



Seniors Taking Charge of Your Health!

Lesson 7: Depression – Getting Help for Those in Need

Getting Ready

1. Review the lesson plan and read the educator resources before each session.
2. Consider asking a mental health professional, social worker, nurse or other health professional knowledgeable about depression for help before the session and/or to help you lead the session.
3. Prepare to do chair exercises. Choose Module D with balls (found elsewhere in this document) or Tufts/CDC Growing Stronger, Part II (a separate booklet or online at: http://www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/growing_stronger.pdf).
4. Make copies of chair exercise guide for participants to take home (if not done so already).
5. Add local mental health resources available in your community to the handout “*Resources for Help with Depression and Other Mental Health Issues.*”
6. Copy and staple the handouts that best meet the needs of your audience (one set for each participant).
7. Gather supplies needed for lesson, recipe, and activities.

General Supplies

1. Handouts for participants.
2. Pens or pencils for participants to write on the handouts.
3. Balls for chair exercises (foam will not bounce as much as air-filled, so foam balls may be a better choice). Optional: step counters to replace those that are lost or broken.
4. Optional: If time permits, then play “Bingo for Better Health.” Supplies for bingo are bingo cards for all participants (found elsewhere in the manual), large dry beans for bingo pieces, and prizes such as magnifying glasses, measuring cups, healthy snacks, bottled water, spice blends, packets of artificial sweetener, low-calorie and shelf-stable milk products, canned or fresh fruits and vegetables, night lights, and lotion or hand cream.

Supplies When Preparing a Recipe for Participants (Strongly Recommended)

1. Ingredients to prepare the recipe provided or another healthy recipe.
2. Supplies for tasting recipe, such as plates, forks or spoons, and napkins.

Beginning the Session

1. Introduce yourself by name and the organization that you represent. Take attendance.
2. Summarize the lesson by going over the objectives. Let the group know that the session will be informal and that questions can be asked at any time.

Objectives for Participants

1. Help participants learn the definition, consequences, and risk factors for depression.
2. Identify community resources to get help for depression and other mental health conditions.
3. Do chair exercises, complete physical activity charts, and set new physical activity goals.

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Educator Resources

Before presenting the lesson, read these resources that were used to prepare this lesson:

- **Very informative article:** Lapid, M.A., Rummans, T.A. Evaluation and management of geriatric depression in primary care. *Mayo Clinic Proceedings*. 2003;78:1423-1429, adapted with permission for a lesson on geriatric depression by the Department of Nutrition at the University of Georgia and the Division of Aging Services and the Aging Network for older adults in senior centers throughout Georgia (as per June 21, 2007 communication with Ms. McGhee, Senior Editor, *Mayo Clinic Proceedings*); available from the Mayo Clinic, <http://www.mayoclinic.com/health/depression/DS00175>.
- National Institutes of Mental Health, Older Adults: Depression and Suicide Facts, <http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>.
- National Institute of Mental Health. Older Adults: Depression and Suicide Facts. NIH publication No. 4593, <http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>.

Other resources used to prepare this lesson:

- Alexopoulos, G.S. Depression in the elderly. *Lancet*, 2005; 365, 1961-1970, abstract available at: <http://www.ncbi.nlm.nih.gov/sites/entrez>.
- Blazer, D.G., Hybels, C.F. Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, N.C., Origins of depression in later life, *psychological medicine*, 2005; 35, 1-12, available online or from the authors at blaze001@mc.duke.edu.
- Everson, S.A., Maty, S.C., Lynch, J.W., Kaplan, G.A. Epidemiologic evidence for the relation between socioeconomic status and depression, obesity, and diabetes. *Journal of Psychosomatic Research*. 2002; 53(4): 891-5, abstract available at: <http://www.ncbi.nlm.nih.gov/sites/entrez>.
- Frazer, C.J., Christensen, H., Griffiths, K.M. Effectiveness of treatments for depression in older people. *Medical Journal of Australia*, 2005, 182(12), 627-632, available online or from the authors at cathy.frazer@anu.edu.au.
- Raj, A. Depression in the elderly: Tailoring medical therapy to their special needs. *Symposium on Geriatric Psychiatry, Postgraduate Medicine*, 2004; 115(6), available at http://www.postgradmed.com/issues/2004/06_04/raj.htm.

- White, E.M., Robner, B. Depression in late-life: shifting the paradigm from treatment to prevention. *International Journal of Geriatric Psychiatry*, 2006; 21, 746-751, available online or from the authors at whyteem@upmc.edu.

Script

NOTE: Keep in mind that depression is a serious problem. If a participant feels that they may suffer from clinical depression, then remind them that they should seek the help and advice of a qualified health professional, such as their physician.

*Remember to take attendance.
Give participants their handouts.*

Introduction

Thank you for joining us today and it is nice to see you! For the past few sessions, we've been talking about getting checked and talking with your doctor, which is very important for our topic today – preventing and managing depression. Before we begin today – depression – let's review how much physical activity we should get each day. *Wait for responses.* Right – 30 minutes of moderate physical activity daily. What is the hand washing rule? *Wait for responses.* Yes – wash our hands for 20 seconds after using the bathroom and before preparing food. What are we trying to decrease in our diets? *Wait for responses.* Right – decrease salt/sodium and fat in our diets by choosing low-salt and low-fat varieties of foods. How many servings of the various foods should we eat each day? *Wait for responses.* Yes – 7 to 10 servings of fruits and vegetables daily, three servings of whole grain foods such as whole grain cereal and whole grain bread, and three servings of low-fat milk products. As we'll see today, being physically active and eating healthy foods can be hard for people with depression, but they can help prevent and manage some symptoms of depression.

Let's look at our handout called “*Seniors Taking Charge of Your Health!*” and discuss ways you eat to stay healthy. *Wait for responses.* What are some things you do to stay physically and mentally active? *Wait for responses.* What helps you be positive and cheerful? *Wait for responses.* Wonderful ideas! What check-ups do we need? Right! Checking your feet daily is especially important for those with diabetes. Ask your doctor how often your blood pressure, blood cholesterol, blood sugar, and body weight should be checked. If you have high blood pressure, high blood cholesterol, or diabetes, then you will need these checked more often. Vision and hearing check-ups are important, too. Having your doctor or pharmacist review your medications will help you avoid medication problems. Today we are going to discuss the serious topic of depression. Getting checked for depression is also important for older adults.

Depression

Today we will discuss how to identify depression, as well as the consequences, and risk factors for depression. We also will identify community resources that offer help for depression.

Can anyone tell me a few characteristics of depression? *Wait for responses.* Yes – and according to a report from the *Mayo Clinic Proceedings*, the two main hallmarks of depression are a loss of interest in normal daily activities, where people lose interest or pleasure from activities they used to enjoy, and depressed mood, where a person feels sad, helpless or hopeless, and may have crying spells. A doctor or other health professional also will look for other signs that have been present for at least two weeks, such as sleep disturbances, impaired thinking or concentration, significant changes in weight, agitation, fatigue or slowing of body movements, low self-esteem, or thoughts of death.

Many of you may recognize these symptoms as symptoms of depression, but some people might think that depression is not really an illness or that it may be normal. Well, clinical depression is serious and if you feel you or your loved one may be clinically depressed, then you should seek the help and advice of a qualified health care provider. Here are a few startling facts about depression in older adults:

- Depression can cause personal suffering and family disruption.
- Depression often affects those with chronic illnesses, cognitive impairment, or disability.
- About 25% of older people have depressive symptoms and of these, 1% to 9% meet the criteria for major depression.
- Caregivers of elderly disabled people are twice as likely as non-caregivers to have symptoms of depression.
- 17% of people with Alzheimer’s Disease also have depression.
- In hospitalized elderly, the prevalence of depression is about 36% to 46%.
- In those in long-term care facilities, the prevalence of depression is about 10% to 22%.
- In the first 10 days after a heart attack, the prevalence of minor and major depression are 27% and 18%, respectively.
- By the third month post heart attack, the overall prevalence has dropped to 33%.
- Depressive syndromes are present in 80% of older people who commit suicide.

So depression is something we really need to be concerned about. If you or someone you know has the signs of depression, such as little interest in activities you or your loved one once enjoyed, or feeling sad, helpless, tired or worthless, or having large changes in eating or sleeping habits, then seek professional help from a doctor or other professional. For sources of help for depression, please see the handout “*Resources for Help with Depression and Other Mental Health Issues.*” *Carefully review this handout with the participants.*

There are many different types of depression and treatments. Depression is treatable with medications and/or therapy.

Depression Later in Life: Risks and Protective Factors

Are there any facts about depression that surprised you? *Wait for responses and discuss.* Because the prevalence of depression is so high and the consequences are so severe, it is important that we all know some ways we can help people get the help they need if they have depression or are at risk for depression.

Refer participants to the handout titled “Depression: Risk and Protective Factors in Later Life.” This handout lists the risk factors and the protective factors for depression. Let’s carefully review each of these risk factors for depression. Carefully review and discuss these risk factors with the participants. If you are not a mental health professional, then remind participants to discuss their concerns with their doctor.

Some of the most encouraging facts are that older people are somewhat protected from depression through the “wisdom” they have accumulated through their lives. They are also protected by their “socio-emotional selectivity,” which means that they often select to focus more on the positive aspects of their life and less on the negative aspects of their life. According to Drs. Blazer II and Hybels from the Duke University Medical Center, compared to younger adults, older adults are “more likely to selectively optimize the positive in their social experience. This in turn could blunt the harsh reality of some of the more negative experiences among the elderly, and, therefore, protect against the onset of depressive symptoms.”

Also, in your packet of handouts, there is a brief screening tool for depression called the “*Geriatric Depression Scale*,” or GDS, that many doctors or other health care professionals might use. If you have concerns about depression for yourself or a care-recipient, family or friend, you may wish to share this information with them and share it with a physician.

A Short Story: Applying Our Knowledge About Depression to a Real Life Scenario

Next, we’ll review a story about a person and their family who are having a difficult time in their life and may be suffering from depression. Listen carefully to identify risks and protective factors for depression in the various characters in the story.

Jack just celebrated his 56th birthday at his favorite restaurant with his family and his close friends from work. Although he was a little worried that his father might make a scene in public, because of his drinking problem, everyone behaved and had a good time at the restaurant. Jack feels really good about being 56. He still has nearly all his jet-black hair and goes fishing almost every week with his clients in his sales job. The only health problem he has is high blood pressure, which is controlled pretty well, as long as he remembers to take his medication.

Three days after his 56th birthday party, Jack is absolutely devastated to learn that he is being laid off from the sales job that he has loved and held for 27 years. Jack loves being a salesman, enjoys working with people, and has been meeting his sales quotas for years. There appears to be no reason for Jack to lose his job, except that his boss feels he can pay less salary and benefits to a younger person and still get the job done. Jack and his wife Connie, age 46, are handling many challenges this year, such as completing a \$20,000 remodeling project in their home. They are helping Jack’s 76-year-old mother and 48-year-old brother, who both suffer from chronic mental illness, adjust to a new living facility. After about six months in the new facility, Jack’s mother died suddenly from a heart attack. Connie had quit her good paying job as a legal assistant when their second child was born to be the primary caregiver for their children, Carl and Mick. Carl is 14 and has mild Down’s syndrome and Mick is 15 and was just diagnosed with type 1 diabetes. The children are otherwise healthy and are full of life and energy, but they both require close attention.

Jack is really overwhelmed by the loss of his job and changes in family status. He loves his old job so much that he just can't imagine ever finding one that he likes as much. Jack misses his close friends from work who never call him anymore and are too busy to socialize with him. He frets over the debt from the remodeling on their home and the fact that they have to take money out of their \$100,000 retirement savings that he worked hard to build over the years. He is sure that his family of four is going to end up destitute, hungry and homeless. He doesn't want Connie to go back to work, but finally reluctantly agreed that she should find a job, even though it will probably pay less than he thinks he can earn in sales. Through a friend at church, Connie finds a job she loves and makes new friends at work.

So Jack is now the primary caregiver for their children and is running the household. He is surprised to find out how much time and hassle are involved with being a "house-husband" and he is anxious to find a new high-paying job as soon as possible. Jack confides in his father-in-law, Robert, about his troubles. Robert takes Jack fishing a few times. While relaxing and fishing, Robert suggests that Jack try to focus on the positive aspects of his situation, such as enjoying the freedom and time he now has for his children, because it won't be long before Mick will be "leaving the nest." Also, Mick is very smart and can probably get at least a partial scholarship for college. Robert assures Jack that he has set aside a little money to help Mick go to college and for Carl to get some extra care he may need in the future. Another positive is the chance for Connie to get back into the workforce, which is something she has missed. Also, Jack and Connie have invested their savings well and own rental property that Jack could upgrade, and this would help them through this difficult financial time. Robert also firmly and frankly tells Jack to immediately talk with his doctor about possible depression and that Jack should not feel ashamed about his problems and that help for depression is available. Connie's new insurance policy will pay for any needed medications, as well as some costs for therapy if needed.

Who are the main characters in this story? *Wait for responses and state them if necessary: Jack, husband and father; Connie, wife and mother; the two teenage children, Carl and Mick; and Robert, Connie's father and Jack's father-in-law.*

Next, name at least one risk factor for depression that each person in this story might have. *Wait for responses. If necessary, prompt with "for example, what are some of the biological risks, social risks, or psychological risks Jack might have?"*

After hearing this story, which people in this story do you think are at high risk for depression? *Wait for responses.*

Yes, Jack who just lost his job is probably at the highest risk. What are some reasons why Jack is at the highest risk? *Wait for responses.* Yes, mental illness and alcohol abuse run in his family (so he may have a hereditary and genetic predisposition); he has numerous stressful life events and daily hassles with losing his job, looking for a new job, running the household, and caring for the children and checking in on his disabled brother; he lost the social support of his friends from work; he is suffering from the recent death of his mother; he has cognitive distortions about becoming destitute (even though he has some retirement savings and his wife

Connie is working); and he suffers from hypertension. And, yes, his wife Connie may also be at risk, mainly because of the many new stressful life events and daily hassles she is facing with being employed outside the home. Even the children may be at risk, because of the many changes in their daily routines. Can you think of anything that wasn't included in this particular scenario that would also put someone at risk for depression? *Wait for responses.* That's right. Also, consider someone whose spouse has become very ill or develops Alzheimer's disease. This scenario is very common and the ill person requires a large amount of extra attention. The care-giving person and the ill person may each be at risk of developing depression.

Now, let's think of some protective factors against depression these characters in the story might have. *Wait for responses. If necessary, prompt with "what kinds of things do you think might help people from becoming depressed?"* *Wait for responses.* Yes, Connie has made new friends at work, which is a protective social support factor. Also, Robert shows wisdom and "socio-emotional selectivity" by helping Jack focus on the positives of the situation; Robert is also trying to convince Jack to seek professional help for depression.

Helping Others Who May Be at Risk

Let's next consider at least one way that we can help others who may be at risk for depression. For instance, you could visit someone who is isolated or lonely, or make a lunch date with a friend going through a difficult time. Also, since we are mainly focusing on older people, another way is to review the "*Geriatric Depression Scale*" with someone you feel is at risk. Although only a health professional is qualified to screen for and diagnose depression, this scale can help us learn about the possible signs and symptoms of depression among our family and friends. Also, we can encourage people to seek professional help and let them know that help is available. Please remember to use the handout for a list of mental health resources, including those that are available locally.

If you think you are at risk for depression, then talk to your health care provider as soon as you can. Remember that people get depressed due to catastrophic life events, but this may not qualify as clinical depression. If you find yourself feeling down in the dumps, talk to someone about it and get help.

Menu and Recipe for Healthy Eating

Every time we meet, we review a sample menu and a recipe. Remember that people suffering from depression may be likely to under eat or over eat, so trying to eat healthy is very important. In fact, depression, obesity, having a low-income, and other life stressors often co-exist, again making healthy eating an important concern.

Let's turn to the handout called "*Sample Menu #7.*" What are some healthy parts of today's menu? *Wait for responses and encourage discussion.* Our menu has at least seven servings of a variety of brightly colored fruits and vegetables. It also has at least three servings of whole grain foods and three servings of low-fat milk products. The menu uses low-sodium varieties of prepared foods, along with some fresh foods eaten raw or seasoned with salt-free seasoning. The

menu has small portions of healthy fats, such as nuts and canola oil. The menu is limited in fats such as salad dressing, butter, and margarine.

The menu has a recipe with it for you to try at home. *If the recipe is used for taste-testing, ask the participants to share their opinions and talk about the healthy aspects of the recipe. Be sure to tell the participants what is in the recipe in case anyone is allergic to any of the ingredients.*

Another great part of today's lesson is physical activity. Remember to:

Be Physically Active Everyday!

Being physically active is helpful in improving our mood, and for some people may be helpful in the prevention and treatment of depression. And being active with family and friends can also help improve our mental well-being. So let's all try to be physically active as much as possible. How much physical activity should we do everyday? *Wait for answers.* Right – at least 30 minutes of moderate physical activity everyday. For most people, even more physical activity is better. Increasing the amount of time you are physically active and increasing the intensity of physical activity offer more health benefits.

Recently, we did chair exercises together. Please raise your hand if you have practiced these since the last time we met. Has anyone noticed any improvements in balance and flexibility? If you are doing these exercises, that's wonderful. They should help you feel better! *Wait for responses and share in participants' success.*

We are going to add some new chair exercises today. Be sure to practice these at home, too. Remember to record your minutes of physical activity or your steps on your Physical Activity Chart!

Begin chair exercise Module D or Tufts/CDC Growing Stronger exercises, Part II. Strongly encourage participants to try these with you and at home.

Activity: “Bingo for Better Health”

Optional: If time permits, then gather the group together to play “Bingo for Better Health.” The bingo cards are printed at the end of all of these lessons. Give participants large dry beans for bingo pieces and bingo cards that have a series of nutrition and health-related illustrations in each bingo square. Play this game as normal bingo is played. Shuffle the stack of large bingo pieces, select one to call out to participants, and show the bingo piece to participants. The first participant to accurately declare bingo wins. Ideas for prizes include a magnifying glass to read food and medicine labels, measuring cups, healthy snacks, bottled water, spice blends, small packets of artificial sweetener, low-calorie pudding mix, shelf-stable milk or soy products (e.g., low-calorie milk powder, low-calorie cocoa packet, 8-ounce boxes of milk), canned or fresh fruits and vegetables, lights (e.g., night light, flashlight, key-chain light, other battery-powered lights), and small bottles of lotion or hand cream.

Seniors Taking Charge of Your Health! (Lesson 7)

Eat Healthy

What are some foods you eat to help you stay healthy?

Remember that healthy eating is helpful for people with depression.



Be Active

What are some activities you do to stay physically and mentally active?

Remember that being physically active helps improve our mood.



Be Positive

What are some things that cheer you up and help you enjoy life?

Today we will talk about how family and friends can help see the signs of depression so people can get the help they need.



Get Checked

What are some check-ups we need?

Today we will talk about the importance of getting checked for depression for ourselves and our family members who may be at risk.



Resources for Help with Depression and Other Mental Health Issues

Your Community

Ask your senior center for a list of services in your community.

Your physician.

For mental health or addictive disease services, phone: 1-800-715-4225.

Georgia

Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD), <http://mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD>.

Fuqua Center for Late-life Depression, Wesley Woods Center of Emory University, provides community education and training programs on late-life depression for various groups and organizations. They assist patients, doctors, and doctors' offices with issues related to depression. Call their Depression Information Service: 877-498-0096.

Northeast Georgia Health System, Laurelwood is located on the main campus of Northeast Georgia Medical Center, Gainesville, GA, and provides a broad range of services for adolescents and adults experiencing mental health or substance abuse problems. Beginning with a confidential, free initial assessment, Laurelwood offers a variety of treatment options including detoxification, inpatient treatment, day partial treatment, intensive outpatient treatment, and aftercare support, phone: 770-531-3800 or 800-848-3649.

Nationally

Mental Health and Mental Health Services,
<http://mentalhealth.samhsa.gov/publications/allpubs/government/default.asp>.
Phone: 1-800-789-2647.

Depression: Risk and Protective Factors in Later Life

General risk factors that increase risk throughout life

Biological risks

- Hereditary (runs in families)
- Being a women rather than a man
- Low serotonin or high cortisol (brain chemicals)
- Low testosterone (a hormone, mainly a “male” hormone, but women have it, too)
- High blood pressure or hypertension
- Stroke
- Medical illness and overall poor function (e.g., problems walking)
- Alcohol abuse and dependence

Psychological risks

- Personality disorder
- Neuroticism (neurosis = poor ability to adapt, inability to change one's life patterns, and the inability to develop a richer, more complex, more satisfying personality)
- Learned helplessness
- Cognitive distortions (overreaction to life events; misinterpret life events; exaggerate their adverse outcomes; catastrophizing too much)
- Lack of emotional control and self-efficacy (low skills to control emotions and low belief in one's capacity to succeed at tasks)

Social risks

- Stressful life events and daily hassles
- Bereavement (grief experienced by loss of a loved one due to death)
- Socio-economic disadvantage (being poor or having a low income)
- Impaired social support (lack of friends and family for fellowship and support)

Risk and protective factors especially important in late life

Biological risks

- Genetics (runs in families)
- Low DHEA (a hormone)
- Poor blood flow in the brain (also called “ischemia”)
- Alzheimer’s Disease

Protective factors

- ***Socio-emotional selectivity (focus on the positive for the remainder of life)***
- ***Wisdom (applying life’s lessons in a positive way to deal with today’s challenges)***

Adapted with permission from Drs. Dan G. Blazer, II and Celia F. Hybels, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, NC, Origins of Depression in Later Life, Psychological Medicine, 2005, 35, 1-12. Available online or from blaze001@mc.duke.edu.

Geriatric Depression Scale – Short Form

Think over the past week and answer the questions below as “yes” or “no.” There are no right or wrong answers, only what best applies to you.

		* = 1 point	
1)	Are you basically satisfied with your life?	Yes	*NO
2)	Have you dropped many of your activities and interests?	*YES	No
3)	Do you feel that your life is empty?	*YES	No
4)	Do you often get bored?	*YES	No
5)	Are you in good spirits most of the time?	Yes	*NO
6)	Are you afraid that something bad is going to happen to you?	*YES	No
7)	Do you feel happy most of the time?	Yes	*NO
8)	Do you often feel helpless?	*YES	No
9)	Do you prefer to stay at home, rather than going out and doing new things?	*YES	No
10)	Do you feel you have more problems with memory than most people?	*YES	No
11)	Do you think it is wonderful to be alive now?	Yes	*NO
12)	Do you feel pretty worthless the way you are now?	*YES	No
13)	Do you feel full of energy?	Yes	*NO
14)	Do you feel that your situation is hopeless?	*YES	No
15)	Do you think that most people are better off than you are?	*YES	No
		TOTAL * SCORE =	

If the * score is 10 or greater, or if numbers 1, 5, 7, 11, and 13 are answered with a *, then the individual may be depressed and they should consult with their doctor or other qualified health professional. Health professionals should proceed with a referral and/or treatment plan as necessary.

Dr. L. Stephen Miller, Professor of Psychology, University of Georgia provided the scoring. Dr. Yesavage provided the questionnaire, <http://www.stanford.edu/~yesavage/GDS.english.short.html>,
<http://www.stanford.edu/~yesavage/GDS.html>.

Sample Menu #7

Breakfast

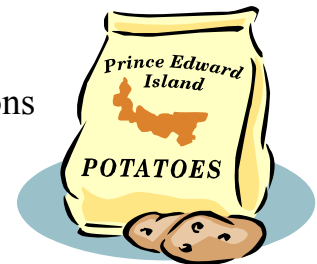
Whole grain, ready-to-eat, unsweetened cereal, fortified, $\frac{3}{4}$ cup
Pecan halves, toasted, 2 tablespoons (for cereal)
Milk, 1%, $\frac{1}{2}$ cup
Cantaloupe, cubed, $\frac{1}{2}$ cup

Snack

Whole wheat English muffin, toasted, $\frac{1}{2}$ muffin, with 1 teaspoon soft tub margarine and cinnamon to taste
Milk, 1%, 1 cup

Lunch

Ham sandwich, made with 2 ounces sliced lean ham (lower sodium preferred), 2 slices whole wheat bread, 2 teaspoons reduced-fat mayonnaise, lettuce and tomato
Fluff n' Stuff Potatoes (recipe provided)
Grapes, red or green, 15 small



Snack

Whole wheat crackers (such as Triscuit®), low-sodium variety, 8 squares, sprinkled with $\frac{1}{4}$ cup reduced-fat shredded cheese, melted
Vegetable juice, low-sodium variety, $\frac{1}{2}$ cup

Evening meal

Meatloaf, made with lean ground beef and no-salt-added tomato sauce, 3 ounces
Black-eyed peas, canned, rinsed and drained, heated, $\frac{1}{2}$ cup
Collard greens, steamed or boiled, $\frac{1}{2}$ cup, with 1 teaspoon canola oil
Butternut squash, frozen, cubed or mashed, roasted or microwaved, $\frac{1}{2}$ cup, with 1 teaspoon soft margarine

Snack

Mandarin oranges, canned in juice or water, drained, $\frac{1}{2}$ cup
Part-skim mozzarella cheese stick, 1 ounce

*Remember to drink plenty of fluids throughout the day! Water, tea, coffee, small amounts of juice, and other liquids can help to keep you hydrated.

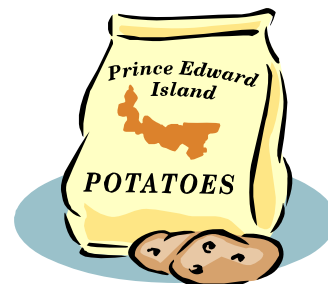
Fluff n' Stuff Potatoes

Adapted from the NHLBI, the National Institutes of Health, 2003, Publication No. 03-2921

Serves 2

Ingredients:

- 1 medium russet potato
- 3 tablespoons low-fat (1% milkfat) cottage cheese
- 2 tablespoons low-fat milk
- 2 teaspoons soft tub margarine
- 1/8 teaspoon all-purpose salt-free seasoning blend
- 1 teaspoon parmesan cheese (optional)



Directions:

1. Preheat oven to 425°F.
2. Rinse and scrub the potato and prick with a fork to allow steam to escape. Microwave until tender, about 2-3 minutes per side.
3. Cut the potato in half and carefully scoop out the insides and place into a small bowl, leaving a thin layer of the pulp inside the shell.
4. Place potato shells onto a small baking pan lined with aluminum foil.
5. To the potato pulp, add the cottage cheese, milk, margarine, and seasoning blend and mash well together. Spoon the mixture evenly into the potato shells.
6. Sprinkle each stuffed potato half with 1/2 teaspoon parmesan cheese and bake in the oven for 10 minutes or until tops begin to turn golden.



Estimated Nutrition Facts per serving:

125 calories
3 g total fat
1 g saturated fat
20 g carbohydrate
6 g protein
2 g fiber

Nutrient Analyses of Sample Menus

Day/ Nutrient	Calories	Total Fat (g)	Sat. Fat (g)	Total Carb. (g)	Protein (g)	Fiber (g)
Sample 1	1805	52	15	257	89	28
Sample 2	1751	56	17	228	95	34
Sample 3	1774	50	12	240	96	27
Sample 4	1831	60	15	240	93	34
Sample 5	1725	52	13	228	101	26
Sample 6	1773	58	15	234	88	27
Sample 7	1744	61	18	221	94	32
Sample 8	1763	53	13	235	99	30
Sample 9	1757	51	17	232	101	30
Sample 10	1768	56	15	227	101	26
Sample 11	1810	68	19	223	92	27
Sample 12	1750	50	14	242	100	31
Average	1771	56	15	235	96	29



Most of the sample menus provide nutrients in the ranges of:

- 1750 to 1850 calories
- 25% to 35% of total calories from fat
- 7% to 10% of total calories from saturated fat
- 50% to 60% of total calories from carbohydrate
- 20% to 25% of total calories from protein
- 25 to 35 grams of fiber

Nutrient analysis estimates were completed using Diet Analysis Plus, Version 6.1, from ESHA Research, 2004. Nutrient values for individual foods can vary depending on brand, type of processing, method of preparation, and other factors. Be sure to read the Nutrition Facts panel of food labels if you'd like to know exactly how much of specific nutrients are in the foods you buy.