

# Regional Geriatric Assessment Program of Ottawa-Carleton

*A Resource for Successful Aging*

## **Nutrition in the Elderly: Where to start ?**

Aging is accompanied by a variety of physiological, psychological, economic and social changes that may adversely affect nutritional status. Body weight declines gradually with age in both sexes. Loss of weight happens at the expense of body water and muscles. The decline, in addition to decreased physical activity, leads to a decrease in energy requirements and thus food intake.

Recommended dietary guidelines' chief focus is on limiting the consumption of fat, saturated fat and cholesterol, sugar and salt. These are to be replaced with a diet that includes whole grains, vegetables and fruits. New information also supports dietary supplements. Areas of particular concern include calcium, vitamin D, B12, folate and vitamin E. Optimizing the intake of calcium is an important goal in maintaining mobility and quality of life. A recommendation of 1500 mg a day has been made for those over the age of 65, a full 2 ½ times the current average intake. Additionally, the supplementation of vitamin D along with calcium has been shown to enhance absorption. Those over age 75 years are recommended to ingest 600 IU per day. Both folate and vitamin B12 are needed for nervous, blood and cardio-vascular systems. Vitamin E has been extensively studied in the recent past with somewhat mixed recommendations. Treatment guidelines for dementia and Alzheimer's disease are recommending the use of vitamin E to improve cognition and to assist with slowing disease progression.

Among the community-dwelling elderly, a relation between dietary quality and dependency in activities of daily living has been shown. Under-nutrition increases the risk of respiratory infections and cardiac problems, deep vein thrombosis, pressure sores, perioperative mortality and multi-organ failure. Timely screening and assessment are critical for appropriate nutrition intervention. The most efficient process is to screen all older individuals for risk of malnutrition routinely. Those who are at risk are then assessed comprehensively to determine the cause of the problem, and the extent to which they can benefit from intervention.