

MALNUTRITION AND SENIORS

When a relative doesn't eat enough

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Good nutrition is critical to senior health, but many older adults do not eat right. Older people are more likely to have inadequate nutrition than younger adults are — and are more susceptible to numerous health problems related to an inadequate diet. Many older adults in long term care facilities have poor nutrition. While seniors cared for at home or living independently generally fare better, patterns leading to inadequate nutrition — also called malnutrition — often begin at home. Knowing the causes and danger signs of nutrition problems, as well as taking steps to ensure a diet rich in protein and other necessary nutrients, is critical in maintaining senior health and strength.

Problems caused by malnutrition

Over time, malnutrition in older adults can lead to fatigue and increase the risk of digestive, lung and heart problems. Malnourished seniors are at increased risk of death. Malnutrition weakens the immune system, increasing the risk of pneumonia and other serious infections. It can worsen existing health conditions and mental

confusion. Over time, poor nutrition can lead to a low red blood cell count (anemia) and muscle weakness leading to falls and fractures. Poor nutrition can also cause blood clots, bed sores, and depression and other senior health problems.

Good nutrition is especially important for the very ill or seniors who have dementia. These older adults are more likely to be admitted to a hospital or long term care facility — and are vulnerable to post-surgical complications and other problems linked to poor nutrition. Healthy, independent seniors need good nutrition too — often, nutrition problems develop gradually. Identifying dietary problems as early as possible and taking steps to eat well can make a big difference later.

Malnutrition in seniors: A web of factors

At first glance, the causes of malnutrition seem straightforward: too little food, a diet lacking in nutrients or absorption, eating or digestion problems related to getting older. But the causes of malnutrition are often more complex. For instance, older single adults, even those who are energetic and self-sufficient, often do not cook for themselves. Their typical dinner



may be nothing more than a handful of popcorn or a cup of tea.

Carried on for a long time, a nutrient-poor diet accelerates the loss of muscle mass and strength that normally comes with aging. Shopping and preparing food become more difficult, which reinforces the tendency to subsist on easy but empty fare — such as toast, cold cereal or saltine crackers. Eventually, the chronic lack of nourishment leads to increased frailty, dependence and illness, which in turn can trigger depression — itself a major drain on appetite.

When does malnutrition begin?
Often, the cause of malnutrition is not a single event, but a cascade of difficulties that can include physical, social and psychological issues.

Physical causes of malnutrition: Older adults often have health issues that can lead to decreased appetite or trouble eating. These include chronic illness, trouble chewing and swallowing, a recent hospitalisation or nursing home stay, trouble absorbing nutrients (malabsorption), medications, diminished taste and smell, frailty and so on.

Social and psychological causes: Sometimes social factors and other factors are linked to malnutrition. These include limited income, depression, alcoholism, reduced social contact, restricted diets etc.

What to look for

The signs of malnutrition in older adults are often hidden, especially in people who do not seem at risk. To help uncover problems before they become more serious:

- Ask an older loved one about eating habits, but do not rely on self-reports alone
- Look for physical problems such as poor wound healing, easy bruising and dental difficulties
- Know what drugs an older loved one takes, and how they affect appetite and digestion
- Ask an older loved one's doctor to check certain protein

levels (serum albumin, prealbumin or retinol binding protein levels)

What you can do

Malnutrition is a complex problem, but even small changes make a big difference in an older person's health and well-being:

- Enrich diets
- Restore life to bland food
- Plan between-meal snacks
- Use nutritional supplements
- Consider outside help
- Engage doctors
- Make meals social events
- Encourage regular exercise

Treating nutrition problems: Critical to senior health

Aging-related changes, health conditions and medical treatments can affect appetite, chewing, swallowing and digestion — and can cause other problems that make eating well a challenge for older adults. Overcoming these problems can be difficult. But identifying and treating nutrition problems as soon as possible is critical to senior health, longevity, independence and well-being. Take steps to ensure adequate nutrition in an older loved one. Look for signs of poor nutrition and discuss any concerns with doctors and other care providers.

Partnering palm and soybean oils

AHA recommendations and USFDA legislated health claims achieved by partnering palm and soybean oils

KALYANA SUNDARAM and YUSOF BASIRON

Nature has been generous in endowing palm oil with a composition that is uniquely balanced between the saturated and unsaturated fatty acids. Even when programming this higher level of saturates in the oil, nature's consideration for optimisation was already apparent — the biology of the oil palm dictates that this saturate be in the form of palmitic acid (C16:0), the same saturated fatty acid that is most abundant in our body and throughout most of nature's creations.

As if further serious thought was given to this composition by nature, most of the palmitic acid in palm oil is placed within the triglyceride molecule. This is in stark contrast to palmitic acid from animal sources.

Within the modern concept of optimum nutrition, and in a food based environment that is reflected by highly processed foods, palm oil should have been rated higher by the nutrition gurus of this world. Unfortunately, the "fat-world" is overwhelmed by a predominance of

how unhealthy saturated fats are and how these are implicated in a number of degenerative diseases, including coronary heart diseases (CHD).

Dietary recommendations are thus numerous, with many authoritative recommendations targeting lower and lower levels of saturated fat intake even when it is obvious that such efforts would be futile since product functionality and consumer acceptance are often significantly compromised.

The story behind palm oil is indeed a classical case study. Publications in the science and lay press were highly successful in convincing the often uninformed consumer that saturated fat consumption must be lowered to reduce increasing CHD risk. There was much merit in these concepts but the down side was the fact that the type of saturates was never differentiated from each other especially if they were of plant or animal origin.

In the 1980s, palm oil as a food commodity oil began making significant inroads into the marketplace, often at the expense of soybean oil. The anti-palm, anti-tropical oil campaign that

popped its ugly head in the mid-1980s created the scare tactics that resulted in the removal of palm oil from many food applications, especially those of solid fat formulations. The anti-palm oil campaign is now openly acknowledged as a commercial ploy by the competing oils against palm oil so that they could take advantage of the marketplace. The void left by palm oil was flooded by the use of partially hydrogenated oils and fats that were often touted to be far more heart healthy than the palm oil components that they so effectively replaced.

This indeed signaled the rapid increase of trans fatty acids in our foods and recorded peak levels of consumption in North American and Europe during these periods. These trends were often fueled by health messages that sought to position polyunsaturated margarines and related fat formulations as the healthy alternative to saturated "tropical oils" despite higher content of trans fatty acids (TFA).

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DID YOU KNOW?

Insomnia prolongs depression in the elderly

Persistent insomnia may perpetuate depression in elderly patients receiving standard care by primary care providers, according to study findings reported in the journal Sleep.

"This study highlights the importance of staying on top of insomnia that (occurs) with depression," lead author Dr. Wilfred R. Pigeon, from the University of Rochester Medical Center in New York, told. "We don't yet know which patients' insomnia will dissipate when depression starts to improve, so the most conservative approach would be to treat it when you see it."

Insomnia has historically been considered a symptom of depression, the authors note, and recent evidence suggests that insomnia is a risk factor for depression onset and recurrence. Whether insomnia represents a separate disorder remains open to question.

To explore these issues, the researchers examined data from Project IMPACT, a study conducted at 18 primary care clinics comparing enhanced care with usual care for late-life depression. The group consisted of 1,801 patients, age 60 or older, with a

diagnosis of severe or mild depression.

"In the usual-care group, physicians were free to treat patients as they chose," Pigeon explained. "In the (enhanced care) group, patients received 'stepped care' by a nurse care manager, who provided...education about depression and brief 'problem-focused therapy'. Depending on their progress, the nurse could suggest medication changes to the primary care provider or suggest and facilitate a referral to a psychiatrist if there was still no progress."

Using standard diagnostic criteria, 293 subjects did not have insomnia, while 207 had persistent and 1,301 had intermediate insomnia.

Severe depression at 6 months remained in 44 percent of the patients with persistent insomnia, 29 percent of those with intermediate insomnia and 16 percent of those without insomnia.

In a subgroup analysis comparing patients without insomnia to those with persistent insomnia, persistence was associated with statistically significant greater risk of sustained depression at 6

and 12 months. The association was stronger in patients diagnosed with severe depression and among those receiving usual care.

The findings do not "unequivocally tell us" if insomnia that accompanies depression is a symptom or a separate disorder, Pigeon's group maintains. The most likely scenario, they add, is that "insomnia is simply a symptom in some cases and clearly a disorder requiring its own treatment focus in other cases."

If medication is required to treat insomnia, Pigeon recommends the newer hypnotic drugs that have been shown to be safe and effective in elderly patients, such as Ambien, Lunesta and Sonata. If morning sedation is a concern, Rozerem may be a better option.

"Clearly, if there is no improvement in depression, a referral to a psychiatrist is indicated," Pigeon said. "When insomnia persists in the face of improvements in depression or when depression improves some but remains present with ongoing insomnia, the first consideration for a referral should be to a behavioral sleep medicine specialist."

Source: Sleep



DR RUBAIUL MURSHED

All health information to keep you up to date

Palpitations – A cause for concern?

Most of us at some time have experienced feeling of heart palpitations. This is an unusual and unpleasant awareness of the heartbeat. Most people who complain of palpitations describe them as a pause, often followed by a particularly strong beat or as periods of rapid and irregular heartbeats. Sometimes a short burst of palpitations can be a completely normal reaction to fear, demanding exercise or excitement.

The heart's rhythm may be normal or abnormal. Palpitations can be felt in chest, throat, or neck. Some persons with palpitations have no heart disease or abnormal heart rhythms and the reasons for their palpitations are unknown. In fact, palpitations result from abnormal heart rhythms (arrhythmias) — refer to heartbeats that are too slow, too rapid, irregular, or too early.

There are many different causes for palpitations. Common causes are 'anxiety' — stress — fear, exercise, caffeine, nicotine and fever. Palpitations are often caused by psychological disorders, such as panic attacks or depression. It can be due to hormone changes associated with menstruation, pregnancy or menopause as well.

An electrolyte abnormality in blood (e.g. a low potassium level) can also cause heart palpitation. This can be connected to certain medications, such as pseudoephedrine, an ingredient in some cold and allergy medicines, thyroid pills, asthma drugs or beta blockers. This can be also caused by anaemia or low levels of oxygen in your blood. Palpitations are usually not serious. However, occasionally, it can be a sign of a serious underlying problem such as hyperthyroidism or an abnormal heart rhythm (arrhythmia).

Arrhythmias may include 'tachycardia', 'bradycardia' or an irregular heart rhythm (atrial fibrillation). Normally the heart beats 60-100 times per minute. In people who exercise routinely or take medications that slow the heart, the rate may drop below 55 beats per minute. If heart rate is very fast (over 100 beats per minute), this is called tachycardia. Talk to your doctor in that situation (over 100/mt without exercise, anxiety, or fever).

An unusually slow heart rate is called bradycardia. In other words, there are many different causes for palpitations related to heart diseases or an abnormal heart valve. To be on the safe side, it is better to consult a qualified doctor. He or she may recommend further evaluation such as heart monitoring tests. But look for prompt medical attention if heart palpitations are accompanied by dizziness, shortness of breath, chest discomfort, chest pain or fainting.

Also get in touch with a specialist doctor immediately if some one feels frequent extra heartbeats (more than 6 per minute or coming in groups of 3 or more). Reducing the caffeine intake will notably reduce ones heart palpitations. Changing frantic lifestyle and reducing stress can help lessen the incidence of palpitations. Try breathing exercises or deep relaxation when palpitations occur. Keep a record of how often you have palpitations, when they start, lasting phase and heart rate at that period. This information may help your concerned doctor to figure out about the underlying cause.

Fortunately, palpitations are generally short, and the majority of them are not severe. But serious palpitations can be caused by an underlying heart-related condition and anyone who has experienced palpitations is strongly encouraged to see a qualified doctor to diagnose the condition.

Proverb of the week
'For the healthy man every day is a wedding'

- Turkish

Workshop on joint replacement surgery held



A scientific workshop on "Joint Replacement Surgery" was held in the United Hospital Limited recently to discuss about possibilities and ways to overcome problems of joint replacement in the country. Renowned orthopaedic surgeon Professor N S Laud, consultant of Shushra Citizen's Co-operative Hospital, Dadar and also Breach Candy Hospital & Research Center and Laud Clinic, Mumbai, India and Professor Harish Bhende, Course Director of National Orthoplasty Course, India spoke on various aspects of joint replacement. Renowned orthopaedic surgeons and other doctors congregated in the workshop to exchange their views.

TODAY'S EVENT

Seminar on heart diseases

With a view to increase the awareness and enrich level of knowledge, Grameenphone Ltd. and Bangladesh liaison office of Parkway Health, Singapore which own and operates Mount Elizabeth Hospital, Gleneagles Hospital and East Shore Hospital in Singapore have jointly organised a seminar on "Prevention and Management of Heart Diseases" today at a local hotel in the city, says a press release.

Professor Dr Lim Yean Teng, Senior Cardiologist of Mount Elizabeth Hospital, Singapore will be present as the keynote speaker. He will focus on ways to prevent heart diseases and speak on latest treatment options of various heart diseases. There will be an interactive question-answer session at the end of the session.

MEDICAL UPDATE

Risky HPV detected in human breast milk

Human papillomavirus type 16 (HPV-16), which has been linked to cervical cancer, can be detected in human breast milk collected during the early period after a woman delivers her baby, doctors from Finland report.

It is possible that HPV DNA present in breast milk may be transmitted to the infant during breast feeding, study chief Dr. Sina Syrjänen suggested.

In previous research, Syrjänen, a pathologist at the University of Turku, and colleagues found evidence of transmission of HPV from an infected mother to her newborn infant. This led to the Finnish HPV Family Study, the goal of which is to elucidate the

transmission modes of HPV between family members.

For their current report, Syrjänen's team looked for HPV in cervical scrapings obtained from 223 mothers, and in oral scrapings from the mothers and 87 fathers prior to delivery and at 2, 6, and 12 months after delivery. They also looked for HPV in breast milk expressed on postpartum day 3.

High-risk HPV DNA was detected in 10 milk samples (4.5 percent), the team reports. DNA sequencing from nine samples confirmed that the virus was high-risk HPV-16.

The detection rate of high-risk HPV was 12 to 15 percent in cervical samples, 20 to 24 percent in

oral samples from mothers, and 21 to 26 percent in oral samples from fathers.

The team also observed a significant link between HPV in milk and the presence of high-risk-HPV in oral scrapings obtained from the father.

Thus, transmission could have occurred by the spouse, from the mouth to the nipple and then to the breast, or it could have occurred from the mother's hands, Syrjänen said.

She theorized that "if there are viral particles in breast milk, the infant might acquire oral HPV infection via breast milk during (breast feeding)."

Source: Pediatric Infectious Disease Journal



Oil Palm Fruits contain about 25% oil of its weight