

TACKLING THE UK'S SILENT EPIDEMIC: MALNUTRITION IN THE ELDERLY



Helen Willis BSc RD
apetito and
Wiltshire Farm
Foods Dietitian;
member of the
British Dietetic
Association and
the National
Association of
Care Catering

Helen Willis is the company dietitian for *apetito* and Wiltshire Farm Foods, with over nine years' experience. She previously worked in the NHS in both acute and community dietetics. In her current role, she is involved in product development, external engagement and providing nutritional guidance to *apetito* and Wiltshire Farm Foods customers.

If you asked a stranger in the street what the biggest health problem associated with diet is in the UK, they would probably answer, “obesity” - after all, as we are constantly reminded by the media, Britain faces an ‘obesity epidemic’. But of course, as dietitians, we know that there is an even greater diet-related crisis in public health: malnutrition.

Over three million people in the UK are malnourished or at risk of malnutrition and our elderly population is particularly at risk - over one million of those affected are aged over 65. The danger of this can't be overstated, because malnutrition has serious implications for the health issues that older people often face: an inadequate diet can weaken the immune system; make it more difficult to absorb and benefit from medication; lead to muscle and bone frailty, which makes recovering from minor accidents very difficult; and can hinder wound healing. Those who are malnourished see their GP twice as often as well-nourished people and have three times the number of hospital admissions.


A staggering 93 percent of those at risk from malnutrition are in the community, meaning it can be even harder to spot and address someone's inadequate diet - they simply aren't always visible to healthcare professionals. Addressing malnutrition amongst older people, particularly those living in their own homes and those who are isolated or vulnerable, requires a joined-up approach and needs to be a key priority for everyone involved in community health and care.

THE TASK AHEAD

To tackle the problem of malnutrition amongst older people, and to drive this joined-up approach, the Malnutrition Task Force (MTF) was established in 2012. MTF aims to actively influence behaviours across the NHS, residential care and in the community to prevent and reduce malnutrition in older people - ultimately improving quality of life and reducing the financial burden of malnutrition on the NHS. *apetito*, the parent company of Wiltshire Farm Foods, is one of the five founding partners of the MTF and has made a substantial financial contribution to its funding (along with Age UK, RVS, BAPEN and Nutricia).

This year, MTF launched the Malnutrition Prevention Project, a government-funded scheme to reduce the number of malnourished people aged over 65, starting in five pilot areas across the country. In January, pilots began in London's Lambeth and Southwark and Salford, where MTF is working with a wide range of local NHS and care services, as well as community groups, to raise awareness, increase diagnosis and treatment and reach out to older people who may be undernourished. ▶

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WHY ARE SO MANY ELDERLY PEOPLE EATING AN INADEQUATE DIET?

There are numerous reasons why an elderly person might be undernourished: some older people living alone don't like to cook for just one person; those who are frail might not feel confident going out of the house to the shops and carrying groceries home. I believe, however, that one driving factor is the way we talk about diet and health, both in the media and in the health advice given by public bodies and the government. The issues and advice that get the most airtime tend to focus on obesity and the risks of a diet high in fat or sugar. This can be very confusing for older people, not only because the advice and issues discussed seem to constantly change (this year, we've seen sugar emerge as the dietary villain, usurping fat), but also because this advice is really intended for a completely different segment of the population.

In my opinion, part of the problem is the way foodstuffs are labelled as 'good' or 'bad'. Many older people feel obliged to obey so-called 'healthy eating' principles and might adhere to recommendations that, for example, you should look at the 'traffic light' labelling on food products and choose things that are mostly green. One of my own relatives, who had always struggled with her weight and seemed to be on a permanent diet, started to lose weight in her old age. She couldn't bring herself to break the rules of a lifetime and start eating higher-fat foods, even though she needed to, a position that was reinforced by 'good versus bad' messaging. This is all too common a story.

In fact, older people might need to eat more fat, or more sugar, simply to get the calories

they need, as many older people struggle to eat, or might not eat very much when they do. A high intake of fibre is touted as a nutritional must, but actually, some older people might need to prioritise simply getting the nutrients into their system and forgo the fibre. Taking a personalised approach and changing the so-called rules where necessary, is imperative to prevent malnutrition in the elderly - and by doing so, we could lessen a financial burden on the NHS that is greater than that of the well-publicised obesity crisis.

IDENTIFYING AND TACKLING MALNUTRITION

Healthcare professionals working with the elderly should remain alert to signs that an older person might be at risk of becoming malnourished, for example, if their clothes or wedding rings look loose. All our meal delivery drivers are instructed to alert their local area management if the freezer is still full of previously delivered meals - indicating that there may be an issue with the patient eating the right amount of food.

Explaining that perceived norms aren't always correct is also important - many people might believe that it is normal to lose weight as you get older, when this isn't necessarily the case. Similarly, it is worth ensuring that patients understand the latest thinking about their health condition, if they have one. Diabetes is a common problem amongst older people, but patients might not have an in-depth understanding about current nutritional guidance; it is not simply about avoiding sugar.

HELPING CARERS IN THE COMMUNITY...

The Malnutrition Task Force is investing in training to educate those working in the com- ▶

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munity about nutrition for the elderly and the techniques they could use to encourage older people to eat a balanced diet; for example, serving food on a hot plate so that it isn't cold and unappetising. We also make sure to photograph the meals that we offer clearly, so that people can see how to plate up meals in a pleasant way, and that the packaging we use is designed to be as simple as possible - we don't use 'pierce-film' lids, for example - to ensure that food can be quickly and easily prepared, even if the time allocated for a carer's visit is very short.

The Malnutrition Task Force is also making education and training a priority, with change management techniques a focus, so that carers and those working with older people don't only receive training, but are able to put it into practice.

... AND THOSE IN CARE HOMES

Malnutrition is not limited to those living in their own homes - almost 40 percent of those entering care homes are malnourished when they arrive. There are issues here to address, to make sure that elderly residents are eating the balanced and varied diet they need to maintain their health.

A good nursing home will know what their residents like and how much they will eat, and should plan and prepare meals accordingly. If someone only wants a small portion, you should give them a small portion - but make sure it is something that they will enjoy eating. A small portion is, after all, is better than eating nothing.

It is also important to offer a range of foods, to engage interest and appetite and to present food in a tempting way: we offer training on

plate presentation and a photo menu for those with dementia, so that they are able to make their own choices regarding what they eat - hopefully, if they choose something they like, they will be more likely to eat it.

ADDRESSING SPECIAL DIETARY NEEDS

Whether in the community or in care, one of the key considerations when serving the needs of the elderly is their ability to swallow and digest the right amount of nutrients. If the patient has suffered a stroke and has dysphagia, they may struggle to take in the full range of nutrients that they need on a daily basis. It is important to ensure that the pureed foods served are not only safe, but also pleasant to eat. All too often, we are asked by carers or care homes for foods that can be served whole to some patients and put in a liquidiser for residents with dysphagia. If not properly liquidised, this approach can lead to inconsistencies in texture, which can cause aspiration. This in turn can lead to infection, breathing difficulties and, sadly in some cases, even death. Simply blending foods without taking into account the consistency can be potentially dangerous for people with swallowing difficulties, as both the texture and consistency of the food are equally important.

Education, care and nutritious food are the tools we have to tackle malnutrition amongst our elderly population. Reducing and, ultimately, preventing malnutrition is an enormous challenge, but with the work of the Malnutrition Task Force, government support and the enthusiasm of those working in health and care, we believe that we can make a real difference to the quality of life for so many older people. ■

Questions relating to: *Tackling the UK's silent epidemic: malnutrition in the elderly*

Type your answers below and then **print for your records** or print and complete answers by hand.

Q.1 Outline the main health issues that can be faced by elderly people who are malnourished.

A

Q.2 Describe the effects that tackling malnutrition has on the health services in the UK.

A

Q.3 Why is malnutrition in the community so difficult to tackle?

A

Q.4 Describe the role of the Malnutrition Task Force (MTF) and the Malnutrition Prevention Project.

A

Q.5 Give reasons why many elderly people in the community have an inadequate diet.

A

Q.6 When visiting elderly people in their own homes, what are some of the 'at risk' signs to look out for?

A

Q.7 Describe some of the practical techniques that health professionals can use to encourage elderly patients in the community to eat a balanced diet.

A

Q.8 What is the priority for patients who have difficulties swallowing?

A

Q.9 Describe the risks when pureed foods are not adequately liquidised.

A

Please type additional notes here . . .