

# Do older adults have different nutritional needs to the rest of the population?

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# Why healthy eating and nutrition is important in later life

- ▶ Is healthy eating the right term for us to be considering here?
- ▶ Is healthy eating the same for everyone?
- ▶ Is it the same for all older adults?
- ▶ Is a plant based diet healthier for older adults?

# Why healthy eating and nutrition is important in later life

- ▶ A Review of Nutritional Requirements of Adults Aged  $\geq 65$  Years in the UK (Dorrington et al (2020)
  - ▶ Proposed evidence-based nutritional recommendations for older adults (aged 65 or over)
  - ▶ Appropriate dietary choices in later life may reduce risk of chronic diseases and rate of functional decline
  - ▶ Little well-evidenced age-specific nutritional guidance in the UK for older adults, make it challenging to provide nutritional advice
- ▶ Department of Health and Social Care Scientific Advisory Committee on Nutrition 2021 advised:
  - ▶ Insufficient evidence to give specific recommendations

# Healthy eating or eating for health?



or



Adulthood - Keep healthy, prevent illness

Balanced, varied diet  
Low fat  
Low salt  
Low sugar  
High Fibre  
5 a day  
Limit alcohol  
Achieve and maintain healthy BMI

Healthy Eating

Older age - Prevent frailty & malnutrition

Nutrient rich, balanced diet in combination with activity  
Higher protein  
Vitamins  
Minerals  
Hydration  
Maintain weight at a healthy BMI

Eating for Health (focus on diet quality)

Older age – If malnutrition occurs: recognise, identify & treat/manage

Nutrient dense diet  
Nutrient dense food fortification  
Hydration  
Activity if possible

Food based management (focus on diet quality)

# A healthy diet for older adults means:

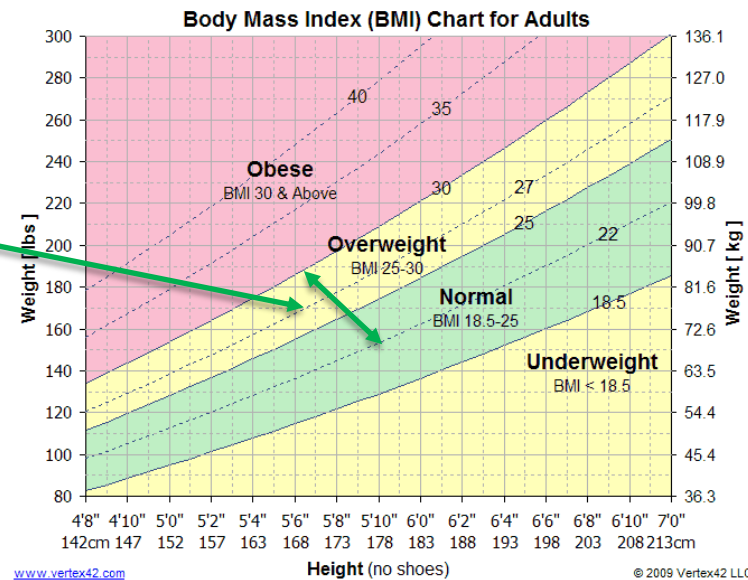
- ▶ A nutrient rich diet
- ▶ A healthy body weight
- ▶ Drinking enough fluid
- ▶ Daily vitamin D supplement
- ▶ Enjoyment!
- ▶ Daily activity

# A nutrient rich diet

- ▶ Three meals per day providing:
  - ▶ Foods rich in starchy carbohydrate and fibre
  - ▶ Foods rich in high quality protein
  - ▶ Fruit and vegetables
  - ▶ Foods containing a range of vitamins and minerals including vitamin B12, folate and calcium
- ▶ Between meal snacks if needed, containing:
  - ▶ A range of nutrients, not just or mainly calories

# Healthy body weight

- ▶ 30 years of studies suggest that healthy BMI in older adults is most likely to be about 22 - 30kg/m<sup>2</sup>
- ▶ Residents with lower BMIs e.g. less than 22 may need support to maintain or gain weight
- ▶ However, many people think that low body weight and unplanned weight loss are normal parts of ageing
- ▶ Many people consider any weight loss to be a good thing, even if the weight loss is unplanned
- ▶ How do we as a population think about body weight?
- ▶ How do we normalise/prioritise weight monitoring for older adults?



# Drinking enough fluid

- ▶ At least 1,600ml fluid per day for women and 2,000ml per day for men
  - ▶ This may mean supporting older adults to try to drink more fluid than they are used to
- ▶ Important because low intake dehydration has been found in:
  - ▶ 20% of older adults resident in care homes
    - ▶ a further 28% had impending low intake dehydration (Bunn & Hooper 2019)
  - ▶ 28% of free living people aged 70 - 90 years
    - ▶ a further 40% had impending low intake dehydration (Hooper et al 2015)
  - ▶ 37% of older adults on admission to hospital (Bunn & Hooper 2019)



# Vitamin D supplementation

- ▶ In 2016 Public Health England advised:
  - ▶ To protect bone and muscle health, everyone needs vitamin D equivalent to an average daily intake of 10 micrograms
  - ▶ People whose skin has little or no exposure to the sun, like those in institutions such as care homes, or who always cover their skin when outside, risk vitamin D deficiency and need to take a supplement throughout the year
- ▶ In 2021 CQC advised:
  - ▶ Care home providers are required to meet resident's full nutritional needs to sustain life and good health, and reduce the risks of malnutrition, in line with regulation 14 (Part A) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
  - ▶ In addition to provision of nutritious meals, this should include food supplements where necessary, such as vitamin D

# Enjoyment...

- ▶ Eating and drinking are important for more than just their nutrient content
- ▶ Research suggests that eating together is a core human activity and is important for building social groups (Abdelhamid et al 2016)
- ▶ Mealtimes reflect identity and enable us to make and maintain connections with others
- ▶ Eating with others can also help increase appetite and food intake
- ▶ Food can be an important aspect of living with purpose

# Why healthy eating and nutrition is important in later life

- ▶ Is that what you thought we'd say?
- ▶ Has anything surprised you?

# Is healthy eating in older age just the responsibility of the individual?



# What might impact poor eating in later life?

- ▶ Impact of long term conditions
- ▶ Acute hospital admission
- ▶ Co-morbidities
- ▶ Polypharmacy
- ▶ Sarcopenia
- ▶ Falls
- ▶ Dentition
- ▶ Swallowing problems
- ▶ Taste changes
- ▶ Pressure injury
- ▶ Bereavement
- ▶ Loneliness
- ▶ Lack of cooking skills or facilities
- ▶ Expectations of the individual, their relatives and health & social care professionals
- ▶ Access to shops and food availability there
- ▶ Eyesight
- ▶ Hearing
- ▶ Communication
- ▶ Use of technology
- ▶ Finance

# Frailty

- ▶ Reversibility/prevention?
- ▶ Managing expectations
- ▶ What is the priority for care/co-morbidities?
- ▶ Communication
- ▶ Underlying causation of malnutrition
- ▶ Social prescribing

## Clinical Frailty Scale\*



1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 **Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 **Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. **Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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# Healthy diet for underweight and malnutrition

- ▶ People who have or are at risk of malnutrition still need to eat a variety of different food groups every day

## A healthy diet for older adults means:

- ▶ A nutrient rich diet
- ▶ A healthy body weight
- ▶ Drinking enough fluid
- ▶ Daily vitamin D supplement
- ▶ Enjoyment!
- ▶ Daily activity

- ▶ Nutrient density

# Healthy diet for underweight and malnutrition

- ▶ Providing food containing all nutrients is essential to support those with identified malnutrition
  - ▶ *“the overall nutrient intake of oral nutrition support offered [should] contain a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals”* (NICE Clinical Guideline 32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006; updated 2017))
  - ▶ *“People who are malnourished or at risk of malnutrition [should] have a management care plan that aims to meet their complete nutritional requirements”*
  - ▶ *“It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet”* (NICE Quality Standard 24 Nutrition support in adults (2012))



# How does earlier life affect nutrition in older life?

- ▶ Long term non-communicable diseases including:
  - ▶ Cancer
  - ▶ Heart disease
  - ▶ Stroke
  - ▶ Diabetes
  - ▶ Respiratory disease
  - ▶ Muscle strength
  - ▶ Bone health
  - ▶ Obesity

# Conclusions

- ▶ Healthy eating for older adults is different from healthy eating for younger adults
- ▶ Evidence base for nutrition in older adults is sadly lacking
- ▶ Nutrition is part of a much bigger picture
- ▶ Multi-disciplinary working, collaboration and communication are key
- ▶ Nutrition is everyones responsibility, but someone needs to take the lead...



# Thank you and any questions?

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