Older Adults' Understanding of Nutrition

Cecilia Medeiros de Moraes

Faculty of Nutrition and Food Sciences, University of Porto, Porto, Portugal

Abstract from Terp R, Kayser L, Lindhardt T: "It is not rocket science..." – Older peoples' understanding of nutrition – A qualitative study. *Appetite* 2021;156:104854

Keywords

Older patients · Nutrition · Self-management · Qualitative research · eHealth

Abstract

Objective: The aim of this study was to: 1) explore older patients' knowledge, skills and behavior in relation to nutrition and 2) achieve an understanding of older patients' experiences, understanding and attitudes towards management of nutritional needs.

Design: Semi-structured interviews were conducted and analyzed using content analysis. The Readiness and Enablement Index for Health Technology (READY) instrument was used as a framework.

Setting: Two hospital units specialized in internal medicine located at two university hospitals in Copenhagen.

Participants: Patients (N = 25) age 65 ≥ years and admitted to hospital for medical treatment.

Findings: The informants' knowledge, behavior and attitude towards nutrition was influenced by their experience of food as an everyday phenomenon but less so by the experience of nutrition as important for their well-being and health. Three themes were identified: 1) Food – an everyday phenomenon; 2) Habits and preferences and 3) When food becomes nutrition.

Conclusion: Older, ill patients have limited knowledge about specific needs for energy and protein and the importance of nutrition for their physical functioning. They have potential resources and competencies which can positively impact and be utilized in nutritional interventions. Social interaction, the pleasurable experience of eating well-prepared food, and daily routines facilitate their nutritional intake.

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Knowledge Transfer

Background

Several circumstances, be it physiological or illness-related, make older adults more vulnerable to nutritional conditions such as malnutrition which can lead to several health complications for the individual and comes at a high cost to society. Different types of interventions can be established to combat malnutrition in older age. Involving the patient in his/her own treatment to meet nutritional needs and encourage self-management is an interesting approach; however, studies are limited in this area, especially for hospitalized older patients. Self-management requires the participation of the individual in addressing issues related to his/her health and requires certain skills, knowledge, and support. With the introduction of digital services, new technology has become available that can be of advantage to patients with regard to nutritional self-management. However, the factors that determine a successful approach are still the subject of very recent research programs. The main study used for the present paper focused on the nutritional knowledge of hospitalized older adults.

The Understanding of Nutrition and Eating Behavior in Older Age

Using qualitative analysis, the authors [1] found that older adults tend to associate food with an everyday phenomenon, with an emphasis on social and sensorial meanings and an undervaluation of health-related aspects. Older adults frequently consider food and eating to be a matter of common sense and reveal a lack of interest in expanding their knowledge concerning nutrition.

For this population, eating is influenced by daily habits which may have been established very early in life and remained unchanged. Food preferences and presenting an appealing meal, well cooked and tasty, usually has a positive impact on food intake. Social interaction can also motivate the consumption of more food, even in those with poor appetite.

Physical capability and keeping active proved to be important to older adults, and although eating was appreciated as a daily routine, little attention was paid to the nutritional value of food. The lack of knowledge concerning specific needs was also evident in the narrative, which explained why participants did not see a connection between food intake and well-being/health.

In general, the main information the participants possessed were common recommendations for healthy eating and some concerns related to weight gain. Besides the limited knowledge, participants did not seek nutritional advice. Only a limited group of older adults with chronic conditions was informed about their special requirements and had acquired some specialized knowledge on food and nutrition provided by health care professionals.

Practical Implications

Considering the findings in the literature, professionals in the fields of nutrition and health should pay particular attention to food habits in older adults. It has been clearly described that food habits usually develop throughout the lifespan and are hard to change [2]. Meals that are more familiar are likely to be more tolerated, even by those with poor appetite.

Food preferences play a particular role, and it is important to understand that sensorial aspects related to food are relevant to the promotion of food intake in older age. Furthermore, foods should be properly cooked, tasty, and appealing in order to stimulate consumption. Eating in company, if possible, should be encouraged, as social interaction plays an important role in older age [3].

Last but not least, nutritional knowledge plays an important role. It was clear from the data that older adults did not possess vital information concerning the implications of food intake and nutrition for the preservation and promotion of health. While there is a good level of common sense regarding the importance of healthy eating for health and wellbeing, the special role of energy and protein intake, essential for recovery during illness and hospitalization in older age, are unknown to most of this population [1, 4]. Before involving older adults in their nutritional interventions, basic knowledge concerning nutritional requirements should be established.

Conclusion

Nutrition and health care professionals should consider nutritional education strategies for older adults to empower self-management. eHealth technologies could contribute to both nutritional education and the promotion of food intake.

Disclosure Statement

I hereby declare that there are no conflicts of interest with regard to this commentary.

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Correspondence to:
Cecilia Medeiros de Morais, cecilia_mmorais@hotmail.com