PROMISS
Nutrition for healthy ageing

Extract from Project e-newsletter #1
June 2017

# What do older people think?

## Some opinions of experts, carers and seniors

It is known that malnutrition is linked to multiple factors[1], from **physical** related ones (e.g. (chronic) illness, lack of mobility, change of taste, the uptake of some medicines, the loss of smell, bad teeth or not-fitting dentures, swallowing difficulty…) to **social and personal** ones (such as loneliness, the loss of partner or dear ones, the impossibility of choosing or purchasing food, especially the most expensive healthy and protein-rich, ...). **Misinformation** about food and about gaining and losing weight is part of the problem. And **economic difficulties** cannot be neglected either: Rian van Schaik, President of the Flemish Dietetic Association (VBVD) reported "*I saw people who used 1 meal in 2 days, so 2 x ½ a meal as this was a cheaper option*"[2].

The causes of malnutrition are clear, but complex: are people aware of the challenge?
While waiting for the results of a far more comprehensive survey led in PROMISS, whose results will be available at the end of the year, AGE Platform Europe consulted its members to gather some personal opinions on nutrition in old age.
Thanks in particular to the support of Solimai, an Italian association working for seniors in day care centers, a short survey on older people's appetite, food habits and information on protein has been circulated among 10 people aged 56-80, with the following results.

- The majority of the sample reported eating because food is presented as "ready-to-eat", both when eating at home and when in the day-care facility. Eating is not triggered by appetite, hunger or the need to get fed, but by the fact that food is physically available.

- Half of the seniors interviewed are open to taste new food and to varying the type of meals: with respect to the choice of what to eat. The caring personnel of Solimai reports that "*the fact that guests are eating all together, it often happens that some of them do not follow their personal tastes, but choose their meal on the basis of what they see or think there is in their neighbour's dish*".

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[1] Determinants of protein-energy malnutrition in community-dwelling older adults: a systematic review of observational studies. Van der Pols-Vijlbrief R, Wijnhoven HA, Schaap LA, Terwee CB, Visser M., Ageing Res Rev. 2014 Nov; 18:112-31. doi: 10.1016/j.arr.2014.09.001. Epub 2014 Sep 22. Review. PMID: 25257179

[2] More opinions : Perspectives on the causes of undernutrition of community-dwelling older adults: A qualitative study, JNHA jan 2017, Van der pols-Vijlbrief et al.

- Carers stated that seniors' relationship with food is very much influenced by the fact that the majority of them go to discount markets for their groceries, and by the type of illness they suffer from. For example, diabetes pushes people to eat more than needed, and even older people with diabetes report they should be more careful with the quantity of food they get. Dementia prevents them from tasting food properly: sweet and salty tastes are detected with difficulty, and the difference between meat and fish is often not recognized. Moreover even the temperature of the meal and water (the difference between warm and cold) is not easily detected.

- With respect to their knowledge on protein and protein-intake, the interviewed seniors are divided on the statement "*health experts recommend people of their age to consume less protein*", with half considering it to be true and half false. However they all agree that proteins bring energy to the body and are necessary for repairing bones and muscles.

- Seniors provided mixed replies on very specific questions, such as whether "whole milk (100ml) has more protein than cheese (100g)" and "cooked lean beef has more protein than the same amount of cooked tomato", suggesting their difficulties in interpreting the protein content of foods.

- Interestingly, when asked about "who do you consult for questions or pieces of advice on your nutrition?" 8 people out of 10 replied "no one", while only one person looks for the doctor and one person asks a family member.

When living at home alone, the risk of malnutrition might increase: Pres. Van Schaik adds that "*if you lose your partner, you have to eat alone or you do not like to cook any more, malnutrition is around the corner*. *People who get company, who have help to cook and make them to eat better, are better-off, especially when they eat together*".

And when hospitalised, and then returning home, there is a pressing need to follow-up the patient but also from the nutritional perspective, which is not always the case. Sometimes dietary expense and advice for such follow-up are at the patient's charge. Pres. Van Schaik underlines "*the transfer of information about nutritional status and dietary advice from the dietitian in the hospital to first-line care should be continued at home since a lot of people need to further recover at home, and this is where the greater risk of malnutrition lies. We need to treat this by teamwork: of dietitian, first-line care workers, the patient and family or friends and the family physician*".

Taking all these inputs into account, greater awareness on the topic of malnutrition among seniors, families, carers and physicians must be raised, advice and training must be provided, as well as the care-continuum must be better considered, in order to effectively tackle malnutrition in old age.