



Older People's Malnutrition: A Serious and Growing Global Issue!

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Editorial

The world's population is ageing, and under nutrition among the elderly is a global concern that is expected to worsen. People in wealthy countries such as Japan and the United States of America are living longer and healthier lives, according to reports. By 2020, countries such as India can expect a 120-140 percent increase in the number of people aged 65 and up. Even smaller countries, such as Singapore, can see a 200 percent growth in this age group (> 65 years) by 2020. People can go hungry even when there is plenty, and under-nutrition in the elderly is a serious problem that often goes unreported, even in developed countries. Currently, about 44 percent of healthy, community-dwelling older individuals in affluent nations are at risk of malnutrition (SENECA study-described later). While families remain the primary carers, their capacity to do so has altered substantially as a result of urbanisation, women entering the workforce, and children migrating away from their ageing parents to towns or cities. Poverty in this age group is far too widespread, and attempts to build a national framework to prevent it, particularly in emerging countries, must be pushed up. Under nutrition is exacerbated by a lack of caregiver support and poverty. With the ageing of the population, it is apparent that the already high prevalence of protein energy malnutrition (PEM) will rise much more. The healthcare expenses associated with this illness will rise unless attempts to establish preventative and management techniques are made immediately [1].

The physiological decrease in appetite and food intake that occurs with normal ageing and can lead to unwanted weight loss is referred to as anorexia of ageing. Over the course of ten years, 23 percent of men and 27 percent of women in these studies had reduced 5 kg of their baseline body weight. Over the course of the four-year study, a weight loss of more than 5 kg was linked to a lower chance of surviving. There was also substantial evidence that elderly persons had a higher risk of nutritional and energy deficiency. It is apparent that, while weight loss and reduced food intake may accompany normal ageing, this effect may be undesired. This effect may be secondary to decreasing physical, activity, and energy demands [2].

Endogenous opioids are hypothesised to increase hunger, food intake, and hydration consumption by acting directly on tissues such as the hypothalamus, amygdala, and nucleus accumbens. Endogenous opioids' stimulation of eating in the elderly may be gender-specific and linked to the oestrogen shortfall that develops after menopause [3].

Ghrelin, an endogenous ligand for the growth hormone secretagogue receptor (GHS-R), was recently isolated from the human stomach and discovered to release more growth hormone than growth hormone releasing hormone (GHRH), with which it synergizes [4]. Ghrelin increases autotroph and corticotrophin secretion, has orexigenic action, influences energy balance through glucose metabolism and insulin release, and regulates stomach motility and acid secretion via vagal mediation. It is unclear what role Ghrelin has in the development of age-related anorexia [5].

By providing clinicians with an educational overview and providing tools to aid in the nutritional assessment in the elderly, we hope to emphasize that attention to the complexity of multiple comorbidities is

essential to the successful nutritional assessment of elderly patients [6]. The following checklist may serve as a preliminary guide to ensuring adequate nutrition among elderly patients:

- Multivitamin supplements are highly recommended for older patients, especially in seniors whose daily caloric intake is less than 1500 kcal/day.
- Advise patients about nutrient-dense food choices when appropriate.
- Investigate body weight losses of 4% or more.
- Nutritional supplements are recommended for at-risk elderly hip fracture patients. Also consider supplements for frail seniors with other fractures.

Older people are at an increased risk of inadequate diet and malnutrition, and the rise in the older population will put more patients at risk. Inadequate diet and malnutrition are associated with a decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, Anemia, reduced cognitive function, poor wound healing, and delay in recovering from surgery, and higher hospital and readmission rates and mortality [7].

Ageing is associated with a decline in number of physiological functions that can affect nutritional status, including reduced lean body mass, changes in cytokine and hormonal levels, delayed gastric emptying, changes in fluid electrolyte regulation, and diminished sense of smell and taste [8]. Pathological causes such as chronic illness, depression, medications and social isolation can all play a role in nutritional inadequacy. Screening is vital in identifying and monitoring patients. The MUST tool has been well validated and is easy to use. Management involves treating pathological causes such as poor dentition and optimizing the management of chronic diseases [9]. Patients with physical or cognitive impairment require special care and attention. Oral liquid high-energy supplements or enteral feeding should be considered in high risk patients or in patients unable to meet daily requirements [10].

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Conflicts of Interest

None

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