

Nutrition in the Elderly

With an ageing UK population people are living longer and enjoying longer periods of retirement. It is projected that the number of people over the age of 65 years in society will rise to 20 per cent by 2051. (*Office of National Statistics 2004*).

The fastest growing population trend is seen in the oldest of the population, those aged over 85 years. It is projected that this number will reach 3.2 million in the UK by 2033. These figures also reflect trends seen across European countries.

The 2008-based national population projections, EuroPop2008 propose an increase to 30 per cent of people aged 65 and over by 2060. Similarly the number of people aged 80 or over is projected to treble.

These demographic trends have consequences for developments in public policy and care of the elderly and also add new challenges. Recent studies have highlighted the risk of malnutrition rising with age with a higher prevalence in those in receipt of care and those living in institutions. Low awareness of malnutrition among health and social care professionals has been addressed by publications and campaigns by several key parties.

Age Concern in 'Hungry to be Heard', described the growing risk of older people being malnourished or their nutritional status getting worse while admitted in hospital.

'Caring for Dignity', a report by the HealthCare Commission, underlined the need for commitment to nutrition throughout healthcare organisations.

Malnutrition is consistently under-diagnosed and under-treated in both the primary and secondary care setting. The source of malnutrition is multi-factorial in origin. Inadequate diet quality, micro-nutrient deficiencies, chronic conditions, psychological, social and environmental factors all contribute to under-nutrition.

Older people following a major physical illness such as stroke and associated with other co-morbidity and those from BME communities and with mental illness have a greater risk of poor nutritional status which may be under-recognised and associated with worse outcomes.

Assessment of Nutrition

Apart from nutritional screening, which is an initial rapid evaluation method to detect significant risk of malnutrition, nutritional assessment (a more in-depth evaluation) is an integral part of comprehensive assessment and care for older people. Several screening tools exist in clinical practice with MUST (Malnutrition Universal Screening Tool) being in the most widespread use. This tool is suitable for use by a range of healthcare workers in different healthcare settings. The tool has been validated across a range of healthcare settings and assesses weight status, change in weight and the presence of an acute disease likely to result in no dietary intake for more than five days. It categorises subjects into low, medium or high risk of malnutrition and provides guidance on developing individualised dietary care plans.

Recommendations

Despite major improvements in the care of older people and general improvements in attitude towards care of the elderly, under-recognition and management of under-nutrition remains a major challenge. To address these issues it is important that healthcare organisations involved in delivering and commissioning health care are aware of the issues around under-nutrition and provide adequate training and education to all healthcare staff. All acute trusts, PCTs and community hospitals should include nutrition

as a part of regular clinical governance framework. There needs to be a commitment to nutrition throughout healthcare organisations and there should be a clear lead for dignity and this should be communicated to all staff and patients. It is important to follow NICE guidelines in relation to nutrition and to implement a recommendation that all patients, on admission to hospital or at their first clinic appointment, should be screened for nutritional status. Patients admitted to care homes should be screened at the time of admission as a part of a comprehensive assessment. Nutritional support should be considered in people who are malnourished and in those who are at high risk and especially in those following a major illness such as stroke. Nutritional support should also be considered in those identified at risk or in a state of malnutrition and oral dietary supplements or intravenous nutritional support should be considered and provided when necessary.

People admitted to hospital following a stroke must have a swallow assessment so that their nutritional needs can be met.

Key Points

1. Three million are living at risk of malnutrition in the UK and malnutrition of older people should have no place in a modern society.
2. Older people being admitted to hospital or nursing homes should be screened and assessed for nutritional status.
3. The CQC and the General Medical Council should ensure that professionals recognise that food and help with eating is a key issue in maintaining the dignity of older people.
4. Adequate nutritional support, both oral and parenteral, should be provided when necessary.

References

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