. Lastly, a complete formula refers to one that contains all essential nutrients—proteins, carbohydrates, fats, vitamins, and minerals—needed to meet the nutritional requirements of the individual when oral intake is not possible or insufficient. This is important to ensure that individuals receiving tube feeding can maintain their nutritional status without additional supplementation being necessary. Other options presented do not meet the standard needs for tube feeding. For instance, a high-protein, low-fiber formula may be suited for specific patients requiring increased protein but is not the general standard due to its potential for gastrointestinal discomfort. Similarly,

3. Which of the following describes the Level 2 Dysphagia Diet?

- A. Foods must be entirely liquid**
- B. Foods are hard and crunchy**
- C. Moist and soft in texture**
- D. Chunky with added fiber**

The Level 2 Dysphagia Diet is specifically designed for individuals who have difficulty swallowing, also known as dysphagia. This diet focuses on providing foods that are moist and soft in texture, making them easier for individuals to chew and swallow safely. The intention behind this approach is to minimize the risk of choking or aspiration while ensuring that the foods are still appealing and nutritious. Moist and soft foods are generally easier to manage in the mouth, promoting safe swallowing and digestion. This level of the diet often includes foods like mashed potatoes, soft cooked vegetables, well-cooked pasta, scrambled eggs, and soft fruits, which are conducive to the needs of individuals with swallowing difficulties. In contrast, entirely liquid foods can be classified under a different level (Level 1) for those with more severe dysphagia. Hard and crunchy foods, as well as chunky foods with added fiber, pose higher risks of choking and are not suitable for individuals on the Level 2 Dysphagia Diet, as they require more chewing and a greater ability to manage bolus formation.

4. Which food sources are considered best for dietary fiber in older adults?

- A. Processed foods**
- B. Whole grains, fruits, and vegetables**
- C. Sugary snacks**
- D. Meat products**

Whole grains, fruits, and vegetables are recognized as the best food sources for dietary fiber, particularly for older adults. These foods are naturally rich in both soluble and insoluble fibers, which provide numerous health benefits. Soluble fiber can help regulate blood sugar levels and lower cholesterol, while insoluble fiber supports digestive health by adding bulk to the stool and promoting regular bowel movements. Older adults often face digestive issues and are at a higher risk for conditions such as constipation. A diet high in fiber can assist in preventing these problems and maintaining a healthy digestive system. Additionally, whole grains, fruits, and vegetables are packed with essential vitamins, minerals, and antioxidants that are crucial for overall health as the body ages. In contrast, processed foods, sugary snacks, and meat products typically lack dietary fiber. Processed foods may contain added sugars and unhealthy fats without the benefits of nutrients found in whole foods. Sugary snacks generally contain little to no fiber and can lead to blood sugar spikes. Meat products, while a good source of protein, do not provide fiber and can contribute to digestive issues if consumed in excess without adequate fiber intake.

5. What are common barriers to maintaining proper nutrition for older adults?

A. Lack of interest in food

B. Limited mobility, cognitive decline, and financial constraints

C. High levels of physical activity

D. Availability of diverse food options

Maintaining proper nutrition for older adults can be significantly affected by limited mobility, cognitive decline, and financial constraints. These factors can make it challenging for older individuals to shop for, prepare, and consume nutritious foods. Limited mobility can hinder an older adult's ability to access grocery stores or attend social gatherings where food is shared. It can lead to reduced opportunities for obtaining fresh produce and other healthful food items. Cognitive decline may impair decision-making and the ability to plan and prepare balanced meals, leading to reliance on less nutritious convenience foods. Financial constraints can limit access to a variety of nutritious foods, especially if an individual is on a fixed income and must prioritize essential expenses over food quality. The other options do not accurately represent common barriers. A lack of interest in food might play a role for some, but it is often a symptom of broader issues related to health or mood rather than a standalone barrier. High levels of physical activity are generally beneficial and not a barrier to nutrition. Lastly, the availability of diverse food options typically supports good nutrition; limited access, rather than abundance, tends to be problematic for older adults.

6. What percentage of older adults is reported to be edentulous in men?

A. 25%

B. 24%

C. 30%

D. 20%

The reported percentage of edentulous older men being 24% aligns well with research findings on oral health among older adults. Edentulousness, or the condition of being without teeth, is a significant issue in gerontology as it affects nutritional intake, quality of life, and overall health. This statistic reflects a considerable trend seen in geriatric populations, often arising from factors such as periodontal disease, inadequate access to dental care, and the cumulative effects of aging on oral health. Understanding this percentage is crucial for health professionals working with older adults, as it can guide nutritional assessments and interventions. For instance, knowing that a substantial portion of older men may be edentulous can prompt the need for dietary modifications to ensure proper nutrition through softer food options or alternative sources of nutrients that do not require extensive chewing.

7. What is the minimum caloric requirement per kg for healthy older men?

- A. 18-22 kcal/kg
- B. 20-24 kcal/kg**
- C. 24-28 kcal/kg
- D. 30 kcal/kg

The minimum caloric requirement for healthy older men typically falls within the range of 20 to 24 kcal/kg. This range is established based on the understanding that as individuals age, their metabolism may slow down, and their physical activity levels may decrease. Consequently, older adults may require fewer calories than their younger counterparts. For older men, who tend to have greater muscle mass compared to women, this caloric need is still essential to maintain energy levels and support overall health. Meeting caloric needs is crucial for preserving lean body mass, supporting immune function, and maintaining overall health and well-being. While some choices provide higher or lower caloric requirements, they do not align with the established ranges for healthy older men. Higher caloric recommendations might be appropriate for those who are more physically active or have specific health needs, but for the general healthy older male population, the 20-24 kcal/kg range is more accurate and supportive of maintaining optimal nutrition and health outcomes.

8. Which dietary pattern is recommended for older adults to manage chronic diseases?

- A. High-carb diet
- B. Low-fat diet
- C. Balanced diet rich in whole foods**
- D. Raw food diet

A balanced diet rich in whole foods is the recommended dietary pattern for older adults managing chronic diseases. This approach emphasizes the importance of consuming a variety of nutrient-dense foods, including fruits, vegetables, whole grains, lean proteins, and healthy fats. Such a diet provides the essential vitamins, minerals, and antioxidants that older adults need for maintaining health and supporting their immune system. Whole foods, in particular, are beneficial as they are minimally processed and retain more of their natural nutrients. This is vital for older adults, who may have diminished metabolic functions or specific nutritional needs due to age-related changes or chronic health conditions. Also, a balanced diet can help manage inflammation and blood sugar levels, factors that are crucial in the management of chronic diseases such as diabetes, heart disease, and obesity. In contrast, a high-carb diet might lead to excessive glucose intake, which is not advisable for those with insulin resistance or diabetes. A low-fat diet, while it can be beneficial in some contexts, does not necessarily provide the balanced nutrients required for overall health. A raw food diet, although touted for its potential health benefits, may not offer adequate nutrition for older adults due to the lack of variety and potential challenges in food safety, digestion, and absorption.

9. What type of oils are commonly used in Black American diets?

- A. Olive oil**
- B. Coconut oil**
- C. Palm oil**
- D. Canola oil**

The correct answer reflects the prevalence of palm oil in Black American diets. Palm oil is widely used in many traditional and contemporary African and Caribbean cuisines, which have influenced the diets of Black Americans. This oil is favored for its versatility, flavor, and high smoke point, making it suitable for frying and cooking various dishes, including stews, sauces, and traditional recipes. Olive oil, while healthier and popular in Mediterranean diets, is not as commonly used in traditional Black American cooking. Coconut oil has gained some popularity in recent years, but historically, it has not been a staple oil within this dietary context. Canola oil, although often used in the broader American diet, does not carry the same cultural significance or historical presence in Black American culinary practices as palm oil. Thus, palm oil stands out as the most commonly used oil in Black American diets.

10. Which mineral is known to help alleviate symptoms of menopause in older women?

- A. Calcium**
- B. Iron**
- C. Magnesium**
- D. Potassium**

Magnesium is known for its role in various bodily functions and has been studied for its benefits in alleviating some symptoms associated with menopause in older women. During menopause, women often experience symptoms such as hot flashes, night sweats, mood swings, and sleep disturbances. Magnesium plays a critical role in neurotransmitter function, which can impact mood regulation and stress response. Additionally, magnesium helps in muscle relaxation and can contribute to better sleep quality, thus aiding in managing insomnia that may occur during menopause. Moreover, magnesium is involved in over 300 biochemical reactions in the body, influencing hormonal balance and overall health. Sufficient levels of magnesium can help reduce the intensity and frequency of menopausal symptoms by supporting the body's natural processes. While calcium is important for bone health, especially as women age and experience a decline in estrogen levels, it does not specifically target menopausal symptoms. Iron is primarily linked to the prevention of anemia and is not directly associated with alleviating menopause symptoms. Potassium is vital for cardiovascular health and fluid balance but does not have a significant role in managing menopause effects. Therefore, magnesium is the mineral recognized for its specific contribution to easing symptoms of menopause in older women.