Importance of Nutritional Support in Older People

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Proper nutrition is an essential part of successful aging, and may delay the onset of diseases. Good nutrition and physical exercise are essential for healthy ageing.

Having a good nutritional status is not only linked to health and welfare, but is also related to an increased life expectancy with reduced disability, and is an essential component of the therapeutic plan in most chronic diseases. Moreover, food and nutrition is a relevant aspect of most cultures and is related to the individual lifestyle of every person [1].

The Imperative of Detecting and Treating Malnutrition

Nutritional assessment and intervention should become part of health care of both healthy and sick older people. Nutritional counseling and intervention should be part of a general care plan that takes into account all aspects of an aging person. Nutritional programs that aim for high compliance should be individualized, and would have to consider every aspect of old age: beliefs, attitudes, preferences, expectations, and aspirations [2].

Regular nutritional screening and assessment are recommended in older subjects – especially in the frailest and in specific care settings (hospitals, nursing homes) to early identify nutritional problems and start a rapid nutritional intervention before malnutrition impairs health status. Unfortunately, systematic nutritional screening and assessment programs are still underdeveloped in most countries.

Effectiveness of Nutritional Intervention

Evidence on the effectiveness of nutritional support is growing. Nutritional intervention can provide sufficient energy, protein and micro-nutrients, maintain or improve nutritional status, reduce morbidity and
increase survival, especially in undernourished individuals. Evidence is still lacking on the impact of nutritional intervention on physical and mental function, and on quality of life, very relevant outcomes for older individuals.

Recent guidelines on nutritional intervention in older people strongly recommend nutritional intervention in several specific situations [3]. Unfortunately, health authorities in most countries still consider nutrition as unrelated to health status and outcomes, and most countries do not have wide-range nutritional screening programs, and do not pay for nutritional intervention. This is not in the best interest of frail older citizens.

**Nutritional Intervention Is Medical Care**

Malnutrition is a complex geriatric syndrome that leads to impaired health and functional outcomes, including a high risk of short-term mortality. The global prevalence of malnutrition in older individuals is estimated at 22.8%, with considerable differences between care settings (rehabilitation, 50.5%; hospital, 38.7%; nursing home, 13.8%; community, 5.8%) [4].

Treatment of malnutrition includes addressing the causes that lead into it, and correcting any deficit in macro- and micronutrient intake and status. To be successful, treatment of malnourished patients needs a specific nutritional intervention, carefully tailored, implemented and followed by well-trained health care providers. Oral nutritional supplementation has shown clear benefits in older malnourished patients, increasing survival in older malnourished patients [5]. Food intervention is usually insufficient in this setting: enteral nutrition (oral supplements or tube feeding) plays a major role in the treatment of such patients.

**Dysphagia**

Dysphagia is one of the most prevalent conditions that limit food intake in older individuals. Complications of dysphagia depend on its severity. When swallowing is ineffective, malnutrition and dehydration will follow, with progressive loss of muscle mass, changes in the immune system, and wound healing problems. If swallowing is unsafe, aspiration may follow. These lead into increased hospital stays, higher costs of care, and increased mortality.

In geriatric patients with severe acute neurologic dysphagia (i.e. stroke), strong evidence supports the use of enteral nutrition to maintain or improve nutritional status, always associated with intensive swallowing therapy. Dysphagia and other nutritional problems in the setting of
advanced neurodegenerative diseases are more complex, and evidence is lacking to guide clinical practice in these patients, which has to be individualized.

**References**