

Nutritional Considerations for Healthy Aging and Reduction in Age-Related Chronic Disease

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Short Communication

By 2050, the worldwide population of persons aged 60 and more is expected to double, posing significant health and economic challenges, particularly in developing countries. The burdens of unhealthy ageing linked with chronic non-communicable diseases and other age-related diseases may be substantially avoidable by lifestyle changes, including food. Adults, on the other hand, are at danger of developing "nutritional frailty," which might impair their ability to meet nutritional needs during a time when certain nutrient requirements are very high [1]. The relevance of nutrition science in promoting healthy ageing and improving prognoses in cases of age-related disorders is highlighted in this study. Its purpose is to identify key knowledge gaps and implementation challenges in order to support adequate nutrition for healthy ageing, such as the applicability of body composition and diet adequacy metrics to older adults, as well as mechanisms to reduce nutritional frailty and promote diet resilience. This review also covers management recommendations for a number of common chronic illnesses that affect the elderly, such as cognitive decline and dementia, sarcopenia, and weakened immune systems to infectious disease. The importance of health systems in routinely implementing nutrition care for persons aged 60 and living independently, as well as current efforts to address nutritional status prior to hospitalisation and disease development, is reviewed [2].

In senior people, nutrition is a critical predictor of health. Over the last decade, the role of nutritional status in a number of morbid illnesses, including as cancer, heart disease, and dementia in people over 65, has become widely acknowledged. Although there is no universally accepted definition of malnutrition in the elderly, involuntary weight loss, an abnormal body mass index (BMI), particular vitamin deficiencies, and reduced nutritional intake are all prominent symptoms. Malnutrition in older patients is frequently underdiagnosed, and many doctors have indicated a desire to learn more about nutritional status in this population. Because some weight loss is connected with age-related losses in muscle mass, health practitioners may not notice weight loss in the elderly as a morbid indication of malnutrition. Similarly, older patients who are also obese often have protein deficiencies that go unnoticed [3].

The global population of older adults (defined as those over 60 years old) is expected to quadruple by 2050, from 841 million in 2013 to 2 billion, accounting for 21% of the global population. Furthermore, the old population is living longer: by 2050, the number of people aged 80 years will be three times that of 2013, totalling 392 million [4]. This demographic shift is a global issue with implications for economy, politics, labour, and public health. For the first time in history, elderly adults will outweigh young children, and the majority of this population growth will occur in emerging countries. Nigeria, India, the United Republic of Tanzania, the Democratic Republic of Congo, Niger, Uganda, Ethiopia, and the United States will account for half of the world's population growth between 2013 and 2100. Many regions are unprepared to fulfil the needs of an ageing population since demographic and epidemiologic shifts occur more quickly in emerging countries [5].

Nutrition is widely acknowledged as an important aspect of living a healthy lifestyle. Diets lacking in important nutrients found in fruits and vegetables, as well as diets heavy in salt and fats, have contributed to poor dietary intake and a growing strain on health care, population health systems, and, increasingly, Earth system specialists, during the last 50 years. Inequities in health factors within and between countries have exacerbated the prevalence of poor food intake throughout the twenty-first century. Dietary variables are responsible for 11 million fatalities worldwide each year, putting poor diet ahead of any other risk factor for death. People in practically every part of the world could benefit from boosting their intake of vital nutrients and foods in their diets [6].

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