

Invited Speaker Abstract

Official Language: English

Presenting Author & Affiliation:

Jones, Stacey
Faculty of Health and Life Sciences
Coventry University
Coventry
England

Title of Presentation

Nutritional interventions to prevent malnutrition in older adults; a review of practice across European Countries

1. Abstract

Ageing is a progressive process, affecting an individual's social, mental, emotional and physiological wellbeing. A common nutritional concern in older people is malnutrition; the deficiency of macro- or micronutrients causing adverse effects on health. A number of nutrition-related disorders, such as anorexia, dysphagia, disease related-malnutrition (DRM), sarcopenia, frailty, and micronutrient deficiencies are relevant within the context of gerontological and geriatric nutrition practice. The main purpose of nutritional interventions is to maintain autonomy through physical independence, to prevent disability by rehabilitation, and to ensure quality of life among older adults.

With life expectancy increasing due to advances in health care, there is a greater need to maintain functional health and reduce susceptibility to illness during the ageing process. Decline in lean body mass is one of the most marked changes with ageing, strongly associated with a decline in function. This age-related decline in lean mass is referred to as sarcopenia, defined by the European working group for sarcopenia in older people (EWGSOP) as low muscle mass in combination with either low muscle strength or a decline in physical function. The age-related loss of skeletal muscle mass is attributed to a disruption in the regulation of skeletal muscle protein turnover, resulting in an imbalance between muscle protein synthesis and degradation. Consequences of sarcopenia include increased frailty, reduced quality of life, reduced independence to carry out activities of daily living, and increased susceptibility to illness.

A systematic review of studies investigating the prevalence of sarcopenia in adults over 50 years of age found that up to 30% of adults living in the community, up to 68% for those living in care institutes, and 10% of those in hospital care were likely to be affected by sarcopenia using the EWGSOP definition.

2. key references

Cruz-Jentoft AJ, Baeyens JP, Bauer JM, Bolrie Y, Cederholm T, Landi F, Martin FC, Michel JP, Rolland Y, Schneider SM, Topinkova E, Vandewoude M, Zamboni M. Sarcopenia: European consensus on definition and diagnosis. *Age and Aging* 2010;39:412-423.

Cruz-Jentoft J, Landi F, Schneider SM, Zuniga C, Arai H, Boirie Y, Chen LK, Fielding R, Martin FC, Michel JP, Sieber C, Stout JR, Studenski S, Vellas B, Woo J, Zamboni M, Cederholm T. Prevalence of and interventions for sarcopenia in ageing adults: a systematic review. Report of the International Sarcopenia Initiative (EWGSOP and IWGS). *Age and Ageing* 2014;43:748-759.

Landi F, Liperoti R, Russo A, Giovannini S, Tosato M, Capoluongo E, Bernabei R, Onder G. Sarcopenia as a risk factor for falls in elderly individuals: Results from the iSIRENTE study. *Clinical Nutrition* 2012;31:652-658.

3. key messages

- An ageing population and increases in life expectancy have increased the demands on the health and social care systems to maintain health and independence in ageing.
- The mechanisms contributing to malnutrition and sarcopenia are complex and involve a social, environmental, political and knowledge shift to prevent and combat it.
- Early detection and prevention of malnutrition and sarcopenia will result in better patient related outcomes.