or many aged care providers the costs and relative benefits associated with nutrition supplements and food budgets are a contentious issue. Questions are often posed around whether supplements are necessary for someone of advanced age. What is the impact of supplements and food fortification? Should we invest more in food or in supplements?

Malnutrition rates among older Australians are high and this is often overshadowed by resources dedicated to population obesity trends. There remains a stigma around overweight older people and weight loss is often encouraged, without stopping to think about the wider implications of weight loss in an older person. Malnutrition risk is present across the weight continuum (from underweight, healthy weight to overweight) and for an older person, any unintentional weight loss warrants investigation. When picked up early, malnutrition can be prevented or easily treated, but once an older person has lost significant body weight, improving nutrition outcomes becomes very difficult. Whilst malnutrition is recognised once a person becomes visually frail and infirm, early signs of decreased food intake and weight loss are often missed.

Optimising nutrition intake for all older people in our care is crucial to many functional outcomes associated with daily activities. Food and fluid intake, if managed well, can contribute significantly to improved quality of life and various clinical indicators such as bowel management, skin integrity and reduced risk of falls. When food and fluid intake is not managed well, clinical outcomes are poor; recovery from illness is slow, hospital admissions are longer and care needs are higher. All providers of care to the elderly need to recognise the impact of poor nutrition and to optimise intake for all clients or residents, not just those who are obviously frail.

New guidelines around protein intake have been released and indicate that older people need more dietary protein than younger adults to maintain and regain muscle. This challenges the myth that we don't need to eat as much when we get older. As a
dietitian working with older people, achieving higher protein intake with my clients is really challenging as there are many underlying factors present which reduce oral intake. Therefore I am left with the difficulty of creating meal ideas for someone who does not want to eat much but has high nutritional needs. This dilemma is common among older people living in the community as well as those in residential care.

There are many strategies that can be used to increase total caloric and protein intake for those with low appetites:
- increase access to preferred foods and fluids
- provide small meals often
- incorporate high quality protein ingredients at all meals (e.g., meat, fish, chicken, eggs, dairy, legumes, tofu, lentils)
- fortify meals to create higher energy density (add energy and protein foods such as milk powder, butter, cream, honey, sugar or cheese to meals), and
- provide high protein drinks and nutritional supplements in addition to foods.

There is clear evidence that nutrition interventions can improve outcomes for those with malnutrition and that oral nutrition supplements and food fortification are both effective strategies for older people in the community and residential care sectors. Selecting an appropriate range of strategies to use requires individual assessment. Someone living in their own home who is having difficulty preparing their own foods will likely do well having pre-prepared supplements in addition to meals, whereas for someone in long term care, with a dedicated food service, there will likely be more food based strategies that can be implemented to optimise nutrition intake. In all care settings there are some who do well with supplements and others who do well with foods.

When supplement use and costs become high, it usually relates to individual assessment not being carried out, the underlying causes of weight loss and reduced food intake not being addressed and supplement use not being monitored and evaluated. Many aged care providers now have generic policies in place whereby if a resident loses weight they automatically are commenced on nutrition supplements or food based interventions without adequate consultation with the resident. This often leads to residents being commenced on interventions they do not like or tolerate, increased food and supplement wastage and little or no improvement in resident nutrition outcomes.

Detailed nutrition assessments, monitoring and evaluation of interventions and clinical outcomes is considered best practice. The question should not be around supplements or food but having difficulty preparing their own foods will likely do well having pre-prepared supplements in addition to meals, whereas for someone in long term care, with a dedicated food service, there will likely be more food based strategies that can be implemented to optimise nutrition intake. In all care settings there are some who do well with supplements and others who do well with foods.

When supplement use and costs become high, it usually relates to individual assessment not being carried out, the underlying causes of weight loss and reduced food intake not being addressed and supplement use not being monitored and evaluated. Many aged care providers now have generic policies in place whereby if a resident loses weight they automatically are commenced on nutrition supplements or food based interventions without adequate consultation with the resident. This often leads to residents being commenced on interventions they do not like or tolerate, increased food and supplement wastage and little or no improvement in resident nutrition outcomes.

To offer adequate interventions for managing malnutrition and weight, consider the following:
- offer a range of hot and cold protein foods in addition to traditional continental breakfast (e.g., eggs, baked beans, yoghurt, cheese)
- provide nourishing mid meal snacks (including all food textures)
- provide a range of oral nutrition supplements available for those who are unable to meet nutrition requirements through foods alone (milk-based, juice-based and energy dense supplements).
- investigate options for providing meals (especially breakfast) at staggered times to fit around individuals morning sleep and hygiene activities
- have the option to fortify at least one component of each main meal (e.g., porridge at breakfast, mashed potato at lunch and soup with evening meal), and
- make in-house milkshakes and smoothies or offer commercial flavoured milks and juices as part of hydration breaks
- provide high protein drinks and nutritional supplements in addition to foods.

To assist in making decisions around supplements and foods it is recommended that the support of a dietitian is embraced. A dietitian not only provides individual client assessments but can help ensure resident care facilities and community aged care providers have nourishing menus which incorporate high protein options and can devise systems for meal fortification that suit constraints around food services as well as the needs of clients. The underlying goal, for aged care nutrition, is to improve outcomes and clinical indicators and there are many ways this can be achieved.

Author: Denise Burbidge, Chief Dietitian, Leading Nutrition Pty Ltd. Leading Nutrition is a national supplier of nutrition services for aged care providers with a team of expert aged care dietitians. See www.leadingnutrition.com.au or phone 1300 722 712.

References