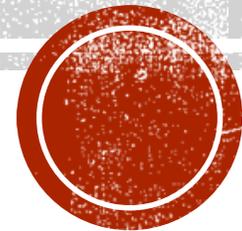


# EATING FOR OLDER ADULTS

Dietitian

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GLMS 14.03.22



# OUTLINE

- Malnutrition in older adults
- Definition
- Who is at risk
- Dietitian's tips
- Asian older adults
- Questions?



# Energy

↓ energy requirements with age due to:

- ↓ physical activity
- ↓ muscle mass

Many older people overcompensate due to ↓ appetite



# Protein

- Protein synthesis less efficient in older people
- ↑ protein requirements
  - 1.0 - 1.2 g/kg in healthy aged
  - 1.5 g/ kg in malnourished



# VITAMIN B12



B12 deficiency common due to:

- ↓ absorption (Atrophic gastritis, long term PPIs)
- ↓ intake

Vit B12 deficiency can lead to:

- ↓ mental functioning
- Impaired balance and coordination.
- A prolonged, severe deficiency of B12 can cause irreversible nerve damage.
  
- To screen and monitor regularly



# VITAMIN D

- People over age of 50 have an increased risk of vitamin D deficiency:
  - Lose some of the ability to synthesize from sunlight
  - Kidney function reduces with age and vitamins D needs to be activated in the kidney
  - Older people are more likely home bound so spend less time outdoor



# Fluid

↓ sense of thirst

↑ risk of dehydration



# Malnutrition

“An acute, subacute or chronic state of nutrition, in which a combination of varying degrees of overnutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function”

## **ESPEN Guidelines**

1) BMI <18.5kg/m<sup>2</sup>

or

2) unintentional weight loss (mandatory) and/or

- Weight loss >10% of habitual weight of indefinite time or >5% over 3 months
- Reduced BMI (<20kg/m<sup>2</sup> for <70y or <22kg/m<sup>2</sup> patients >70y)
- Low fat mass / low muscle mass



# PATHS TO MALNUTRITION

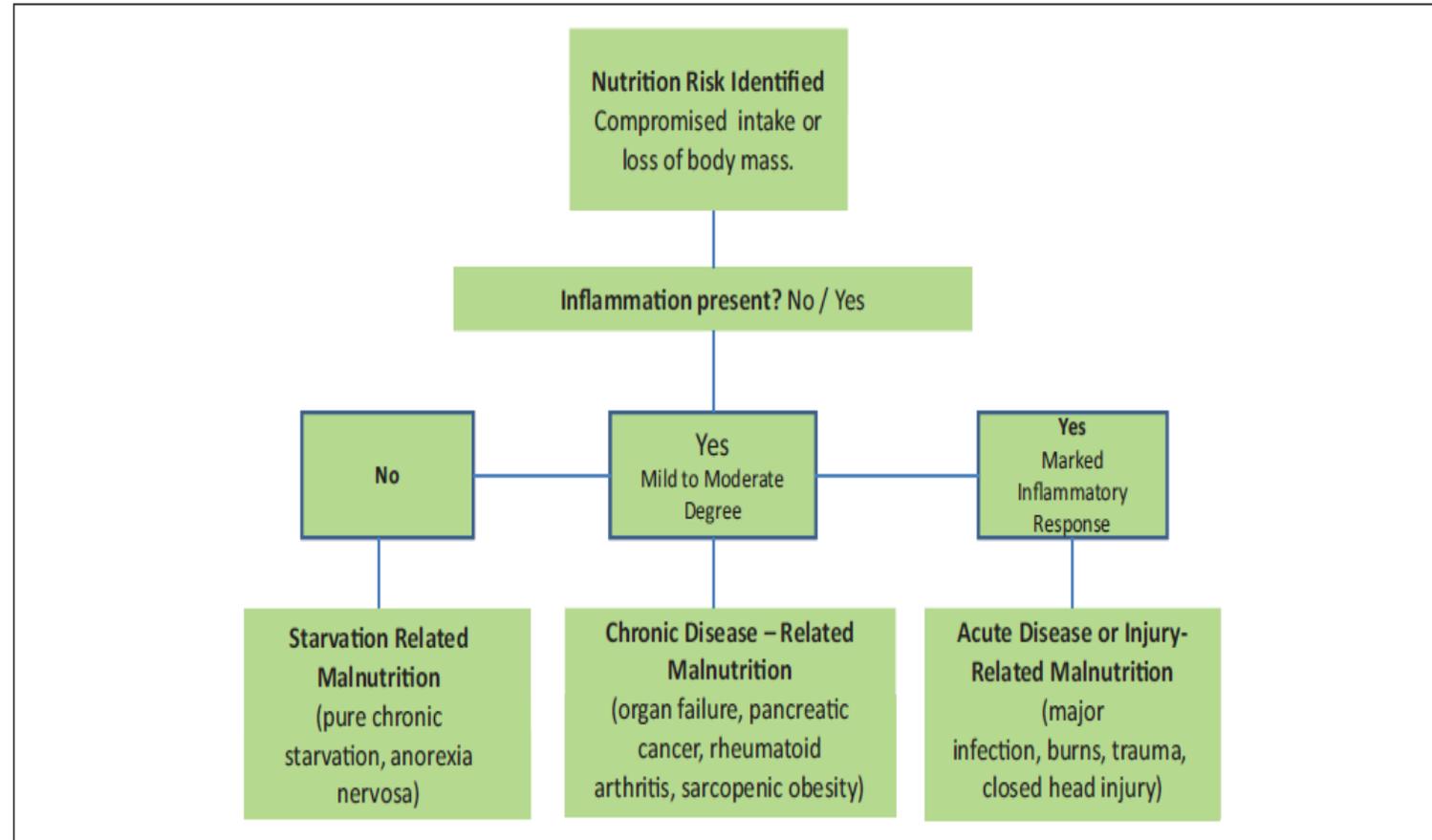


Figure 1. Etiology-based malnutrition definitions. Adapted with permission from Jensen GL, Bistrrian B, Roubenoff R, Heimbürger DC. Malnutrition syndromes: a conundrum vs continuum. *JPEN J Parenter Enteral Nutr.* 2009;33:710.



# EATING TIPS

- Smaller, energy dense meals
- Snacks
- Use blue top milk
- Add extra healthy fat
- Protein rich food in every main meal, at least 3x per day
- Encourage fluids such as water, diluted juice, non-caffeinated tea
- Encourage more outdoor time and 30minutes of sunshine 2-3x per week
- Cod liver oil, salmon, tuna, egg yolk and cheese are good sources of vitamin D
- Vitamin B12 can be found in animal products such as beef, chicken, fish and dairy



# NUTRITIONAL SUPPLEMENTS

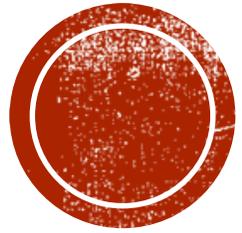
- Standard 1kcal/ml, nutritionally complete: Ensure powder, Sustagen powder. Complan or Vitaplan also good choices if not qualify for SA#
- Standard 1.5kcal/ml, nutritionally complete: Fortisip, Fortisip Multifibre, Ensure Plus
- Special supplement:
  - Calogen –fat supplement, energy dense, dairy free
  - Ensure 2Cal HN -2cal/ml, nutritionally complete
  - Fortijuice –dairy free, nutritionally complete
  - Fortisip protein compact –recently approved by Pharmac to be available to be used in hospitals (under H schedule). Can self purchase.
  - Polycal, Protifar, Beneprotein



# OLDER ADULTS WITH ASIAN BACKGROUND

- Prefers hot food/snacks
- Ice-cream, yoghurt, dairy food, custard are never good protein rich snack ideas for them
- Not used to have morning tea or afternoon tea so will need some persuading to increase meal frequency
- Think runny soups, runny congee are good meal options when unwell
- Finds sweet, milky drinks harder to tolerate
- Calogen, 2CalHN, Fortisip protein compact may be a good alternative to suggest





**QUESTIONS??**

