Anorexia of Aging

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KEYWORDS

• Anorexia • Undernutrition • Sarcopenia • Older people

KEY POINTS

- Screening for appetite loss should occur.
- Those at risk should be assessed comprehensively.
- Medical, social, and other factors should be addressed.
- Exercise and good nutrition are important.

INTRODUCTION

The global population is aging and the proportion of older people is expected to double over the next century.[1] By 2050, 1 in every 6 people worldwide will be aged 65 years or older. Developing countries are aging more rapidly and in larger numbers than developed nations, and the segment of the population aged 60 years and older is expected to more than quadruple from 374 million to 1.6 billion between 2000 and 2050.

A major fear for older people everywhere is the loss of independence, and anything that can be done to prevent this loss would be highly valued. Undernutrition in older populations is a common health hazard that makes individuals more vulnerable to multiple health consequences that would threaten their independence. For example, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, and increased mortality[2] can all result from poor diets, leading to hospitalization and residential care placement.[3,4] Residential care placement is an expensive and

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distressing outcome for older people and their families, and it has long been clear that poor nutritional health is a major public health issue for all these reasons. The increase of the older population should therefore alert policy makers and health care providers to the imperatives of recognizing impaired nutritional status. Timely intervention to improve nutrition will benefit not just the individual and their family, but the whole community.

Anorexia is common in older people and is known to contribute to poor health owing to undesirable weight loss. This review focuses on describing the physiologic anorexia of aging in terms of prevalence, consequences, and pathophysiology. The review also offers practical management advice related to screening for anorexia in older people in the primary care setting.

WHAT IS THE ANOREXIA OF AGING?

The anorexia of aging refers to the physiologic reduction in appetite and food intake seen with advancing age.[5] This loss of appetite contributes to reduced nutrient intake that presages weight loss and undernutrition.[6] The average daily energy intake may decrease by up to 30% between the ages of 20 and 80 years.[6] For example, in the 1989 cross-sectional American National Health and Nutrition Examination Survey (NHANES III), a decline in energy intake of 1321 calories per day in men and 629 calories per day in women between the ages of 20 and 80 years was reported.[7] In older people, it is very important to note that many factors, often associated with aging, such as medication and illnesses, can also contribute to anorexia.[8]

Interestingly, it has been observed that anorexia in older people contributes to the reduction of intake of some but not all food groups.[9] Of particular concern for older people is the typical reduction in high-quality protein as a result of reduced consumption of meat, eggs, and fish.

It is wrong to think that this decrease in energy intake is an acceptable response to the natural decline in energy expenditure as people get older. Too often, the decrease in energy intake exceeds the decrease in energy expenditure, resulting in risky weight loss. With weight loss, there is often a concomitant loss of skeletal muscle mass (sarcopenia), which is of concern in older populations because healthy men and women in their seventh and eighth decades seem to be 20% to 40% weaker than their younger counterparts.[10]

Therefore, if left unchecked, the anorexia of aging may exacerbate the loss of muscle mass and strength, thus hastening the development of sarcopenia. And both the anorexia of aging and sarcopenia, when left unchecked, can result in the development of physical frailty,[8] a geriatric syndrome characterized by reduced homeostatic capacity to deal with stressors, such as acute illness, which develops as a result of an accumulation of deficits over a life span.[11]

PREVALENCE

The prevalence of the anorexia of aging as a physiologic condition separate from secondary causes of anorexia in older people is really not known, partly because there is little consensus as to the how best to make the diagnosis of anorexia. In 1 Italian study, researchers investigated the prevalence of anorexia in a random sample of older subjects aged 65 years and older living in the community (n = 217), in nursing homes (n = 213), and in rehabilitation and acute wards (n = 93).[9] In this study, anorexia was defined as a reduction in food intake, equal to or greater than 50% of the Italian recommended daily allowance over a 3-day period, and not attributable to secondary disorders of mastication, such as dysphagia or oral pain. The prevalence of anorexia