

Invited Speaker Abstract
Official Language: English

Presenting Author & Affiliation:

Volkert, Dorothee
Institute for Biomedicine of Aging
Friedrich-Alexander-Universität Erlangen-Nürnberg
Nürnberg
Germany

Title of Presentation

Dietary strategies to prevent or treat malnutrition across the different health care settings

1. Abstract

Older persons are at increased risk of malnutrition, and malnutrition is related to poor health outcomes. Nutritional care and support of older persons at risk or affected by malnutrition is thus an important public health concern and should be an integral part of geriatric healthcare in all settings. Generally, a range of strategies is available to support adequate nutrition. As an important prerequisite, all older persons should be routinely screened for malnutrition in regular intervals in order to identify an existing risk early. Potential risk factors or causes of malnutrition, e.g. chewing or swallowing problems, medication side effects or depression, need to be identified and eliminated as far as possible. Direct dietary strategies to support adequate intake include the recommendation or provision of energy- and nutrient dense food and enriched meals in an appealing and appetizing way. Particular attention should be paid to sensory characteristics, adequate texture and food variety, always considering individual likes and dislikes. Dietary restrictions should generally be avoided since they may limit food choice and eating pleasure and thus bear the risk of limiting dietary intake.

Besides regular main meals, snacks should be available as needed. Furthermore, older persons should be encouraged to share their mealtimes with others and eat in a pleasant, relaxed atmosphere. In case of dementia, finger food may help to maintain independent eating and allow for eating while walking for persons who are constantly pacing.

Depending on individual resources and need of assistance for shopping, preparing meals and eating, adequate support should be arranged.

If oral nutrition is insufficient or impossible despite all these efforts, e.g. in case of dysphagia, enteral and parenteral nutrition should be taken into consideration.

As often several persons – relatives as well as different health care professionals – are involved in nutritional care, communication and close cooperation of these persons is important to ensure consistent approaches and avoid double effort.

2. key references

1. Volkert D, Beck AM, Cederholm T, Cruz-Jentoft A, Goisser S, Hooper L, Kiesswet-ter E, Maggio M, Raynaud-Simon A, Sieber CC, Sobotka L, van Asselt D, Wirth R, Bischoff SC. ESPEN guideline on clinical nutrition and hydration in geriatrics. Clin Nutr 2019; 38: 10-47.
2. Streicher M, van Zwielen-Pot J, Bardon L, et al. Determinants of incident malnutrition in community-dwelling older adults: a MaNuEL multi-cohort meta-analysis. J Am Geriatr Soc 2018 66(12):2335-2343
3. Power L, de van der Schueren MAE, Leij-Halfwerk S, et al. Creation of a scoring system to rate malnutrition screening tools used in older adults in community and healthcare settings – a MaNuEL study. Clinical Nutrition 2018 Apr;24:1-13.

3. key messages

- Prevention and treatment of malnutrition goes far beyond pure dietary strategies and includes also identification and elimination of risk factors as well as provision of adequate support for shopping, preparing meals and eating.
- Regarding dietary strategies, particular attention should be paid to sensory characteristics, adequate texture and food variety according to individual needs and preferences.
- Communication and close cooperation of health care professionals is important to ensure consistent approaches and avoid double effort.