

Nutrition in Older Adults

Fruits and Vegetables

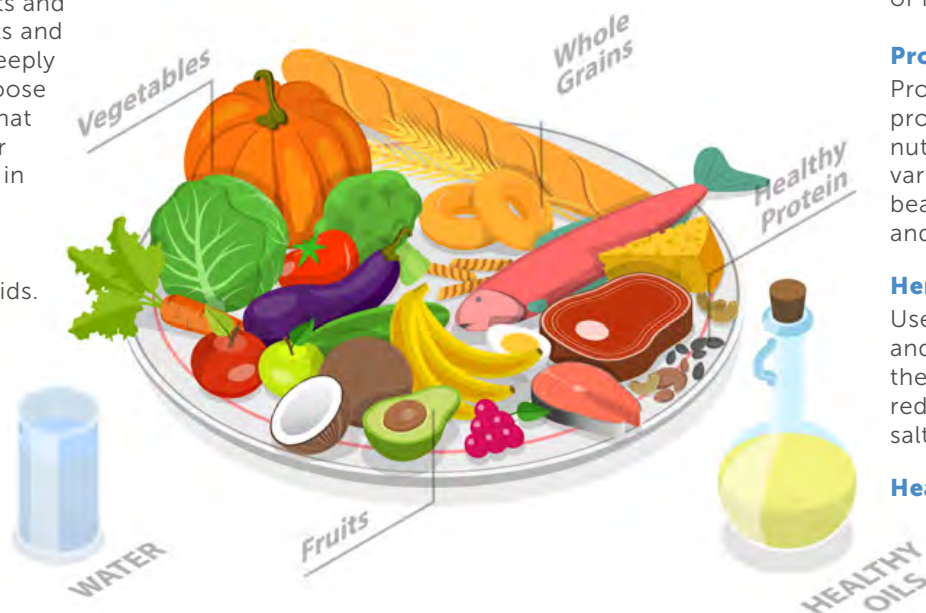
Whole fruits and vegetables are rich in important nutrients and fiber. Choose fruits and vegetables with deeply colored flesh. Choose canned varieties that are packed in their own juices or low in sodium.

Fluids

Drink plenty of fluids. Fluids come from water, tea, coffee, soups, fruits, and vegetables.

Dairy

Fat-free and low-fat milk, cheeses, and yogurts provide protein, calcium, and other important nutrients.



Grains

Whole grain and fortified foods are good sources of fiber and B vitamins.

Protein

Protein rich foods provide many important nutrients. Choose a variety including nuts, beans, fish, lean meat, and poultry.

Herbs and Spices

Use a variety of herbs and spices to enhance the flavors of food and reduce the need to add salt.

Healthy Oils

Liquid vegetable oils and soft margarines provide important fatty acids and some fat-soluble vitamins.

Check with your Consultant Pharmacist regarding potential drug interactions with certain foods or existing medications!

Dysphagia is the term for the symptom of difficulty in swallowing. Swallow physiology changes with advancing age; reductions in muscle mass and connective tissue elasticity result in loss of strength and range of motion. Stroke and dementia are both common causes of dysphagia. Dysphagia is associated with nutritional deficits and an increased risk of aspiration pneumonia.

THE INTERNATIONAL DYSPHAGIA DIET STANDARDIZATION INITIATIVE (IDDSI)

The IDDSI framework was published in 2017, with the goal of developing an international standardized diet for those affected by dysphagia.

Description of the levels:

Level 0, Thin: Consistency is similar to water. Appropriate for those with the functional ability to manage all liquid types.

Level 1, Slightly Thick: Consistency is thicker than water, and requires more effort to drink. The thickened drink reduces the speed at which it flows, making it a better option for those with slight dysphagia impairment.

Level 2, Mildly Thick: Liquid is able to flow off a spoon or be sipped. The thickness of the liquid reduces its speed and may be suitable for those with limited tongue control.

Level 3, Moderately Thick (Liquids), Liquidised (Food): No oral processing is required, as consistency is too thin to retain shape. A spoon can be utilized to help with feeding, but food may not retain on a fork. May require tongue effort for propulsion.

Level 4, Extremely Thick (Liquids), Pureed (Food): Food does not require chewing, but still retains its shape on plate. A spoon is still typically required to facilitate eating. May be beneficial for those with missing teeth or pain on chewing or swallowing.

Level 5, Minced and Moist: Food able to be eaten with minimal chewing. Lumps are easy to squash with the tongue. Food should be easily separated with a fork, but still able to be eaten with a spoon.

Level 6, Soft and Bite Sized: Food may be mashed or broken down with a fork. It remains soft, tender, and moist throughout. It does require chewing before swallowing.

Level 7, Regular and Easy to Chew: Patients should be advanced enough to consume normal everyday food that is soft and tender. It may include foods of mixed consistency. If a person needs supervision to eat safely, consult a physician before administering meals.



*Don't forget to check the [Do Not Crush \(DNC\) List](#) when a resident's diet changes. Speak to your consultant pharmacist if you have any questions regarding which medications can or cannot be crushed.

APPETITE STIMULANTS

Unintentional weight loss is a significant concern in older adults. Unintentional weight loss can be physiological (e.g., diseases, cancer, dental problems) or psychological (e.g., depression or dementia) in nature. There are currently no FDA-approved medications for appetite stimulation in the elderly. As a result, medications used to stimulate the appetite should not be considered as first-line treatment for weight loss because of the lack of clear evidence of their benefit and the potential for side effects. If a trial of one of these medications is initiated, evaluate weight gain at least every 4 weeks; therapy should be discontinued if no benefit is noted or side effects are intolerable. If these medications are started for the off-label indication of weight gain, ensure that the risk/benefit of their use is documented appropriately.

Dronabinol (Marinol®) [capsule, solution] is FDA-approved for anorexia in patients with AIDS. Its use can be associated with profound CNS side effects (dizziness, drowsiness, impaired cognition, etc.).

Megestrol acetate (Megace®) [tablet, suspension] is commonly used as an appetite stimulant off-label in older adults (it is only FDA approved for AIDS-associated weight loss). Side effects of megestrol include rash, headache, hypertension, hyperglycemia, and diarrhea. Megestrol is on the Beers list.

Mirtazapine (Remeron®) [tablet] is an antidepressant that is potentially used off-label because weight gain is a common side effect. It may be most appropriate in older adults presenting with both depression and involuntary weight loss. This side effect is more pronounced at doses lower than the optimal dose to treat depression. Other side effects of mirtazapine include drowsiness, dry mouth, and constipation.

Cyproheptadine (Periactin®) [syrup, tablet] is an antihistamine that causes weight gain as a side effect. Because it is an antihistamine, it causes anticholinergic side effects like constipation, dry mouth, and urinary retention. Cyproheptadine is on the Beers list.

**Ask your Consultant Pharmacist about the
PharMerica Therapy Checklist for Involuntary Weight Loss in the Elderly!**



SPECIAL DIETS

DASH DIET

- Stands for Dietary Approaches to Stop Hypertension.
- Focuses on reducing sodium in the diet.
- Standard DASH diet: allows consumption up to 2,300 mg of sodium a day.
- Lower sodium DASH diet: allows consumption up to 1,500 mg of sodium a day.
- Both versions of the DASH diet include lots of whole grains, fruits, vegetables, and low-fat dairy products. The DASH diet also includes some fish, poultry, and legumes, and encourages a small number of nuts and seeds a few times a week.
- You can eat red meat, sweets, and fats in small amounts. The DASH diet is low in saturated fat, cholesterol, and total fat.

DIABETIC DIET

- There is no single diabetic diet. Rather, it simply means eating the healthiest foods in moderate amounts and sticking to regular mealtimes.
- A diabetic diet is based on eating three meals a day at regular times. This helps the body better use the insulin it produces or gets through a medication.
- Promotes eating healthy carbohydrates, fiber-rich foods, heart-healthy fish, and good fats.
- Recommends limiting saturated fats, trans fats, cholesterol, and sodium.
- Some, but not all, people with diabetes use carb counting and the glycemic index to plan their meals.

MEDITERRANEAN DIET

- This diet focuses on minimally processed, plant-based foods.
- It includes plenty of fruits, vegetables, whole grains, nuts, and seeds.
- Dairy products, fish, and poultry are okay to consume in moderate amounts.
- Fish and poultry should be consumed more often than red meat.
- Olive oil is the primary fat source for this diet.
- The Mediterranean Diet is recommended by the American Heart Association.

References:

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