

Growing Older, Eating Better

When Bernadette Harkins of Rockville, Md., could no longer feed herself properly, she moved to an assisted-living residence. Today, she can enjoy three meals a day served to her and about 30 other people in their home-like communal dining room.

When Harry of Moscow, Pa., could no longer feed himself properly, he moved in with his daughter and her family. With her guidance, he ate six times a day, snacking on high-calorie, high-protein foods, and maintaining a near-normal weight.

Harry (who asked that his last name not be used) and Harkins typify many of today's older generation. Living alone in most cases, they often are unable to meet their dietary needs and are forced to make compromises.

Harry didn't know how to cook. He developed cancer, which made it even more important that he eat a well-balanced diet. Harkins knew how to cook but didn't take time to prepare adequate meals for herself.

"I would snack is what I'd do," she said. "I would think about getting a meal and then just have a cup of tea and toast. I knew I wasn't doing the right thing as far as nutrition was concerned."

Their eating problems stemmed from loneliness and lack of desire or skill to cook. Other older people may eat poorly for other reasons, ranging from financial difficulties to physical problems.

The solutions can be just as varied, from finding alternative living arrangements to accepting home-delivered meals to using the food label developed by the Food and Drug Administration and the U.S. Department of Agriculture. Physical activity also is important in maintaining a healthy lifestyle.

Why the Concern?

Nutrition remains important throughout life. Many chronic diseases that develop late in life, such as osteoporosis, can be influenced by earlier poor habits. Insufficient exercise and calcium intake, especially during adolescence and early adulthood, can significantly increase the risk of osteoporosis, a disease that causes bones to become brittle and crack or break easily.

But good nutrition in the later years still can help lessen the effects of diseases prevalent among older Americans or improve the quality of life in people who have such diseases. They include osteoporosis, obesity, high blood pressure, diabetes, heart disease, certain cancers, gastrointestinal problems, and chronic undernutrition.

Studies show that a good diet in later years helps both in reducing the risk of these diseases and in managing the diseases' signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities, such as bathing, dressing and eating.

Poor nutrition, on the other hand, can prolong recovery from illnesses, increase the costs and incidence of institutionalization, and lead to a poorer quality of life.

The Single Life

Whether it happens at age 65 or 85, older people eventually face one or more problems that interfere with their ability to eat well.

Social isolation is a common one. Older people who find themselves single after many years of living with another person may find it difficult to be alone, especially at mealtimes. They may become depressed and lose interest in preparing or eating regular meals, or they may eat only sparingly.

In a study published in the July 1993 Journals of Gerontology, researchers found that newly widowed people, most of whom were women, were less likely to say they enjoy mealtimes, less likely to report good appetites, and less likely to report good eating behaviors than their married counterparts. Nearly 85 percent of widowed subjects reported a weight change during the two years following a spouse's death, as compared with 30 percent of married subjects. The widowed group was more likely to report an average weight loss of 7.6 pounds (3.4 kilograms).

According to the study, most of the women said they had enjoyed cooking and eating when they were married, but as widows, they found those activities "a chore," especially since there was no one to appreciate their cooking efforts.

For many widowed men who may have left the cooking to their wives, the problem may extend even further: They may not know how to cook and prepare foods. Instead, they may snack or eat out a lot, both of which may lead people to eat too much fat and cholesterol and not get enough vitamins and minerals.

Special Diets

At the same time, many older people, because of chronic medical problems, may require special diets: for example, a low-fat, low-cholesterol diet for heart disease, a low-sodium diet for high blood pressure, or a low-calorie diet for weight reduction. Special diets often require extra effort, but older people may instead settle for foods that are quick and easy to prepare, such as frozen dinners, canned foods, lunch meats, and others that may provide too many calories, or contain too much fat and sodium for their needs.

On the other hand, Mona Sutnick, Ed.D., a registered dietitian in private practice in Philadelphia, points out that some people may go overboard on their special diets, overly restricting foods that may be more beneficial than detrimental to their health.

"My advice for a 60-year-old person might be 'watch your fat' but for an 80-year-old who's underweight, I'd say, 'eat the fat, get the calories,'" Sutnick says.

Physical Problems

Some older people may overly restrict foods important to good health because of chewing difficulties and gastrointestinal disturbances, such as constipation, diarrhea and heartburn. Because missing teeth and poorly fitting dentures make it hard to chew, older people may forego fresh fruits and vegetables, which are important sources of vitamins, minerals and fiber. Or they may avoid dairy products, believing they cause gas or constipation. By doing so, they miss out on important sources of calcium, protein and some vitamins.

Adverse reactions from medications can cause older people to avoid certain foods. Some medications alter the sense of taste, which can adversely affect appetite. This adds to the problem of naturally diminishing senses of taste and smell, common as people age.

Other medical problems, such as arthritis, stroke or Alzheimer's disease, can interfere with good nutrition. It may be difficult, if not impossible, for example, for people with arthritis or who have had a stroke to cook, shop, or even lift a fork to eat. Dementia associated with Alzheimer's and other diseases may cause them to eat poorly or forget to eat altogether.

Money Matters

Lack of money is a particular problem among older Americans, who may have no income other than Social Security. According to 2001 U.S. Census Bureau data, the median annual income in that year for people 65 and over was \$14,152. More than 10 percent of people that age had an income below the average poverty level for their age group, defined as \$8,980 a year.

Lack of money may lead older people to scrimp on important food purchases--for example, perishable items like fresh fruits, vegetables and meat--because of higher costs and fear of waste. They may avoid cooking or baking foods like meats, stews and casseroles because recipes for these foods usually yield large quantities.

Financial problems also may cause older people to delay medical and dental treatments that could correct problems that interfere with good nutrition.

Food Programs

Many older people may find help under the Older Americans Act, which provides nutrition and other services that target older people who are in greatest social and economic need. The program focuses particular attention on low-income minorities and rural populations. According to the U.S. Administration on Aging, which administers the Older Americans Act, the nutrition programs were set up to address the dietary inadequacy and social isolation among older people.

Home-delivered meals and congregate nutrition services are the primary nutrition programs. The congregate meal program allows seniors to gather at a local site, often the local senior citizen center, school or other public building or a restaurant, for a meal, plus health screenings, exercise, or recreational activities.

Available since 1972, these programs, funded by the federal, state and local governments, ensure that older people get at least one nutritious meal five to seven days a week. Under current standards, that meal must comply with the Dietary Guidelines for Americans and provide at least one-third of the Recommended Dietary Allowances for an older person. Often, people receive foods that correspond with their special dietary needs, such as no-added-salt foods for those who need to restrict their sodium intake or ground meat for those who have trouble chewing.

Other nutrition services provided under the Older Americans Act are nutrition education, screening and counseling.

While these nutrition programs target poor people, they are available to other older people regardless of income, according to Jean Lloyd, a registered dietitian and the national nutritionist with the Administration on Aging. Although no one is charged for the meals, older people can voluntarily and confidentially donate money, she says.

The meals provide not only good nutrition, but they also give older people a chance to socialize--a key factor in preventing the adverse nutritional effects of social isolation and a way of keeping people actively and socially engaged.

For those who qualify, food stamps are another aid for improving nutrition. Under this program, a one-person household receives an average of \$44 per month in food stamps to buy most grocery items.

For the homebound, grocery-shopping assistance is available in many areas. Usually provided by nongovernment organizations, this service shops for and delivers groceries to people at their request. The recipient pays for the groceries and sometimes a service fee.

In some communities, private organizations also sell home-delivered meals.

Other Assistance

Family members and friends can help ensure that older people take advantage of food programs by putting them in touch with the appropriate agencies or organizations and helping them fill out the necessary forms. Some other steps they can take include

looking in occasionally to ensure that the older person is eating adequately
preparing foods and making them available to the older person
joining the older person for meals.

In some cases, they may help see that the older person is moved to an environment, such as their home, an assisted-living facility, or a nursing home, that can help ensure that the older person gets proper nutrition.

Whatever an older person's living situation, proper medical and dental treatment is important for treating medical problems, such as gastrointestinal distress and chewing difficulties, that interfere with good nutrition. If a medication seems to ruin an older person's taste and appetite, a switch to another drug may help.

A review of basic diet principles may help improve nutrition. Explaining to older people the importance of good nutrition in the later years may motivate them to make a greater effort to select nutritious foods.

Look to the Label

The food label can help older people select a good diet. The label gives the nutritional content of most foods and enables consumers to see how a food fits in with daily dietary recommendations.

Some of the information appears as claims describing the food's nutritional benefits: for example, "low in cholesterol" or "high in vitamin C." Under strict government rules, these claims can be used only if the food meets certain criteria. This means that claims can be trusted. For example, a "low-cholesterol" food can provide no more than 20 milligrams of cholesterol and no more than 2 grams of saturated fat per serving.

Less common but also helpful are label claims linking a nutrient or food to the risk of a disease or health-related condition. These claims are supported by scientific evidence. One claim links whole grain foods to risk of heart disease and cancer. On the food label, this claim would read like this:

"Diets rich in whole grain foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and some cancers."

More in-depth information is found on the "Nutrition Facts" panel on the side or back of the food label. This information is required on almost all food packages. This nutrition information is easy to read and is usually on a white or other neutral contrasting background.

Some nutrition information also may be available for many raw meats, poultry and fish, and fresh fruits and vegetables at the place of purchase. The information may appear in brochures or on posters or placards.

Physical Activity

Besides diet, physical activity is part of a healthy lifestyle at any age. It can help reduce and control weight by burning calories. Moderate exercise that places weight on bones, such as walking, helps maintain and possibly even increases bone strength in older people. A study published in the Dec. 28, 1994, Journal of the American Medical Association found that intensive strength training can help preserve bone density and improve muscle mass, strength and balance in postmenopausal women. In the study, subjects used weight machines for strength training.

Also, scientists looking into the benefits of exercise for older people agree that regular exercise can improve the functioning of the heart and lungs, increase strength and flexibility, and contribute to a feeling of well-being.

Any regular physical activity is good, from brisk walking to light gardening. Common sense is the key. But, before a vigorous exercise program is started or resumed after a long period of inactivity, a doctor should be consulted.

Taking time out for exercise, using the food label to help pick nutritious foods, taking advantage of the several assistance programs available, and getting needed medical attention can go a long way toward helping older people avoid the nutritional pitfalls of aging and more fully enjoy their senior years.

Courtesy: US FDA

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