Nutrition and Older Adults—
Why You Should Care
Talking to Families and Caregivers

By Nancy S. Wellman, guest editor

How can service providers and others convey to families and caregivers the importance of nutrition in the health and well-being of older people? What can families do to help? This article is an adaptation of a piece I wrote for young people—to encourage them to value the role of nutrition in good health and to empathize with their older friends and family members who are facing difficulties that affect their ability or desire to eat well.

Most of us know people older than ourselves. Yet whom we consider old depends a lot on our own age. Young children consider their 20- or 30-something parents old. Almost everyone used to think anyone with gray hair or wrinkles—or anyone who retired—was old. Today, hair color, skin tone, or age 65 no longer defines old. In fact, many boomers and generation X-ers have a goal to retire in their 40s or 50s—as soon as they can stockpile enough for a comfortable life.

Before discounting older adults, just think how much more interesting people become as they add years and experiences to their own lives. While stereotypes about getting old abound, many just aren’t true anymore.

Today, how we age can be greatly influenced by our personal commitment to nutrition, fitness, reduction of health risks, and our attitude.

As a typical American, our goal is probably to stay young as long as possible. To make it happen, it’s essential to eat healthy, stay active, manage stress, and think positively. Certainly, genetics counts, too. Long-living family members are a definite plus. But today, even longevity isn’t enough. We now want a good quality of life in our later years.

We are the most death-denying nation on earth, and most of us will refuse to grow old gracefully. Inevitably, some of us will face similar health and nutrition problems if we live long enough. Let’s look at some practical aspects of aging to answer the question, Why should we care about nutrition in older adults?

If it’s too great a stretch to picture yourself in your 80s or 90s or as a centenarian, think of some of the oldest old (those age 85-plus) that you know: great grandparents, aunts, neighbors, or famous people. While many are living full, active, productive lives, others may not be as independent as they once were. Here are some likely but not universal challenges we face as our age and risk of malnutrition, frailty, and health problems increase.

A lessened ability to taste, smell, chew, and digest food may interfere with getting all the
nutrients we need. We might be too zealous in eliminating fat, salt, or sugar from our diets. If so, our food won't taste very good, and we may not bother to eat enough. The older we get, the tougher it is to keep our weight up. In fact, losing a lot of weight without wanting to is a warning sign that shouldn't be ignored. On the other hand, few among the oldest old can be found at the opposite end of the weight spectrum. The obese and overweight have already paid the price with a shorter lifespan.

Staying active pays off in greater and longer independence and a good quality of life. If arthritis, osteoporosis, or other illnesses keep us from walking or being able to get around, we might not be able to grocery shop or cook—or even feed ourselves—all crucial to good nutritional status.

Our sense of thirst may diminish or we may intentionally drink less to avoid accidents or trips to the bathroom because of fear of falling or painful walking. Dehydration may make us more confused, cause us to be constipated, or place us at greater risk of heat illness and death.

Some medicines we take might drastically decrease our appetites. The more medicines taken, the greater risk of nutrition-related side effects. Medications can radically change the way food tastes and cause constipation, diarrhea, dry mouth, nausea, drowsiness, and weakness.

If we haven't taken care of our teeth or dentures or have mouth problems, we may be excluding harder-to-chew higher-protein foods, such as meats, or higher-fiber foods, such as fruits and vegetables. Our diets might be quite monotonous if we are forced to skimp on food in order to pay for heat, medicine, or rent. Monotonous diets shortchange us on calories and nutrients. Having less—or choosing to spend less—than $3 to $4 a day on food makes it hard to eat healthy. Yet, that is the daily situation for one in six older Americans.

If our memory isn't as sharp as it once was, we may forget if, what, and when we've eaten. Severe memory problems, be they labeled Alzheimer's, dementia, senility, or whatever, may cause us to forget how to chew and swallow—even if a caregiver is helping us eat.

If we live alone, we may not "bother" to fix a meal or to eat. The common "tea and toast" diet is not nutritious. Being with other people every day improves our food intake and our morale. If we recently lost a loved one, especially our spouse, it may be too painful to sit opposite the empty chair at the table. Among the one in four older adults who drink too much, health problems usually worsen, and calories consumed in alcohol are rarely matched with nutritious foods.

Many challenges of nutrition and aging described above can be avoided. From a monetary perspective alone, the payoff is high. Reducing malnutrition in later years decreases costly healthcare expenditures. Good nutritional status keeps us healthier, and should we become ill, we'll recover more quickly and have shorter hospital stays and fewer complications. Among the increasing numbers of frail homebound elders, nine out of ten are at considerable nutrition risk. Unless that risk is reduced, some will be readmitted to hospitals again and again, others will be prematurely sent to nursing facilities, and others will die needlessly because of starvation or neglect.

Countries are rightly measured by the quality of care they provide to their youngest and oldest. We, as individuals—citizens or relatives—must assume some responsibility for those born a half-century or decades before us. It is easy and personally very rewarding to make a difference in the life of an older person. Following are some suggestions that families—including children and teenagers—can take to improve the nutrition of elders:

- Use service-learning opportunities in courses to volunteer with older adults. College students have repeatedly had "Ah ha!" experiences interacting with older persons in adult day centers and assisted living and nursing facilities, as well as in the delivery of meals to people who are homebound.
- Take your oldest relative or neighbor out to eat and ask the person's opinions on current or historical events, the most significant experiences in their lives, their feelings about themselves, and their joys and needs today.
- Drop off a bag of easy-to-prepare groceries or ready-to-eat food. Help relatives set up a weekly system of fresh, frozen, or canned convenience meals that are labeled "morning," "after-
noon,” or “evening,” plus day of the week. A friendly phone call, even long distance, near mealtime, to someone we care about may be just the reminder to eat that the person needs. Arrange for transportation to meals at senior centers or for home delivery of meals.

- A small, simple (inexpensive) microwave oven, plus some supervised practice time, is a useful gift. Give food gifts and discourage gifts of clothing and other nonedibles. Encourage or arrange a visit to a dentist who specializes in the care of older adults.

- If an older relative, friend, or neighbor is hospitalized, be the person’s advocate. See that staff measure the person’s body weight regularly, question what and how much the person has eaten, find out which staff member is responsible for monitoring nutritional status, provide company at mealtimes, and, if needed, feed the person yourself at a comfortable pace and with dignity. See that the person will receive meals at home when he or she goes home or that someone is available to help fix meals.

Think positively! It’s never too early or too late to eat smarter, get more active, and be healthier. It adds not only years to your life but life to your later years.

Nancy S. Wellman, Ph.D., R.D., is professor of dietetics and nutrition, and director, National Resource Center on Nutrition, Physical Activity and Aging, Florida International University, Miami, Fla.