

Eating Well for Older People

Good nutrition can help promote better health and maintain quality of life in older adults. However, there are a range of factors that make eating well more difficult as we age and may increase the risk of becoming malnourished.

Malnutrition

Malnutrition occurs when your diet does not meet your nutritional needs. This can take two forms. **Undernutrition** occurs when you are not getting enough nutrients and can result in deficiencies and/or becoming underweight. **Overnutrition** occurs when you are getting more nutrients than you need and can result in becoming overweight or obese. It is also possible to be deficient in vitamins or minerals while overweight or obese if you are not eating foods from a range of food groups. This section will focus on undernutrition when speaking of malnutrition, as this is an area of concern for older people¹.



An estimated **1 in 10** older adults are suffering from, or at risk of, preventable malnutrition². The consequence of malnutrition include:

- Loss of muscle mass, which can increase the risk of falling
- Tiredness and weakness
- Impaired immunity, which can increase risk of infections and cause slower recovery from illness or wounds
- Low mood or depression

The National Institute for Health and Care Excellence define being malnourished as any of the following³:

- A BMI of less than 18.5kg/m²
- Unintentional weight loss greater than 10% in the past 3-6 months
- A BMI less than 20 **and** unintentional weight loss greater than 5% in the past 3-6 months

However, there are also signs of malnutrition that you can look out for if you are concerned about someone, including:

- Loose fitting clothing (e.g. loose shirt collars, belts, waistbands and shoes)
- Loose rings on fingers
- Dentures no longer fit properly
- Bruises or slow healing wounds
- Appearing weak, tired and lacking in energy

Factors affecting food intake and risk of malnutrition

Reduced appetite is common with ageing. This may be due to changes in hormones involved in appetite-control, side-effects of medications and psychosocial factors such as depression or isolation.

Decline in senses (e.g. taste, smell or sight) may result in a reduced interest of food or changes to food preferences. There can also be an increased risk of not detecting that food has gone out-of-date.

Reduced nutrient absorption can be caused by certain medications, infections or conditions such as Crohn's disease, coeliac disease or pancreatic cancer.

Dementia may lead to skipping meals due to forgetting to eat. Other problems can include a decline in memory and attention, making shopping or preparing food difficult, as well as sensory declines and difficulties swallowing.

Factsheet



Difficulties chewing or swallowing can make eating challenging. Chewing may become difficult due to factors such as tooth loss, gum disease or poor fitting dentures. A dry mouth is common in older people and can make swallowing difficult. This can be a side effect of medications, due to cancer treatment or conditions such as diabetes.

Reduced mobility can make getting groceries and cooking difficult.

Isolation due to loss of a partner and/or having no family nearby can result in loneliness and low mood or depression (in turn potentially causing poor appetite or reduced interest in food). Being isolated could also potentially prevent access to food if shops are not close by or they have reduced mobility.

Lack of cooking skills and/or nutritional knowledge. Some older adults may lack cooking skills due to their partner doing all the cooking, which can become a problem if they become bereaved. Higher nutritional knowledge has also previously been associated with healthier weight in older adults⁴.

Low income can affect diet quality at all ages. In Winter, fuel poverty can also reduce the income available to spend on food.

Supporting Older People to Eat Well

There are a number of ways you can support an older person with their nutrition. However, if you are concerned about an older person's health, you should speak to them and encourage they make an appointment with their GP.

Food First Approach:

Those struggling with a poor appetite may find eating smaller meals, with snacks in between, more manageable than 3 larger meals. You can also fortify meals to boost their nutritional content. For example, adding:

- Milk, milk powder or cheese to increase energy, protein and calcium.
- Butter, cream or oil to increase energy.
- Meat, fish, beans or pulses to increase energy and protein.

Smoothies and milkshakes can be a good source of energy and hydration for those struggling to eat as they can sip at them throughout the day. You can make them energy-dense by adding in cream, whole milk and/or ice cream (though this may not be suitable for individuals with diabetes) and also add vitamins and minerals by including different fruits and vegetables.

Practical Support

Some examples of practical support for helping an older person to eat well include:

- Getting their groceries or setting up an online shopping delivery if mobility is an issue.
- Getting food items to make cooking easier such as frozen chopped vegetables.
- Put food into easy to open containers and buy items such as jar openers.

For more information on how to practically support older people to eat well, we offer REHIS Eating Well for Older People training. To book a course, or for more information, please email us at info@nutritionscotland.org or call us on 07954 581155.

References:

1. Scottish Government (2019) A Fairer Scotland for Older People: Framework for Action. Available at: <https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/pages/3/>
2. Age UK (2017) Malnutrition Task Force with Age UK calls for health professionals to put their nutrition specs on when working with older people. Available at: <https://www.ageuk.org.uk/latest-press/articles/2017/november/malnutrition-report/>
3. NICE (2006) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Available at: <https://www.nice.org.uk/guidance/CG32>
4. Jeruszka-Bielak, et al (2018) Are Nutrition-Related Knowledge and Attitudes Reflected in Lifestyle and Health Among Elderly People? A Study Across Five European Countries. Available at: <https://www.frontiersin.org/articles/10.3389/fphys.2018.00994/full>