

Unit 21 health and social care p1 task 2 essay



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Task 2 - Information Booklet. ' Nutrition and the effects on health'. P1, P3, M2, D1. This booklet will contain: What nutrients are and how they affect our body, malnutrition, deficiency etc.

The guidelines which determine nutritional health including dietary reference values (DRV), what a balanced diet is and how to maintain this, what BMI is and how to calculate it, the eat well plate, I will explain possible influences on dietary intake, assess how these influences may affect the nutritional health of individuals and I will also make realistic recommendations for minimising the impact of negative influences on individuals in a specific health and social care setting. SECTION ONE: NUTRITIONAL HEALTH Nutrition is the science of food. It is about the nutrients in foods and how the body uses those nutrients.

It includes the process of ingestion, digestion, absorption, metabolism, transport, storage and excretion of nutrients. It also includes the environmental, psychological and behavioural aspects of food and eating. The six food groups of nutrients include: carbohydrates, fats, proteins, vitamins, minerals and water. Good nutrition consists of a good well balanced diet combined with regular physical activity. Poor nutrition can lead to reduced immunity, make you more prone to diseases, health problems i. e. obesity and impaired physical and mental development.

Malnutrition is a serious condition that happens when a person's diet does not contain enough nutrients to meet the demands of their body. This can affect growth, physical health, mood, behaviour and many of the functions of the body. You can become malnourished if your diet does not contain the

right balance of nutrients. Being malnourished does not always mean that you are thin or underweight. It is possible to eat a diet high in calories but containing few vitamins and minerals. This means you can become malnourished, even though you might also be overweight or obese.

Malnutrition is a common health problem. A study carried out in 2009 found that there were 2 million people who were malnourished in the UK and a further 3 million people who were at risk of becoming malnourished. Around one in four people who are admitted to hospital in the UK are found to be malnourished. Obesity is a term used to describe somebody who is very overweight with a high amount of body fat. There are a number of ways a person's weight can be taken. The most used method is body mass index. The body mass index (BMI) is your weight in kilograms divided by your height in metres squared.

Being obese increases your risk of developing a number of serious and potentially life-threatening diseases such as: type 2 diabetes, heart disease, some types of cancer such as breast cancer, colon cancer and strokes.

Obesity occurs when a person consumes more calories than he or she burns. For many people obesity happens due to eating too much and exercising too little. There are other factors that also play a role in obesity. These may include: Age: As you get older, your body's ability to metabolize food slows down and you don't need as many calories to maintain a healthy weight.

Gender: Women tend to be more overweight than men. Men have a higher resting metabolic rate (meaning they burn more energy at rest) than women, so men require more calories to maintain their body weight. Environmental

factors: Environmental factors include lifestyle behaviours such as what a person eats and how active the person is. Also it depends on access if you live in the country side with no car you're going to have limited access whereas if you live in a town centre you will have good access. Physical activity: Active people need more calories than less active people to maintain a healthy weight.

Physical activity tends to decrease appetite in obese people. Psychological factors: Psychological factors also influence eating habits and obesity. Many people eat in response to negative emotions such as boredom, sadness, or anger. People who have difficulty with weight management may be facing more emotional and psychological issues; about 30% of people who seek treatment for serious weight problems have difficulties with binge eating. During a binge-eating episode, people eat large amounts of food while feeling they can't control how much they are eating.

Illness: There are some illnesses that can cause obesity. These include hormone problems such as hypothyroidism (poorly acting thyroid slows metabolism), depression, and some rare diseases of the brain that can lead to overeating. Medication: Certain drugs, such as steroids and some antidepressants, may cause excessive weight gain. Having a deficiency means that you have lack of a certain something like vitamins and minerals for example scurvy is caused by the deficiency of vitamin C, night blindness is caused by deficiency of vitamin A and anaemia is caused by deficiency of iron and haemoglobin.

Anorexia nervosa is an eating disorder and a mental health condition that could potentially be life-threatening. People with anorexia try to keep their weight as low as possible by restricting the amount of food they eat. They often have a distorted image of themselves, thinking that they're fat when they're not. Some people with the condition also exercise excessively, and some eat a lot of food in a short space of time (binge eating) and then make themselves sick. People affected by anorexia often go to great attempts to hide their behaviour from their family and friends by lying about eating and what they have eaten.

Anorexia is linked to bulimia which is where a person makes themselves sick. Bulimia nervosa is an eating disorder in which a person binges. The person may eat a lot of food at once and then try to get rid of the food by vomiting, using laxatives, putting their fingers down their throat, over-exercising. People with bulimia are preoccupied with their weight and body image. Bulimia is associated with depression and other psychiatric disorders. It shares symptoms with anorexia nervosa, Because many people with bulimia can maintain a normal weight, they may be able to keep their condition a secret for years.

If not treated, bulimia can lead to nutritional deficiencies and even fatal complications. DIETRY REFERENCE VALUES The government and the department of health have set out many guidelines about how much and what we should eat, these include how many calories we intake every day, how much fats, saturates, salt and sugars we should have a day. Your calorie intake depends on your age and your sex men have a higher calorie intake than women whereas a children's calorie guideline is less than an adults.

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Pregnant women have a higher calorie intake guideline because the baby is also requiring nutrients from her but it is important that she gets her nutrients and right amount of calories too. The recommended daily calorie intake varies from person to person; the UK Department of Health estimates that our daily guidelines are 2000 calories per day for women and 2500 for men. Dietary Reference Values (DRVs) are reference values for nutrient intakes and are usually used as a guide for vitamins and minerals. 0 - 20% of your total daily calories should come from protein, less than 10% from saturated fat, less than 10% from polyunsaturated fat and 60 - 70% from monounsaturated fat and carbohydrates combined. RDA Recommended Daily Allowance: Source: Food Standards Agency Nutrient and Food Based Guidelines for UK October 2007. BODY MASS INDEX BMI is a measure that most people can use to check if their weight is healthy for their height. For adults, an ideal BMI is in the range 18.5 to 24.9. If your BMI is 25 or more, you're over the ideal weight for your height: 25 to 29.9 is overweight, 30 to 39.9 is obese or 40 or more is very obese. If your BMI is less than 18.5, you're under the ideal weight. As well as measuring your BMI, your healthcare professional may take other factors into account when assessing if you're a healthy weight. Muscle weighs more than fat. Very muscular people, such as heavyweight boxers, weight trainers and athletes, may be a healthy weight even though their BMI is classed as obese. Your BMI is calculated by dividing your weight in kilograms by your height in metres squared. A child's BMI is calculated using the same method as for adults - weight in kilograms divided by height in metres squared.

But adult BMI figures must not be used to determine whether a child is overweight or obese. Specific age-adjusted charts are needed. THE EAT WELL PLATE The eat well plate encourages you to choose different foods from the groups every day, to help ensure you obtain the wide range of nutrients your body needs to remain healthy and function properly. Foods in the fifth group - foods and drinks high in fat and/or sugar are not essential to a healthy diet. The size of the segments for each of the food groups is consistent with Government recommendations for a diet that would provide all the nutrients required for a healthy adult or child.

The eat well plate is not meant to represent the balance required in any one specific meal or over a particular timescale - instead it represents the overall balance of a healthy diet. No single food contains all the nutrients needed for health so we should try to eat a balanced diet. By choosing a variety of foods from the five food groups, most people will get all the nutrients they need to stay healthy and active. Fruit and Vegetables: This group includes all fresh, frozen, canned and dried vegetables, fruit and fruit juice. They are low in fat and calories, and make great alternatives to snacks such as cakes and biscuits.

They provide a wide range of vitamins, minerals and fibre, and it is recommended that you should eat at least 5 portions of fruit and vegetables per day. 33% of our total food intake should come from this group. Bread, cereals and potatoes: Starchy foods like bread, pasta, rice, cereals and potatoes should be the main part of most meals and snacks, forming about one third of all food eaten. They should be the main source of energy in our diets. As well as energy they provide vitamins, minerals and fibre. These are <https://assignbuster.com/unit-21-health-and-social-care-p1-task-2-essay/>

usually not high in calories provided you do not add sugar or fat. 3% of our total food intake should come from this group. Meat and fish: Meat, poultry, fish, eggs, nuts and pulses such as beans, chickpeas and lentils are all included in this group. They are rich sources of protein, vitamins and minerals, especially iron and zinc. The iron found in meat is much more easily absorbed by the body than iron from plant sources. Meat protein helps the absorption of iron from vegetables and cereals. Pulses such as peas, beans and lentils also contribute to fibre intake. Choosing leaner cuts of meat and using low fat cooking techniques will help to reduce total fat intake from this group. 2% of our total food intake should come from this group. Milk and Dairy Foods: It is recommended that we eat or drink items from this group three times a day. Milk and dairy foods are good sources of protein, vitamins and minerals, and represent the richest source of calcium in the diet. Adults should choose low-fat versions such as semi-skimmed or skimmed milk, which contain just as much calcium, protein and B vitamins. Children may have whole milk to ensure an adequate supply of energy and fat-soluble vitamins A, D, E and K. 15% of our total food intake should come from this group.

Fatty & Sugary Foods: These foods provide energy, but they give little nutritional value and are not essential to a healthy diet. They do add variety and choice, but many people eat much more from this group than they should. 7% of our total food intake should come from this group. FOOD LABELLING Food labels are panels found on a package of food which contains a variety of information about the nutritional value of the food item. Most pre-packed foods have a food label on the back or side of the packaging.

These labels usually include information on energy (calories), protein, carbohydrate and fat.

They may provide additional information on saturated fat, sugars, sodium, salt and fibre. An increasing number of supermarkets and food manufacturers repeat information on calories, fat, saturated fat, sugars and salt and make more visible labels on the front of packaging so they will stand out. Food labels can provide information on how a food or drink product fits into your daily diet. You can use food labels to help you choose a more balanced diet by calorie counting when you go shopping. FOOD LABELLING REGULATIONS 1996 Basic information required by law to appear on labels of most pre-packed foods includes the following:

Name of the food The name should be sufficiently precise to inform the purchaser of the true nature of the food. It may be necessary to add a qualifying statement to clarify the name for example "Vegetable Samosa - a spicy vegetable filled pastry parcel." **List of Ingredients** All the ingredients of the food, headed by the word "Ingredients" (or a phrase including that word), must be listed in descending order of weight. Certain categories of ingredients such as additives must be identified by category name, e. g. "Preservative", and then identified by a specific (chemical) name or serial number, e. g. erial number, e. g. "sodium nitrate" or "E250". **Claims - Nutritional Information** Nutritional claims about food such as "reduced energy", "rich in vitamins" etc. can only be made if the food meets set compositional standards. All nutritional information must be given in the form specified in the Regulations. They also have to put some aspect of allergy advice on the labelling. **Date Marking** There are two types: 1. Use by

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followed by Day and Month or Day, Month Year for perishable foods that usually need to be kept cold to maintain safety – example: meat, fish, dairy products, ready to eat salads. 2.

Best before – date until which the food will maintain its optimum quality, e. g. foods that become stale or develop off-flavours, such as biscuits, crisps, or soft drinks. Storage Conditions Any special storage conditions must be described e. g. storage temperature. Place of Origin The place of origin of the food is required if not by giving it, the purchaser could be misled, example “English Brie Cheese”. The following items are not legal requirements, but are good practice and often included on packaging: * illustration of product * price * customer guarantee * the batch-code and bar-code numbers opening instructions SECTION TWO: INFLUENCES ON DIET: This section will explain possible influences on dietary intake. HEALTH Coeliac disease is a common digestive condition where a person has an adverse reaction to gluten. Eating foods containing gluten can trigger a range of symptoms, such as: diarrhea, bloating and passing wind, abdominal pain, weight loss, feeling tired all the time – as a result of malnutrition (not getting enough nutrients from food) and children not growing at the expected rate. Symptoms can range from mild to severe. Coeliac disease is what is known as an autoimmune condition.

This is where the immune system the body’s defense against infection mistakenly attacks healthy tissue. Coeliac disease isn’t an allergy or a intolerance to gluten. In cases of coeliac disease, the immune system mistakes substances found inside gluten as a threat to the body and attack them. This damages the surface of the small bowel (intestines), disrupting

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the body's ability to absorb nutrients from food. There is no cure for coeliac disease, but switching to a gluten-free diet should help control symptoms and prevent long term consequences of the disease.

Coeliac disease is a common condition that affects approximately 1 in every 100 people in the UK. Reported cases of coeliac disease are two to three times higher in women than men and can develop at any age, although symptoms are most likely to develop: during early childhood - between 8-12 months old (though it may take several years before a correct diagnosis is made) or in later adulthood - between the ages of 40 and 60 years. Having this disease would be a big influence on what and how you eat because you can't eat anything with gluten in it. Gluten is a protein found in: * wheat * barley * rye pasta * cakes * breakfast cereals * most types of bread c * certain types of sauces * some types of ready meals This will influence your life a lot as you will have to take extra care shopping to buy things which are gluten free. It is possible to buy gluten free products in most big supermarket chains. If you don't like some of the gluten free products then you will have to find alternative supplement so you still get the right amount of proteins. CROHNS DISEASE Crohn's disease is a chronic long term inflammatory disorder which affects the gastro-intestinal tract. It is an inflammatory bowel disease.

Crohn's disease can affect any part of the gut from the mouth to the anus. Crohn's disease may also produce symptoms outside the gut. The skin, joints, eyes and liver can be involved, making Crohn's disease a ' multi-system' or generalised disease. Crohn's disease is named after Dr Burrill B Crohn, a New York doctor, who reported cases in the 1930s. The symptoms

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of Crohn's disease are: Diarrhoea - Blood, mucus or pus may be present in the stool especially if the Crohn's disease affects the colon. Abdominal pain - The most frequently affected part of the bowel is in the lower right corner of the abdomen.

The pain can be mild or so severe emergency surgery is required. Weight loss - unintentional weight loss despite a reasonable diet is a feature of patients with Crohn's disease. Anal problems - infection, abscess formation and deep fissures or cracks around the anus are characteristic of Crohn's and may be the first signs of the disease. Anaemia and nutritional deficiencies - inflamed Crohn's disease can bleed into the gut leading to anaemia. Other vitamins, especially B12, and fat may also fail to be absorbed if the disease is extensive. Patients with Crohn's disease often feel generally unwell and tired.

There is no recommended diet for people with Crohn's disease. General nutrition is important with adequate, easily absorbed nutrients especially after intestinal surgery. A low fat diet may reduce diarrhoeal symptoms. Supplements for specific vitamin deficiencies such as iron B12 and folate should be given. DIETARY/EATING HABITS Dietary habits are why and how people eat, which foods they eat, and who they eat with, as well as the ways people eat, store, and discard food. Individual, social, cultural, religious, economic, environmental, and political factors all influence people's eating habits.

A common eating pattern is three meals (breakfast, lunch, and dinner) per day, with snacks between meals. Some people follow this structure when

they are eating throughout the day and 3 meals a day is what the government recommends and says that breakfast is the most important meal of the day. For example someone who has to get up for work early, may skip breakfast due to lack of time, this is a dietary habit because of their lifestyle they do not have breakfast. Members of a social group depend on each other they influence each other's behaviours and values.

A person's membership in particular peer, work, or community group, impacts on food people's behaviours. For example, a young person at a basketball game may eat certain foods when with friends in his team and other foods when with his family. Another thing that may influence what and how you eat is your religion for example in some religions specific foods are prohibited, such as pork in the Jewish and Muslim religion. Some religions have lent which is a period of time when you give up a certain food, this is a dietary habit.

The media is a big influence on people's dietary and eating habits, in the media they always showing the latest celebrity diet or the new exercise craze, this will influence young teenage girls or even all people of all ages. Some young girls may try the new diet because they have a distorted image of themselves and see the need to slim down even though this can be unhealthy for them as they are still growing, diets can be very dangerous to young girls as they may end up having an eating disorder for example bulimia or anorexia.

These two are also dietary habits because it is a way of eating or not eating in the case of anorexia. Some bad eating/dietary habits are portion size, to

control portion sizes, think ahead about how much food will be enough.

Avoid eating foods right out of the box or bag. For example it is easier to eat more cookies when the box is sitting right in front of you. Decide ahead of time how many cookies you will eat and put the box away before you sit down. Using food to relieve stress, many people use food to relieve stress.

After a long and difficult day at work, eating many slices of pizza and drinking beer may be what you want to do to relax. Using food in this way leads to greater weight gain. When feeling stressed out, find ways to relax yourself that don't involve food. Skipping meals, many doctors and nutritionists will tell you to avoid skipping meals. When you don't eat regularly, your hunger increases and you may also experience drops in blood sugar level. Late night eating, eating late at night is one of the bad eating habits that are very common. Night time eating often consists of snacking and excessive calorie consumption.

LIFESTYLE The cost of food and the ability of an individual to afford specific foods are primary factors of that person's food choice. Low-income groups are reported to consume unbalanced diets and low intakes of fruit and vegetables due to how much they can afford from their income and how much the food products are. In society now a days the foods high in fat and sugar seem to be cheaper than healthy foods, so it is more likely for people on a low income to eat the cheaper foods. Increasing the amount of available income for food does not necessarily mean that individuals will consume a more balanced and healthy diet.

In addition, individuals may resist buying new foods for fear that the food made be wasted as the family may reject the food. Accessibility to shops and the availability of foods within shops influence food choice. This is associated with transport and the location. For example, ' food deserts' are areas of resistance with few or no shopping facilities. Improving access does not necessarily mean that individuals will change their food choice. If you live in a ' food desert' and you have no transport it may be difficult to get access to the supermarket so you may grow your own fruit and veg in the garden.

People that are educated and knowledgeable about ' healthy eating' are more likely to go for a healthy diet. This depends on whether the individual is able to apply their knowledge whilst shopping and eating. Education on how to increase fruit and vegetable consumption in an affordable way may be beneficial for influencing food choice. In contrast, a lack of knowledge and the lack of cooking skills can also influence buying and preparing meals from basic ingredients or getting ready meals. Time constraints will prevent individuals from adopting healthy choices especially the young and those that live alone.

The demand has been met with the introduction of more ready-to-cook meals and pre-packed fruits and vegetables (instead of loose). Although these foods are more expensive, customers are willing to pay for them because their easier and take no preparation time. SOCIOECONOMIC / ECONOMIC FACTORS Socioeconomic differences affect your lifestyle and food choices, which ultimately influence your health. Factors such as poor housing and unhealthy living conditions, poor nutrition and no access to medical care all contribute to poor health.

HEALTHY EATING EDUCATION In this section I'm going to discuss how education can affect health. It will include how we can be educated about healthy eating in schools and what trusts and campaigns are put in place to enhance healthy eating. Social policy is referring to things the government does, the government is worried about the rising obesity rates so what have they done about it? They have introduced things like change for life and under the every child matters policy it talks about healthy eating.

The Health Education Trust (HET) is the UK registered charity, formed to promote the development of health education for young people. Operated by independent professionals, HET is dedicated to initiating and supporting work with children and young adults to encourage the growth of healthy lifestyles. The aim is to deliver practical, accurate and realistic advice and solutions on topical food, health and education issues and common sense approaches to government policies, allowing consumers free access to easy, simple solutions to achieving a healthy diet.

Jamie Oliver has lots of healthy eating campaigns in schools and one of his most famous ones is the school dinner's campaign. A school meal accounts for one-third of a child's daily nutritional intake. For many children up and down the country, the majority of food they are fed at home is either made up of ready meals, takeaways or - in the worst cases - nothing at all. This means the meal they eat at school will be the only nutritious food they eat that day. Encouraging children to make better food choices at school is absolutely vital. Jamie has long advocated that children who are fed better, do better.

Recent research supports this and has proved that no matter what background a child is from, a hot, nutritious meal at lunchtime improves their behaviour and concentration in the classroom in the afternoon. This is yet another reason why school meals should matter to everyone who cares about the future of the UK's children. CHILDRENS FOOD TRUST About the Trust: Who are we? What do we do? What do we want to change? Formerly known as the School Food Trust, we started our work in 2005 and became a registered charity in 2006. Our children must eat healthily to reach their full potential in life.

Through ensuring a balanced diet in their early years and at school, together with better family cooking skills, lifestyle and food education, the Trust exists to help protect every child's right to eat better - and so, to do better. We provide specialist advice, training and support to anyone who provides food for children. This includes:

- improving lunchtimes in early years settings and schools - the food, the kitchens, the dining rooms and the training
- helping schools, communities, charities and businesses with practical, healthy cooking skills which improve diet
- advising on how to improve menus for children building the evidence base about children's food and nutrition through our internationally-recognised research team
- providing independent, expert advice to local and national government and other organisations working on children's food issues. Our board members are from a range of backgrounds - from food suppliers and school caterers to medical professionals and public health specialists, along with experts in cooking, marketing and management. And our team includes ex-caterers

and teachers, as well as experts in child nutrition, research, school food finance and design.

CHANGE 4 LIFE What is Change4Life? Change4Life is a nationwide movement which aims to help us all, but especially our kids, eat well, move more and live longer. Did you know that if we carry on as we are, 9 out of 10 of today's kids risk growing up with dangerous levels of fat in their bodies. This can cause serious illnesses like heart disease, cancer and type 2 diabetes in later life. Change4Life is here to help, and making changes doesn't need to be difficult. With a little help it can be really rewarding and fun!

Change4Life aims to help families and middle-aged adults make small, sustainable, yet significant improvements to their diet, activity levels and alcohol consumption. It uses the slogan "eat well, move more, live longer". Change4Life encourages people to adopt six healthy behaviours: 5 A DAY - suggestions for ways to eat the recommended 5 portions of fruit and veg each day Watch the salt - advice on reducing the amount of salt eaten each day, ideally keeping it to below 6g for adults Cut back fat - information about the (mainly saturated) fat found in foods and ways to reduce this Sugar swaps - information about sugar found in foods and suggestions for healthier alternatives Choose less booze - ways for adults cut down on alcohol consumption to within government lower-risk guidelines Get going every day - why it's important to lead an active lifestyle and ways for adults and children to do this cheaply and easily **EVERY CHILD MATTERS** Every Child Matters (ECM) is a UK government initiative for England and Wales that was launched in 2003. It is one of the most important policy initiative and <https://assignbuster.com/unit-21-health-and-social-care-p1-task-2-essay/>

development programmes in relation to children and children's services of the last decade.

The 5 outcomes are: Being Healthy: So that they are physically, mentally, emotionally and sexually healthy, have healthy lifestyles and choose not to take illegal drugs. Staying Safe: From maltreatment, neglect, violence, sexual exploitation, accidental injury and death, bullying and discrimination, crime and anti-social behaviour in and out of school, have security and stability and are cared for. Enjoying and Achieving: So that they are ready for school, attend and enjoy school, achieve stretching national educational standards at primary and secondary school, achieve personal and social development and enjoy recreation.

Making a Positive Contribution: So that they engage in decision-making, support their community and environment, engage in law-abiding and positive behaviour in and out of school, develop positive relationships, choose not to bully and discriminate, develop self-confidence, successfully deal with significant life changes and challenges and develop enterprising behaviour. Achieving Economic Well-being: so that they engage in further education, employment or training on leaving school, are ready for employment, live in decent homes and sustainable communities, have access to transport and material goods, live in households free from low income.

FOOD IN SCHOOLS The food in schools primary training programme provides teachers with an excellent opportunity to enhance and develop their knowledge, skills and understanding about food and cooking in the primary

curriculum. It enables secondary food teachers to work with primary schools to provide an informative programme of professional development; the Food in Schools training focuses on practical solutions for the busy classroom. The key aims are to:

- increase teachers' confidence and competence in teaching about food and nutrition;
- increase pupils' experience of working with food;
- increase pupils' knowledge of diet, nutrition, healthy eating, food chain principles, food hygiene and safety;
- support the Healthy Eating core theme of the Healthy Schools programme;
- help raise the standards of achievement in food education;
- develop a supportive network between schools concerning food issues.

NEGATIVE INFLUENCES ON AN ELDERLY PERSONS DIET Access to the nearest shop or supermarket could have a negative effect on an elderly persons diet because if the big supermarket is a while away and the elderly person can only get to the little corner shop then their food variety and amount will be limited.

If the elderly person can't drive then they are going to have to get a lift or the bus to the local big supermarket but again if they're on their own then the amount of food they buy will be limited because they will have to carry it off the bus and home so they can't buy too many heavy things. Money could negatively influence an elderly persons diet because they may have little of it, a state pension is only ? 107. 45 per week. This is not a lot after the elderly person has paid the bills they have to pay for example gas, electric and water, so after paying bills there isn't a lot of money left for food.

If the elderly person hasn't got a lot of money they are more than likely to get the most they can for their money and now a days the food that is the cheapest is processed food, ready meals, fatty foods and foods high in sugar.

This is a negative for the elderly person's diet because they won't be getting the right food and nutrients for their age. If the elderly person drives then some of the pension money will have to go on petrol too.

If the elderly person is in a nursing or residential home they have 3 set mealtimes breakfast, dinner and tea. These are at the same time every day, there could be a few negatives in a residential home concerning the elderly diet, first being if the elderly person eats their food in their room unsupervised then the elderly person could be throwing away the food and going hungry, the staff would then think that the elderly person has eaten all their food and will mark it down as eaten all in the food and fluids folder.

In my experience of working in an elderly home, there was one resident who ate in their room unsupervised and they threw their food down the toilet, because their plate was empty the staff thought that he had ate it all and wrote in the food and fluids folder that he ate it all. The only way the staff found out that this resident hadn't been eating his food is because the cleaner noticed food down the toilet and alerted the staff. After this the resident had to come to the dining room to eat his food as he had to be monitored to stop him throwing food away.

Another negative in an elderly home could be that a resident slept in a bit longer in the morning meaning that they missed breakfast; this is a negative because breakfast is the most important meal of the day and then they have to wait till 12. 30 to have their dinner. Also if the resident is not hungry at a meal time then they don't want to eat but are hungry between meal times then they won't be able to have any food so this is a negative.

Some elderly people may get dementia and forget when to eat, declining memory, especially short-term memory, is the most common early symptom of dementia. People with ordinary forgetfulness can still remember other facts associated with the thing they have forgotten. For example, they may briefly forget their next-door neighbour's name but they still know the person they are talking to is their next-door neighbour. A person with dementia will not only forget their neighbour's name but also the context.

Medication could have a negative effect on an elderly person's diet because their medication may have an effect on how hungry they get, it may make them be sick whilst they try to eat, some may make them lose weight so then they need more food than normal, some may make them feel full up then they won't eat what they should be. Health problems could have a big negative on an elderly person's diet because due to which health problem they have it could deny them to food.

If they have an allergy to some foods it will negatively influence them because they will have to go to the big supermarket to get specialized food, which they may not be able to get to unless they have a car or can get to the bus, or unless their mobile too. Then it is another negative too because specialized foods are often more expensive so if this is the case and they are only on pension money then they will find it hard to live on.

Another negative health problem could be their mobility, if the elderly person has suffered a stroke or has something like Parkinson's or multiple sclerosis and are independent living then they will have to have a carer to take them to the shops or someone to deliver their food to them. Also if the elderly

person needs to be tube fed then they will need a carer to come in and do this for them or a member of family to do it. If the elderly person has no family then this is a negative because then they won't have any help unless they pay for it.

HOW TO OVERCOME THESE NEGATIVE INFLUENCES To overcome and tackle the problem of shop access could be to see if there are any community charities that have a mini bus and to day trips for the elderly, they could take them to the supermarket and help with their shopping, they could ask a friend or family member to take them and help them with the shopping or they could get in touch with a company that delivers food and meals to the door.

For example Wiltshire farm foods says ' We understand that you may not always want to cook your own meals every day together with everything that goes along with it; taking a trip out to the shops, ensuring you've got all the right ingredients and even taking the time and effort to cook the meal itself. That's where Wiltshire Farm Foods can help. Our frozen meals home delivery service offers you or a loved one the perfect way to eat well.

We hand deliver carefully prepared nutritional meals, specifically created to cater to our customers' needs, and that are quick and easy to prepare - straight to the door. What could be easier? We even produce a wide range of meals that cover many different dietary requirements whilst always offering the superb quality and the very best nutritional standards that you would expect from the UK's leading frozen meals home delivery service. To overcome the issue of money problems, if the elderly person has them,

would be to budget their money properly and set out a plan on how much they can spend on certain things. If they live in a big house they could downsize to a bungalow or sheltered housing which would cut costs on heating bills etc. they may have some savings put away so if they are having money troubles then they could use them or if they have any items they don't want/use then they could do a car boot sale to make a little bit of money. There are plenty of help groups to help elderly people with their money issues and worries.

It would be a positive if the elderly person has family who could help out with money issues or even let them move in with them and maybe pay some rent rather than living in a house for just one or two people. If the elderly person has dementia then this can be overcome by having a 24 hour carer come into the elderly person's home or just one to come in and help with meal times, another option could be to have the elderly person put into sheltered housing, a residential home, move in with family, just somewhere they can be supervised to make sure they stay safe.

If the elderly person is on medication that is affecting their diet it is more than likely that they will be tube fed, this is a positive thing because even though it can be a hassle it is a positive because it gives the body all the vitamins and nutrients it needs to be healthy. If the elderly person has a medical problem that is affecting their diet then lots of things can be done to solve it.

For example if they have an allergy or an intolerance then they should be knowledgeable about what they can eat, if this is the case then there isn't

too much that can be solved as they know what and how to eat, they should advise someone close to them that if they do eat something that they shouldn't, what has to happen to prevent them going into anaphylactic shock or from them dying. If they have a medical problem like multiple sclerosis where that are physically disabled then they are going to need a carer to come in if they are in independent living or to be put into some sort of residential home.

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