

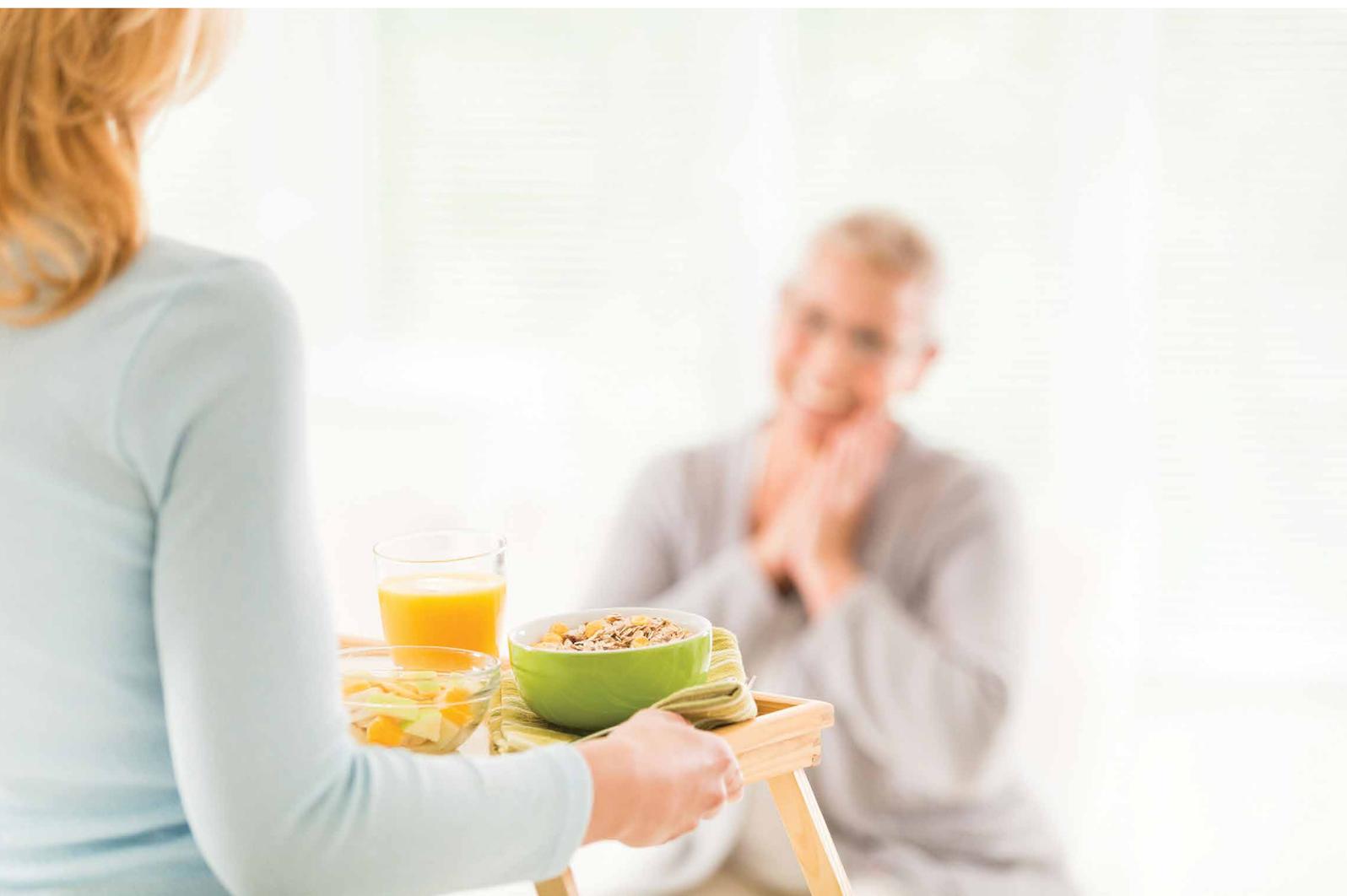


Central Coast Local Health District



Eating Well

A Nutrition Resource
for Older People and their Carers



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Eating Well

A Nutrition Resource for people and their Carers.

First edition 2010
Second edition 2013
Third Edition 2015

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The Central Coast Local Health District (CCLHD) would like to acknowledge and thank Bidfood Australia for recognising the importance of this Eating Well Nutrition Resource and for undertaking its manufacture and distribution. The significant effort that this entails is very much appreciated.

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Preface

Poor nutrition in older people is a major health concern. It is estimated that 30% of people aged 60 years or older, who live independently, are at risk of malnutrition. These people tend to become sick more often and take longer to recover than those who are well nourished. Good nutrition is important to optimise health, independence and quality of life.

Awareness of any nutrition-related health problems and timely intervention can be a big help in preventing the downward slide towards frailty that leads to loss of independence and reduced quality of life. Good nutrition improves wound healing. Good nutrition helps to preserve bone mass, muscle mass and strength thus reducing the risk of falls and fractures. Good nutrition improves wellbeing.

One of the main nutrition challenges facing older Australians today is ensuring they are eating enough nourishing food. Eating enough means being able to maintain a healthy weight and even having a little extra weight in reserve for times of illness or stress.

Community care organisations employ support workers who deliver a variety of services to assist and support older people in their endeavour to live in their own home for as long as possible. These people often enjoy a special relationship with those they care for and may find themselves in a position to suggest changes that will improve the wellbeing of their clients.

Importantly, playing a daily and vital role in keeping people safe and well are 'Carers' – those unpaid spouses, partners, children, other family members, neighbours and volunteers.

This resource has been written to provide practical food and nutrition ideas and advice for older people and their carers and support workers.

Foreword

People in developed countries have experienced a large increase in life expectancy in recent years, and Australia is among countries with the highest life expectancy in the world. The definition of who is OLD is getting older! More people are working past 70 these days.

Most older people have the ambition to continue living in their home as long as possible, and this coincides with government policy.

Essential work, day after day, for living at home is shopping for food and preparing it for meals. This work can become more difficult for an older person living alone or with a disabled partner.

There are hundreds of cookbooks, some too heavy to hold, and many TV shows with exotic recipes demonstrated by celebrity chefs. But in ordinary life, across the country, older people, if they are to keep themselves independent need to be able to keep up their NUTRITION with straightforward food they know and like, so they can maintain their strength and resistance to infections.

Poor nutrition is a bigger risk than obesity as we get older.

This short book is written specially for people ageing at home, and contains simple advice on how to keep up good nutrition. The authors, Bartl and Bunney are specialists in nutrition guidance for older people.

They wrote the 'Best Practice Food and Nutrition Manual' used in nursing homes.

The present book has developed from earlier drafts/editions given to older individuals and agencies for many years in the area round Gosford where the authors are on the Hospital staff. It has been discussed and checked with medical, nutrition and dietetic experts. And it has my strong and warm support.

A.Stewart Truswell AO, MD, DSc, FRCP

Emeritus Professor of Human Nutrition, University of Sydney'

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Make sure that you have a nutritious diet

So often we hear these words but what does a 'nutritious diet' really mean?

Eating a variety of food is a good start as this means there is a greater chance of getting the protein, vitamins and minerals that the body needs. Different foods contain different nutrients. For example, spinach and other green leafy vegetables contain folate, oranges provide vitamin C, bananas provide potassium and wholegrain bread contains thiamine. Red meat is a good source of protein, iron and zinc, while dairy foods are excellent for calcium, zinc and protein.

Choose food from the following groups each day for variety and nutrition.

- Meat (beef, veal, pork, lamb, rabbit, kangaroo) fish and other seafood, poultry (chicken, duck, turkey), eggs, nuts and legumes (e.g. chick peas, baked beans and butter beans)
- Milk, yoghurt, cheese, custard and ice-cream
- Bread, cereals, rice, pasta and noodles
- Vegetables
- Fruits

Fats and oils are also important. These foods provide energy (Calories or kilojoules) as well as important fat soluble vitamins such as A and D and essential fatty acids such as omega-6 and omega-3. Older people should not be on a low fat diet.

When appetite is poor, the food that is eaten should be nutrient and protein-rich and calorie - dense. This means that there should be as many nutrients as possible 'packed' into every mouthful and this includes protein and calories (or kilojoules). There is information throughout this book about protein-rich, calorie-dense foods, particularly in Chapter 3 'How to Help Prevent Weight Loss and Retain Muscle'. There is also a shopping list of high calorie foods on page 14.

Enough food needs to be eaten in order to get the nutrients the body needs and to prevent unnecessary muscle loss and weight loss. Choose foods that will be enjoyed and, don't go hungry.

If you or the person you are caring for is eating less than usual or is losing weight it could mean that they are at risk of malnutrition. Early identification of people at risk is important as malnutrition can lead to poor health, loss of mobility, loss of independence, all of which affect quality of life. The best way to determine if there is a risk of malnutrition is to use a Malnutrition Risk Screening Tool.

At the end of this book there are three Malnutrition Risk Screening Tools to choose from. Choose the one you prefer.

Malnutrition risk screening tools do not diagnose malnutrition but indicates if someone is at risk of malnutrition.



How to help prevent weight loss and retain muscle



Often people lose weight as they grow older however, this is not a desirable part of ageing. It is better for older people to carry a little extra weight as this will help to see them through illness and times when their appetite is poor. Minimising muscle loss will help older people to maintain strength, mobility and independence. Unintentional weight loss of 3-5kg ($\frac{1}{2}$ - 1 stone) in the last 6 months is a concern.

If a person is already underweight, even one or two days of reduced food and fluid intake can rapidly lead to severe weight and muscle loss.

People with a very poor appetite need more high calorie, nutritious foods and drinks in their diet every day. E.g. milkshakes, fruit smoothies and nourishing snacks.

Sufficient protein and calories will need to be eaten at main meals and throughout the day to help prevent muscle and weight loss.

Refer to the shopping list on page 14 for high calorie foods to buy.

It is important that older people weigh themselves (preferably weekly and at the same time of day) and record these weights to show their doctor or carer.

People who have become used to eating very small meals can be encouraged to eat a little more each day, and slowly 'dial up their appetites'. This approach is much less daunting than having to 'double your meals' straight way.

The importance of eating enough protein

The risk of being poorly nourished increases with age. There are a number of reasons for this including chronic medical conditions, decreased appetite, lack of interest in cooking, chewing problems and loneliness. Not eating enough not only means poor nutrition and undesirable weight loss, it can also mean loss of muscle. Retaining muscle mass is very important. Decreased muscle mass means loss of strength and power and this affects the ability to carry out everyday activities. Importantly, the weakness and frailty that come with muscle loss increases the risk of falling.

Muscles are continuously being broken down and rebuilt. A poor intake of protein (especially in old age) will mean a gradual loss of muscle. This is because more muscle is being broken down than is able to be rebuilt.

Frailty and loss of muscle has been linked to diets that are low in protein. Having sufficient protein in the diet will help to minimise muscle loss.

Note: Resistance training exercise will also help to reduce muscle loss and increase muscle strength. Refer to chapter 17.

Protein requirements are higher for older people than for younger people.

Foods that are rich in protein include meat, chicken (and other poultry) eggs, fish and other seafood, milk, cheese, custard, yoghurt, nuts, peanut butter, seeds (sesame, pumpkin), legumes (chick peas, butter beans, baked beans etc.), soy products, meal replacement bars and meal replacement drinks.

(Breads and cereals contain much less protein than meat and most fruit and vegetables contain even less).

The important thing is to aim for eating three meals a day each providing about 25 grams of protein. (An egg or 30 grams of meat or 200ml milk provide about 7 grams of protein). Grazing or “picking” at small amounts of protein containing foods throughout the day will not provide the same benefit when it comes to retaining muscle mass.

This means that protein- rich food should be included in each of the three main meals (breakfast, lunch and tea). For people who have a small appetite it may be advisable to eat the protein part of these meals first. Extra nutrients and energy could be provided by dessert and at morning and afternoon tea time.

Having enough protein containing food at breakfast time is probably the greatest challenge.

Breakfast meals such as omelette, bacon and eggs, baked beans and sausages, poached eggs and pancakes would be excellent. This does mean having the energy to cook breakfast but the benefits may be well worth the effort.

Why not cook extra protein-rich food the night before and just reheat for breakfast? Mince, left over cold baked meat or chicken heated up in some gravy or a slice of quiche warmed up in the microwave.

Other foods that provide significant amounts of protein and that would be suitable for breakfast meals (or any other meal) include:

- Smoked cod or kippers
- Smoked salmon with eggs
- Sardines, tuna or salmon on toast
- Two eggs and bacon
- A two egg omelette with cheese and ham
- Two eggs scrambled and sprinkled with generous amounts of cheese
- Baked beans served with melted cheese on toast
- Mixed grill with sausages and eggs
- Mince on toast
- French toast with bacon
- Quiche
- Frittata
- Breakfast burrito or muffins with egg, bacon and cheese
- Milk smoothies with added yoghurt and extra milk powder
- Peanut butter on toast with a milk drink
- Porridge made on milk (not water) and served with enriched milk (recipe page 12) or plain yoghurt
- Selection of deli meats, cheese, bread, yoghurt etc. (European Style)



Eat high energy foods to help prevent weight loss or put weight on

Margarine or butter	<ul style="list-style-type: none"> ▪ Spread thickly on toast, bread, crackers, crispbreads, scones and pikelets ▪ Melt over vegetables, rice and pasta
Vegetable oil	<ul style="list-style-type: none"> ▪ Fry meat, chicken, fish and eggs in oil
Cream	<ul style="list-style-type: none"> ▪ Pour over breakfast cereal and add to soups and sauces, casseroles, fruit, dessert and coffee ▪ Spoon on scones, cake and pikelets
Sour cream	<ul style="list-style-type: none"> ▪ Put a dollop of sour cream on potatoes or into soup
Cheese	<ul style="list-style-type: none"> ▪ Add grated full fat cheese to vegetables, omelettes, pasta, scrambled egg and white sauce ▪ Have cheese with crackers and put an extra slice on sandwiches or toast
Dairy foods	<ul style="list-style-type: none"> ▪ Pour sweetened condensed milk over desserts and breakfast cereals or add to coffee or other warm drinks ▪ Enrich full cream milk with full cream milk powder. (See recipe page 12) ▪ Have cheese, ice cream, custard, yoghurt or dairy desserts (e.g. rice pudding, mousse or crème caramel) as a between-meal snack ▪ Make milk drinks on enriched milk ▪ Make porridge on milk or enriched milk rather than water
Salad dressing	<ul style="list-style-type: none"> ▪ Add creamy salad dressings and creamy mayonnaise to salads and sandwiches ▪ Spread tartare sauce, creamy mayonnaise or creamy salad dressing on fried or baked crumbed fish

High Calorie Drinks

The following recipes are for high protein, high energy drinks. The milk drinks are made with **full cream milk**. All are easy to make. Just mix the ingredients together in a jug then chill.

Each recipe makes about one cup (250ml).

Multiply by three to make enough for the whole day. These high calorie, high protein drinks must be kept cold in the refrigerator.

They should not be kept longer than 24 hours.

<p>Enriched Milk 275ml 13g protein 250 calories</p>	<p>Add 2 tablespoons of full cream milk powder to 1 cup of full cream milk Use this enriched milk in tea, coffee or on breakfast cereal</p>
<p>Milk Shake 250ml 12g protein 280 calories</p>	<p>1 tablespoon of full cream milk powder 1 scoop of ice cream (about two tablespoons or three dessertspoons) 2 teaspoons of flavouring cup of full cream milk</p>
<p>Banana Smoothie 250ml 9g protein 240 calories</p>	<p>1 tablespoon of full cream milk powder 1 scoop of ice cream (about two tablespoons or three dessertspoons) 1 small banana cup of full cream milk 2 drops of vanilla essence</p>
<p>Iced Coffee 250ml 12g protein 320 calories</p>	<p>1 tablespoon of full cream milk powder 1 scoop of ice cream (about two tablespoons or three dessertspoons) 1 teaspoon of instant coffee cup of full cream milk Sugar to taste</p>
<p>High Calorie Milo™ 250ml 12g protein 300 calories</p>	<p>1 tablespoon of full cream milk powder 1 scoop of ice cream (about two tablespoons or three dessertspoons) 2 tablespoons of Milo cup of full cream milk</p>
<p>Strawberry Frost 175ml 9g protein 220 calories</p>	<p>cup of orange juice cup of strawberry yoghurt cup of strawberries 2 teaspoons of sugar</p>



High protein/high calorie food ideas include

- Baked egg custard. Add sultanas, raisins or chopped dates for a fruity variation
- Creamed rice
- Bread and butter pudding
- Mousse or instant pudding (made on milk)
- Trifle, with plenty of custard
- Vanilla slice
- Custard tart
- Pavlova
- Cheesecake
- Macaroni Cheese
- Mornay (egg, fish, chicken)
- Sandwiches with fillings such as peanut butter, cheese with relish, tuna and mayonnaise, egg and mayonnaise. Spread plenty of butter or margarine.

Many of these recipes are found in traditional recipe books such as "The Commonsense Cookery Book". Make sure that you use full cream milk. You could also use 'enriched milk'. Some of the high protein/high calorie foods can be purchased 'ready to eat' from the supermarket.

Shopping list for nutritious and high calorie food

Encouraging frail older people to eat enough nourishing food can be challenging. The following shopping list will help to make sure that there is always some high protein and high calorie foods in the pantry, fridge or freezer.

SHOPPING LIST

- full cream milk
- full cream long life milk
- full cream flavoured milk
- full cream powdered milk
- cream, sour cream
- pre-whipped cream
- ice cream
- cheese slices
- full cream custard
- full cream flavoured yoghurt
- dairy desserts (E.g. crème caramel)
- mousse, rice pudding
- eggs
- apple pies, custard tarts
- cake, fruit cake
- scones , muffins, donuts
- crumpets, pikelets
- peanut butter & other nut spreads
- chocolate
- biscuits
- nuts/potato chips
- BBQ chicken
- quiche
- canned baked beans
- canned spaghetti (add grated cheese)
- canned soup (thick and hearty type)
- frozen meals
- frozen meat pies
- frozen sausage rolls
- frozen fish fingers
- frozen chicken nuggets
- frozen mixed veg
- Milo™
- Protein supplement drinks such as; Sustagen™ / Ensure™ / Resource™
- Breakfast drinks such as; Up and Go™ / Up and Go Energise™
- commercial high protein bars
- protein meal replacements
- bananas
- tuna, salmon, sardines
- pork rind snacks/beef jerky
- canned fruit
- dried fruit
- canned soups
- dips

Is that special diet necessary?

People with health conditions such as high blood pressure, high cholesterol diabetes or are overweight may have been told to follow a special diet. The need for such a diet should be regularly re-assessed. A doctor should be consulted to see if the diet is still required or if it needs to be modified. This is especially important if unplanned weight loss is occurring.

Restricted food intake may also compromise nutrition. Eating a variety of foods is important. The wider the variety of food eaten the less chance there is of missing out on any one nutrient, be it protein, carbohydrate, fat, vitamins, minerals or fibre.

Older people, especially the frail, can benefit from extra protein and calories. Low fat diets are not appropriate.

If an older person is on a restricted diet for weight loss they are at risk of muscle wasting and so, are at greater risk of falling. Weight maintenance may be the best choice. If weight loss is needed, seek advice from a doctor or dietitian. Keep in mind that the recommended healthy weight for adults aged 65 years and over is more than for adults under 65.



It is often thought that older people require less vitamins, minerals and protein than younger people; however this is not the case. Requirements are actually much the same and can even be more, especially in times of illness. Older people need more protein than younger people.

I'm overweight, should I try and lose weight?

Should older people who are overweight or obese be encouraged to lose weight?

There is now evidence to support that being overweight is not necessarily associated with higher mortality in people over 65 years of age.

It seems that older people have better health outcomes if they are heavier rather than thin. Hence, there is no need to advocate for active weight loss for people over 70 years with a body mass index (BMI) up to 30.

Health benefits of active weight loss in older people, particularly by calorie restriction are uncertain. Deliberate weight loss in older people also can lead to muscle loss, functional decline and loss of independence.

In some cases deliberate weight loss may be necessary to ease arthritis or improve mobility. However a strategy to prevent loss of muscle mass is required. This includes eating 25 grams of protein at each meal.

In those who can manage it, exercise is a better option for weight loss. Hence, any weight loss program will need to be coupled with exercise and sufficient protein and micronutrients to help preserve muscle mass.

Older people who are very obese require a specialised nutritional care plan which should be monitored by a dietitian.

During an acute illness

Most people who are unwell eat less than usual. If this reduced food intake is prolonged, it can cause weight loss and malnutrition. Until completely better and appetite has returned, it is important to continue providing nourishing high calorie foods and drinks. A multivitamin and mineral supplement may also be useful. Ask your doctor, a dietitian or pharmacist for advice.

What about diabetes?

- Research has shown that sugar does not cause diabetes. People with diabetes can have a little sugar. This means they may have a teaspoon of sugar in coffee or tea; they may have honey or jam on toast; they may have a piece of cake and they may have dessert
- A person with diabetes does not have to be on a sugar-free diet. Special diabetic foods are not necessary! It is important that a variety of foods are being enjoyed and that people don't go hungry
- Restricting food intake in order to control blood glucose levels is not recommended for frail older people as this could mean that not enough food is being eaten and result in poor nutrition and weight loss. If blood glucose levels are high, a review and change of medication may be better than restricting food intake
- People with diabetes should eat regular meals and snacks
- Carbohydrates (foods that contain starch or sugar) affect blood glucose levels
- Spread carbohydrate foods throughout the day by including them at each main meal or snack time will help with blood glucose control
- Carbohydrate foods with a low Glycaemic Index (GI) are good choices as low GI carbohydrates take longer to break down to glucose during digestion. This makes them better for blood glucose control. The GI of a carbohydrate food is not determined by the sweetness
- It would be difficult to have only low GI carbohydrates in a well-balanced diet, so having at least one low GI food at each meal and snack time would be a good start

For more information on Glycaemic Index go to www.glycemicindex.com.au

Some hints for lowering the GI of a meal or recipe include

- Rolled oats (not instant oats) have a low GI. Great for breakfast and snacks
- Rolled oats can be added to baked products such as biscuits and slices to lower the GI. Use rolled oats in crumble toppings e.g. apple crumble
- Pasta has a low GI
- Low GI breads include some wholegrain, some sour dough, low GI white bread or fruit bread e.g. raisin bread
- Legumes have a low GI and plenty of protein. Add legumes such as kidney beans, butter beans, lentils and baked beans to soups, stews and casseroles. Legumes could be served as a vegetable with the main meal. They are available dried or canned. Canned legumes are easy to use as they are already cooked
- Dried legumes can take up to an hour to cook although red lentils are an exception. Red lentils are really easy to use. They don't need to be soaked or cooked before adding to soups, stews and casseroles. They cook in about 20 minutes and break up during the cooking time. Allow about one tablespoon of red lentils for every serve of the food being cooked
- Baked beans have a low GI. Have baked beans at breakfast time, as a sandwich filling or in toasted sandwiches. Baked beans are an easy snack



- Serve 'three or four bean mix' or with salads. These beans can also be heated and served as a vegetable with the main meal. They could be added to homemade or canned soups
- Barley has a low GI. Add barley to soups. Barley could be used instead of rice. Cook the same as you would rice. It will take a bit longer to cook than rice
- Dairy foods such as custard and yoghurt have a low GI and make great snacks
- Milk and milk based drinks such as Milo™ and Sustagen™ also have a low GI
- Fruit cake, fruit muffins, banana cake, chocolate cake and sponge cake are suitable to include in the diet of a frail older person with diabetes
- Most fruit and vegetables are low GI. All canned fruit is fine



Mental health and memory problems

These can cause confusion, depression, anxiety or nervousness that may affect both the ability to organise meals and the desire to eat. Early identification and treatment of depression is important since it is one of the commonest causes of unintentional weight loss in older people. People with chronic conditions such as Parkinson's disease or dementia are particularly at risk of depression.

The value of dairy foods

Dairy foods are nutritious and should be served at both main meal and snack times.

Dairy foods include milk, cheese, yoghurt, custard and ice cream. They supply protein, fat, minerals (especially calcium), vitamins and carbohydrates.

Milk includes fresh, powdered, long-life (UHT), canned evaporated milk and sweetened condensed milk.



Full cream dairy foods are recommended for frail older people. So, avoid using low fat or fat reduced dairy products. Remember cholesterol isn't the issue, malnutrition is!

Milk and milk products such as yoghurt, custard and cheese contain good amounts of calcium. Having enough calcium is important to help reduce calcium loss from the bones. Calcium loss from the bones increases the risk of breaks and fractures. Try to include at least four serves of dairy foods each day. Four serves is equal to one at each meal and one for a snack.

If it is difficult to include four serves a day, why not have two serves in one?

Just add two or three tablespoons of powdered milk to each cup of milk.

When powdered milk is used instead of fresh milk, it could be made to be 'enriched' by using up to twice the recommended amount of milk powder. This double strength 'enriched' can be used in soups, milk drinks, instant puddings, custards and mornays. When using double strength milk to make custards just be sure that you stir it all the time to help prevent custard burning on the bottom of the saucepan.

What is a serve of dairy food?

- 1 cup of milk
- Small tub of yoghurt (200 grams)
- 2 slices of cheese (40 grams)
- 1 cup of custard (250 mL)
- 3 scoops of ice cream



Although butter and cream are dairy foods, they do not contain much calcium or protein. However, they do provide lots of calories because of their high fat content and this is important if weight loss is an issue. They also make food easier to chew and swallow.



Some people avoid milk because they've heard it 'makes mucous' but there is no real evidence to support this. People with colds and chest infections do not need to stop having dairy foods. In fact, the nutrients in dairy foods will probably mean a speedier recovery. If milk causes a thick feeling in the throat or mouth, have a small glass of water after the milk drink.

For those people who are unable to drink cow's milk, soy milks that have been fortified with calcium are an alternative. Low lactose milks are also suitable.

Anyone who doesn't have enough dairy foods, or calcium-fortified soy milk, may need a calcium supplement. Ask a doctor, dietitian or pharmacist for advice.

The importance of vitamin D

Vitamin D helps the absorption of calcium into the bones. Not having enough vitamin D over a period of time results in thinner, more fragile and brittle bones.

This means that there is an increased risk of bones breaking and crush fractures.

Adequate vitamin D (along with adequate protein and calcium) can help reduce these problems.

There is evidence that increasing vitamin D levels also improves muscle strength and function. This should mean fewer falls.

It is difficult (if not impossible) to get enough vitamin D from food alone.

A small amount is found in fatty fish, liver, eggs and vitamin D fortified margarine.

Ultraviolet rays from the sun are the main source of vitamin D. About 15% of skin needs to be exposed for about 10-15 minutes a day. 15% would be face, hands and arms (approximately). If people prefer to keep their face out of the sun, expose legs instead. People with dark skin will need more time in the sun for the vitamin D benefits.

It is important to limit time spent in the sun during the hottest part of the day in order to avoid skin damage.

Sitting behind a window in the sun won't be effective because the glass filters out the ultraviolet rays that are needed to produce the vitamin D. Broad spectrum sun screen also blocks out ultraviolet rays. Always using sunscreen may contribute to vitamin D deficiency especially in older people. Consequently it may be acceptable not to use sunscreen when in the sun for short periods of time but not in the hottest part of the day.



Suggestions for getting exposure to sunshine include:

- Sit outside to have morning and afternoon tea
- Do some gardening with arms exposed (sleeves rolled up)
- Read the paper sitting in the garden or on the balcony with sleeves rolled up
- Hang up the washing with arms exposed

Taking a vitamin D supplement may be important for those people who are housebound or who are not able to regularly spend sufficient time in the sun.

Discuss taking a vitamin D supplement with your doctor.

The recommended vitamin D dose for people over 70 years is 25 micrograms (1000 international units) per day.

Is eating three meals a day important?

In a word YES!

Missing meals on a regular basis can lead to poor nutrition, muscle and weight loss.

If eating three main meals a day is difficult to manage, then it does mean that snacks throughout the day really need to be nutritious and full of protein.

Nutritious snacks should be offered to older people who:

- regularly miss meals
- eat only very small meals or
- prefer to pick throughout the day
- always have a poor appetite or have lost their appetite
- are eating less than they usually do
- have lost weight
- are bedridden

Good snacks include:

Enriched milk, cheese, yoghurt, custard, fruit smoothies, breakfast drinks such as 'Up and Go™', fruit buns, fruit bread, fruit cake, finger buns, sandwiches, toast, muffins, scones, pikelets, crumpets, hearty soup, spaghetti, baked beans, even a bowl of breakfast cereal.





Quick and easy meal ideas include:

- Barbequed chicken, bread and butter or margarine. Finish the meal with canned fruit and custard. Add cream if weight loss is happening
- Baked beans or spaghetti on toast. Then a glass of enriched milk and a banana
- Scrambled eggs or omelette. You could add foods like chopped cooked vegetables or canned salmon. Add cheese to make even more nutritious
- Thick, hearty canned soup with a bread roll. Follow with fruit and custard
- Melted cheese on buttered toast. Dessert could be yoghurt and canned fruit
- Sausage roll or meat pie. Why not finish with chopped up banana and custard?
- Fried sausage, tomato, bacon and egg. Then some fruit and custard
- Ham and cheese croissant. Ice cream and canned fruit for dessert
- Slice of quiche followed by fruit and ice cream
- Fish and chips with tartare or other sauce. Finish with fruit and a glass of milk
- Sandwich filled with things like cheese, mashed up boiled egg, sardines, ham

If you have difficulty preparing meals or can't always be bothered, especially if you are tired, the following ideas may help:

- Purchase meals from 'Meals on Wheels' or similar organisations
- Make use of pre prepared food and meals from supermarkets
- There is plenty of choice in the refrigerator and freezer section e.g. frozen meals, frozen fish, ready to eat macaroni cheese, savoury rice, pasta dishes, quiches, meat pies, sausage rolls, vegetarian foods, custard and other desserts as well as food from different cultures such as Indian, Chinese and Lebanese
- On the shelves you will find canned soup, canned stews, ready to microwave rice, long life custards and desserts and cans of creamy rice. These are just a few examples of ready to eat foods that can be included on your menu
- Attend neighbourhood and community centre 'restaurants'. Local council should be able to tell you how to contact these programmes
- Support workers may be able to help prepare meals
- Cook larger amounts of soups, stews and casseroles then freeze meal-size amounts. This will save you cooking every day
- Have meals home-delivered from restaurants or fast food outlets
- If you are too tired to eat, try to have a nourishing dessert. Desserts are usually easy and pleasant to eat. A milk base dessert such as custard or yoghurt with some canned fruit or a chopped up banana would be suitable. Dessert can be enjoyed at every meal
- Having a mealtime guest could be an incentive to cook!
Eating alone all the time can mean 'not bothering'

Having enough fluid

Fluid is essential for the body to function properly. The importance of having enough fluid does not decrease with age. Most older people need a total of 6-8 cups of fluid each day. Fluids are more than just water.

Fluids include:

- water
- milk
- fruit juice
- cordial
- soft drink
- vegetable juice
- coffee
- tea
- hot chocolate
- custard
- jelly
- soup
- ice cream



Have a total of 6-8 cups of any of these

Having enough fluid:

- Keeps the kidneys working
- Helps prevent constipation
- Decreases likelihood of urinary tract infections
- Quenches thirst
- Prevents dehydration which can worsen or cause confusion

People are usually aware of the need for fluid in the summer months but serious cases of dehydration can occur in winter as a result of household heating and illnesses such as colds and flu.

Because older people may have a reduced sense of thirst regular fluid intake should be encouraged. Having a 'cuppa' or milk drink at each meal and snack time (thirsty or not) will go a long way towards meeting daily fluid needs. Why not leave a glass of water where it can be easily seen? E.g. near the phone or on a coffee table. Have a large glass of water with medicines.

People who are incontinent sometimes want to limit their fluid intake. This is not a good idea as concentrated urine actually increases the desire to go to the toilet. Talk to a doctor or continence advisor for more information.

Nourishing liquids such as milk shakes and fruit smoothies can be an important source of nutrition for people who aren't eating enough. Have nourishing drinks at each meal and snack time especially if you are losing weight.

To help increase fluid intake

- Choose drinks that are favourites at a temperature that is preferred. Some people like really cold drinks while others may prefer room temperature
- Hot liquids should be at a temperature that is comfortable to drink
- Choose high fluid foods such as pureed fruit, soup, jelly, custard, ice-cream, ice blocks and ice chips
- Encourage a full glass of water with medicines
- Offer fluids with a direct approach. Say "here is a drink for you" rather than asking "Do you want a drink?"
- Leave a glass of water where it can be easily seen and reached.

What about alcohol?

Alcohol is like a double edged sword. A small amount may stimulate the appetite. On the other hand, too much could replace food resulting in someone being poorly nourished.

One serve of wine or beer can be enjoyed with the main meal. No more than two standard drinks a day are advised i.e. middy of beer, glass of wine or nip of spirits. It is a good idea to have one alcohol free day each week.

As people age their liver is less able to deal with alcohol, consequently they may be more likely to fall or have other accidents.

Alcohol can interfere with some medicines and make conditions such as high blood pressure and diabetes worse.

Older people are advised to consult their health professional about the most appropriate level of drinking for their health.

If having an alcoholic drink, it is good to have some food at the same time. Avoid drinking on an empty stomach.

Relieve constipation with fibre and fluids

- With extra fibre make sure you have enough fluid, a total of 6-8 cups a day
- Get into regular toileting habits. Try to go to the toilet at the same time every day
- Eat regular meals, including breakfast
- Eat wholegrain cereal foods, fruit and vegetables each day. Vegetables can be raw, cooked, grated, pureed or added to soups
- One to two tablespoons of molasses added to warm cereal such as rolled oats may help relieve constipation
- Increase fibre intake slowly over a couple of weeks to help prevent bloating and discomfort
- Choose high fibre breakfast cereals such as All Bran™, Bran Flakes™, Guardian™
- As well as adding bulk, prunes and figs contain a natural substance that stimulates the smooth muscle of the bowel increasing the desire to go to the toilet. Pears or pear juice contain sorbitol which has a laxative effect
- Fibre and fluid work together to help prevent constipation
- Be as active as possible. Exercise regularly to a level you can manage and that is allowed by the doctor

Prune Apple Bran Mixture

For those who need a little extra help in combatting constipation this mix may be the way to go.

Mix the following ingredients together:

1/4 cup unprocessed bran

1/4 cup stewed prunes

1/2 cup stewed apples (2 apples or canned pie apple)

Makes 10 serves. About one tablespoon is a serve. It will last in the refrigerator for about four days. It can be frozen. Freeze serve size amounts for easy use.

Add it to breakfast cereal or desserts or just eat by the spoonful.

Eating alone

Eating alone may result in older people eating less thus increasing their risk of being poorly nourished. It is all too easy for a person living alone to miss meals or to exist on a 'tea and toast' type diet that is low in calories, protein, vitamins and minerals.

Eating is not just for the nutrients. Being with someone at mealtime may help improve the appetite and make mealtimes more enjoyable.

What can be done for people who live alone or feel isolated?

There are several community programs and services that will be able to help. Contact the local council or Aged Care Assessment Team to find out what is available in the area. There may be:

- Senior Citizen Centres, Neighbourhood or Community Centres and Service Clubs that provide meals at a reasonable cost
- Community restaurants that provide meals for the frail aged, people with disabilities and isolated older people
- Meals on Wheels services with centre-based meals ('Wheels to Meals')
- Senior citizen tea rooms and restaurants
- Day programmes run by various care organisations. These gatherings provide meals in a social setting to frail aged and people with disabilities
- Escorted shopping services may provide an opportunity to 'eat out'
- Church organisations providing an opportunity to eat in a social setting

If being housebound is an issue, consider inviting a friend to lunch. Care service support staff may be able to be with a client at mealtime.

If eating alone all the time is the reality, then poor nutrition is also likely to be a reality. In this situation, nutrient dense food and drink should be encouraged.

Include foods that are easy to eat, familiar and appealing. Examples include milk shakes, fruit smoothies, rice pudding, canned fruit with ice cream and custard, banana custard, macaroni cheese and hearty soup.

Perhaps 'alternative company' such as watching TV, listening to music or reading a magazine may make mealtimes more relaxing and enjoyable. Some people find the company of a pet is important.

Shopping, cooking and eating independently

Independence is important for most people, so should be encouraged and supported whenever possible. Not being able to cook, shop or eat independently can increase the risk of malnutrition.

Ideas and services to help maintain independence include:

- Locate local charity, church groups, government and community services that provide transport and shopping assistance
- If you are a support worker, do you do the shopping? If so, it may be possible to take the person you are looking after with you, even if it is only sometimes
- People who cannot drive could use a taxi service if finances permit. Most areas would have a taxi service that offers wheelchair transport if needed. For many people, the independence enjoyed is well worth the money spent. The Taxi Transport Subsidy Scheme may be able to provide financial help phone 1800 623 724
- Find out which food stores have a 'phone in' food order and delivery service. Online food shopping is great for people who use a computer
- Note shops and shopping centres that have wheelchair access, easy parking and toilets for people with disabilities as well as adequate seating throughout the centre
- If people have difficulty preparing food or have limited cooking skills there are lots of fully or partly prepared foods available. Examples include: diced meat, crumbed rissoles, peeled and cut-up vegetables,





soup mixes, grated cheese, prepared salads and frozen cooked meals, pre-cooked rice, frozen vegetables, canned creamed rice, custard

- Rearranging food storage and kitchen equipment may make it easier to prepare meals. Easy to use kitchen equipment such as a microwave oven and small freezer, may help when it comes to meal preparation
- A variety of utensils that help people to remain independent at meal time, are available. Eating utensils, plates with a lip on the edge, specialised cups and glasses, beakers with spouts or straws, slip resistant mats and modified cutlery handles come in a variety of shapes and sizes. They are available from rehabilitation aid suppliers, pharmacies, even supermarkets. 'Independent Living Centres' will help (phone 1300 885 886). An occupational therapist will also be able to give you advice
- Don't forget finger food. Hands are the easiest utensils for some people to use
- Home delivered meals from restaurants or fast food outlets add variety

Eating Well

Teeth, mouth or swallowing problems

Chewing and/or swallowing problems make eating difficult. This can mean reduced food intake, a poorly balanced diet along with an increased risk of malnutrition.

Chewing problems may be caused by:

- Toothache, missing or decayed teeth and poor muscle control
- Poorly fitting dentures
- Sore gums and mouth ulcers
- Cracked or sore lips
- Weakened facial muscles
- Dementia
- Stroke and Parkinson's disease
- Reduced saliva production

Signs of swallowing problems include:

- Taking a long time to chew and swallow food
- Choking or coughing (which can be dangerous, frightening, painful and tiring)
- Wet, gurgly voice after swallowing
- Frequent chest infections which can be the result of food or drink entering the airways. This can result in pneumonia
- Drooling
- Dehydration
- Weight loss that can lead to muscle wasting, malnutrition, dehydration and lack of energy

If any of the above signs are present, talk to a doctor or speech pathologist.

A speech pathologist can advise on suitable food texture, fluids, eating and ways to improve swallowing.

Some suggestions that may help eating to be safe and more enjoyable

- Serve soft foods that are easy to chew. Examples include fresh or canned fish, cheese dishes and egg dishes, soft legumes (baked beans and butter beans), soft fruit (banana, avocado, ripe melon, mango) and soft canned or stewed fruit
- Don't give food that could cause choking or is difficult to chew such as, whole grapes, whole cherry tomatoes, fruit with tough skin, lettuce, cucumber, stringy celery, chicken with the skin still on, sausages with tough skin and chewy bread and bread crusts
- Many foods can be made easier to chew and swallow by changing the texture.
Mince, chop, grate or mash. In some cases food may be pureed (blended). When blending food, blend each food separately so that flavour and colour of each food is retained. A puree should be thick and creamy, not runny. Sometimes it is difficult to puree the food without first adding a little liquid. If this is the case, use milk, custard, cheese sauce or gravy. Don't use water, it doesn't provide any nutrients
- Meat is often avoided by people who have chewing or swallowing problems. Changing the texture of the meat by chopping, mincing or pureeing may help. If buying already minced meat, buy a medium fat content mince. Really low fat minces tend to be a bit dry and hard when cooked. Lamb mince is usually quite moist when cooked. Meat can also be softened by slow moist cooking methods such as casseroles and stewing. Use a slow cooker if you have one. Talk to a speech pathologist for advice on the best food texture
- For people who don't produce enough saliva and have a dry mouth, serve gravies, sauces or a drink to sip with meals. A small drink before eating may help. One or two teaspoons of ice-cream given just before eating could also help
- Give nourishing drinks if food intake is poor. A 'bendy' straw will help when drinking if drinks sting a sore mouth
- Fluids may need to be thickened if choking is an issue. Talk to the doctor or speech pathologist for advice
- If lips are dry apply a lip balm or petroleum jelly
- Teething gel applied to sore gums may help

- Mouth hygiene is very important. Teeth, dentures, gums and tongue need to be cleaned carefully and properly. Poor mouth hygiene could result in bacteria getting into the lungs and causing chest infections (not to mention the pain from gum disease and decaying teeth). Make sure that the correct toothbrush, toothpaste and denture-care products are used. Talk to the dentist or dental hygienist about the best way to brush teeth, care for gums and keep mouth healthy
- Regular dental check-ups are advisable

When assisting people to eat their meal

- Make sure that if glasses, dentures and hearing aids are required that they are on and in before starting meal
- Sit comfortably and so that there can be eye to eye contact with the person you are helping
- Don't put too much food on the spoon or fork. Use a small spoon e.g. teaspoon if easier
- Allow plenty of time to eat. People with chewing and swallowing problems may be slow. Make sure that the mouth is empty between each mouthful
- If food needs to be reheated in the microwave always stir and test temperature
- Allow people with swallowing problems to sit upright while eating and for 20 minutes after eating. A speech pathologist will be able to advise on safe eating practices

Finger foods

Finger food may be the best way to provide nourishment, food enjoyment and the dignity that comes with independence. Some people find cutlery hard to use. Serving food that can be picked up with fingers is often a really good alternative to cutlery. Finger food allows a person to be more self-reliant and independent. This usually means that they enjoy their food and eat more.

Providing meals and snacks as finger foods should not mean too much extra work but it does mean presenting food differently.

It is important to make sure that finger food is easily managed. This means that it is easy to pick up and hold. Food should be easy to bite and chew and it should not break apart or fall to bits when being eaten.

Easy finger food ideas include chunks of vegetables, fruit and cheese. Vegetable fritters, pikelets, pancakes, vegetable pasties and vegetable slices such as zucchini slice, are ideal. Meat can be served as small rissoles or meat balls, small pieces of chicken or other meat, small party pies and small sausage rolls. Any gravy or sauce can be served as a dip. It is probably best to avoid sticky or greasy food. Don't serve foods that could easily cause choking e.g. cocktail frankfurts, whole grapes, whole cherry tomatoes, nuts and foods with tough or chewy skin such as the skin of some fruit, chicken skin and sausage skin.

It will be necessary to make sure that hands and nails are clean before and after eating and that there are plenty of serviettes available.

The following finger food menu will give you some ideas:

Breakfast:

toast, hard cooked egg, cheese, sausage, banana, milk



Morning tea:

cake, fruit scone or muffin, tea, coffee or milk



Lunch:

small rissoles, potato wedges, small cob of corn, cooked broccoli pieces, fresh fruit pieces, ice cream in a cone



Afternoon tea:

pikelets, cake, cheese sticks, pieces of soft fruit dipped in yoghurt, tea, coffee or milk



Evening Meal:

cubes of ham or other tender cold meat, chunks of cucumber, wedges of tomato, bread and butter, piece of cake, pieces of fruit, milk or juice



Supper: milk drink and biscuit



Caring for someone with dementia

Much of the information in this booklet will be useful, however, this chapter provides extra information to help those who care for someone with dementia. Poor nutrition is often an issue for older people but for those with dementia there are special challenges.



Among other things, people with dementia may:

- have a poor appetite and lose interest in food
- refuse to eat
- not drink enough to be properly hydrated
- not recognise food or remember how to eat it
- forget how to start to eat and need prompting throughout the meal
- forget how to use cutlery (finger food could be a good idea)
- forget they have already eaten
- always be hungry
- crave sweet foods
- refuse to sit down to a meal
- be unable to keep still and like to eat while walking around
- have a poor attention span and not finish their meal
- eat so slowly they get tired or the food gets cold and loses its appeal
- store food in their mouth which may cause choking later
- choke easily

The following ideas may help to improve eating and food enjoyment for people with dementia

- Food should look and smell appealing. Even having the smell of food cooking may do the trick. Examples include coffee percolating, bread baking in a bread maker or dinner cooking in a slow cooker
- Food may taste bland to people with dementia. Stronger flavours and extra salt or sugar may increase meal appeal, even putting sugar on savoury food
- Involving the person being cared for in food preparation and table setting may increase their interest in eating
- To help avoid confusion, serve one course at a time. If using a table cloth or placemats choose ones that contrast with crockery and secure to avoid slipping. Plain crockery usually contrasts with food well. Table decorations may cause confusion
- Serving favourite food that will be eaten and enjoyed is probably the way to go even if variety has to suffer. New or unfamiliar foods may not be acceptable and while variety is encouraged, one has to be practical
- Be flexible with meals and meal times. Breakfast could be the main meal of the day if this is the time when appetite is best. So a hearty breakfast would make sense. It doesn't have to be complicated. Something easy to prepare like baked beans or boiled egg on toast followed by a piece of fruit and a glass of milk would be fine
- Allow plenty of eating time and reheat food if necessary
- Persevere and encourage people to eat but do not insist or force. If the meal is rejected, a nutritious snack is a good alternative and nutritious drinks are always a good standby
- A regular pattern of eating is important for some people while for others, the traditional three meals a day approach does not work. This means that nutritious snacks throughout the day could be the answer
- Some people with dementia like to eat 'all day'. Food that won't require refrigeration may need to be left where it can be seen. Suitable foods include fruit, cake, biscuits, sandwiches (vegemite, jam, honey, golden syrup or peanut butter) fruit cake, muesli bars and dried fruit
- Serve food that is easy to manage. Sandwiches or finger foods meals may be the easiest. Choose sandwich fillings that aren't likely to fall out

Toasted sandwiches are also an easy meal. See the previous chapter on 'Finger Foods' for more ideas

- Always check the temperature of food and drink. Some people really don't like cold drinks and others may be afraid that food will be too hot
- Some medicines may cause a dry mouth. Adding sauces, gravies, butter, margarine, dressings, custard or cream will help to moisten food and make eating easier and more enjoyable
- If the person you are caring for has difficulty chewing and swallowing it is important to get advice from a speech pathologist. Texture of food may need to be modified by chopping, grating, mashing or blending. Drinks and other liquids may need to be thickened
- Encourage the person you are caring for to have enough fluid. A total of six to eight cups daily is recommended. Fluid is not just water, it includes milk, soft drink, jelly, juice, tea, coffee, soup, cordial, custard and ice cream
- Poor hydration can lead to a number of health issues including increased confusion
- Independence is important and special cutlery, cups, plates and non-slip place mats may be needed. An occupational therapist will be able to help in regard to special utensils. Finger food is a good option if managing cutlery is too hard
- Some people with dementia like to eat constantly. Becoming overweight could affect mobility or care and that can be a problem. Limiting food and calorie intake is often very difficult. Try providing reduced fat food, serving lots of vegetables and salads (if they will be eaten)
- Some realistic exercise may be possible
- A physiotherapist will be able to assist with exercise and a dietitian will be able to give advice regarding food choices
- Meal time should be a social occasion whenever possible. People with dementia often eat better in company as they can observe and copy others. An exception may be if the person with dementia is self-conscious about changes in their ability to do certain things or they could be distracted by the presence of others

- Dentures that don't fit properly, sore gums and tooth ache make eating painful and difficult, if not impossible. Proper care of teeth, gums and dentures of people with dementia may be challenging (to say the least). Ask for help and advice from a dentist, dental hygienist or dementia advisor

Be aware that food related behaviour of people with dementia may change from day to day. This will mean 'taking each day as it comes'. Use the information in this chapter as a guide and don't hesitate to ask for help and advice from the doctor. Also, the National Dementia Helpline phone number is 1800 100 500

Staying Safe

Support workers may be concerned about potential dangers in the kitchen when people with dementia are preparing food.

With situations of potential danger there are no clear cut general rules that would apply to everyone.

It is very important to seek advice from professionals such as an occupational therapist or a specialist dementia nurse.



Are you a carer?



If you are caring for a frail or disabled relative, spouse or friend then you are a carer and it is important that you care for yourself as well as the person you care for. Eating properly and being properly nourished has a major role to play in your wellbeing. It is understandable that when you are tired or stressed, it is easy to lose interest in food. You could even be too tired to be bothered preparing a meal. It is all very well to be told that you should not miss meals and that you need to have a healthy diet but in reality, this can be a huge ask.

SO...

Nourishing meals do not have to be complicated affairs. On page 25 you will find some easy meal ideas that are suitable for both you and the person you care for. Don't feel bad about using convenience foods. These foods are ready to 'heat and eat' or have been partly prepared. There are lots of good choices available at the supermarket. In the refrigerator section you will find foods such as ready to eat custard, rice dessert, milk puddings yoghurts, macaroni cheese, lasagne and range of other meals. In the freezer section there is plenty to choose from including frozen fish, frozen vegetables, meat pies, sausage rolls, rissoles and a variety of frozen meals. On the shelves there are cans of 'ready to eat' soups, cans of stew, spaghetti and meatballs, canned creamed rice, cans of fruit and long life custard. In the fruit and vegetable section there are prepared salads, soup mixes and cut up vegetables.

All of these items (and more) are useful foods to include on your menu.

Bread based meals can be nourishing and as simple as 'something' on toast. It could be scrambled egg, left over mince or stew, spaghetti, baked beans or cheese. What about sardines on toast? Sandwiches are always a good standby and for a change, you may like to make a hamburger instead of a sandwich. Finish off with a glass of milk and some fruit and custard and you have had an easy, nutritious meal.

If you are finding regular mealtimes difficult to manage then snacks throughout the day, morning tea, afternoon tea and supper are important. Nutritious ideas for snacks and mid meals include sandwiches, plain toast, raisin toast, yoghurt, custard, fruit smoothies or other milk drinks, hearty soup and even a bowl of breakfast cereal. Porridge would be good and instant porridge cooks quickly in the microwave.

Home delivered meals or take-away meals are a good idea if you simply do not feel like preparing a meal or you would just like a change. Don't forget the barbeque chicken or fish and chips. They are good choices.

There are going to be times when you really don't feel bothering about a meal at all. If this is the case, on page 12 there are some nutritious drink ideas. Why not prepare one of these for yourself and for the person you care for.

Keep in mind that it really doesn't matter what time of the day you have your main meal. Have it at a time to suit you and, that could change from day to day depending on what is going on and how you feel.

Keeping well hydrated is as important as eating. There is some important information in regard to having enough fluid on page 27. If you have been used to having a cups of tea throughout the day, keep up the habit.

Carers sometimes feel isolated and lonely and this doesn't do much for the appetite! Why not invite someone for a meal from time to time. Having company could make eating much more enjoyable. You don't have to prepare a banquet, a cup of tea and a sandwich would be fine. The person you are caring for could enjoy some extra mealtime company as well.

Part of your caring for yourself will be having some respite from time to time.

There is information in this regard on pages 56-57 under the heading of 'Information for Carers.'

Look after yourself and eat well because if you are a carer, you are special and precious!

Food Safety

Some bacteria and the toxins they produce can cause food poisoning.

Small numbers of bacteria in foods are usually not a problem.

Food containing dangerous levels of bacteria may look, taste or smell the same as safe food.

The elderly, particularly if frail, are vulnerable, so food safety and hygiene is particularly important. Food poisoning in older people can seriously affect their ability to remain hydrated and well nourished.

FOOD, WARMTH, MOISTURE and TIME

Bacteria need **FOOD** to grow and multiply. Foods in which bacteria grow most readily are called **HIGH RISKS FOODS**. These include raw and cooked meat, chicken, fish and other seafood, milk and milk products such as soft cheeses, mornays and milky desserts like creamed rice, baked rice custard and instant pudding.

Eggs can also be risky so always cook them, don't serve them raw as in egg flips.

Cooked rice and pasta (especially if in creamy sauces) are also high risk.

Processed foods containing eggs, beans, nuts or other protein- rich foods, including quiche and soy bean products are also on the high risk food list. Don't leave foods out of the refrigerator for more than two hours.

Bacteria need **WARMTH** to grow and multiply. The temperature that most bacteria grow best in is between 5° c and 60° c. This is known as the **DANGER ZONE**. Room temperature is in the danger zone.

High risk cold food should be kept in the refrigerator at **5° c or below**.

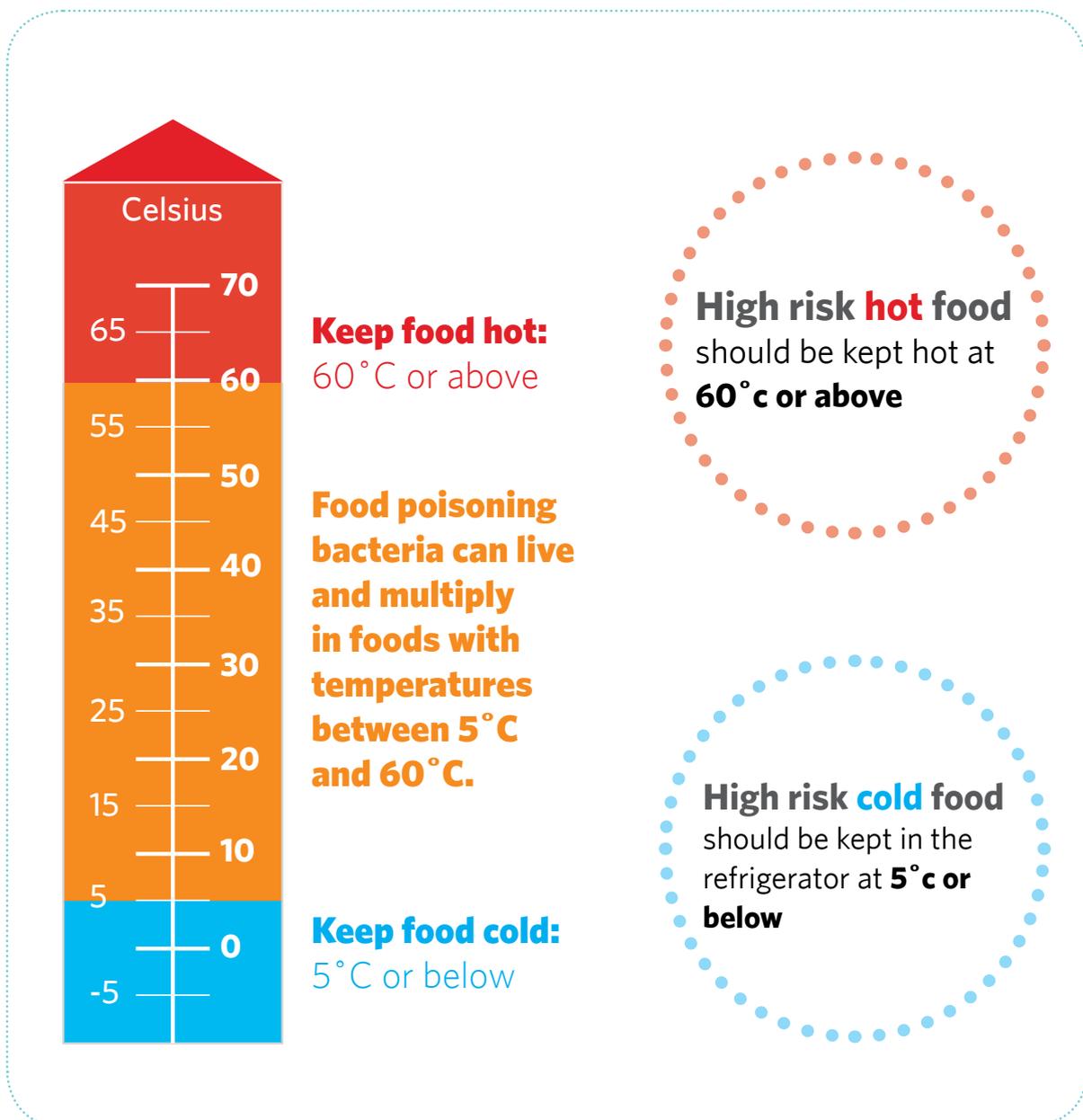
High risk hot food should be kept hot at **60° c or above**.

Bacteria need **MOISTURE** to grow and multiply. Soups, stews, milky desserts and creamy pastas are more risky than dry crackers and bread. Breads, cake and biscuits are not a worry as long as they don't have high risk spreads or fillings like cream or custard.

Bacteria need **TIME** to grow and multiply. Leaving high risk food out of the refrigerator for more than two hours is indeed a risk. This is especially so if the food is intended for vulnerable people such as the frail aged.

Bacteria in foods can reach dangerous levels in food

- if food is not cooked properly
- if food remains in the danger zone for too long
- if food is incorrectly stored



Some guidelines to help keep food safe:

- Wash and dry hands thoroughly before and after handling food
- Prevent bacteria spreading. Use separate chopping boards for raw and cooked food
- Thoroughly wash all equipment after each 'job'. Just rinsing under the tap will not be good enough. Wash in hot soapy water, rinse and dry
- Do not use chipped and cracked crockery
- Take hot take-away chicken out of bag it comes in, before putting in the fridge
- Red meat should be cooked within three days of buying. Chicken and fish should be cooked the day it is bought or the next day. If freezing any of these foods, freeze on the day of purchase. Don't forget to label with name and date
- Store raw meat, chicken and fish on the bottom shelf of the fridge so that raw juices won't drip onto other food
- Cook chicken until the juices are clear. This needs to be checked in the thickest part and near the bone
- Minced meat should be cooked for about 20 minutes
- If soups, stews or casseroles are to be frozen, they should be placed into flat containers for quick cooling. They should also be labelled with the date and name of food. Place in freezer so that cold air can circulate around each container
- Cooked food should be put into the refrigerator or freezer within two hours of cooking. (even if it is still warm). Food should be in a container with a lid or covered with plastic wrap
- Food containers should be placed in the refrigerator or freezer so that cold air can circulate around each container
- High risk food should not be left at room temperature for more than two hours. No more than one hour would be even safer. If a high risk food has been out of the refrigerator for more than two hours, throw it away. This is especially so in the hot summer months. It is better to waste a little food than to be sick

- High risk foods whether they are cooked or raw, that have been left out of the fridge overnight should be thrown out. They cannot be made safe by boiling or any other cooking method
- It is best to thaw large pieces of meat, chicken and fish in the refrigerator
- Thawing frozen cooked food dishes such as casseroles, should also take place in the fridge. If chicken is thawed in the microwave it should be cooked straight away
- Reheat cooked food quickly
- Leftovers should be reheated once only
- Food will not keep forever in the fridge. Two or three days maximum for high risk foods
- Clear out the refrigerator regularly. Weekly would be good



**Keep hot food
hot and cold
food cold!**

**If in doubt
throw it out!**

Exercise

Exercise helps an older person improve muscle strength, balance and mobility and enable them to continue to perform daily tasks.

A person's physical strength can also affect their ability to go shopping, cook or eat independently which can ultimately influence food intake.

Older people vary in their level of independence, from those who are mobile to those who are immobile and are very frail. Encouraging them to incorporate appropriate exercise, including strength, balance and endurance training in their daily routine when possible will promote continued physical and mental functioning and prolong independence.

Everyone can benefit from regular exercise or physical activity, and it's never too late to start; even those using 'walkers' or wheelchairs or who have arthritis or heart disease and are on multiple medicines can benefit.

There are different forms of exercise/training that have different benefits: balance training, strength or resistance training, flexibility training and aerobic or cardiovascular training.

Resistance/Strength Exercise: Benefits

- Increased muscle strength and muscle mass
- Improved balance and gait stability
- Increased bone density and strength
- Prevention of falls
- Improved appetite
- Improved diabetic control, glucose tolerance
- Slowing of chronic wasting diseases
- Improved functional independence



Aerobic Exercise: Benefits

- Reduces blood pressure
- Helps to prevent constipation
- Improves glucose tolerance, diabetes control
- Decreased depression
- Improved aerobic capacity
- Decreased arthritis symptoms

Flexibility Exercise: Benefits

- Increased tissue elasticity
- Increased joint range of motion
- Improved functional capacity

Balance Exercise: Benefits

- Gait disorder improvement
- Falls prevention
- Decreased fear of falling



Each person needs to have an individualised exercise plan. The prescribed exercise needs to be appropriate to the problem that is being addressed. The exercise should begin gradually and be tailored to the person's needs. This will be important especially if the individual has muscle wasting, poor gait and balance, visual impairment or is on multiple medications.

There is some overlap between the forms of exercise and their benefits.

Common to the older population is a decrease in muscle mass and strength. This is the result of a decline in the production of muscle tissue, and increased muscle wasting from inactivity or disease as well as age. This loss of muscle mass means they have a harder time remaining physically active and gradually lose the ability to perform activities of daily living and as a result they become frailer.

While all types of exercise are highly recommended, only strength training, otherwise known as resistance training, can improve age related loss of muscle mass. The benefits of this type of training include increased hip and thigh muscle strength. If a person can't get out of a chair without using their hands, then their hip and thigh muscles need strengthening. Strength training may be the preferred initial exercise. It enables them to participate more fully and safely in aerobic activities or simple tasks requiring transfers or mobility.

It makes sense to begin with resistance training which improves strength, balance, mobility and functional independence. Further improvements to health can be gained with the later introduction of aerobic and flexibility exercise for additional cardiovascular benefit and improvements in daily activities.

Examples of Different Forms of Exercise



Strength Training

- Lifting hand held weights
- Using weighted wrist/ankle bands
- Elastic resistance bands
- Weight lifting machines
- Isometric exercises
- Lifting body weight out of chair

Exercise Intensity Scale	
6	
7	
8	
9	Very Light
10	
11	Fairly Light
12	
13	Something hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

Aerobic Zone

Strength Training Zone

Balance Training

- T'ai Chi
- Standing on one leg - can be done whilst holding on to the back of a chair
- Stepping over objects
- Standing on heels and toes
- Walking heel to toe
- Sitting on a balance ball



Aerobic Training

- Walking, treadmill
- Exercise bike
- Climbing stairs
- Swimming
- Dancing
- Gardening



Flexibility Training

- Stretches



Independence and quality of life are improved with exercise. The effects of exercise are evident in just a few weeks. Particularly resistance training can produce significant gains in strength and power.

A strength training program has been shown to improve walking, bathing, dressing and getting in and out of chair and bed. People climb stairs more easily, walk faster and have improved appetite. They are more likely to achieve greater benefits from their nutritional supplements if taken in conjunction with strength training. For strength training to be effective, weights should feel 'hard' to lift, but not cause pain, and should be increased by 0.5 to 1.0 kg as soon as they no longer feel 'hard' to lift. A protein-rich drink, (such as one found on 12) should be taken soon after exercise.

While one is never too old to begin strength training, it is surely advantageous to start sooner rather than later. It is therefore recommended that the person you care for has access to well-designed strength training programs.

Malnutrition risk screening tools

Identifying malnutrition risk is an important first step in awareness and intervention. Malnutrition is more common when there is no documented awareness of weight loss or being underweight.

To help identify those who are frail or at risk of malnutrition the following screening tools have been developed.

Screening does not diagnose malnutrition. It is used to identify those who may be at risk and require referral to a dietitian. The dietitian will do a nutritional assessment.

What follows are three screening tools which have been shown to be valid in community settings. These include the:

- **MST (Malnutrition Screening Tool).**
- **SNAQ (Simplified Nutritional Appetite Questionnaire)**
- **MNA-SF (Mini Nutritional Assessment Short Form)**

Choose one that suits you the best.

If a person is screened to be at moderate or high risk, a more thorough nutritional assessment can be done. Such an assessment is best done by a dietitian. As well as this the dietitian can give advice about how to maintain or increase weight and provide simple achievable food ideas to reverse malnutrition.

Malnutrition Screening Tool (MST)

The MST is a tool developed by Australian researchers which is quick and simple (less than 5 minutes) to use. It has been shown to be a valid tool. Minimal calculations are required; It asks about appetite and recent weight loss. A score 2 or more indicates a risk of malnutrition.

Have you lost weight recently without trying?	
If No	0
If Unsure.....	2
If Yes, how much weight (kg) have you lost?	
From 0.5 to 5.0kg.....	1
From 5.0 to 10.0kg.....	2
From 10.0 to 15.0kg.....	3
More than 15.0kg	4
Unsure.....	2
Have you been eating poorly because of a decreased appetite?	
No	0
Yes.....	1
Total	
Low risk:	MST = 0-1
At risk:	MST = 2 +

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SIMPLIFIED NUTRITIONAL APPETITE QUESTIONNAIRE (SNAQ)[©]

The SNAQ⁽³⁾ requires no measuring of weight or height and is quick to complete. It can assist to identify if you may lose weight in the future.

You must be able to answer the 4 questions.

Name

Screening date Age

ADMINISTRATION INSTRUCTIONS
Answer the following questions and then tally the results.
The sum of the scores for the individual items constitutes the SNAQ score.

A. My appetite is

- Very poor = 1
- Poor = 2
- Average = 3
- Good = 4
- Very good = 5

B. When I eat, I

- Feel full after eating only a few mouthfuls = 1
- Feel full after eating about a third of a meal = 2
- Feel full after eating over half a meal = 3
- Feel full after eating most of the meal = 4
- Hardly ever feel full = 5

C. Food tastes

- Very bad = 1
- Bad = 2
- Average = 3
- Good = 4
- Very good = 5

D. Normally I will eat

- Less than one meal a day = 1
- One meal a day = 2
- Two meals a day = 3
- Three meals a day = 4
- More than three meals a day = 5

SNAQ score of **14 or less** predicts significant risk of at least 5% weight loss within six months. Refer to dietitian for nutrition management plan.

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Mini Nutritional Assessment – Short Form (MNA-SF)

The MNA-SF focusses on BMI, weight loss, mobility, stress or illness, poor appetite, dementia/depression. If BMI can't be obtained, calf circumference can be used instead. A score of 11 or less indicates nutrition risk. This means that you require a full nutritional assessment using the full MNA by a dietitian or other professional trained in its use.



Mini Nutritional Assessment MNA®

Last name:		First name:		
Sex:	Age:	Weight, kg:	Height, cm:	Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening	
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? 0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake	<input type="checkbox"/>
B Weight loss during the last 3 months 0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3 = no weight loss	<input type="checkbox"/>
C Mobility 0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out	<input type="checkbox"/>
D Has suffered psychological stress or acute disease in the past 3 months? 0 = yes 2 = no	<input type="checkbox"/>
E Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems	<input type="checkbox"/>
F1 Body Mass Index (BMI) (weight in kg) / (height in m²) 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater	<input type="checkbox"/>

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm 0 = CC less than 31 3 = CC 31 or greater	<input type="checkbox"/>
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Screening score (max. 14 points)	<input type="checkbox"/> <input type="checkbox"/>
12-14 points:	Normal nutritional status
8-11 points:	At risk of malnutrition
0-7 points:	Malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA® - Its History and Challenges*. J Nutr Health Aging 2006;10:456-465.
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 For more information: www.mna-elderly.com

Useful contacts for carers

Commonwealth Home Support Programme (CHSP)

The CHSP aims to help older people stay independent and in their homes and communities for longer.

You can be referred to CHSP, if you

- Are a frail older person living in the community who is 65 years and over or an Aboriginal/Torres Strait Islander person aged 50 years and over
- Require assistance with activities of daily living to remain living independently at home
- Require a CHSP service type (examples including non-post acute nursing and allied health, domestic assistance, personal care, meals and transport)
- Are not eligible for provision of services from another funding source e.g. Department of Veterans' Affairs, Workers Compensation

Under the CHSP people will be able to receive a wide range of services, including personal care, domestic services and meal services.

MyAgedCare will be the central intake point for entry into the aged care system and receiving CHSP services. Contact MyAgedCare centre on 1800 200 422 or: <http://www.myagedcare.gov.au/>

The phone service is available from Monday - Friday 8.00am - 8.00pm and Saturdays 10.00am - 2.00pm.

- **Carers Australia** 1800 242 636 www.carersaustralia.com.au

Provides information and support for carers

- **Centrelink** www.humanservices.gov.au/customer/dhs/centrelink

Provides financial assistance for carers.

- Disability, Sickness and Carers 132 717. Enquiries about Disability Support Pension, Mobility Allowance, Carer Payment, Carer Allowance, and Sickness Allowance
- Older Australians 132 300. Age Pension, Pensioner Concession Cards, Bereavement assistance and Commonwealth Seniors Health Card enquiries
- Centrelink Multilingual Phone Service 131 202

- **Contenance Support**

National Contenance Helpline: 1800 330 066 www.continence.org.au

Ring this number to find your local continence nurse advisor and information on the Contenance Aids Payment Scheme (CAPS)

- **Dementia Services**

National Dementia Helpline: 1800 100 500 www.fightdementia.org.au

- **Independent Living Centres** 1300 885 886 www.ilcaustralia.org.au

Provide assistive technology to help people maximise their independence and their ability to manage everyday tasks.

There is a branch in each State and Territory Capitol city.

- **Translating and Interpreter Service** 131 450 www.tisnational.gov.au

- **Aged Care Complaints Scheme** 1800 550 552

www.agedcarecomplaints.gov.au

The Aged Care Complaints Scheme is available to anyone who has a complaint or concern about an Australian Government-subsidised aged care service (residential or community care).

- **The Aged Rights Service (TARS)** 1800 424 079 www.tars.com.au

This service offers free confidential information relating to the rights of people receiving aged care services.

- **Veteran's Home Care** www.dva.gov.au

The program provides low-level home care services to eligible veterans and war widows and widowers.

General Enquires: 133 254

Regional: 1800 555 254

Help is also available through the Veteran's Access Network (VAN).

They provide up-to-date information for veterans, war widow(er)s and their carers and are located in all capital cities and in areas of large veteran communities.

- **Aged Care Assessment Teams (ACATs)** www.myagedcare.gov.au

Contact your local ACAT by calling your local public hospital.

The authors would like to thank the following people for their advice and comment

Dietitians

Mary Anne Asaf, Jean Reid, Wendy Gray, Danielle Webber, Karen Keast, Vicki Weng, Caryn Kneale, Nicole Wiles, Cassie Knight, Helen McLean, Queeny Lau, Megan Jones, Sharon Lawrence

Organisations

Vicki Elliot, Manager, Dementia Day Care Service Central Coast Ltd

Jane Bevan, Home Care Service of NSW

Marilyn Cassin, Manager, Field Services, Community Care Central Coast Ltd

Jan Harrison, Care Support Facilitator, Central Coast Local Health District

Mo Kane, Dementia CNS, Central Coast Local Health District

Cindy Lawther, Sue Mann Nursing Service

Godfrey McCormack, NSW MOW

Karen McBeath, Learning & Development Coordinator, Hammond Care

Bridgette Mexted, Anglicare

Linda Segrot, Frail Aged & Ageing Coordinator, Coastlink

Chris Shanley, Aged Care Research Unit, Liverpool Hospital

Barbara Lewis, Northern Sydney Carer Support

David Follent, Nunyara Aboriginal Health Unit, Central Coast Local Health District

Edna Wachter, Multicultural Health Worker, Central Coast Local Health District

Special thanks to:

- The carers who shared their time, experience and expertise
- Professor Stewart Truswell, Emeritus Professor of Human Nutrition, University of Sydney
- Sue Hobbs, Administration, Central Coast Local Health District
- Design & Print Department, Central Coast Local Health District



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A Nutrition Resource
for Older People and their Carers