Ensuring good nutrition for older patients in the community

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Eating difficulties affect many older people and can be a short or long-term issue, while poor nutritional status can have a huge impact upon older people’s health, wellbeing and quality of life. Nurses, carers and relatives need to identify potential problems with older patients’ nutrition so that they can manage any issues successfully. Providing adequate nutrition for older people requires a multidisciplinary approach, with the aim of improving patients’ nutrition by assessing any barriers to successful eating. Often, being alert to very subtle issues and addressing them is the key to success in helping older people achieve a healthy diet. This article will highlight some of the issues that may affect older people and lead to under-nutrition. It also provides some simple preventative measures.

KEYWORDS:
Nutrition ■ Older people ■ Swallowing ■ Toilet access

Over 10% of older people in the UK are potentially malnourished (British Association for Parenteral and Enteral Nutrition [BAPEN], 2007), a condition which the National Institute for Health and Care Excellence (NICE, 2006) defines as ‘a state in which a deficiency of energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome’.

Malnutrition can be both a cause and a result of ill health and disease-related malnutrition costs health and social care more than £13 billion each year in the UK (Elia and Stratton, 2009).

WHAT IS MALNUTRITION?

Malnutrition refers to under-nutrition from inadequate food intake, dietary imbalances and deficiencies in specific nutrients. It can also be due to over-nutrition due to excess food consumption (Keller, 1993).

The simple exercise of eating that sustains life and which is often taken for granted, can become a matter of life and death for older people. As people age their physical and social wellbeing can deteriorate and tasks that were once automatic and problem-free, such as eating, drinking and going to the toilet become much bigger issues, which can pervade all aspects of daily life (physical, mental and social) (Social Care Institute for Excellence [SCIE], 2013).

Eating, both for pleasure and sustaining life, can become a real problem for older people, their relatives and carers, with apathy and poor appetite cited as possible reasons for this (Brownie, 2006). Rowe and Kahn (1998) recognised nutrition as one of the major determinants of successful ageing, defining it as the ability to maintain three key behaviours:
- Low risk of disease and disease-related disability
- High mental and physical function
- Active engagement in life.

Unfortunately, in patients with multiple complex health issues and care needs, the simple task of eating can be overlooked and people can face a slow decline due to a lack of sustenance. Community nurses need to be alert to this and put in place measures to prevent malnutrition and malnutrition-related illness (e.g. undereating can contribute to sarcopenia with loss of lean body mass and muscle function. Weight loss and sarcopenia can lead to skeletal disorders, immobility, insulin resistance, atherosclerosis, hypertension, and metabolic disorders).

SHOPPING

Food shopping and regular meals are a large part of the essence of care in the older person. Physical difficulties leading to mobility and immobility problems can restrict people’s ability to buy, prepare, cook or eat food. Wilson et al (2004) also highlighted that over the past 20 years more supermarkets are now sited away from town centres requiring access to a car, resulting in older people having difficulty getting to shops. Where local convenience stores are available, food tends to be more expensive with less fresh produce compared to larger supermarkets. Similarly, poor food provision can simply be due to older people having to rely on someone else to do their food shopping and not appreciating the necessary nutritional requirements.

There are solutions. For example, Age UK cite a scheme in York where older people without direct access to a computer are helped to buy food via the internet by volunteers. However, shopping online is not a practice older people are familiar with. Blythe and Monk (2005) suggested that older people are a lost market to internet shopping schemes and that retailers should look more closely at meeting the needs of this expanding market.
COOKING, EATING AND SOCIABILITY

The plethora of cooking shows on television attest to the interest in creating nutritious food. However, difficulty with preparation can hamper older people’s ability to cook. For example, being unable to stand for long periods, or to deal with heavy pots and pans can make cooking a difficult task that may not seem worth the effort. In addition, a lack of nutritional knowledge and/or cooking skills can also make food preparation hard. Similarly, some widowers may never have prepared food for themselves before the loss of their spouse.

Where possible, it is helpful for the community nurse to try to introduce older people to new cooking skills and/or suggest different ways of adapting or rekindling lost skills. For some, traditional cooking using individual ingredients and complicated procedures may no longer be possible. However, ‘ready meals’ and home-delivered meals can help to provide nutritious food; these may be used on days when the older person is too tired to cook or is busy, or as a longer-term solution. Using a microwave and/or a freezer to keep food can also help to make food preparation easier.

Eating is a sociable experience and when older people find themselves alone, for example, after the death of a partner, eating and mealtimes can become difficult. A study in the Netherlands assessed the effect of family style meals in older adults without dementia and found that social eating prevented a decline in quality of life and body weight in the participants (Nijs et al, 2006). Although this research took place outside the UK in a care home setting, it is reasonable to assume that the benefits of social eating are transferable. Anything that can make eating a pleasant and sociable experience rather than another necessary task is beneficial.

When appropriate, encouraging social eating through lunch clubs can be helpful with regards to isolation, loneliness and nutrition.

Shared meals add a sense of security, meaning and structure to an older person’s day, engendering feelings of independence and a sense of control (Amarantos et al, 2001).

DIFFICULTY SWALLOWING (DYSPHAGIA)

Dysphagia or difficulty swallowing is a debilitating condition where the individual has difficulty with some or all of the swallowing process (Thompson, 2016). A significant proportion of older people will have difficulty swallowing and community nurses are advised to manage swallowing disorders through food thickeners and using appropriate posture and feeding techniques (NICE, 2006).

Nutritional problems, weight loss and reduced and subsequent loss of appetite are common problems in dementia, especially as the severity of the illness increases. Swallowing problems also become increasingly noticeable as dementia worsens. The Alzheimer’s Society ‘Food for Thought’ practice guides and advice sheets have been produced to help carers and health and social care staff to deal with the eating challenges faced by people with dementia (www.alzheimers.org.uk).

OTHER ISSUES RELATING TO EATING DIFFICULTIES

Older people will often mention a poor appetite as reason for not enjoying food. People who live alone may feel that it is not worth cooking for only one person and if they are on a low income food becomes a target for reduced expenditure.

Some older people may forget to eat or may find the mechanics of using eating utensils difficult (following a stroke, for example, or in those with arthritis), similarly depression or an eating disorder such as anorexia nervosa that has gone undetected can affect the person’s appetite and ability to cook and shop.

People may also be embarrassed about eating with others due to physical problems with eating, such as dysphagia.

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The presentation of dysphagia will depend on the context in which it occurs; for example, when observing patients with dysphagia at mealtimes, they may cough or choke, have difficulty chewing, spit out food, or have a ‘wet’-sounding voice. Alternatively, when community nurses are visiting patients in their own homes, they should be alert for signs such as weight loss (i.e. loose-fitting clothing or jewelry), unclean food, and any concerns patients or carers may raise.

Dysphagia is frequently under-recognised until the patient is losing weight as questions, regarding swallowing rarely form part of a holistic assessment. The National Institute for Health and Care Excellence (NICE, 2006) has identified common indicators, which can be used by community nurses to identify patients who may be at risk of developing dysphagia, including:

- Coughing/choking before, during or after swallowing
- Difficulty/pain on chewing or swallowing
- Food refusal or difficulty placing food in the mouth
- Poor control of food in the mouth
- Drooling
- Finding mealtimes distressing

Source: Thompson (2016)

Other health problems can result in reduced appetite and difficulties with eating food; the taste and smell of food can be altered in some medications or illnesses, leading to a disinterest in eating. It is also important to explore any possible medical causes of older people’s problems with digestion and nutrition, while ensuring that they drink enough fluids for good hydration (Royal College of Physicians [RCP], 2002).
Coughing is a common sign of food or fluid not passing below the vocal cords when eating and drinking, so a cough is needed to clear the airway. If the bolus does enter the patient’s lungs, this is termed ‘aspiration’ and can lead to a chest infection termed ‘aspiration pneumonia’, potential hospitalisation, and even death.

Difficultly chewing owing to deteriorating dental health may also be an issue in older people. Sometimes, poor-fitting dentures can cause discomfort when eating and wearing dentures can also cause a loss of sensitivity to taste (Sheiham and Steele, 2001). Community nurses should attempt to ensure that older people have access to regular dental care as well as providing practical help such as offering support with the cleaning and fitting of dentures before meals. The provision of softer food that is easier to chew can also be beneficial.

Incontinence

Problems with incontinence may prevent older people eating and drinking due to a fear of either needing the toilet or being unable to reach a toilet in time due to poor mobility and reduced access to toilets (facilities being located down a flight of stairs, for example). Rectifying simple toilet access in the home or unit, or simply being aware of toilet facilities on trips out, may help the community nurse improve nutrition and hydration in older people (British Nutrition Foundation [BNF]: www.nutrition.org.uk/nutrition science/life/dehydrationelderly.html).

CONCLUSION

Anyone who has dealings with older people needs to be aware of the importance of nutrition to their health and wellbeing, regardless of other comorbidities. Once an issue has been identified, offering help, advice and support to relatives and carers to enable them to be proactive in regard to the dietary needs of the older person is a good way to begin.

Shopping, preparing and cooking meals are tasks that are often taken for granted in the young and healthy. The combination of a lack of good local shops with reasonably priced healthy products, poor mobility and underlying health conditions; in addition to social isolation and limited resources, can make good nutrition an impossible task for older people. It is the duty of community nurses to assist older people with their nutrition, a simple health-giving activity that can become difficult for people as they age. JCN

REFERENCES


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British Dental Association: www.bda.uk.com

British Nutrition Foundation: www.nutrition.org.uk

British Society for Disability and Oral Health: www.bsdh.org

Caroline Walker Trust: www.cwt.org.uk

National Skills Academy (NSA) for Health, e-learning platform: www.nsah.org.uk

National Institute for Health and Care Excellence (NICE): www.nice.org.uk

National Institute for Health and Care Excellence (NICE): www.nice.org.uk

Royal Society for Public Health: www.rspht.org.uk

Table 1: Nutrition resources for community nurses

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Sheiham A, Steele J (2001) Does the condition of the mouth and teeth affect the ability to eat certain foods, nutrient and dietary intake and nutritional status amongst older people? Pub Health Nutr 4(3): 797–803

