

Example of nutrition for the older adult essay

[Health & Medicine](#), [Body](#)



Advancing age results in specific nutritional needs for older adults over 65 years old. It is estimated that 80% of persons in this age group have at least one chronic illness such as diabetes and cardiovascular dysfunction, which require diet modification or lead to alterations in taste and the normal process of digestion as well as nutrient absorption (AND, 2012). In addition, forms of physiologic deterioration in the course of aging are also additional factors that affect nutrition. These include a decline in mental capacity, difficulties masticating and swallowing, musculoskeletal problems that limit mobility and independence, reduction in bone and muscle mass, sensory changes, and a marked decline in total energy requirement but not micronutrients (ADA, 2012; Anderson & Prior, 2007). Psychosocial issues such as social isolation or depression also affect appetite and subsequent food intake.

At the same time, older adults are also at risk for food insecurity or the lack of access to healthy and adequate food because of low socioeconomic status. The World Health Organization defines nutrition as “ the intake of food considered in relation to the body’s dietary needs” (2014). It is a basic physiologic need that when adequate and appropriate supports health, wellness, and successful aging. However, a recent study on adherence to dietary reference intakes shows that among individuals between the ages of 51 and 70, more than 90% consumed too much sugars, solid fats, and alcoholic drinks (Krebs-Smith, 2010). These foods contain empty energy and coupled with a sedentary lifestyle contribute to increased fat mass. Among persons aged 71 or older, 80% also consume an excess of these foods that leaves out complex carbohydrates, fat-free protein, vegetables, and fruits

that are good sources of fiber, vitamins, and minerals.

Given the importance of nutrition in generating optimum health outcomes among older adults on the one hand and the high risk for malnutrition on the other, it is a significant concern among geriatric nurses. Nutritional status should be an indispensable component of patient assessment to determine existing nutritional needs and effective and appropriate interventions that will enable prevention as well as early detection and management of malnutrition (DiMaria-Ghalili, 2012). Interventions must be individualized given the diversity in factors that impact nutrition among older adults. Care must be holistic and patient-centered as well because dining is a source of psychosocial rewards such as a sense of security, control, independence, pleasure, and meaning (ADA, 2010). Moreover, the fulfillment of nutritional needs contributes to patient satisfaction with care.

The Mini Nutritional Assessment (MNA) is a useful screening tool in obtaining subjective and objective data that will determine patient risk to malnutrition. Information obtained include age, gender, height, weight, and BMI; reductions in food intake, weight loss, acute illness, and psychological stress within the three months prior to health care encounter; mobility level, and calf circumference (Nestle Nutrition Institute, 2009). However, level of risk does not generate a complete picture of the patient's needs. A review of past medical history, current medications, and any chronic illness that require diet management should also be made while a cultural assessment factors in the patient's health beliefs and preferences for dining and drinking (Miller, 2009; DiMaria-Ghalili, 2012).

Physical assessment will render data on other physiologic conditions that

require dietary management including chronic wounds and pressure ulcers. It will also generate information on the causes of reduced food intake, one of the more common being poor oral health. Dental caries and gum problems cause pain when eating especially when food is at extremes of temperature, rough, hard or uneven, can contain spices (Osta et al., 2013). On the other hand, incomplete dentition and xerostomia cause problems with mastication and swallowing. Laboratory results and other diagnostic information inform the nurse regarding kidney function, bone density, blood counts, and blood levels of glucose, albumin or lipids. Last, mental health assessment validates the presence of anxiety or depression.

Three diagnoses pertaining to nutrition are impaired dentition, impaired swallowing, and imbalanced nutrition: less than body requirements (Doenges, Moorhouse & Murr, 2008). Related factors to impaired dentition include smoking, constant intake of caffeine, and ineffective oral hygiene (van der Putten et al., 2013). An appropriate long-term goal is for teeth to repair while a short-term goal is for the patient to verbalize principles of oral hygiene and demonstrate the associated skills. On the other hand, impaired swallowing may be associated with esophageal stenosis and cranial nerve damage such as from a stroke (van der Putten et al., 2013). A short-term goal is for the patient to consume food and drinks without aspirating and a long-term goal is attainment of optimum body weight. These two diagnoses contribute to imbalanced nutrition that is less than body requirements.

Nursing interventions for impaired dentition must incorporate an assessment of patient knowledge of proper brushing and gum care to establish learning needs that will be addressed by education (Osta et al., 2013). Evaluation

should entail correct teach-back and demonstration of oral hygiene, as well as improved teeth condition determined by a dental examination. To address impairments in swallowing, the nurse must communicate patient preferences as well as appropriate temperature, type, and consistency of food to the dietary department (Miller, 2009). Easy to swallow foods reduce the risk of aspiration. Nursing evaluation should reveal an absence of respiratory distress and pneumonia in the patient and a steady increase in body weight. Besides addressing the first two diagnoses, nurses can modify the environment to promote food intake and correct nutritional imbalance by interacting with the patient during mealtimes and allowing enough time for the patient to consume the meal (Godfrey et al., 2012). Evaluation should show the older adult gradually fulfilling the desired quantity and quality of daily food intake based on nutritional guidelines.

Clearly, nutritional management is a complex but necessary intervention and must address all contributory factors to identified problems using the nursing process. It requires collaboration with other disciplines in the health care team. More importantly, it rests on a comprehensive, holistic assessment of the patient and encouraging the older adult to become more active in correcting nutritional problems and maintaining or improving health.

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