

Certified Specialist in Gerontological Nutrition Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

- 1. How many days of food supplies should a portable disaster supplies kit contain?**
 - A. 7 days**
 - B. 5 days**
 - C. 3 days**
 - D. 1 day**
- 2. Where can the monetary benefit from the Senior Farmers' Market Nutrition Program be used?**
 - A. Local grocery stores**
 - B. Farmers markets**
 - C. Restaurants**
 - D. None of the Above**
- 3. What are the energy needs of older adults with pressure ulcers?**
 - A. 25-30 kcal/kg**
 - B. 28-32 kcal/kg**
 - C. 30-35 kcal/kg**
 - D. 35-40 kcal/kg**
- 4. When a registered dietitian identifies a problem, what is the subsequent necessary step to document?**
 - A. Explanation**
 - B. A timely intervention**
 - C. Referrals**
 - D. All of the above**
- 5. In the context of nutrition, what does a high level of LDL cholesterol suggest?**
 - A. Bariatric surgery risk**
 - B. Increased risk for heart disease**
 - C. Malnutrition concern**
 - D. Healthy lipid profile**

- 6. What is the effect of aging on the appetite increasing hormone ghrelin?**
- A. Decreased activity**
 - B. Increased resistance**
 - C. Increased circulating levels and cerebrospinal fluid**
 - D. Reduced sensitivity**
- 7. What condition is often linked with inadequate nutrient intake due to social factors in older adults?**
- A. Food safety**
 - B. Food insecurity**
 - C. Food poisoning**
 - D. Food variety**
- 8. When addressing malnutrition, what is key for older adults with hepatic disease?**
- A. Emphasizing high-caloric diets**
 - B. Addressing fluid restriction challenges**
 - C. Ensuring adequate protein intake**
 - D. All of the above**
- 9. Which instrumental activities of daily living (IADL) directly affect food security due to the inability to complete these tasks?**
- A. Unable to manage finances and pay bills**
 - B. Unable to shop and prepare food**
 - C. Unable to keep medication management**
 - D. Unable to communicate effectively**
- 10. What is the standard therapy for older adults undergoing acute alcohol withdrawal?**
- A. Supplemental Calcium (1500 mg/day) and Folic Acid (1 mg/day)**
 - B. Supplemental Thiamine (100 mg/day) and Calcium (1500 mg/day)**
 - C. Supplemental Thiamine (100 mg/day) and Folic Acid (1 mg/day)**
 - D. Supplemental Calcium (1500 mg/day) and high protein diet**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How many days of food supplies should a portable disaster supplies kit contain?

- A. 7 days
- B. 5 days
- C. 3 days**
- D. 1 day

A portable disaster supplies kit should contain enough food supplies for at least three days. This timeframe is generally recommended because it allows individuals and families to have adequate sustenance while awaiting assistance or evacuation in the aftermath of a disaster. The three-day supply is based on the likelihood that emergency services will respond within this period to provide further help or resources. Food items included in a disaster kit should be non-perishable, easy to prepare, and ideally have a long shelf life, ensuring they remain safe and nutritious even after being stored for a while. Proper planning for at least three days of food allows for sufficient caloric intake and helps mitigate stress or nutrition-related health issues in emergency situations.

2. Where can the monetary benefit from the Senior Farmers' Market Nutrition Program be used?

- A. Local grocery stores
- B. Farmers markets**
- C. Restaurants
- D. None of the Above

The monetary benefit from the Senior Farmers' Market Nutrition Program is specifically designed to be utilized at farmers markets. This program aims to increase access to fresh fruits and vegetables for seniors while supporting local agriculture. Farmers markets serve as vital points where seniors can redeem their benefits, allowing them to purchase locally grown produce, which is essential for promoting healthy eating habits among older adults. The focus on farmers markets also aligns with the program's goal of fostering community engagement and encouraging seniors to connect with local growers. This setting not only enhances their dietary options but also contributes to the sustainability of local farmers by ensuring they receive financial support from the sales. Options like local grocery stores or restaurants are not part of the benefit's intended use, as they do not typically participate in the redemption process of this specific nutrition program. Therefore, farmers markets stand out as the appropriate venue for using the monetary benefits provided by the Senior Farmers' Market Nutrition Program.

3. What are the energy needs of older adults with pressure ulcers?

- A. 25-30 kcal/kg
- B. 28-32 kcal/kg
- C. 30-35 kcal/kg**
- D. 35-40 kcal/kg

The energy needs of older adults with pressure ulcers are typically higher than those of older adults without such conditions. This increase is necessary to support the healing process and to compensate for the heightened metabolic demands associated with pressure ulcers. The correct range of 30-35 kcal/kg is based on clinical guidelines that recommend elevating energy intake to promote tissue repair, maintain body weight, and prevent further complications. When individuals experience pressure ulcers, their bodies require additional calories not only for basic metabolic function but also to promote healing of the affected areas. The range of 30-35 kcal/kg is particularly relevant as it aligns with recommendations for individuals suffering from illness, injury, or other conditions that necessitate an increased caloric intake. This higher caloric intake helps to ensure that the body has sufficient energy reserves for healing and recovery. The other options suggest either lower or excessively high caloric requirements for older adults with pressure ulcers. Lower ranges might not provide adequate energy for healing, while excessively high estimates could lead to unnecessary weight gain or other metabolic issues. Thus, 30-35 kcal/kg effectively balances the need for energy with the requirements of older adults facing the challenges of pressure ulcers.

4. When a registered dietitian identifies a problem, what is the subsequent necessary step to document?

- A. Explanation
- B. A timely intervention**
- C. Referrals
- D. All of the above

When identifying a problem, the subsequent necessary step for a registered dietitian is to initiate a timely intervention. This step is crucial because it involves the practical application of nutritional knowledge to address the issue at hand. Timely interventions are essential in nutrition care as they not only help in resolving the identified problem but also prevent further complications and enhance the overall well-being of the individual. In documentation practices, timely intervention reflects both the assessment of the problem and the proactive measures taken to rectify it. This ensures that the care provided is both effective and aligned with best practices, allowing for adjustments and follow-ups where necessary. While referrals and detailed explanations may also be relevant in addressing a nutrition-related issue, they are subsequent to the immediate need to intervene effectively. Referrals, for instance, might be necessary based on the complexity of the problem, but they are not the immediate next step upon identifying a nutrition issue. Thus, focusing on timely interventions encompasses the critical actions a dietitian must undertake following problem identification.

5. In the context of nutrition, what does a high level of LDL cholesterol suggest?

- A. Bariatric surgery risk**
- B. Increased risk for heart disease**
- C. Malnutrition concern**
- D. Healthy lipid profile**

A high level of LDL cholesterol, often referred to as "bad" cholesterol, indicates an increased risk for heart disease. LDL cholesterol can lead to the buildup of plaque in arteries, which narrows the arteries and can result in atherosclerosis. This condition can lead to severe cardiovascular issues, including heart attacks and strokes. Monitoring LDL levels is crucial for assessing heart disease risk, especially in older adults, who may already have other risk factors. Understanding this connection is vital for developing dietary and lifestyle interventions aimed at reducing LDL cholesterol levels and promoting heart health. The concern with high LDL cholesterol is a key aspect of gerontological nutrition, where managing chronic diseases and promoting overall health are primary objectives.

6. What is the effect of aging on the appetite increasing hormone ghrelin?

- A. Decreased activity**
- B. Increased resistance**
- C. Increased circulating levels and cerebrospinal fluid**
- D. Reduced sensitivity**

Ghrelin is known as the "hunger hormone" because it stimulates appetite and promotes food intake. As individuals age, there is a noticeable decline in the activity or secretion levels of ghrelin. This decrease can lead to reduced appetite, which is often observed in older adults. The change in ghrelin activity is thought to be one of the factors contributing to the common issue of unintentional weight loss in the elderly population. Understanding this relationship is particularly important for nutritional planning and interventions aimed at maintaining a healthy weight in older adults. In younger individuals, ghrelin levels typically rise before meals and fall after eating, signaling hunger and satiety. However, with aging, both the physiological response to ghrelin and the levels of circulating ghrelin can diminish, impacting overall dietary intake and nutritional status.

7. What condition is often linked with inadequate nutrient intake due to social factors in older adults?

- A. Food safety**
- B. Food insecurity**
- C. Food poisoning**
- D. Food variety**

In older adults, food insecurity is a significant condition often linked with inadequate nutrient intake stemming from various social factors. This issue arises when individuals lack reliable access to sufficient quantities of affordable, nutritious food. Social factors such as financial constraints, limited mobility, social isolation, and inadequate transportation can all contribute to food insecurity. As a result, older adults may struggle to obtain the necessary nutrients, which can lead to a decline in health status, diminished physical function, and increased risk of chronic diseases. Addressing food insecurity is crucial for promoting overall health and well-being among the elderly population. In contrast, food safety, food poisoning, and food variety, while important topics, do not primarily address the broader social and economic factors that lead to nutrient inadequacy in older adults. Food safety pertains to the handling and preparation of food to prevent illness, while food poisoning refers to the consequences of consuming contaminated food. Food variety relates to the diversity of food choices available and can be affected by food insecurity, but it does not directly encapsulate the social factors that contribute to inadequate nutrient intake.

8. When addressing malnutrition, what is key for older adults with hepatic disease?

- A. Emphasizing high-caloric diets**
- B. Addressing fluid restriction challenges**
- C. Ensuring adequate protein intake**
- D. All of the above**

In the management of malnutrition in older adults with hepatic disease, it is essential to consider a comprehensive approach that includes multiple critical aspects of their dietary needs. Ensuring adequate protein intake is particularly vital, as patients with liver disease may need to manage their protein consumption carefully to prevent complications while still ensuring that their nutritional needs are met. High-caloric diets are also important because individuals with hepatic disease often experience weight loss and malnutrition due to various factors, including reduced food intake, altered metabolism, and increased energy requirements. Providing adequate calories helps to support overall health and prevent further weight loss. Furthermore, addressing fluid restriction challenges is crucial, particularly in those with conditions such as ascites or edema related to hepatic disease. Careful management of fluid intake can help alleviate symptoms while ensuring that the individual remains hydrated and nourished. Recognizing that all these factors are interrelated in managing malnutrition, the comprehensive approach involving adequate caloric density, appropriate protein intake, and fluid management is necessary for optimized care in this population. This holistic strategy can help support better health outcomes and improve the quality of life for older adults facing these challenges.

9. Which instrumental activities of daily living (IADL) directly affect food security due to the inability to complete these tasks?

- A. Unable to manage finances and pay bills**
- B. Unable to shop and prepare food**
- C. Unable to keep medication management**
- D. Unable to communicate effectively**

The reason why the inability to shop and prepare food directly affects food security is that these activities are essential for ensuring access to and the ability to consume adequate, nutritious food. Shopping is necessary for acquiring food, which includes planning meals, choosing healthy options, and purchasing items that meet dietary needs. If a person cannot shop, they may not have sufficient food available at home, leading to food insecurity. Preparation of food is equally crucial, as it involves transforming raw ingredients into meals that can be consumed. If an individual cannot prepare food, they may rely on processed, often less nutritious options, or may go without eating altogether. Therefore, both the shopping and preparation aspects are integral to maintaining a stable food supply and meeting nutritional requirements. In contrast, while managing finances is important for maintaining overall independence and ensuring that funds are available for purchasing food, it does not directly correlate to the immediate access and ability to consume food, as can be seen in the other options. Similarly, medication management and communication, while significant for health and social interaction, do not have a direct impact on a person's ability to secure food.

10. What is the standard therapy for older adults undergoing acute alcohol withdrawal?

- A. Supplemental Calcium (1500 mg/day) and Folic Acid (1 mg/day)**
- B. Supplemental Thiamine (100 mg/day) and Calcium (1500 mg/day)**
- C. Supplemental Thiamine (100 mg/day) and Folic Acid (1 mg/day)**
- D. Supplemental Calcium (1500 mg/day) and high protein diet**

The standard therapy for older adults undergoing acute alcohol withdrawal includes the administration of supplemental thiamine. This is critical because chronic alcohol consumption can lead to thiamine deficiency, which may result in serious neurological disorders such as Wernicke's encephalopathy. During withdrawal, providing thiamine helps prevent this condition, particularly in older adults who may have less reserve and are more susceptible to the effects of alcohol on their nutritional status. While folic acid is important for overall nutritional health and may be beneficial in the management of alcohol withdrawal, thiamine plays a more crucial role in preventing neurological complications associated with withdrawal. Therefore, the combination of thiamine and folic acid is sufficient to address the immediate needs of older adults in withdrawal, as it addresses both the risk of neurological injury associated with thiamine deficiency and ensures adequate folate levels, which are often compromised in individuals with a history of heavy alcohol use. In contrast, other combinations listed do not focus as directly on the necessary intervention for alcohol withdrawal management. The inclusion of high calcium intake or a high-protein diet does not address the immediate concerns related to thiamine deficiency and its consequences within the context of alcohol withdrawal, which is why those options are not standard therapy.