Exploring the views and dietary practices of older people at risk of malnutrition and their carers: the Nutrition in Later Life Study

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BACKGROUND

Estimates suggest that 1.3 million people aged 65 years or more in the UK are malnourished. Malnutrition can go unnoticed in the early stages as it can be difficult to recognise, and General Practitioners (GPs) or practice nurses may not have the time or not have received training on how to deal with this condition. Currently, little is known about the dietary choices made by older people at risk of malnutrition, how it is recognised and acted upon, and how this can be improved.

AIMS

1. To explore the views and dietary practices of older people at risk of malnutrition and their informal carers on the management of malnutrition in later life
2. To identify the gaps in knowledge, barriers and facilitators to healthy eating in later life for older people at risk of malnutrition
3. To explore potential interventions for malnutrition in later life, focussing on those that could be provided by the primary care team

METHODS

- Sample
  - Community dwelling, aged ≥75 years old, identified to be malnourished or at risk of malnutrition (BMI<20 or estimated to be low by clinician)
  - Carers (support with shopping or meal preparation at least weekly)
- Recruitment
  - 4 urban and suburban general practices in London
  - Older person via patient records (electronic searches and manual review), invitation from GP with telephone reminder; Carers via older person & Carers' group; £20 gift voucher as thanks
- Semi-structured interviews and one focus group with carers
- Data audio-recorded, transcribed verbatim and anonymised
- Data collection continued until saturation of key themes and thematic analysis used to identify themes and their meaning, with input from the entire research team including lay members
- Ethical opinion by London Riverside Research Ethics Committee (17/LO/1490) and Health Research Authority (HRA) approval

FINDINGS

- Habits formed in earlier life are largely maintained. Changes when: Mental, physical, cognitive health has an impact on diet / ability to prepare food; Household composition changes; Effort to cook / lack of motivation. Use of ready-made meals is popular.
- Eating between meals is perceived negatively by most older people, but some carers reported using snacks as a way to increase older people's intake.
- Many older people were unaware of changes in their eating pattern and were happy with their appetite, although some noticed their portion sizes were smaller or they had lost weight. Energy levels were reduced.
- Carers had different perspectives, and most of them thought that older people's appetite had reduced. Those caring for people with dementia were concerned that oral intake had to be monitored by another person.
- For most people the concept of healthy eating in later life was not any different from that recommended for younger adults. There was lack of knowledge of older people about any dietary adaptations needed in later life. Some people were resistant towards gaining weight or changing their diet.
- Financial capability was a barrier to healthy eating for some participants.
- Most of the carers were aware of a need for dietary adaptations, although some reported lack of guidance and information about how to support nutrition in people who kept losing weight.
- Carers felt that the presence of others was important to provide practical and emotional support for older people who were frailer or cognitively impaired.
- Different approaches need to be considered based on older people's functioning, cognition, and social/family circumstances.
- Older people were open to receiving advice about their nutrition, and would welcome a service that could be delivered on the NHS. Some thought that the person delivering this type of service could be a doctor, a nurse, or a dietician, whereas others suggested third sector organisations.
- Communication skills and an approach tailored to the individual, as well as avoid being patronising were thought to be important elements of this type of intervention.

Demographics	Older people N=24	Carers N=9
Age	75-79 (n=9), 80-84 (n=6), 85-89 (n=4), 90+ (n=5)	50-59 (n=4), 60-69 (n=2), 70-79 (n=2), 80-89 (n=1)
Gender	Female (n=17), Male (n=7)	Female (n=6), Male (n=3)
Ethnicity	British, Irish or White other (n=18), Indian/Asian (n=2), African/Caribbean (n=2), missing (n=2)	
Living arrangements	Lives alone (n=15), Lives with spouse/partner (n=8), Lives with other family (n=1)	
Marital status	Single (n=4), Married (n=7), Divorced (n=6), Widowed (n=6), missing (n=1)	
Housing	Owner-occupied (n=10), Council rented (n=6), Housing association rented (n=4), Private rented (n=2), Sheltered housing (n=1), missing (n=1)	
Education	<15 years (n=9), 15-16 years (n=5), 17-20 years (n=3), 21+ (n=7)	
Relationship		Daughter (n=4), Spouse/partner (n=3), Granddaughter (n=1), Other (n=1)

QUOTES

"There's less desire to sit down and eat, but when I get started, I'm fine, but the bother of, I suppose, preparing it really." (OP, Male, 90+)

"As I've got older, I make sure that I don't snack" (OP, Female, 80-84)

"Then she has some snacking options in her bedroom and I've learnt that it's important to leave more of these actually, because I think she forgets to eat." (Carer, Female, 60-69)

"He doesn't eat anywhere near as much as he used to when he was younger, he doesn't want it." (Focus group, Carer, Female, 70-79)

"I shop in a different main shop every day… I only buy what's going cheap; I know exactly what I'm going to get in each shop." (OP, Female, 85-89)

"… I mean, I don't want to be … 9 stone because then my blasted clothes would start to get tight and no way do I want to fiddle around altering clothes again, because I've made them smaller and smaller and smaller." (OP, Female, 75-79)

"I've been worried because my mother has lost a lot of weight and giving her a very healthy diet isn't going to help her put on weight. In some ways I feel she actually needs higher calories because she's eating so little. So I've been in a bit of dilemma, I don't want her to eat all the rubbish… but at the same time, I want her to put on a bit of weight. So I think that is a problem." (Focus group, Carer, Female, 50-59)

"In this country with the NHS, doctors are so busy, but I do think people listen to them." (OP, Male, 80-84)

"I'd rather see the nurse perhaps who knows me very well than a doctor that I don't know." (OP, Female, 90+)

"I think again, it would depend very much on the person, apart from their qualifications, the person and how they approached it, because sometimes people approach things, I think, in a rather patronising fashion." (OP, Female, 75-79)

CONCLUSIONS

There is a lack of recognition of appetite and weight loss as a problem by older people. More information is needed on adapting diet and intake to age-related nutritional needs and reduced appetite. A tailored approach to intervention needs to differentiate between those who are able/not able to prepare own meals and engage with carers.

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