NUTRITION OF THE ELDERLY

EDITED BY

HAMISH MUNRO
GÜNTHER SCHLIERF

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NUTRITION OF THE ELDERLY

Editors

Hamish Munro, M.D., F.R.C.P., D.Sc.
Senior Scientist
Agricultural Research Service
United States Department of Agriculture
Human Nutrition Research Center
on Aging at Tufts
Boston, Massachusetts, USA

Günter Schlierf, M.D.
Professor of Medicine and Geriatrics
Bethanien Hospital
Heidelberg, Germany

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Preface

In many advanced countries, the proportion of people 65 years and older has grown to 12% to 16% of the population. For example, at the beginning of this century, old people accounted for 4% of Americans, whereas at the end of this century it is anticipated that they will represent 14% of the population. This imposes a heavy burden on the health care system. In recent years, increasing interest has been paid to the role nutrition has played in promoting and sustaining the health and function of our senior citizens.

This Workshop brought together an impressive group of investigators who have contributed to our understanding of the relationship between nutrition and the aging process, as well as the nutrient needs of people who have attained senior citizenship. This volume begins with sociology, namely the health statistics and eating habits of old people, and is followed by an assessment of physiological changes that occur during aging. It is succeeded by an account of the specific nutrient needs of the elderly. Several chapters follow on the role nutritional factors play in selected diseases expressed in older people, namely osteoporosis and Alzheimer’s disease. Finally, practical aspects of the nutrition of the elderly at home or in institutions are described.

This volume presents a refreshing collection of essays on various aspects of nutrition in relation to aging, each followed by a lively discussion. It is hoped that these new insights will stimulate more work on the relationship of nutritional status and nutrient intakes to optimal aging.

Hamish Munro, M.D., F.R.C.P., D.Sc.  
Boston, Massachusetts, USA

“There is nothing better for a man than that he should eat and drink and that his soul should enjoy good in his labor” (Ecclesiastes 2, 24). Most would agree with the Bible that good food and fair work rank high in the pleasures of men and women.

There are good reasons why eating and drinking should be of particular importance to the elderly. Indeed, the quality and quantity of life are markedly affected by adequate nutrition. Many disorders which are prevalent in the elderly have their roots in poor nutritional habits. For example, there are diseases from overconsumption such as diabetes and atherosclerosis, and also from insufficient nutrient supply such as osteoporosis and goiter. A healthy diet before we become old, and sufficient nourishment when we are old and sick, are matters of high priority.
In this Workshop, these topics have been identified and discussed, and I hope that the results of the Workshop will have an impact on the theory and practice of nutrition in the elderly.

GÜNTHER SCHLIERF, M.D.
Heidelberg, Germany
Foreword

The rapid increase in life expectancy in industrialized countries, over the last century has been due almost entirely to the cure, or prevention, of disease through the development of new drugs, techniques, or immunization. Modern society has been left with a socioeconomic problem that has become acute over the last 20 years—the millions of institutionalized elderly.

Although lengthening the human life span is laudable, if the result is that numerous old people have to live in institutions for decades, in bad health, with physical and intellectual limitations preventing them from enjoying the extra years modern medicine has granted them, then I believe that we have only fulfilled part of our duty.

We need to act quickly to catch up on the problem of these unfulfilling extra years of life. The first priority for the future is not so much to increase life expectancy, but rather to improve the general well-being and health status of elderly people in such a way that they can fully enjoy a longer life with not only physical, but also intellectual, independence.

In order to achieve this goal, the leitmotif must be prevention. For example, we know that it is much easier to prevent osteoporosis than to cure it. The same can certainly be said for muscular atrophy, probably for the immunodepression of aging, and maybe even for Alzheimer’s disease.

Prevention, to be fully effective, should start as soon as possible after 50 years of age. The prevention program should include eating a wide variety of foods, physical activity, intellectual training, moderation in the use of tobacco, alcohol, and saturated fats, and a regular intake of vitamins, trace minerals, long chain polyunsaturated fatty acids, natural antioxidants, and so on, in a way which is enjoyable enough to ensure long-term compliance. People who adopt with pleasure such a program would not only enjoy a longer active life, but, as a fringe benefit, should also get closer to their genetically-programmed biological age limit of 100 years and more.

We wanted to explore the various hypotheses behind this challenging program, and the 29th Nestlé Nutrition Workshop on “Nutrition of the Elderly” (which as it turned out could perhaps have been better called “Preventive Nutrition”) gave us exciting opportunities to confirm our enthusiasm about achieving a brighter future.

Pierre R. Guesry, M.D.
Vice President, Nestec Ltd.
Vevey, Switzerland
Contents

Nutrition of the Elderly: Introduction .............................................. 1
Hamish N. Munro

Sociology

Health Statistics on Older Persons .................................................. 7
Richard J. Havlik

Research on Food Habits and Aging in Different Cultures in
Europe: An Exploration ................................................................. 17
Wija A. van Staveren, Lisette (C). P. G. M. de Groot, and
Joseph G. A. J. Hautvast

Physiological Changes Due to Aging

Renal Function and Histopathology in the Elderly ............................. 29
Hiroshi Sato, Takao Saito, and Kaoru Yoshinaga

Endocrine Function in the Elderly ................................................... 37
H. Malcolm Hodkinson

Gastrointestinal Function in the Elderly ........................................... 43
Barbara A. Bowman, Irwin H. Rosenberg, and
Mary Ann Johnson

Energy Metabolism in the Elderly .................................................... 51
John V. G. A. Durnin

Undernutrition in the Elderly: A Physiological or Pathological
Process? ......................................................................................... 65
Elliot M. Berry

Effects of the Aging Process on the Nutritional Status of Elderly
Persons .......................................................................................... 75
Bruno Vellas
CONTENTS

Age-Associated Changes in Taste and Odor Sensation, Perception, and Preference ............................................. 79
Claire Murphy

Immune Response and Aging: Constitutive and Environmental Aspects ........................................................... 89
Alain L. de Weck

Specific Needs of the Elderly

Energy Balance in the Elderly ................................................................. 99
Zvi Glick

Protein Requirements of the Elderly ..................................................... 109
David Kritchevsky

Dietary Fat for the Elderly: What Are the Issues? .............................. 119
Paul J. Nestel

Vitamin Requirements of the Elderly .................................................... 129
Helmut Heseker and Werner Kübler

Trace Elements in Aging ..................................................................... 145
Walter Mertz

Focus on Two Special Diseases of Aging and Their Prevention

Hip Fracture, Femoral Bone Mineral Density, and Protein Supply in Elderly Patients ..................................... 151
Jean-Philippe Bonjour, Charles-Henri Rapin, René Rizzoli, Lubos Tkatch, Marino Delmi, Thierry Chevalley, Verena Nydegger, Daniel Slosman, and Harold Vasey

The Effect of Estrogens in Prevention and Treatment of Osteoporosis ......................................................... 161
Robert Lindsay

Exercise in the Prevention of Osteoporosis ....................................... 169
Carol N. Meredith

Fluoride Therapy for Vertebral Osteoporosis ..................................... 177
Pierre J. Meunier
CONTENTS

Round-Table Discussion on Prevention of Osteoporosis ........ 187

Alzheimer's Disease and Brain Mineral Metabolism ............ 193
James A. Edwardson

Practical Aspects of Nutrition of the Elderly

Practical Aspects of Nutrition of the Elderly at Home ........ 203
Louise Davies

Practical Aspects of Nutrition of the Elderly in Institutions .... 211
Bertil Steen

Concluding Remarks ............................................. 219
Günter Schlierf

Subject Index .................................................... 223
Contributors

Elliot M. Berry  
Department of Medicine  
Hadassah University Hospital  
P.O. Box 12000  
il-91120 Jerusalem, Israel

Jean-Philippe Bonjour  
Department of Medicine  
Division of Clinical Pathophysiology  
University Hospital of Geneva  
24 Rue Micheli-du-Crest  
1211 Geneva 4, Switzerland

Barbara A. Bowman  
Department of Nutrition and Dietetics  
Georgia State University  
University Plaza  
Atlanta, Georgia 30303-3083, USA

Louise Davies  
Gerontology Nutrition  
Royal Free Hospital School of Medicine  
Rowland Hill Street  
London NW3 2QE, England, UK

Alain L. de Weck  
Institute of Clinical Immunology  
Inselspital  
3010 Bern, Switzerland

John V. G. A. Durnin  
Institute of Physiology  
University of Glasgow  
Glasgow G12 8QQ, Scotland, UK

James A. Edwardson  
Medical Research Council  
Neurochemical Pathology Unit  
Newcastle General Hospital  
Westgate Road  
Newcastle-upon-Tyne NE4 6BE, England, UK

Zvi Glick  
UCLA School of Medicine  
Department of Veterans Affairs  
Sepulveda Medical Center  
GRECC (11E)  
16111 Plummer Street  
Sepulveda, California 91343, USA

Richard J. Havlik  
Epidemiology, Demography and Biometry Program  
National Institute on Aging  
National Institutes of Health  
7201 Wisconsin Avenue  
Bethesda, Maryland 20892, USA

Helmut Heseker  
Institut für Ernährungswissenschaft der Justus-Liebig-Universität Giessen  
Goethestrasse 55  
6300 Giessen, Germany

H. Malcolm Hodkinson  
Department of Geriatric Medicine  
University College London  
St. Pancras Hospital  
4 St. Pancras Way  
London NW1 0PE, England, UK

David Kritchevsky  
The Wistar Institute  
3601 Spruce Street  
Philadelphia, Pennsylvania 19104, USA

Werner Kübler  
Institut für Ernährungswissenschaft der Justus-Liebig-Universität Giessen  
Goethestrasse 55  
6300 Giessen, Germany

Robert Lindsay  
Regional Bone Center  
Helen Hayes Hospital  
Route 9W  
West Haverstraw, New York, 10993, USA
CONTRIBUTORS

Carol N. Meredith
Division of Clinical Nutrition
School of Medicine
University of California at Davis
Davis, California 95616, USA

Walter Mertz
Beltsville Human Nutrition Research Center
Agricultural Research Service
USDA
Beltsville, Maryland 20705, USA

Pierre J. Meunier
INSERM, Unité 234,
Service de Rhumatologie et de Pathologie Osseuse
Hôpital Edouard Herriot
69437 Lyon Cédex 03, France

Hamish N. Munro
USDA
ARS, Human Nutrition Research Center on Aging
711 Washington Street
Boston, Massachusetts 02111, USA

Claire Murphy
University of California, San Diego Medical Center,
Department of Psychology
San Diego State University
6363 Alvarado Court
San Diego, California 92120, USA

Paul J. Nestel
CSIRO
Division of Human Nutrition
P.O. Box 10041
Gouger Street
Adelaide, South Australia 5000, Australia

Hiroshi Sato
The Second Department of Internal Medicine
Tohoku University School of Medicine
1-1 Seiryo-cho, Aoba-Ku
Sendai 980, Japan

Susan Schiffman
Department of Psychology
Duke University
Durham, North Carolina 27706, USA

Günter Schlierf
Department of Medicine/Geriatrics
Bethanien Hospital Heidelberg
Rohrbacher Strasse 149
6900 Heidelberg 1, Germany

Bertil Steen
Department of Geriatrics and Long-Term Care Medicine
Gothenburg University
Vasa Hospital
41133 Gothenburg, Sweden

Wija A. van Staveren
Department of Human Nutrition
Wageningen Agricultural University
Bomenweg 2
6700 EV Wageningen, The Netherlands

Bruno Vellas
Centre Hospitalo-Universitaire de Toulouse
Hôpital Purpan
Place Dr. Baylac
31300 Toulouse, France

Invited Attendees

Rachel Ballard-Barbash / Washington, DC, USA
Joel Baumwoll / New York, New York, USA
Ann Bell / Washington, DC, USA
Alexis Brown / Washington, DC, USA

Benjamin Caballero / Baltimore, Maryland, USA
R. K. Chandra / Newfoundland, Canada
Linda H. Chen / Lexington, Kentucky, USA
CONTRIBUTORS

Bridget Doyle / Columbia, Missouri, USA
Sandra B. Eskin / Washington, DC, USA
Walter H. Glinsmann / Washington, DC, USA
Judith Hallfrisch / Baltimore, Maryland, USA
Jennifer Harper / Solon, Ohio, USA
Tamara Harris / Hyattsville, Maryland, USA
Linda Jackson / Washington, DC, USA
A. Reza Kamarei / Deerfield, Illinois, USA
Marta Kealey / Alexandria, Virginia, USA
Fritz Kessinger / Washington, DC, USA
Alison Kretser / New Milford, Connecticut, USA
Barbara Krouse / Solon, Ohio, USA
John Leonard / Washington, DC, USA
J. Michael McGinnis / Washington, DC, USA
Ruth Marsden / Alexandria, Virginia, USA
Mary Rose Oakar / Washington, DC, USA
Gary W. Pace / Deerfield, Illinois, USA
Marian Parrott / Washington, DC, USA
Mark Paskowsky / Washington, DC, USA
Gwendolyn W. Pla / Washington, DC, USA
Mary Podrabsky / Grand Rapids, Michigan, USA
Donna Porter / Washington, DC, USA
David Rush / Boston, Massachusetts, USA
Margaret A. Schaaf / Boston, Massachusetts, USA
S. Stephen Schiaffino / Bethesda, Maryland, USA
Marta Sotomayor / Washington, DC, USA
Peter Tannen / New York, New York, USA
Janet E. Tenney / Washington, DC, USA
Juanita Yates / Washington, DC, USA

Nestlé Participants

Roger A. Clemens, Nestlé Food Company, Glendale, California, USA
Tim Crull, Nestlé USA Inc., Washington, DC, USA
Takato Fujii, Nestlé K. K., Tokyo, Japan
Pierre R. Guesry, Nestec Ltd., Vevey, Switzerland
Yves Guigoz, Nestlé Research Center, Lausanne, Switzerland

Jennifer Harper, Stouffer Foods, Solon, Ohio, USA
Angelo Hüsler, Nestec Ltd., Vevey, Switzerland
Thad Jackson, Nestlé USA Inc., Washington, DC, USA
Barbara Krouse, Stouffer Foods, Solon, Ohio, USA
Nicholas Melachouris, Westreco Inc., Van Nuys, California, USA
Russell Merritt, Nestlé Food
    Company, Glendale, California, USA

Elaine Wedral, Westreco, Inc., New
    Milford, Connecticut, USA

Rita Palubinskas, Stouffer Foods,
    Solon, Ohio, USA
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