



Thought for food



The needs of aged care residents are changing, and this is presenting challenges for the traditional food service system.

By Olivia Farrer

Australia's population is getting older. About 14 per cent of us are over 65 and 1.9 per cent are over 85, and with this growth in numbers comes growing waistlines and an inclination towards obesity, which persists into older age.

Type 2 diabetes is more prevalent in the ageing population, which by 2050 is set to rise to 25 per cent of the world's population. This presents significant challenges to health and aged care systems. Obesity and ageing are catalysts for type 2

diabetes diagnoses, which are at epidemic proportions globally.

Researchers at Flinders University are exploring the potential changing health needs and expectations of Baby Boomers as the next generation of aged care client. The research is part of a larger PhD project that broadly explores the impact of a liberalised diabetic diet on food service practices in residential aged care (RAC) and the challenges this may present in the context of a transitioning aged care paradigm.

On conducting an audit of almost 300 aged care residents with diabetes across 13 sites in South Australia, the preliminary findings indicate that 80 per cent of the residents with diabetes had an average BMI (height to weight ratio) within healthy or overweight/obese ranges. This figure included those older adults with diabetes aged over 85 who would typically be associated with underweight and malnutrition.

In addition, for the younger group of older adults audited (65–84 years), weight on admission to RAC was typically in the overweight and obese ranges (average BMI 29–31kg/m²), and these older adults were more likely to gain weight in a typical length of stay of 24 months, compared to older adults over 85

who typically lost weight over the same period.

This presents challenges for the dietary management of younger older adults. In a previous study examining the recent move away from offering a traditional diabetic diet (more aligned with a healthy diet and weight management focus), current dietary recommendations for RAC have been developed to address malnutrition, and are at conflict with typical management of diabetes. As such, current aged care diets may not be suited to a cohort of older adults seemingly less at risk of malnutrition than the literature might suggest.

The current research is not intended to suggest a revival of the dietary restrictions associated with the historical diabetic diet. It also acknowledges that attention to malnutrition screening and prevention is important in the RAC setting. However, the research highlights the need for a consistent approach to dietary management of diabetes in aged care considerate to diabetes outcomes, with evidence to suggest our current practices are inconsistent across Australia.

In an effort to understand what the modern aged care resident with diabetes might want, a number of focus groups have been conducted with older adults already in RAC and Baby Boomers still living independently. While Baby Boomers were concerned about how flexible aged care facilities could be and how much autonomy they might retain in their food choices, both cohorts were especially vocal about food quality.

Baby Boomers with diabetes were in consensus that if the food is appealing and of good quality, they would prefer to make healthy choices aligned with their health beliefs and education and indulge when they chose to. However, many had experienced institutional food through relatives or as inpatients in acute care facilities. As a result, most were anxious that they would not be provided the freedom to self-select meals possibly considered 'unsuitable' by care staff, despite recommendations that all aged care residents receive the same diet options. In addition, Baby Boomers felt that they would probably find the meals unappealing and unpalatable.

Work has already begun to improve the quality of the meals provided to older adults, through the fantastic work of the Maggie Beer Foundation and the Lantern Project. However, the challenge of a flexible system that promotes self-management and autonomy requires significant system change. This research aims to stimulate discussion around how the dietetic profession and the aged care sector propose to support Baby Boomers in a rapidly changing aged care paradigm. Accredited practising dietitians are ideally placed to support aged care providers in delivering a client-centred food service system, but ultimately this requires a positive collaboration between the agencies and consistency in practices which could be guided by widely endorsed practice guidelines.

To find a local Accredited Practising Dietitian who can provide support to RAC facilities in their food service department and to individual patients, click on the 'Find an APD' link on the DAA website (daa.asn.au) and choose 'Aged Care' under 'Area of Practice' or free call 1800 812 942.

Olivia Farrer is an Accredited Practising Dietitian and lead author of the research. She is working under the supervision of professor Michelle Miller and Dr Alison Yaxley of Flinders University (SA) and associate professor Karen Walton of the University of Wollongong (NSW). ■



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