

State-of-the-Art: Undernutrition in older people

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Abstract

Background

Undernutrition among older adults occurs in all health care settings. The ethology is multifaceted and characterized with poor appetite and food intake leading to weight loss. The consequences of undernutrition are multiple and severe, such as increased risk of infections, prolonged recovery, morbidity, dependency of help, loss of autonomy, hospitalization, poor quality of life and mortality.

Aim

This paper aims to summarize the existing evidence on undernutrition, identify barriers to achieve successful implementation of nutrition management and identify older adults' perspective to nutritional problems and management.

Methods

Literature search was performed 3 July 2019 in the electronic databases PubMed, Cinahl, Embase and Cochrane Library for full length article in the English language.

Results

Nutritional problems remain unrecognized because health professionals adopt an unsystematic approach to nutritional problems with missing screening, assessment, nutritional plans and monitoring.

The types of interventions vary, e.g. oral nutritional supplements (ONS), nutritional counselling, dinning environment, mealtime assistance, or active involvement of the older individual.

A recent hospital study showed that a systematic approach, to ensure patients 75% of their nutritional needs, significantly improved health outcomes.

In the municipalities, individualized and general strategies have shown positive effect on energy and protein intake, maintained functional status, reduced risk of complications, readmission to hospital and mortality.

Multiple barriers hinder effective implementation of nutritional interventions and thus remain unrecognized and untreated. Barriers may be related to organizations or individuals e.g. poor inter-disciplinary communication and collaboration; poor knowledge; poor education, poor involvement of the older adult and his/her family resulting in poor nutritional care.

Conclusion

Studies on undernourished older people have demonstrated improved outcomes, but multiple barriers hinder effective implementation and nutritional problems may remain unrecognized and untreated. The responsibility lies with the health care professionals, the management and the politicians, who need to take action and implement the necessary nutritional interventions in a systematic and persistent way. This will save costs for extra care due to the decreased physical functioning of older persons and to hospitalizations due to increased morbidity. More research is needed that includes older peoples' perspective on nutritional problems.