



Promoting Food Intake – How Can It Be Improved?

Summary of: Keller, H. H. (2007). Promoting food intake in older adults living in the community: a review. *Applied Physiology, Nutrition, and Metabolism*, 32, 991-1000.

Reviewing food, health and older adults

Older adults are at a higher level of nutritional risk as they age. Nutrition is a modifiable factor to prevent disease and improve quality of life. Research has determined what older adults need and what interventions should be in place to promote their health. Policies for nutrition promotion are sparse in Canada, despite the continuing rise in the aging population. Reviewing all the research to help summarize what is needed to promote food intake and enhance health of older adults in Canada could help bridge the gap for action.

What was done?

A research review was carried out to describe the concerns of older adults and their nutritional health. This included: (1) how older adults age and their corresponding nutrition issues; (2) the benefits of screening to promote nutritional health in older adults; (3) successful nutrition promotion within various subgroups of older adults and; (4) a discussion of the need for better policies in secondary prevention with a focus on nutrition.

What was found?

Older adults have been found to age differently, either "successfully", "usually", or "accelerated". Several determinants can influence or change the food intake of older adults, i.e. health status, formal and/or informal support, transportation/access, social interaction, convenience, and finances. All older adults have been found to benefit from health and nutrition education, regardless of the differences in their rate of aging or health goals. Thus, the assumption that older adults cannot change their eating habits is unfounded.

Physical, environmental and behavioural changes that influence food intake are often present and can be identified through screening. Screening can also help keep the older adult, their families, and health care providers aware of what risks are present. Further communities and governments can use screening results to identify resources that are needed to address risk. Screening appears to have a positive response with health care professionals, but its value is limited without a strong support network to back it up. Many health care units or individual sites have implemented screening even though it has not been provincially or federally mandated.

Prevention resources and services also appear to be lacking. Of the three of prevention levels of nutrition promotion in Canada, tertiary prevention is the most predominant. Those who are already accelerating in age seem to be tended to first through tertiary resources, and are already at substantial nutritional risk. Secondary prevention aims to give life to a person's years before malnutrition develops. Resources in nutrition education offer ways to help older adults remain healthy through cooking classes, exercise, workshops, and counseling. Although limited, research has shown these secondary prevention activities to be beneficial. Canada is one of a few industrialized countries without a formal nutrition education or promotion program for older adults. There are however some Government ministers and directorates for seniors in Canada. Older adults should not be ignored when developing health promotion programs as they are just as able to facilitate change and benefit.

More research is needed to illustrate what influences food intake, specifically for older immigrants. Food consumption and quality of life, satisfaction with health, social functioning and well being also need to be

studied. More research on awareness and perceived need for intervention and how this affects compliance with prevention activities is also needed.

Importance of research:

This review illustrates that Canada is ignoring the need for nutrition promotion for older adults. Much work has been done to identify what older adults need, how they can be helped and what is needed to bridge the gap. Policy needs to be put in place to promote the nutritional health of older adults.

Applying what was found:

Current programs focus on treatment of already present issues (tertiary treatment) rather than screening or nutrition promotion (secondary treatment). Addressing nutrition promotion to prevent disease rather than treating disease would be useful to maintain an optimal level of quality of life, promote food security, minimize malnutrition risk and reduce disease prevalence. Continuing research and making stakeholders and key informants aware of the power of nutrition promotion, education and screening and working for change could help promote food intake in older adults living in the community.

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