



GERIATRIC NUTRITION

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To my mother who made all things possible.

A. B. N.

To my parents who believe good food ensures a good life.

J. H.

Foreword

The importance of maintaining good health and maximizing the health potential of the individual by promoting proper nutrition is receiving increasing emphasis as part of the comprehensive care delivered by health care professionals. The maintenance of good health and the prevention and treatment of certain diseases by diet therapy is particularly pertinent for the older adult. The elderly are often at high risk for developing a nutritional deficiency or are already suffering from a chronic illness. A significant body of knowledge is available that describes the role of certain dietary nutrients in either causing, exacerbating, or preventing certain chronic diseases. For these disorders, diet therapy is a central part of the treatment. For the older adult who may be suffering from multiple diseases, either asymptomatic or previously diagnosed, nutritional consultation and diet therapy take on major importance in the daily medical management of that individual.

Both health care professionals and the general public are increasingly aware of the role of nutrition in the pathophysiology of many diseases. Maintaining good health and maximizing the health potential of all individuals are the goals of preventive medicine. Proper eating habits and food selection, reduction of health-related risk factors, and appropriate exercise are becoming major aspects of medical care in our country. This concern has led to a focus on clin-

ical and nutritional research of common diseases that afflict the elderly at a much higher rate than any other age group. Examples of some of these diseases under investigation are cancer, hypertension, morbid obesity, arteriosclerotic coronary artery and vessel disease, diabetes mellitus, chronic lung disease, and arthritis. The result of this research will hopefully be the reduction of the incidence of these disorders.

When evaluating the older individual for nutritional deficiencies, the clinician must be aware that eating habits and nutritional status are often a reflection of factors other than solely the physiologic condition of that individual or nutrient content in that person's diet. Some of these factors may be the ethnic and religious background of the person or couple, housing situation, or mental status of the client. For the older individual living alone, food and eating may take on significant social value in terms of maintaining relationships with family, friends, and neighbors. Improper nutrition may result from insufficient knowledge of appropriate food selection and preparation. Economic issues can also affect the nutritional status of the client in the following ways: types of food purchased, affording dentures for proper mastication, transportation for marketing, and obtaining necessary homemaking assistance.

A current trend in medical care is to approach each client in a humanistic and holistic manner. It is necessary to understand the environment and psychosocial factors affecting that person. As a result of this approach, therapeutic effectiveness is enhanced when the clinician recognizes these issues in formulating nutritional plans for the older adult. To accomplish this, a complete investigation must be made of the living situation and dietary habits of the client. Without serious consideration of these factors, unrealistic nutritional consultation may be given to the person. As a result, the client may not follow the dietary instructions, and the therapist may experience frustration without understanding the reason for this lack of cooperation.

The intent of this book is to provide a source of nutrition information for health professionals who deal with older adults. The authors discuss the important factors in the daily nutritional management of the elderly. The roles of major nutrients and trace elements are described, and the most current 1980 RDA figures have been included. The authors also cover other essential aspects of diet therapy, such as the clinical correlation between the pathophysiology of diseases and the role of nutrition, the psychosocial aspects of

eating, and patient education suggestions. Because of the scope of information included in this text, this book is a valuable desk reference for the physician, nurse, nutritionist, public health worker, and other health care professionals who care for the older adult.

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Introduction

"By increasing our knowledge and understanding of what it is like to be old, we increase our understanding of what it is to be a whole human being."

Robert Kastenbaum
Geriatric Focus, 1970

Mr. Kastenbaum's statement might well be expanded to say also that by increasing our understanding of the final stage in the life cycle, we help to ensure that this final stage will be as challenging, productive, and enjoyable as any other. This book is intended to increase the reader's understanding of the elderly from the standpoint of nutrition—that single most important environmental determinant of health. It is hoped that the reader will be able to integrate an understanding of geriatric nutrition into the mode of care of elderly persons so that life will remain a positive experience for this age group.

Aging is a continuous process, with few clear-cut divisions. As a matter of convenience only, "the elderly" in this book refers to those people over sixty years of age. Much of this book, however, may also be applicable to those over fifty years of age—those entering the second half of life. You should be aware of the biological changes experienced by the elderly so that these changes can be anticipated, and lifestyle (especially eating habits) modified accordingly.

A tremendous amount of attention is currently being focused on the elderly in the form of research, graduate-level education, and government programs. The elderly today enjoy the benefits of many more federally and locally supported projects, based on recently developed concepts and employing better-trained social workers and health professionals, than were available less than a generation ago. Still, the life of the elderly person is far from problem-free, and health problems are of major concern to many elderly persons. The 1971 White House Conference on Aging estimated that one-third to one-half of the health problems of the elderly may be related to nutrition. Nutritional care *must* be the responsibility of all those concerned with the health and well-being of the elderly.

Nutritional care encompasses nutrition education. Nutrition education programs specifically designed for the elderly are new in concept. The educator dealing with the elderly needs to use ingenuity to effectively convey information. The elderly are not too old to learn new ideas, but teaching them requires an approach distinct from that used for teaching any other age group (see Chapter 11).

In all interactions with the elderly, it is important to keep in mind that they do not constitute a homogeneous group. Individual needs should be considered, beyond the fact that the individual is a member of some arbitrarily defined group. We use this idea in our approach to nutritional intervention: treat the person, not the disease, and treat the person with moderation when possible.

Most of the information in this book is moderate rather than aggressive. A moderate approach to dietary manipulation frequently meets with success and effects change. On the other hand, severely restricted diets are difficult or impossible to successfully impose on people of any age.

There is a lack of complete information as well as disagreement on many of the topics addressed in this book. We have simply attempted to bring together many currents of thought regarding the nutrition of the elderly and to provide a balanced view of the information presently available. Geriatrics as a field is rapidly coming of age. We hope this book will serve as an introductory guide to the nutritional needs of the elderly, so that those who work with them will be more fully aware of and understanding of their needs. Toward this end, we have provided you with a wide range of theoretical and practical information as well as extensive resources. This material will help you deal more effectively with the elderly and aid you in evaluating new information as it becomes available.

Working towards the improvement of care for the aged is in a sense self-serving, since "age is a great universalizing force, something we all have in common." (Maggie Kuhn, National Convenor, Grey Panthers)

ABN
JH
AJN

Diversity of age! Diversity of need! Diversity of taste!

Moderation and simplicity are the passwords to health.

Mary Swartz Rose,
Feeding the Family (1919)

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