



## Nutrition and its Significance in Older Adults

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### DESCRIPTION

Nutrition is about getting the nutrition that body needs by eating healthy and balanced diet. Nutrients are substances in food that a person's body needs to function and grow. This includes carbohydrates, fats, proteins, vitamins, minerals and water.

Good nutrition is important for every individual. It can energize and help to control weight. It also helps to prevent some illnesses such as osteoporosis, high blood pressure, heart disease, type 2 diabetes and certain cancers. As a person grows older there will be changes in the body and life style. For example, you may need fewer calories but need to consume enough nutrients. Some older people need more protein.

Geriatric nutrition applies nutritional principles to delay the effects of aging and illness and helps manage the physical, psychological and psychosocial changes commonly associated with aging. The population aged 65 and over is projected to increase from 4% of the US population in 1900 to 13% in 1990 and reach 20% in 2030, primarily due to advances in health care. "Elderly" was defined as 65 years or older, but with the increase in active and healthy older people, this definition has expanded to young (65-75) and old (75-75) and oldest (85 and later). The age group over 85 is the fastest growing. The mild stone of geriatric nutrition is a balanced diet. It provides optimal nutrition to delay major causes of death such as heart disease, cancer and stroke. In addition, on-going research suggests that eating habits such as limiting calorie intake and consuming antioxidants may extend lifespan. Many physical changes occur with age. As the body becomes physiologically mature, the rate of degenerative changes exceeds the rate of cell regeneration. However, the elderly population is not in the same group, as ages vary from person to person. There are big differences between individuals.

A process called sarcopenia changes body composition when fat is replaced by muscle. Studies show that exercise, especially strength training, slows down this process. Due to the loss of

body mass, the adult basal metabolic rate decreases by about 5% every 10 years. Decreased total calorie requirements and reduced protein storage reduce the body's ability to respond to injuries and surgery. Gastrointestinal changes include reduced digestion and absorption. Digestive hormones and enzymes decrease, the intestinal mucosa deteriorates, and gastric emptying time increases. As a result, a person is more likely to have two symptoms: Pernicious anaemia and constipation. Pernicious anaemia can result from low achlorhydria, which reduces the absorption of vitamin B12 and affects about one-third of older Americans. Constipation can be caused by poor gastrointestinal motility, lack of fluid intake, or lack of exercise, despite the heavy use of laxatives in the elderly. Musculoskeletal changes occur. Gradual loss of bone mass begins when people are in their 30s or 40s. This accelerates in menopausal women, making their skeleton more prone to fractures and osteoporosis. Proper intake of calcium and vitamin D contributes to bone maintenance. Geriatric nutrition must take into account changes in the senses and mouth. The reduction of taste buds, which affects all sensations, especially the perception of salty and sweet tastes, can affect appetite. Xerostomia, a lack of salivation, affects more than 70% of the elderly. Insulin secretion is reduced, which can lead to carbohydrate intolerance and worsens renal function in some people in their 40s. Cardiovascular changes can occur. Reducing sodium intake becomes important as blood pressure rises in women over the age of 80 (but interestingly, it decreases in older men). Serum cholesterol levels increase in men at age 60, but continue to rise in women until age 70. Immunity declines with age. Poor immune function means less ability to fight infections and malignant tumors. Vitamin E, zinc, and some other supplements can improve immune function. Many changes occur in the social and psychological state of the elderly, which can affect appetite and nutritional status. These include: Depression, the leading cause of unexplained weight loss in the elderly, occurs in about 15% of adults over the age of 65 and has a much higher incidence in people living in extended care facilities.

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