

Nutritional Needs of the Older Adult



Melissa Bernstein, PhD, RD, LD, FAND

KEYWORDS

- Anorexia of aging • Sarcopenic obesity • Food desert • Food insecurity
- Artificial nutrition and hydration

KEY POINTS

- Ensuring adequate nutritional intake for all older adults is an essential factor in promoting health and well-being, and maintaining functional independence.
- Adequate nutritional intake can prevent comorbidities such as increased susceptibility to acute and chronic illness, impaired immune function, and malnutrition.
- The ability to consume the appropriate quality and quantity of foods is influenced by food accessibility, availability, acceptability (preference), preparation, and the eating process itself.
- Age-related changes in nutrient digestion, absorption, and metabolism contribute to alterations in dietary requirements for macronutrients, vitamins, and minerals, underscoring the need for nutrient-dense foods.
- The role of nutrition in health promotion and disease prevention is evolving with strategies designed to meet the needs of the aging individual.

INTRODUCTION

Nutrition is well-recognized as one of the major determinants of successful aging and a key means for avoiding age-related physical and mental deterioration. Nutritional inadequacy can interfere with health and the ability to remain independent, and lead to complications such as increased burdens of poor health, polypharmacy, reduced socialization, and limited functional ability. This article provides an overview of some of the requirements, challenges, and services to promote optimal nutritional intake for older adults.

DIETARY GUIDANCE FOR OLDER ADULTS

The goal of nutrition recommendations in the aging population is one of disease management and also of health protection so that individuals can live long and enjoy good

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Department of Nutrition, Chicago Medical School, Rosalind Franklin University of Medicine and Science, 3333 Green Bay Road, North Chicago, IL 60064, USA

E-mail address: melissa.bernstein@rosalindfranklin.edu

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health. Older adults often have numerous medical conditions that require a change in food or nutrient intake. Maintaining a nutrient-dense diet is essential to promoting health and preventing nutrition-related complications that could contribute to declining health, functional dependency, and frailty. Although older adults are discussed as a group, the actual nutritional needs and challenges of individuals are as unique as the older adults themselves.

DIETARY GUIDELINES FOR AMERICANS AND MyPlate

Lifelong dietary patterns affect the likelihood of age-related chronic disease. Regardless of age, eating healthful foods and limiting poor food choices should be a priority. For adults of every age, low-fat dairy, lean meats, adequate fiber, whole grains, fruits, and vegetables should be emphasized. *Trans* fats, sodium, sugar, and excess calories should be minimized. The *2015–2020 Dietary Guidelines for Americans* (the *Dietary Guidelines*) and MyPlate offer dietary guidance for whole foods and food groups rather than individual nutrients.^{1,2} For older adults, eating nutritious food without overconsuming calories can be a challenge in the face of functional dependence, frailty, and illness. Tufts University's MyPlate for Older Adults highlights the unique dietary needs of adults older than 70 years by additionally emphasizing fluid intake, and nutrient-dense food choices such as protein-rich foods, vegetables, fruits, whole grains, healthy oils, and low-fat dairy choices.³ The topic area of "older adults" is new for *Healthy People 2020* and was developed in response to the rapidly aging American population. The aim of the older adult initiative is to "improve the health, function, and quality of life of older adults."⁴

As an older individual's health declines, the need to individualize nutritional recommendations is of significant importance, especially in the presence of multiple disease conditions. Older adults at risk of malnutrition or undesirable weight loss should have their diets liberalized if possible to promote adequate food and nutrient intake. Strict restrictions such as a low-salt diet, for example, may actually decrease food intake because of lack of flavor.

THE DIETARY REFERENCE INTAKES

For most older adults, aging is a continuum of deteriorating health and functionality leading to increased disability and dependency, which in turn further influence an individual's nutritional needs. Although chronologic age is used as a cutoff for the Dietary Reference Intakes (which include the age categories 51–70 years, and >70 years), actual nutrient requirements may be wide-ranging in the older adult population. Selected nutrients of concern in older adults are discussed in [Table 1](#).

NUTRIENT RECOMMENDATIONS AND REQUIREMENTS

Energy

Energy intake and energy requirements commonly decrease with advancing age. This causes a challenge for many older individuals because, although they require fewer calories to maintain their weight, nutrient needs stay the same and, in some cases, increase.^{5,6} Meeting nutrient recommendations while simultaneously maintaining a healthful weight is fundamental to dietary guidance for older adults. Lower energy requirements result from decreased energy expenditure, losses in lean body mass, and reduced physical activity. Older adults who do not reduce their caloric intake to balance a decrease in energy expenditure are at risk for overweight, obesity, and

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