

Eating and Drinking Well (England)

March 2020

Good nutrition and hydration benefits older people. Well-nourished people are more likely to remain healthy and independent for longer



“Life changes as we age are complex and very individual, and can often contribute to loss of interest in food and appetite”

Eating Well in Later Life, The Malnutrition Task Force

A serious health issue

Malnutrition (defined here as under-nutrition) is a serious health issue affecting the independence and well-being of older people and in most cases is preventable. Malnutrition is often overlooked by older people, their families and health care professionals as well as society in general. The risk increases significantly as we age. Society generally incorrectly assumes that losing weight is a normal part of the ageing process. Rings falling off, dentures becoming loose, clothes that are too big and belts that need tightening are not normal. This is a clear indication that a person is at risk of malnutrition. Seemingly overweight people can also be malnourished: unintended weight loss for anyone can be an indication of malnutrition.

Key statistics

1 in 10ⁱ

Older people in the UK are malnourished or at risk of malnutrition.

93%ⁱⁱ

Of malnourished or at risk older people live in the community.

32 %ⁱⁱⁱ

Of people aged 65+ are at risk of malnutrition on admission to hospital

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Malnourished older people visit their GP twice as often, experience more hospital admissions and have longer lengths of stay.^v There is an increased risk of infection and antibiotic use^{vi} and a longer recovery time from surgery and illness, with an increased risk of death^{vii}.

Nearly one-third (32%) of older people who are admitted to hospital from the community with be malnourished or at risk, as are half of patients admitted to hospital from care homes^{viii}.



What leads to malnutrition?

Social factors such as bereavement, loneliness and isolation, cognitive impairment, and living on a low income, combined with a reduction in appetite and relying on others for food or drink are the biggest risk indicators for someone living in the community.

As we age it is common to experience physiological changes, develop a long-term condition, an acute or chronic illnesses, suffer from poor oral health, or develop swallowing difficulties. Disease-related malnutrition can be associated with long-term conditions, such as chronic obstructive pulmonary disease (COPD), cancer, dementia and swallowing problems (dysphagia), as well as physical and sensory disabilities. All these factors may mean we experience new barriers to shopping, cooking and eating.

We may also be receiving confusing public health messages and advice around high obesity levels and diet. People who have been concerned about becoming overweight in middle age may not recognise that as they age they are at risk of becoming malnourished and need to change their eating habits.

Reducing malnutrition

To ensure that malnutrition among older people does not continue to rise, organisations across sectors and settings must ensure that they have robust processes in place for raising awareness of risk, prevention, recognition, measuring, monitoring and treatment of malnourishment as well as increasing public awareness.

It is important that whether at home, in hospital or in a care home we are supported to eat and drink when we need it. This could mean cutting up food into bite size pieces or eating with someone so they are not alone. What we eat is also important: having protein in every meal

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will help keep us nourished as will moving to full-fat foods, and if you have difficulty chewing soft foods can help^{ix}.

Dehydration

Dehydration occurs when your body loses more fluid than you take in. Dehydration is a serious health issue and can lead to increased urinary tract infections, increased hospitalisation and an increased risk of death. Dehydration can make us feel dizzy or weak and increase the risk of falls.

As we age, we are at a higher risk of dehydration due to physiological changes. Those living with dementia, long-term conditions or those who have had a stroke can be at an increased risk as well as those living in care homes. Research found that people being admitted into hospital from care homes are five times more likely to be dehydrated than people coming from their own homes. Dehydration at admission is associated with a higher risk of dying while in hospital.^x

Most of the time, dehydration can be prevented by drinking regularly throughout the day. It is important that older people and those caring for them are aware of the risks of dehydration and how to prevent it. When dehydration does occur, those caring for older people must know how to recognise, monitor and treat the condition.

NHS England launched its Nutrition and Hydration Commissioning Guidance^{xi} in October 2015. The guidance outlines why commissioners should make nutrition and hydration a priority, how to tackle the problem, how to assess the impact of commissioned services and how commissioners have begun to tackle the problem via commissioning.

Malnutrition Task Force

Age UK is raising this issue through the Malnutrition Task Force, an independent group of experts who have united to address preventable malnutrition and dehydration. Research by the Task Force^{xii} reveals that only half (52 per cent) of health professionals thought malnutrition was a priority in their organisations and only 47 per cent felt confident that their knowledge and skills were sufficient enough to help people most at risk. Research also shows that half (50 per cent) of professionals interviewed felt unsure about what services were available in the community. Reports continue to indicate that some organisations are still failing to provide older people with food and drink and the help to eat and drink when they need it.

Public Policy Proposals

- Public Health England should develop a campaign to raise awareness of malnutrition in older people that supports self-screening and challenges the perception that it is normal to lose weight with age, as well as promoting the notion of a healthy weight and highlighting the importance of good hydration.
- The development of successful co-ordinated care for people who are suffering or at risk of malnourishment and or dehydration must be undertaken in a holistic and coordinated way across all settings and sectors.
- ICS/STPs must agree how malnutrition sits with competing local priorities and agree a set of nutrition and hydration indicators that meet the needs of the local community, with robust implementation plans.
- Commissioners should consider how to ensure that good hydration and healthy weight is promoted and measured in hospitals and care homes.
- Commissioners should consider the importance of services that provide places or opportunities for older people to get a nutritious meal such as lunch clubs provided by VCSE organisations or home delivery food services.
- All health professionals and health care assistants working with older people should receive appropriate training and feel confident in recognising the risks of malnutrition and able to provide the appropriate solutions or treatment.
- Organisations providing domiciliary care services should ensure they have appropriate procedures, guidance and training around nutrition and hydration for their staff providing care services to older people
- Senior managers in hospitals and care homes have a personal duty to ensure that procedures and processes in their establishments to ensure that older people within their care receive the correct nutrition and hydration to meet their needs. This includes providing help and support for people to eat when it is required. Regulators must ensure that this happens.
- The NICE clinical guidelines on nutrition support in adults cover the care of patients with malnutrition or at risk of malnutrition, whether they are in hospital or at home. There should be robust implementation of the NICE Guidance across sectors and settings.
- NICE should consider producing a local government Public Health briefing on malnutrition based on their clinical guidance for nutritional support in adults.

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- ICS/STPs and Clinical Commissioning Groups should implement NICE recommendations for screening and early intervention as this is shown to be cost effective

Want to find out more?

Age UK has policy positions on a wide range of policy issues, covering money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice.

Further information

You can read our policy positions here;
www.ageuk.org.uk/our-impact/policy-research/policypositions/
Individuals can contact us for information or advice here;
www.ageuk.org.uk/informationadvice/ or
call us on 0800 169 8787

ⁱ NHS Digital (2008) Hospital admissions for scurvy, rickets and malnutrition. <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/hospital-admissions-for-scurvy-rickets-and-malnutrition>

ⁱⁱ Elia M., Russell C. (2009) Combating Malnutrition: Recommendations for Action. Report from the advisory group on malnutrition, led by BAPEN. 2009.
https://www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf

ⁱⁱⁱ Russell C. A. and Elia M. (2014) Nutrition Screening Surveys in Hospitals in the uk, 2007-2011. A Report on behalf of BAPEN. <https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf>

^{iv} *ibid.*

^v Guest, J. F., Panca, M., Baeyens, J.P., de Man, F., Ljungqvist, O., Pichard, C., Wait, S & Wilson, L. (2011) 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, Volume 30, Issue 4, Pages 422-429, August 2011

^{vi} Elia M, Stratton RJ, Russell C, Green C. & Pang F. (2005) 'The cost of disease related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults'. Redditch: BAPEN.

^{vii} Heismayr, M., Schindler, K., Pernicka, E. Schuh, C., Schoeniger-Hekele, A., Bauer, P., Laviano, A., Lovell, A.D., Mouhieddine, M., Schuetz, T., Schneider, S.M., Singer, P., Pichard, C., Howard, P., Jonkers, C., Grecu, I., Ljungqvist, O. & The Nutrition Day Audit Team. (2009) Decreased food intake is a risk factor for mortality in hospitalised patients: The Nutrition Day survey 2006', *Clinical Nutrition*, 28, pp 484-491.

^{viii} Russell C. A. and Elia M. (2014) Nutrition Screening Surveys in Hospitals in the UK, 2007-2011. A Report on behalf of BAPEN. <https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf>

^{ix} Carter L., and Roe, A. (2019) Eating Well in Later Life. Produced by the Malnutrition Task Force. <https://www.malnutritiontaskforce.org.uk/sites/default/files/2019->

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[10/LR%208202%20Age%20UK%20Malnutrition%20TF%20-%20Eating%20well%20in%20later%20life%20booklet%20A5.pdf](#)

^x Wolff, A., Stuckler, D., and McKee, M. (2015) Are patients admitted to hospitals from care home dehydrated? A retrospective analysis of hypernatraemia and in-hospital mortality. *Journal of the Royal Society of Medicine*. Vol. 108, no. 7.

^{xi} NHS England (2015) Guidance- Commissioning Excellent Nutrition and Hydration 2015-2018
<https://www.england.nhs.uk/commissioning/nut-hyd/>

^{xii} <https://www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.pdf>