Commentary

Prevention, Prevention, Prevention: Nutrition for Successful Aging

NANCY S. WELLMAN, PhD, RD, FADA

If “location, location, location” is the real estate axiom, “prevention, prevention, prevention” is the nutrition mantra for successful aging. Alarms are sounding as Medicare and Medicaid costs for older people and poor people explode. Nonpartisan Congressional Budget Office data show that if nothing changes, skyrocketing health care costs could consume the entire federal budget by the year 2050 (1). Thus, the multiple facets of nutrition comprising primary, secondary, and tertiary prevention (Figure) recently have been “discovered” as our nation addresses not only its obesity epidemic, but also its impending age wave (2,3). Although there are several nutrition prevention models and there is overlap in all of them, the Figure depicts a spectrum of nutrition as prevention in relation to aging (4,5).

Prevention at long last has taken center stage nationally, and nutrition has become part of or has received increased emphasis in all recent major health-promotion and risk-reduction initiatives. This underscores the growing national awareness of nutrition’s vital role in preventing, delaying onset of, and managing costly and debilitating chronic diseases. The 2005 Dietary Guidelines for Americans (6) recognize people over age 50 years as one of the specific population groups that need special consideration. The additional key recommendations provided for them are in sync with the overall Dietary Guidelines’ emphasis on the promotion of health and the prevention of disease. Steps to a HealthierUS, a US Department of Health and Human Services initiative, encourages Americans to live longer, better, and healthier lives by eating a nutritious diet as one of its four Steps (7). The Older Americans Update 2006: Key Indicators of Well-Being lists dietary quality and obesity as two of the seven modifiable health risks and behaviors (8). The 2005 White House Conference on Aging included a nutrition recommendation for the first time in decades (9). The “Healthy Nutrition” recommendation emphasized the importance of nutrition in health promotion and disease prevention and management. Among its suggested strategies are nutrition education and therapy delivered by registered dietitians (RDs). Older people want to hear the good news about nutrition—that it is indeed never too late and that even small steps can make a difference at any age. RDs are recognized as those best qualified to provide nutrition services to older adults (10).

The new reality of aging says that both the quantity and quality of life count. A healthful lifestyle and being active lead to greater longevity, add more years of independence, and compress morbidity in later years. People do not want to live longer only to have more years of illness and unhappiness; the added years must be healthier ones. Good nutrition not only adds years to life, but life to years (5). Thus, the timing is ripe for positioning nutrition more broadly in health promotion and risk reduction, especially with older Americans.

As nutrition services for older adults move out of hospitals and institutions and into homes and communities, RDs must become more proactive in health promotion and risk reduction while promoting universal access to quality nutrition services for disease treatment. The three articles about older adults in this issue of the Journal exemplify efforts that strengthen the nutrition evidence base for successful aging (11-13). Each illustrates nutrition as primary and/or secondary prevention. It is notable that none focus on medical nutrition therapy (tertiary prevention), although disease treatment has typically been considered RDs’ predominant role when providing care for older adults.

The study by Zizza and colleagues (11) suggests a new emphasis on snacking in nutrition education (primary prevention) for older adults. Using the nationally representative National Health and Nutrition Examination Survey sample, their study found that snacking is an important source of calories for those aged 65 years and over. Despite America’s obesity epidemic, many older adults eat too little, resulting in unintentional weight loss. Underweight is a recognized risk factor for disease and disability. The investigators conclude that snacking is an important dietary behavior among older adults and propose promoting the consumption of healthful snacks. They suggest that nutrition education may be easier and more effective when it encourages increased energy intakes between meals rather than during meals. Practical advice on healthful snacking from RDs would be well received by older adults, who are eager for nutrition guid-

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Aging, a multifaceted natural phenomenon, is dramatically changing the landscape of our country. We RDs have not only the opportunity but also the obligation to broaden the nutrition services that we provide to older persons. Although medical nutrition therapy has always been all-inclusive, chronic disease treatment has usually taken precedence over primary and secondary nutrition prevention. The urgency today is to show the pivotal importance of nutrition for successful aging and increase the availability of our services that promote health and reduce risk, as well as to treat diseases. Doing so will positively impact longevity in general, improve the quality of life of older adults and prolong their independence in later years, and conserve the health care resources of our nation. Nutrition as prevention, the mantra for successful aging, fits a life-affirming view of aging.

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### References


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<th>Secondary prevention</th>
<th>Tertiary prevention</th>
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<tr>
<td><strong>Definitions</strong></td>
<td>Prevent disease and disability by reducing or eliminating potential risk factors</td>
<td>Lessen health risks by screening and early treatment before observable symptoms</td>
<td>Treat or remediate those with diagnosed health conditions</td>
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<td><strong>Goals</strong></td>
<td>Enhance/maintain wellness through behavioral or environmental changes</td>
<td>Maintain/improve nutritional status and/or avoid illness among those susceptible because of genetics, lifestyle, age, etc</td>
<td>Prevent/delay disease progression, disability, pain, premature death</td>
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<td><strong>Activities</strong></td>
<td>Generalized education or facilitation of healthful diets</td>
<td>Anticipatory screening, detection, early intervention</td>
<td>Individualized nutrition therapy for acute conditions and chronic diseases</td>
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Figure. The spectrum of nutrition as prevention in aging.


