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The Relationship between Ageing and Malnutrition

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Editorial

The physiological, pathological, social, and psychological conditions of a person change as they age. Nutrition is a critical component of elderly health, and it has an impact on the entire ageing process. Malnutrition is becoming more common in this population, and it's linked to decreased functional status, impaired muscle function, decreased bone mass, immune dysfunction, anaemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, higher hospital readmission rates, and mortality. Because of the changing socioeconomic situation, elderly individuals are frequently left to fend for themselves in order to maintain their health, which can make maintaining a healthy nutritional status difficult. The need for additional education about nutritional status in older people grows as more malnutrition cases are diagnosed, and the goal of this article is to provide information with an educational overview of important nutritional aspects connected with ageing [1].

Older individuals, as a group, are more vulnerable to age-related diseases, functional impairment, and physical incapacity, all of which can make it difficult to maintain a healthy diet. Aging is a multifaceted process that involves physical, psychological, and social changes in people [2].

Aging is defined as the increase in the proportion of the elderly population (60+ years) to the total population over time. When the proportion of persons over 65 years old hits 7%, a country is said to be ageing [3]. The aged population is the world's fastest growing demographic. In Asia and Latin America, the senior population will increase by up to 300 percent in the next 30 years [4].

In affluent countries, the average life expectancy at birth is over 70 years. Globally, 605 million people are above the age of 65, according to estimates. The world's population is ageing as a result of two factors: lower fertility and longer life expectancy. Fertility rates have been declining in developing countries for the past 30 years and in industrialised countries for the entire twentieth century [5]. The twentieth century saw the greatest increase in life expectancy at birth in industrialised countries, averaging 71 percent for females and 66 percent for males. In affluent countries, life expectancy at birth now varies from 76 to 80 years. Since 1950, life expectancy in emerging countries has increased, though at varying rates. Females almost always have a longer life expectancy at birth than males [6].

Nutritional alterations as a result of age

Nutritional requirements evolve with time. These changes, particularly in the elderly, may be attributed to the natural ageing process, medical issues, or lifestyle choices. Nutritional status in the aged has become increasingly important in a range of morbid illnesses, such as cancer, heart disease, and dementia, over the last few decades. Ten, nine in senior people, nutrition are a significant factor of health [7]. Nutritional status evaluations are critical for preventing or managing a variety of chronic and acute diseases, as well as for healing [5]. As people get older, their bodies go through changes that may or may not impair their nutritional status. Loss of bone density is a frequent ageing condition that can lead to osteoporosis. The other aging-related alteration is sarcopenia. Body fat growth can result from a decrease of lean muscular mass. Muscle loss can be detected in healthy people, implying that metabolic changes occur as people age, making it a universal occurrence. Loss of strength, functional deterioration, and poor endurance may be more obvious. This loss also causes a decrease in the total amount of water in the body [8].

Mrs E has lost 6% of her body weight in six months. This is a cause for concern. Her physician needs to consider causes for weight loss such as new hyperthyroidism, diabetes, malignancy, depression, or oral problems. These can be ruled out by history, physical examination, and laboratory tests. Collateral history from family or caregivers is very important in assessing a person with dementia. Patients with dementia often have an atypical presentation of many illnesses in the elderly, especially in cases of depression [9].

A medication review is also an important part of the physician's assessment of this patient. For example, cholinesterase inhibitors as a class can cause nausea, vomiting, anorexia, or diarrhea and can be associated with weight loss. In Mrs E's case, she was able to maintain her weight for a year on this medication [10].

For this reason, other causes of weight loss associated with dementia should also be considered. For example, the loss of caregiver support, social isolation, limited access to food, an inability to cook and prepare food because of cognitive problems, or inability to recognize hunger may contribute to her current malnutritive state. Collateral history from a caregiver and a home visit can provide invaluable insight into these issues. Home care nurses or occupational therapists can assist in this assessment [11].

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Conflict of interest

None

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