

Geriatric Nutrition



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- **Total body weight tends to peak in the 50s, remains stable until 70 and then slowly declines after age 70-75.**
- **Loss of lean body mass (LBM) starts in the 20s typically with a 0.3 kg loss each year and which is usually offset by an increase in body fat that continues at least until 65-70 years of age.**
- **This can represent a loss of 40% of LBM!**
- **Weight loss per se is NOT a normal part of aging. In the very healthy elderly, weight loss is typically in the range of only 0.1 to 0.2 kg per year.**



Dietary Quality

- **Dietary quality plays a major role in preventing or delaying the onset of chronic diseases.**
- **Older persons living in poverty are not as likely to have a healthy diet.**
- **Older adults need protein, carbohydrate, fat, vitamins, minerals and water.**
- **Getting enough of the nutrients may be challenging.**
- **Some nutrients that may require special attention:**
 - **Vitamin D, vitamin C, iron, vitamin A, folic acid, vitamin B-12, zinc and water.**



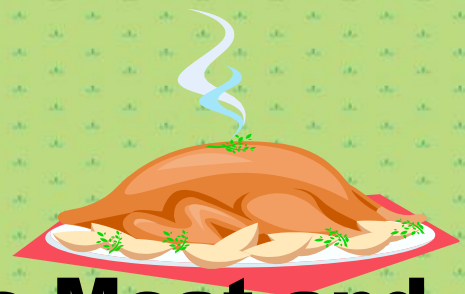
Energy

- **Most elderly use less energy or calories.**
- **Need the same amount of nutrients but few calories.**
- **Choose nutrient-dense food.**
- **Most need about 1,600 calories daily.**
- **No more than 30% of calories from fat.**
- **Most energy should be obtained from complex carbohydrates.**



Protein:

- **Need 2 servings of food from the Meat and Bean Group. Include dairy products.**
- **Elderly may have a problem chewing protein-rich food.**
- **Elderly may have a problem digesting protein food.**
- **Limited-income might avoid meat, poultry or fish because they often cost more than many other foods.**



Calcium

- **Calcium needs go up as we get older.**
- **To help maintain bone mass, calcium recommendations increase by 20%.**
- **Men and women need 1,200 mg calcium daily.**
- **Risk for osteoporosis goes up with age.**
- **Many elderly don't consume enough calcium-rich foods.**



- **Many elderly don't get enough weight-bearing exercise like walking or strength training.**
- **Milk, cheese and yogurt – best source of calcium.**
- **Other sources – dark green, leafy vegetables, fish with edible bones.**

**As ageing, bodies don't seem to make vitamin D from sunlight as easily.
Need for vitamin D goes up after 50.**



The Iron-Vitamin C Connection

Poor diet may lead to deficiency in one or both of the nutrients.

To avoid iron-deficiency:

- **Choose economical sources of iron.**
- **Add vitamin C food to meal to boost iron absorption.**
- **Add meat fish or poultry to grain-based meals.**



Fluids

- **Thirst is body's signal to drink more.**
- **With age, sense of thirst diminishes.**
- **Elderly may not be able to count on thirst as a reminder to drink fluids.**
- **As we age, kidneys do not conserve fluids as they once did.**
- **Elderly may deliberately avoid fluids.**



Water and the Health Connection



- **Dehydration common problem among elderly.**
- **Less fluids – chances of constipation rises.**
- **Drinking liquids at meals makes eating easier.**
- **Taking medication – drinking water has an important role.**
- **Older adults need 8 to 12 cups.**



Warning Signs of Poor Nutritional Health

- **An illness or condition that lead to change the kind and/or amount of food eaten.**
- **Eat fewer than 2 meals per day.**
- **Eat few fruits or vegetables or milk products.**



- **Have tooth or mouth problems that make it hard to eat.**
- **Don't always have enough money to buy the food needed.**
- **Eat alone most of the time.**
- **Take 3 or more different prescribed or over-the-counter drugs a day.**
- **Without wanting to, lost or gained 10 pounds in the last 6 months.**
- **Not always physically able to shop, cook and/or feed self.**



Malnutrition in the elderly is defined as inadequate nutritional status; undernourishment characterized by insufficient dietary intake, poor appetite, muscle wasting and weight loss.

Malnutrition in the elderly is a multidimensional concept encompassing physical and psychological elements



Several risk factors for malnutrition have been identified, including physical, social, and medical factors.

Physical factors that affect malnutrition include oral health, physical impairments, early satiety, and taste and smell changes.

Poor dentition can cause difficulty with chewing food and swallowing, leading to a decrease in nutrient intake



Physical impairments such as physical immobility or the inability to feed oneself can cause difficulty in acquiring, preparing, and eating foods.

Older adults experience less of a feeling of hunger and experience a feeling of fullness more quickly as compared to younger adults.

Malnutrition impacts morbidity, mortality, hospital length of stay, functional disabilities, and physical complications



D E T E R M I N E Nutritional Health

Disease

Any disease that puts nutritional health at risk:
4 out of 5 have chronic diseases that are affected by diet.

- Confusion or memory loss that keeps getting worse: affects 1 out of 5.
- Feeling sad or depressed: affects 1 in 8 older adults.



Eating Poorly

- Eating too little or eating too much.
- Eating the same foods day after day.
- Not eating fruits, vegetables and milk products daily.
- Skipping meals: 1 in 5 adults skip meals daily.

Tooth Loss/Mouth Pain...

- Healthy mouth, teeth and gums are needed to eat.
- Missing, loose or rotten teeth or dentures that don't fit well can make chewing or swallowing painful.



Economic Hardship

Reduced Social Contact...

- Being with people daily has a positive effect on self-esteem, well-being and eating.

Multiple Medicines

Almost 1/2 of older take multiple medicines daily.

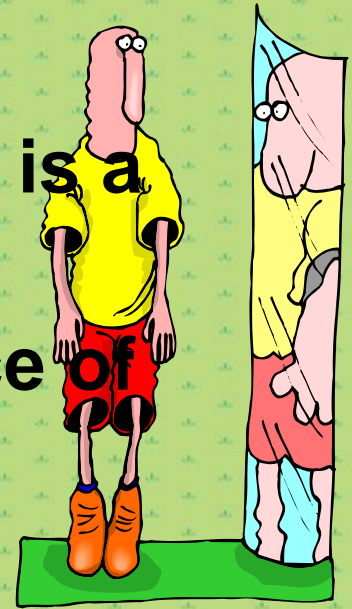
- Elderly may respond differently to drugs.
- The more medicine taken by the elderly the greater chance of side effects.
- Vitamins and minerals taken in large doses acts like drugs and can cause harm.
- Tell doctor everything taken.



Involuntary Weight Loss/Gain

Losing or gaining weight when not trying is a warning sign that must not be ignored.

- Being overweight also increases chance of poor health.



Needs Assistance to Self-Care

-Most older people are able to eat.

- 1 out of 5 elderly have trouble walking, shopping, buying and cooking food.

