



nz nutrition
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Committee for Healthy Ageing

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Welcome to Issue 26 of our Bulletin, updating you on issues of importance or topical interest relating to nutrition and physical activity of older people. In this issue we get back to the basics and remind seniors living independently of some of the nutritional issues facing them as they age.

We are inundated with the obesity epidemic and the huge increase in the incidence of diabetes, especially in the young, the sugar tax debate, fast food outlets near schools, etc. Some of these issues can make us as older people very anxious and perhaps a little unrealistic in what this means for us. Our nutrition issues are not so much about obesity and diabetes as the increasing risk of malnutrition and the risks we face as we enter our senior years, maybe on our own. Don't get me wrong; obesity, diabetes and high refined sugar intake are huge problems, and they do increase the risks of early cardiovascular events and death. But by the time you are entering your 70's, let's face it, the risk of early, untimely death in middle age has past! Although some of our past habits may yet catch up with us, we do have other issues to face as we progress through to our retirement years.

What we do with our diet and lifestyle can help.

1. **Maintain a healthy weight.** It's been shown that older people are better off with a BMI of 22 – 27 – that is a little heavier for height than is recommended for younger people; there is lower mortality in this range than if a person is too light or too heavy for height. A thin, frail older person is cause for concern, more especially if weight is much less than when the person was younger, and weight loss is unplanned – so listen to your family if they tell you that you are getting scrawny.
2. **Keep active.** As we age, it is important to keep as active as possible, and it is recommended that we aim for at least 30 minutes of moderate intensity exercise per day, five days per week. See <http://www.health.govt.nz/system/files/documents/publications/physical-activity-for-older-people-factsheet-v2.pdf> . Many older people enjoy walking, cycling, swimming, or more actively intense exercise such as tennis or jogging or even running marathons! Build activity into your daily life too – walk to the shops, play with your grandchildren at the park, climb the stairs. Sometimes our ability to exercise in the traditional way is compromised by hip and knee problems, arthritis, problems with balance etc., but it is possible to maintain fitness in other ways while still sitting such as lifting weights, pedalling, resistance stretching. Swimming is often possible for people who may not be able to walk unaided. You do need to talk with an appropriate fitness instructor who can help you find a suitable routine. Green prescription is available too, and your medical practice can refer you to this. For more information on Green Prescription, including contacts in your area, see <http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/green-prescriptions> .
3. **Prevent unplanned weight loss.** Unplanned weight loss should be cause for concern, especially if a person is normally an ideal weight or a bit underweight (and healthy). Even if you are overweight, unplanned loss, which may be very satisfying personally, could in fact be a sign that all is not right. Planned weight loss is a different story. But unplanned loss should be investigated. It is good to know

what you normally weigh, and to keep an eye on this. Listen to family and friends who comment on your weight or how you look. Ask your doctor to check your weight and mention any unplanned losses at your appointment. Unplanned weight loss is a risk factor that may lead to malnutrition, which is not uncommon in older people living independently.

4. Risks of unplanned weight loss.

- a. **Sarcopaenia**, age-related loss of muscle mass which can lead to weakness, balance problems, decreased mobility and increased risk of falls and hip fractures
- b. **Immune dysfunction**, including increased rates of infection, anaemia, fatigue, poor wound healing
- c. **Hospitalisation**, with possible subsequent pressure areas on bony points, institutionalisation, mortality
- d. **Cognitive impairment**, depression
- e. **Bone loss**, osteoporosis, increased risk of fractures.

5. Adopt a healthy eating pattern. Include at least 3 main meals – breakfast, lunch and dinner – and if your appetite is small, try to include morning and/or afternoon tea.

- a. **Protein-rich foods.** Because older people have higher protein needs than younger people, but also tend to have smaller appetites, it's important to think about including some good quality protein foods (e.g. milk and milk products, such as cheese and yoghurt; meat, fish, chicken, eggs; legumes such as dried peas, beans and lentils; and nuts and seeds) in all meals, including breakfast. This means giving serious thought to the some of the ideas on following chart. These are only some suggestions, and portions sizes do not have to be large when you include some protein-rich foods at every meal.

Breakfast	Lunch/Tea	Dinner	Snacks
<ul style="list-style-type: none"> • Yoghurt with cereal or porridge • Fruit smoothie made with milk or yoghurt • Scrambled, poached or soft boiled egg • Baked beans • Bacon • Fortifying porridge with 2 tablespoons skim milk powder (instant mixes in better) or making porridge with milk instead of water 	<ul style="list-style-type: none"> • Protein filled sandwich – e.g. egg, cheese, chicken, lean meat, canned salmon/tuna or peanut butter • Eggs cooked in any way e.g. omelette, poached, Benedict or hollandaise • Hearty soups made with legumes, meat or chicken • Cold meat and salad • Baked beans on toast • Cheese toasties/rolls/toasted sandwiches • Hamburger/quiche 	<ul style="list-style-type: none"> • Lean meat, (beef, lamb, pork) cooked any way • Chicken, cooked any way • Fish, especially fatty varieties, e.g. salmon, tuna, but eat fish often • Stir-fries with meat, chicken, legumes • Shepherds pie, fish pie or casseroles (Can be made with leftover meat) • Try legumes – dried peas, beans, lentils (use canned varieties) Use in casseroles, sauces for pasta, stir fries 	<ul style="list-style-type: none"> • Crackers with cheese, hummus, or pate (this can be a good source of iron) • A small handful (about 30 g) raw nuts per day • Protein filled sandwiches • Milk or drinks such as coffee, Milo or hot chocolate made with milk • Milk shake or fruit smoothie made with milk or yoghurt • Yoghurt • Toast and peanut or other nut

	<ul style="list-style-type: none"> • Macaroni cheese • Sardines on toast • Cottage cheese as a salad or on toast with tomato 	<ul style="list-style-type: none"> • Try tofu – nice with a sweet & sour sauce & rice or as a stir-fry 	butter (e.g. hazelnut).
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- b. **Vegetables & fruit.** Besides the focus on protein foods, also ensure that you include plenty of vegetables and fruit in your diet – eat a rainbow of colours from this category. Try to include at least three servings of vegetables and two servings of fruit a day, more if possible, preferably fresh, frozen, or canned, occasionally dried or juiced, and raw or cooked. A small but interesting study on 1456 women aged 70-85 years and reported in 'The Press' (2/4/16), found that eating an apple a day can reduce the risk of dying early by 35% in those who ate more than 100 g (1 small) apple per day, compared with those who ate less than 5 g per day. The subjects were followed for 15 years. However, the researchers were quick to point out that the message was not to eat apples at the expense of other fruits, but also to eat other fruits, such as oranges and bananas, which were also associated with reduced risk of mortality from cardiovascular disease or cancer.
- c. Include **bread and cereals** as well, choosing wholegrain varieties such as porridge, weetbix, wholemeal breads, brown rice if you like them. These provide B vitamins and also dietary fibre that can help keep your bowels regular, and should not be omitted from a healthy diet.
- d. **What about fat?** There is currently a lot of discussion about fat in the diet, both the quantity and type. The current Ministry of Health Guidelines recommend keeping the fat intake down, and choosing plant-based fats. These include healthy fats such as olive oil, rice bran oil, peanut oil, canola, sunflower or safflower oil, and polyunsaturated margarines or spreads. The least healthy include animal fats, such as meat fat, butter and cream, and also palm and coconut oil. A small amount of these to enhance your diet is acceptable!
- e. **Does sugar matter?** An excessive amount of sugar in any diet is not recommended, especially when it's added sugar, as in soft drinks drunk in large quantities. It's detrimental to one's dental health, and it provides energy, but not much else. It doesn't matter whether it's white, brown or raw sugar, honey, maple or golden syrup – it's all the same in the end! For younger people especially, the risk and incidence of obesity and Type 2 Diabetes have risen exponentially since our older population were children, and soft drinks were a birthday treat! However, a small amount of added sugar is acceptable – a scant teaspoon in your tea or coffee, marmalade or jam on your breakfast toast or brown sugar on your porridge. It is far more important in older age to serve your food how you like to eat it, and over the top prohibitions can cause more problems than it's meant to save! Responsible use of a little bit of sugar now and then is acceptable. There is a lot of sugar in many processed foods – it's often used as a preservative, and also as a taste enhancer. A number of manufacturers are endeavouring to reduce the amount of sugar in their processed foods, as they reformulate the product. The message is – have a little yourself to enhance pleasure of eating, but when it comes to the grandchildren, don't have the fridge full of fizzy drink and the cupboard full of lollies for them – have milk or water, and plenty of fruit!

6. **Keep up your cooking skills.** After a lifetime of cooking for a family, it can become a bit tedious cooking every day when the family has left home, or if you are on your own. Sometimes, the one left has not been the cook in the family, and this may limit the repertoire of meals to prepare and cook. If boredom with meals sets in, intake can be compromised, both in variety and quality. Don't become a 'tea and toast' cook! A very practical way to deal with this is to always cook enough for an extra meal, and freeze this for another day, when perhaps you don't feel like cooking.

Have you heard of **Senior Chef**? This is a cooking programme developed in the Canterbury District Health Board, but being offered in a number of centres, including by the NZ Nutrition Foundation. It's a hands-on cooking class to help seniors with their cooking skills and nutrition knowledge. The bonus is the social aspect of working with a group of others and then all sharing the meal at the end of the morning. To find out more about a Senior Chef course in your area, visit: www.seniorchef.co.nz/contact

7. **In conclusion**, the key to a healthy old age is eating well and keeping as fit and active as possible. Staying involved socially with friends, family and stimulating pursuits are also important. Nutritional goals for healthy older age are not rocket science, but good common sense. There's no magic bullet (see our bulletin on supplements – No 23, September 2015), and anything that makes promises that sound too good to be true probably are! The old adage of 'a little bit of what you fancy will do you good' is as good in older age as ever, and over-zealousness with regard to what you are eating is probably not justified. If you are concerned, talk to your doctor, who can refer you to see a dietitian or other health professional who can help. You may also like to visit the NZ Nutrition Foundation's website, listed at the bottom of this bulletin.