Nutritional Needs for the Older Adult (65+)

http://www.moxieathletics.com/Portals/0/MoxieImages/Nutrition92520.jpg
Introduction:

Nutrition is an important element of health in the older population and affects the aging process. "Malnutrition among older people is a continuing source of concern, particularly among acutely hospitalized patients" (Feldblum, German, and Castel, 2007, p. 37). “The prevalence of malnutrition is increasing in the elderly population and is associated with a decline in functional status, impaired muscle function, decreased bone mass, and death” (Ahmed, 2010, p. 207). Eating right, exercising, and being aware of changes as you age, are of upmost importance. If you notice unintentional weight loss, decreased appetite, or problems with chewing or swallowing, report these findings to your primary care provider. Be your own health advocate.

Definitions:

Malnutrition: Any disorder of nutritional status, including disorders resulting from a deficiency of nutrient intake, impaired nutrient metabolism, or over-nutrition (DiMaria-Ghalili & Amella, 2005, p. 40).

Protein-energy under-nutrition: The presence of clinical (physical signs such as wasting, low body mass index [BMI]) and biochemical (albumin and other serum protein) evidence of insufficient intake (DiMaria-Ghalili & Amella, 2005, p. 42).

BMI: Body mass index, is a number calculated from a person’s weight and height. BMI provides a reliable indicator of body fat. Healthy: 18.5-24.9, overweight 25-29.9, obese >30. (Smith, 2008, p. 431).


Osteoporosis: The most common type of bone disease. Osteoporosis is the thinning of bone tissue and loss of bone density over time. This occurs when the body fails to form enough new bone, when too much old bone is reabsorbed by the body, or both. Prevent osteoporosis by adequate daily intake of calcium, Vitamin D, and weight-bearing exercises. (Smith, 2008, 435).

Sarcopenia: Decline in muscle mass and strength associated with aging. Sarcopenia leads to an increased risk for disability, falls, unstable gait, and osteoporosis (Smith, 2008, 437).
**Background and Statistics**

- The diets of most older Americans need to improve, as indicated by the 1999-2000 Healthy Eating Index (HEI). This is of concern given the link between diet and chronic disease even for older people.
- HEI is used to assess the status of Americans’ diets, the only instrument computed on a regular basis by the federal government that gauges the overall quality of the population’s diet (Juan, Lino, & Basiotis, 2004).

**Tips for Healthy Eating**

To help you stay on track with your healthy eating plan, follow these tips:

- Do not skip meals. Skipping meals may cause your metabolism to slow down or lead you to eat more high-calorie, high-fat foods at your next meal or snack.
- Select high-fiber foods like whole-grain breads and cereals, beans, vegetables, and fruits. They may help keep you regular and lower your risk for chronic diseases, such as coronary heart disease and type-2 diabetes.
- Choose lean beef, turkey breast, fish, or chicken with the skin removed to lower the amount of fat and calories in your meals. As you age, your body needs fewer calories, especially if you are not very active.
- Have three servings of vitamin D-fortified low-fat-fat-free milk, yogurt, or cheese every day. Milk products are high in calcium and vitamin D and help keep your bones strong as you age. If you have trouble digesting or do not like milk products, try reduced-lactose milk products, or soy-based beverages, or tofu. You can also talk to your health care provider about taking a calcium and vitamin D supplement.
- Choose foods fortified with vitamin B12. Many adults over the age of 50 have difficulty absorbing adequate amounts of this vitamin. Therefore, they should get this nutrient through fortified foods, such as breakfast cereals, or from a dietary supplement. Talk with your health care provider to ensure that you are consuming enough vitamin B12.
- Keep nutrient-rich snacks like dried apricots, whole-wheat crackers, peanut butter, low-fat cheese, and low-sodium soup on hand. Eat only small amounts of such foods as dried apricots and peanut butter because they are high in calories. Limit how often you have high-fat and high-sugar snacks like cake, candy, chips, and soda.
- Drink plenty of water or water-based fluids. You may notice that you feel less thirsty as you get older, but your body still needs water to stay healthy. Examples of water-based fluids are caffeine-free tea and coffee, soup, and low-fat or skim milk. (National Institute of Health, 2002)

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**The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.**

Read the statements below. Circle the number in the “Yes” column for those that apply to you or someone you know. For each response, score the number in the box. Total your nutritional score.

**The Warning Signs of Poor Nutritional Health**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes Score</th>
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<tbody>
<tr>
<td>I have an illness or condition that made me change the kind or amount of food I eat</td>
<td>2</td>
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<tr>
<td>I eat fewer than 2 meals per day.</td>
<td>3</td>
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<tr>
<td>I eat few fruits or vegetables, or ready-to-eat foods or milk products.</td>
<td>2</td>
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<tr>
<td>I have 3 or more drinks of beer, liquor or wine almost every day.</td>
<td>2</td>
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<tr>
<td>I have tooth or mouth problems that make it hard for me to eat.</td>
<td>2</td>
</tr>
<tr>
<td>I don’t always have enough money to buy the food I need.</td>
<td>4</td>
</tr>
<tr>
<td>I eat alone most of the time.</td>
<td>1</td>
</tr>
<tr>
<td>I take 3 or more different prescriptions over-the-counter drugs a day.</td>
<td>1</td>
</tr>
<tr>
<td>If not eating, I have lost or gained 10 pounds in the last 6 months.</td>
<td>2</td>
</tr>
<tr>
<td>I am not always physically able to shop, cook and/or feed myself.</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Your Nutritional Score. If it’s—**

- **0-2** Good! Recheck your nutritional score in 6 months.
- **3-5** You are at moderate nutritional risk. Know what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition programs, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- **6 or more** You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

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Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

(Finn, 2000)
Needs are prioritized by degree to which they impact the elder’s nutritional status.

<table>
<thead>
<tr>
<th>Holistic Needs</th>
<th>Concern</th>
<th>Rationale</th>
<th>Recommendation</th>
</tr>
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<tbody>
<tr>
<td><strong>Home (Social)</strong></td>
<td>A weak social network may contribute to poor health in the elderly population (Smith, Mullins, Mushel, &amp; Roorda, 1994).</td>
<td>Elders who are socially isolated “have a significantly increased risk of poor nutrition, poor health status, and impaired cognition” (Hsieh, 2010).</td>
<td>Try to dine with family, friends, or at a senior center. Dining with others “includes an opportunity to build and forge relationships, support identities and increase functional skills” (Lombardo, 2005). Substitute healthy fast food options for poor choices, e.g., a chicken salad instead of a bacon cheeseburger; make a plan to eat healthy before traveling to the restaurant and stick to it; eat at home more often.</td>
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<td><strong>Cultural</strong></td>
<td>Elder Americans frequent “fast food restaurants in large numbers,” with culture strongly influencing their choice (Morris, Schneider, &amp; Macy, 1995).</td>
<td>“Individuals continue gaining weight until their sixties, and obesity rates among the near-elderly population is the highest” (Zheng, 2009). Fast food consumption plays a role as it is cheap and easily accessible, however the elderly do tend to eat more energy-dilute grains, vegetables, and fruits than fast food (Drewnoski, &amp; Shultz, 2001).</td>
<td>Substitute healthy fast food options for poor choices, e.g., a chicken salad instead of a bacon cheeseburger; make a plan to eat healthy before traveling to the restaurant and stick to it; eat at home more often.</td>
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<td><strong>Psychological</strong></td>
<td>Dementia may cause “nutrition problems and specifically weight loss which are common in older adults with dementia living in the community” (Keller et al. 2008).</td>
<td>“The cognitive impairment found in persons with dementia impairs the ability of these adults to complete motor and perceptual tasks required for eating” (Chang, &amp; Roberts, 2008).</td>
<td>Eat more finger foods to forgo use of utensils and soft foods for those experiencing problems with dentition or swallowing (Lombardo, 2005).</td>
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<td><strong>Long-term Care (Environmental)</strong></td>
<td>LTC facilities do not usually cater specifically to individual needs, when many seniors need focused, individualized meal plans to ensure proper nutrition (Lombardo, 2005).</td>
<td>“The dining experience for seniors must shift focus from a rushed and impersonal process that serves the needs of the caregiver, to a personal and relaxed process where the senior takes center stage” (Lombardo, 2005).</td>
<td>A hospital-based multidisciplinary approach to meal planning can effectively improve the nutritional status of elderly patients living in long-term care facilities. LTC facilities should take into account each individuals unique circumstances and adjust meal plans accordingly (Lin, Huang, Liu, Li, &amp; Lee, 2010).</td>
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<td>Home (Psychosocial)</td>
<td>Financial Problems</td>
<td>The elderly population lives on a fixed income. There is “...a relationship between low income and poor nutritional intake” (Buckwalter et al., 2001, p. 147). The elderly prioritize medication and bills before the quality of their food. The food purchased lacks variety, there is also “...inadequate intake of specific food groups or vitamins and minerals, overconsumption of fat and cholesterol, and inadequate intake of calories” (Buckwalter et al. 2001, p. 147).</td>
<td>There are governmental and community programs that provide nutrition help to the elderly. Examples of programs are food stamps, Meals on Wheels, and shopping assistance within the community (Buckwalter et al., 2001,p. 147). It is essential for elders to limit fat and cholesterol and to consume adequate calories based on own personal factors. Encourage “...vitamin B12 in crystalline form, (which can be derived from fortified cereals and supplements) (Mauk, 2010, p. 359). “Daily vitamin D intake should be 400-600 IU and can be derived from fortified foods or supplements. Include adequate whole grains, fruits, and vegetables” (Mauk,2010, p. 360).</td>
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<td>Long-term Care (Physical)</td>
<td>Poly-pharmacy associated with decreased nutrition (Tabloski, 2006, p. 48). Increase risk of impaired skin integrity: pressure ulcers (Buckwalter et al.,2001,p. 121).</td>
<td>Many medications “...can negatively impact appetite, taste, nutrient absorption, and metabolism;” (Tabloski, 2006, p. 36). When the elderly population is hospitalized their mobility is decreased or restricted to their hospital room. Pressure ulcers can develop due to malnutrition. Pressure ulcers occur due to “...a lack of oxygen and nutrition to a body area” (Tyson, 1999, p. 138).</td>
<td>Determine what nutrients are affected by the medications. Incorporate natural consumption of nutritional needs into diet or consume supplemental vitamin and mineral pills (Tabloski, 2006,p.37). Supplement their diet with vitamin A, C, thiamine, and the mineral zinc (Tyson, 1999, p. 138).</td>
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<td>Hospitals (Physical)</td>
<td>Impaired wound healing related to poor nutrition (DiPietro, 2010, p. 219).</td>
<td>“Energy, carbohydrate, protein, fat, vitamin and mineral metabolism all can affect the healing process” (DiPietro, 2010, p. 221).</td>
<td>It is essential to consume balanced meals. Protein values needs to be met because it “...is one of the most important nutrient factors affecting wound healing” (DiPietro, 2010, p. 222). The recommended protein dosage is 0.8 per kilogram or 0.37 per pound of body weight. Energy needs for wound healing are met by eating adequate carbohydrates and fats based on personal needs (Roe,1992, p. 72)</td>
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Legal/Regulatory Issues

Dietary Guidelines for Americans:

- Form foundation of US federal nutrition policy

Every nutrition program, especially programs for low-income Americans, in US uses the Dietary Guidelines as part of their nutritional standards.

  - Programs that use the Dietary Guidelines are: Food Stamps, Special Supplemental Food, and Nutrition Education Program.

- Dietary Guidelines: aim for a healthy weight, be physically active each day, let the pyramid guide your food choices, eat a variety of grains daily, eat a variety of fruits and vegetables daily, keep foods safe to eat, choose a diet that is low in saturated fat and cholesterol and moderate in total fat, choose beverage and foods that moderate your intake of sugars, choose and prepare foods with less salt, and if you drink alcoholic beverages, do so in moderation (Johnson, 2000, p. 242-246).

Department of Health and Human Services Programs – Administration on Aging (AoA)

- AoA includes 4,400 local Older Americans Act nutrition programs
  
  - Serve home-delivered meals to about 3 million older adults annually

Title 3C and several of six core OAA services: states provide food and nutrition support services for older adults.

Title 6, Services to Native Americans: provide nutrition and supportive services for tribal and native organizations.

Title 3C-1: congregate meals are offered at community centers such as senior dining centers, faith-based settings, schools, and adult day centers.

Title 3C-2: meals are delivered to frail home-bound elders who are unable to travel to a congregate site (Kamp & Wellman, 2004, p. 78-79).

“The Older Americans Nutrition Program administered by the federal Administration on Aging (AoA) provides congregate and home-delivered meals, nutrition screening, nutrition education, and counseling services” (Lloyd, Rosenzweig, & Wellman, 2002, p. 64).

“The meals and other nutrition services provided by the Older Americans Nutrition Program are important to the Nation’s attainment of Healthy People 2010 goals which are to improve the quality and years of healthy life and to reduce health disparities” (Lloyd, Rosenzweig, & Wellman, 2002, p. 74-75).

State units on aging (SUAs) provide funding for The Older Americans Act (OAA) programs to local communities through designated area agencies on aging (Alongi, et al., 2005, p. 49-50).

Summary:

As you can see, nutrition is a very important element of health for the elderly. Nutrition affects all aspects of older people’s lives, from the way they feel daily, to the way they go through the aging process. Unfortunately, the diets of most older adults today need improvement. Many are not getting an adequate amount of whole grains, fruits, and vegetables. Fortunately, there are many programs available for the elderly to help them with nutrition education and food assistance for those in need. There are even programs for those who are unable to leave their homes. Thus, there is no excuse for not watching your diet. Every person needs to take a good look at their nutrition status and act accordingly, whether it is to cut down on sugar and fat, add in more vegetables, or ask for assistance if unable to provide. Be your own health advocate.
Websites and Community Services

**Websites**

Department of Social Services
Website: [www.dss.cahwnet.gov/foodstamps/](http://www.dss.cahwnet.gov/foodstamps/)
Mission: The Department of Social Services website provides information about food stamps. Applications are also available to fill out for food stamps.

United States Department of Agriculture, Food and Nutrition Service.
Website: [www.fns.usda.gov/fns/regulations.htm](http://www.fns.usda.gov/fns/regulations.htm)
Mission: The website provides information about regulations, policies, programs, and services such as The Emergency Food Assistance Program, and Food Stamps Program that are available for the people in United States.

Nutrition.gov
Website: [www.nutrition.gov](http://www.nutrition.gov)
Mission: Nutrition.gov gathers food and nutrition information from federal agencies and presents to the consumer science-based dietary guidance. Included topics: healthy eating, dietary supplements, and keeping food safe.

American Dietetic Association
Website: [www.eatright.org/Public/content.aspx?id=6837](http://www.eatright.org/Public/content.aspx?id=6837)
Mission: The world’s largest organization of food and nutrition professionals. Easy to navigate, includes nutrient needs and eating right tips for the older adult.

United States Department of Agriculture National Agricultural Library
Website: [www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)
Mission: You can find credible, accurate, and practical resources for nutrition and health professionals, educators, government personnel and consumers.

**Community Resources**

Sacramento Loaves and Fishes
Website: [www.sacloaves.org/](http://www.sacloaves.org/)
Address: 1321 North C. St., Sacramento, CA 95811.
Phone: (916)-446-0874
Mission: Sacramento Loaves and Fishes provide nutritious food to those who are in financial need.

Sacramento Food Bank & Family Services
Website: [www.sacramentofoodbank.org](http://www.sacramentofoodbank.org)
Address: 3333 Third Ave - Sacramento, CA 95817
Phone: (916) 456-1980
Mission: Sacramento Food Bank & Family Services is a local, non-profit agency committed to serving individuals and families in need by providing produce and food.

Sacramento Meals on Wheels
Website: [www.mealcall.org/meals-on-wheels/ca/sacramento.htm](http://www.mealcall.org/meals-on-wheels/ca/sacramento.htm)
Address: 7311 Greenhaven Dr. #190, Sacramento CA, 95831
Phone: (916) 394-9148
Mission: Provides home-delivered meal services to those in need with the support of community volunteers.

West Sacramento Community Center; Elderly Nutrition Program
Website: [www.cityofwestsacramento.org/city/depts/pcs/active_aging.asp#ENP](http://www.cityofwestsacramento.org/city/depts/pcs/active_aging.asp#ENP)
Address: 1075 West Capitol Ave., West Sacramento, CA 95605
Phone: (916) 617-5320
Mission: The Elderly Nutrition Program Yolo County and Meals on Wheels serves West Sacramento in the multipurpose room at Riverbend Manor.

CalFresh (Food Stamps) Program
Website: [http://dhaweb.saccounty.net/financial/index.htm#fs](http://dhaweb.saccounty.net/financial/index.htm#fs)
Address: 1725 28th Street Sacramento, CA 95816
Phone: (916) 874-2063
Mission: Enables low-income individuals and families to access more food thereby improving nutrition.
References


Contributors: Yuliya Chiley, Lauren Rinaldi, Morgan Whitmore, Josh Hester, Olga Kutsenko