

Age Well

Anorexia of ageing

There are many nutritional issues that we need to be aware of when we take care of our elderly.

By MARY EASAW-JOHN

It is important to eat a well-balanced diet not only when we are younger, but also when we age. However, as we age the phenomenon known as "anorexia of ageing" takes place. With advancing years, a person's body starts to ignore normal food cues and altered feeding fads become apparent. Examples of these are eating infrequently, consuming more sweets or not eating enough vegetables, and not drinking enough fluids.

All these changes are often not well understood by the elderly, their caregivers or even their physicians and dietitians.

Not so optimal health

Nutrition is the cornerstone of elderly weight and disease management. Clients above 80 years old need about 1500 to 1700 calories.

Protein plays an important role in the body's resistance to infection. Daily fluid intake should be approximately 1.5 litres, and this should be distributed appropriately throughout the day.

The biggest health risk to the elderly is the loss of calories, leading to subsequent weight loss. If poor nutritional habits continue, the older person will deteriorate faster. A good nutritional status improves longevity, attitude and wakefulness in the elderly.

Warning signs

Below are some of the signs that an older



adult may have trouble eating.

● In the presence of infection or altered health status, eg in dementia, all basic self-care skills can be completely forgotten in the presence of cognitive impairment. In this situation, they need to be cued to feed themselves, from picking up the food to swallowing.

● Where the elderly is eating well, besides the texture and consistency, the environment plays an important role too. Many of them prefer a quiet environment and away from their grandchildren's screams and fights.

● Physical problems such as constipation, which is frequently overlooked due to com-

and provide calories, protein, fat and fluids in the correct quantity. Good hygiene must be adhered when preparing these liquid supplements.

● If the person has swallowing problems, the fluids should be thickened to prevent aspiration or reflux.

When the older adult has dementia, all basic self-care skills can be completely forgotten in the presence of cognitive impairment. In this situation, they need to be cued to feed themselves, from picking up the food, to swallowing. - Reuters

munication problems, may be indicative of other underlying problems.

● Caregivers should seek the help of a doctor, dietitian and speech therapist when their elderly encounter difficulties with swallowing to prevent aspiration.

Tips for managing nutrition

● Seek professional help from your family physician, dietitian, speech therapist or a geriatric care nurse.

● Monitor and record the person's daily food and fluid intake.

● Add supplements to stabilise and maintain calorie intake.

● Monitor and establish healthy bowel movements.

● Watch and eat with the elderly as loneliness is sometimes the reason behind a person's lack of interest in food.

● Watch for effects of over-medication, which can affect appetite and mood.

Proper feeding techniques

● A proper feeding technique such as gently coaxing the elderly to begin the feeding process is a good start to encourage better eating practices.

● Consistency, smell and temperature of food all plays an important part in tickling the taste buds of the older adult.

● Keeping accurate food records is beneficial. The dietitian can use the food record to estimate the amount of food consumed and make the appropriate recommendations.

● Whether the elderly is at a home or living with their children, prompt attention to any nutritional issues must be a priority and resolved quickly before the person's health deteriorates further.

● A care plan should include records of the person's weight (checked frequently), daily bowel movements and blood tests to monitor protein and albumin levels.

Help with nutrition

● When an older adult has poor nutritional habits, one quick resolution is the use of liquid calories as a supplement.

● These products are usually well tolerated

● Eating with their friends increases their social interaction as well as food consumption.

● Consult a dietitian who will assess and calculate the calories and other nutrient requirements for the older adult.

Finally, force-feeding or chiding the older adult for not eating is useless. As Asians, we are prone to these habits. Gently coaxing and explaining to our older parents do make a big difference.

In general, when they are happy and relaxed, they eat well. A positive and cheerful environment does make a difference. Eating out occasionally makes a world of difference for the older adult.

Take the challenge to do things differently when caring for the older adult.

■ *Mary Easaw-John is senior manager, dietetics and food services, in Institut Jantung Negara, Kuala Lumpur. This article is contributed by The Star Health & Ageing Panel, which comprises a group of panellists who are not just opinion leaders in their respective fields of medical expertise, but have wide experience in medical health education for the public. The members of the panel include: Datuk Prof Dr Tan Hui Meng, consultant urologist; Dr Yap Piang Kian, consultant endocrinologist; Datuk Dr Azhari Rosman, consultant cardiologist; A/Prof Dr Philip Poi, consultant geriatrician; Dr Hew Fen Lee, consultant endocrinologist; Prof Dr Low Wah Yun, psychologist; Datuk Dr Nor Ashikin Mokhtar, consultant obstetrician and gynaecologist; Dr Lee Moon Keen, consultant neurologist; Dr Ting Hoon Chin, consultant dermatologist; Prof Khoo Ee Ming, primary care physician; Dr Ng Soo Chin, consultant haematologist. For more information, e-mail starhealth@thestar.com.my. The Star Health & Ageing Advisory Panel provides this information for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care. The Star Health & Ageing Advisory Panel disclaims any and all liability for injury or other damages that could result from use of the information obtained from this article.*