



What do Older People Need to Eat and why does it matter?



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Seminar Making Meals Matter

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We are what we eat/ate

- Is that bread and butter and a cup of tea?
- Is it a biscuit and a coffee?
- Is it a sherry with a few snax biscuits?

*If it is the above, that's probably white flour,
water, some saturated fat, some white sugar,
some flavourings, and caffeine or alcohol!!*

And is this nutritious?



Plan for Session

- Why does it matter?
- Review general guidelines and nutritional recommendations for older adults
- Translating recommendations to foods
- Examples



Why Does it Matter?

What happens as we age?

- ↓ Muscle mass and ↑ increase body fat in wrong places
- ↓ Bone density and ↑ risk of fractures
- ↓ Immunity and ↑ more susceptible to infections
- ↓ Skin thickness and ↑ likelihood of skin tears
- ↓ Nutrient absorbed ↑ risk of malnutrition



So why does nutrition matter?

- ↓ Muscle mass → more likely to fall, need assistance with chores & daily living, less protein stores for healing, exercise more difficult
- ↓ Bone density → slow bone turnover, broken bones e.g. hip, operations, more time hospitalised
- ↓ Immunity → more colds, pneumonia, infections, more time in bed,
- ↓ Skin thickness → skin tears, pressure sores, less vitamin D absorption
- ↓ Nutrient absorbed → less vitamin availability, gut less efficient, less appetite

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What nutrients are required by older people & why?

- Carbs – fuel food – provide energy for thinking and doing
- Protein – repair and replacing cells
- Fat – energy stores, insulation, nutrients
- Minerals – e.g. Calcium, zinc, iron – skin, bones and blood
- Vitamins – e.g. D, C, A and Bs – cellular function
- Fluids – help to hydrate and flush the system

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Vitamin D – 1995 and 1996

- 39 residents in Roskill Masonic Village - more independent group – played bowls, gardened
 - Blood tests in June 1995 and February 1996
 - Prevalence of frank hypovitaminosis (<10ug/L) 49% in midwinter, 33% in midsummer
 - Below clinical reference range 74% and 58% respectively
- NZMJ 1999 112 471-2

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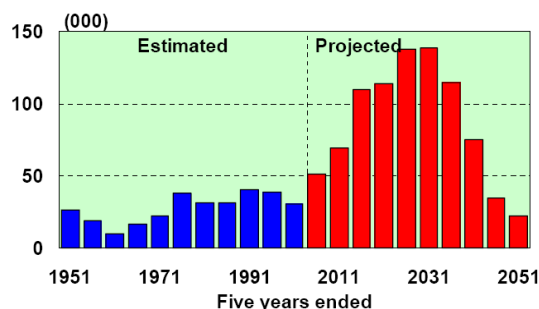
Food Intake and Exercise Study of Healthy Older Adults

Masters Thesis 1998

- Aged 50-82 yrs, exercised much more than general older population (nearly 1 hour daily)
- Food intake similar to other older NZers i.e. too high in fat and saturated fat, too low in carbohydrates
- Strong mean decline in fat free muscle mass with increasing age = 15kg between 50 and 80 year olds!!

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Figure 6 Change in Population Aged 65+, Series 5



Malnutrition

- **Prevention is key**- better for older person, their families and community
- Treating malnutrition is difficult and expensive
 - Malnourished person loses his/her appetite, energy, can't be bothered
 - May like to see weight go down (old dieter)
 - Mental state is impaired

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What affects food intake in older people?

1. Change in appetite
2. Memory loss and dementia
3. Depression, isolation, loss of loved ones or friends, dislocation, lack of money, stress
4. Changes in taste, smell & saliva
5. Polypharmacy & effects of medications
6. Arthritis – hands, shoulders, jaw
7. Changes – mouth, oesophagus, posture
8. Diets and beliefs



What can change appetite?

1. Dining environment
2. Premeditating meal
3. Sight
4. Cooking smells
5. Sounds
6. Variety – different foods
7. General well being – mind and body
8. Texture contrasts and mouth feel



What can we do about it?

Effects on food intake and solutions

- Memory loss and dementia
Provide nutrient dense meals and snacks, maybe increased protein
- Depression, isolation, loss of loved ones or friends, dislocation, lack of money, stress
Change environment of meals
- Changes in taste, smell & saliva
Provide ways to add moisture, great smells and appropriate sized meals



Effects on food intake and solutions continued

- Polypharmacy & effects of medications
Plenty of fluids to help flush system, have medications reviewed
- Arthritis – hands, shoulders, jaw & changes – mouth, oesophagus, posture
Correct seating, appropriate utensils, appropriate textures
- Diets and beliefs
Review by dietitian, discussion with relatives



How to implement the solutions

1. Nutrition assessment by health professional if thought to be at risk – good tools available e.g MNA
2. Keep records of eating and drinking, likes and dislikes, habitual food intake
3. Review shopping & cooking methods where older person living in community
4. Request information of likes/dislikes and usual intake from family and friends
5. Have a dietitian visit and make recommendations



What exactly do older people
need to eat?

How is it different from younger
people?



Pyramid Recommendations

- Eat most - bottom of pyramid –
 - vegetables and fruit 5+ day
 - bread and cereals 6+ day
- Eat moderately – middle of the pyramid –
 - lean meat, fish, poultry, pulses and nuts 1+ day
 - milk and milk products 2+ day
- Eat least – top of the pyramid – fats, oils, sugar, salt and alcohol
- + Have 8 cups fluid per day
- + 30 minutes sunshine per day



MOH Food and Nutrition Guidelines

1. Eat a variety of foods each day
2. Keep active and maintain a healthy weight
3. Have plenty to drink. Eight cups of fluid each day are recommended
4. Go easy on alcohol
5. Choose foods low in fat, sugar and salt
6. Make meal times a social occasion



Guideline 1- Variety of Foods

- Plenty of varied vegetables e.g. different colours such as red, yellow, purple, white, green and brown (beetroot, coleslaw, more vegetables in tea meals)
- Varied styles of cooking and serving vegetables e.g. croquettes, stir fry, in sauces, in soups, mashed combinations, baked with milk
- Choose coloured seasonal fruits, – different ways to serve e.g. sliced, dried compote, in puddings, jellies, toppings, cheese and pineapple nibbles



Guideline 1- more examples of variety

- Different choices of drinks e.g. milky milo, tea, fruit drinks, smoothies, hot lemon or apple juice, Complan
- More salads on menu in summer, adding jellied salads, beans and legumes, beetroot
- More hot vegetable dishes in winter, thick warming soups, roasted vegetables
- Variety of cereals and porridge types, variety of breads, rolls and toast, varied sandwiches



Guideline 1- more examples of variety

- Different choices of drinks e.g. milky milo, tea, cold tea, fruit drinks, smoothies, hot lemon or spiced apple juice, Complan
- More salads on menu in summer, adding jellied salads, beans and legumes, beetroot
- More hot vegetable dishes in winter, thick soups, roasted vegetables
- Variety of cereals and porridge types, variety of breads, rolls and toast, varied sandwiches



Guideline 1- more examples of variety

- Interchange meat, fish, chicken, vegetarian options, cheese and egg so that same ingredient is not served on same day each week or two days in a row
- Vary ways of serving protein main meal – roasts (popular but expensive), loaves, in sauces, savoury baked with tomato, curried, kedgeree
- Desserts to suit the season – cold and fruity in summer and hot, starchy and milky in winter



Guideline 2 – Active + Healthy Weight

- Physiotherapy sessions
- Occupational therapy
- Outings
- Green prescription in community
- Weight checks – same scales is helpful, how much did person weigh when young, weight history
- Height is useful if possible



Guideline 3 – Plenty to drink

- Different options on the drinks trolley e.g. hot vegemite or broth, different teas, smoothies or milkshakes, hot spiced apple juice, jelly, custard
- Milky drinks for supper time
- Water with meals
- Fruit juices and fruit drinks for variety
- Offer ices and icecreams during hot weather
- Take care to ensure residents needing thickened fluids have plenty
- Occasional alcohol – beer, sherry for a treat (alcohol can dehydrate)



Guideline 4 – Go Easy on Alcohol

- Greater risk of falls after drinking alcohol
- Liver less capable of breaking down alcohol ready to be excreted
- Alcohol can dehydrate
- Calories from alcohol can replace food calories and therefore lead to poor nutritional intake if habitual



Guideline 5 – choose foods low in salt, sugar and fat

LOW = OFTEN

Scones, muffins, small sandwiches and fruit breads

Water crackers, plain crackers or biscuits

Bread case, phyllo savouries

Self crusting or rice based

Custard, milky sauces, yoghurt

HIGH = OCCASIONAL

Cakes and biscuits – cream butter and sugar, chocolate

Cream crackers, highly flavoured crackers, Snax

Pastry savouries

Puff or flaky pastry quiche

Cream, butter icing



Guideline 6 – Meal times social occasion

- **Very positive** effect on appetite
- Provides quality time to interact with friends and relatives
- Events such as birthdays and other celebrations such as Easter, Christmas, etc very important to older people
- Long term care facilities – can help relieve monotony with themed meals
- Community – group lunches, shared meals popular

