



Dietitians NZ

Ngā Pukenga Kai Ora o Aotearoa



“Talk with” Series

Welcome to the 27th edition of the Dietitians NZ e-Bulletin for aged care facilities.

The information in this bulletin is of a general nature and should not take the place of a dietetic consultation. To find a Dietitian near you, visit www.dietitians.org.nz and ‘Find a Dietitian’, check the Yellow Pages or telephone the local hospital.

RETHINKING NUTRITION IN AGEING - INNOVATIONS IN AGED CARE

I was fortunate to attend the Dietitians Association of Australia conference in Hobart in May 2017. One of the highlights for me was the session on Innovations in Aged Care.

Prof Liz Isenring gave a general overview of nutrition in aged care. She made us aware of the International **nutritionDay** which takes place every year in November. Malnutrition in hospitals and nursing homes is an important public health concern. The Mission of **nutritionDay** is to improve patient safety and quality of care by raising awareness and increasing knowledge about disease-related malnutrition. All hospital and nursing homes worldwide are invited to join. Participants complete a questionnaire which covers a 24-hour period so that a comprehensive picture can be obtained. The vision is that **nutritionDay** will be adopted as a national nutrition surveillance tool allowing malnutrition to be targeted at political level. To date, 5,357 hospital units and nursing homes worldwide who are taking part and creating a supportive network. Wouldn't it be fantastic if all Aged Residential Care Facilities in New Zealand came on board with this initiative? To find out more go to: <https://www.nutritionday.org>

One of the misconceptions in aged care is that getting the dietitian in is an expensive exercise. Liz referred to a 2011 Israeli study in 68 malnourished community dwelling older adults. The aim was to determine the impact of an intensive nutritional intervention program led by a dietitian (DT) with a control group receiving the standard medical treatment (MT). A further group (n=59) was untreated (UT). At 6-month follow-up, the DT group showed significant improvement in cognitive function, had lower a depression score and had significantly improved energy, protein and micronutrient intakes compared with MT and UT groups. The cost for the DT intervention (\$172) was significantly lower than the cost of physician visits (\$416) or the group receiving no nutrition intervention (\$428). So, the question should not be “*Can we afford to call in the dietitian?*” instead it should be: “*Can we afford NOT to call in the dietitian?*”

Endevelt R the Journal of nutrition, Health & Aging 2011; 15 (8) 620-630.

Cherie Hugo spoke about the **Lantern Project**, which she founded. This project was borne out of the need to address the high rates of malnutrition (50-80%) in aged care facilities in Australia. The Lantern Project is a national collaboration with the goal of improving the quality of life of aged care residents through great food and nutrition.

Besides taste, we know that food presentation is vital to our enjoyment. To demonstrate this, Cherie and her team served up plates of pureed food to adults (aged early 20's to middle-aged) and videotaped their reactions. Their response was highly negative: 'that's disgusting!', 'terrible'. The participants were unable to identify what the foods were, 'something weird looking'. Next up, the 'caregiver' mixed all the food up together (as sometimes happens in aged care facilities) to the horror of the participants. Not surprisingly, the food was pushed aside. In the second half of the experiment, the group was presented with the same puree food which had been molded into the shape of the original food. This time around the participants were excited about the food as it was well presented, looked appetising and they tucked in with relish. <https://vimeo.com/200644225>



Molded fish with vegetables



One of the group enjoying the molded meal



Beef stew made with pureed beef and veg



Sweet treat

To create the molded puree meals shown above you will need silicone molds and thickeners. The examples shown above were made using Flavour Creations products.

As part of her PHD study, Cherie Hugo look at the association between nutrition and oral health in aged care residents. Sixty-five aged care residents were assessed using the Subjective Global Assessment and Oral Health Assessment Tool. Almost two thirds of the residents were found to be malnourished (7% severely), while 82% had a dental health issue requiring dental referral. Not surprisingly, a strong association was found between poor oral health and malnutrition. People with broken or decayed teeth had difficulty eating firm foods, while consumption of modified texture meals was associated with poor nutritional status. Limited access to dentists was identified as a barrier to optimal oral and nutrition health. This study underlines the importance of assessing residents' oral health on admission and facilitating regular dental reviews.

Hugo C et al: Journal Nursing Home Res 2016; 2: 118-122 (open access paper).

Food tips from Cherie: *“Make fresh, seasonal, varied food an absolute priority. It may raise food costs slightly but will reduce healthcare costs significantly. Focus on food wastage, not cuts to quality foods, to tighten budgets. If residents are leaving meals, identify why and respond swiftly to save dumping foods and having to introduce expensive supplements to compensate for poor food intake.”*

A further initiative of the Lantern Project is the **Explore App**. Using the app, residents identify the foods they enjoy eating. This information can then be used by dietitians to design menus appropriate for the residents.

<http://thelanternproject.com.au/channel-nine-gold-coast-explore-app/>

Other activities of the Lantern Project include:

- resident cooking sessions, edible gardens (where residents have the opportunity to participate in growing their own fruit, veggies and herbs),
- staff eating with residents,
- buffet meals and
- finger foods.

For More Information on the Lantern Project

<http://thelanternproject.com.au/>

<https://vimeo.com/user61898707>

<https://www.seniorsnews.com.au/news/mealtimes-made-happier-and-healthier-for-aged-care/3052385/>

A definite highlight of the workshop was the presentation by **Tibor Paller**. Tibor is a professionally trained chef, previously working in upmarket European restaurants. Since 1999 he shifted his focus to improving the quality of food served in the health and aged care industries in Australia, and he has become the go-to expert on texture-modified meals. He fired the audience up with his passion and enthusiasm, along with his mouth watering food photography. He points out that in the consumer-driven aged care market, the competitive edge may well lie in more creative menus and a better dining experience for residents. For more information and to be inspired visit Tibor's Kitchen Face Book page. <https://www.facebook.com/tiborskitchen/>

Another speaker at the conference was Australia dietitian, **Ngairé Hobbins**, who is an internationally recognized expert on nutrition for older people. Ngairé focused on the role of nutrition in dementia. Nutrition plays a vital role in maintaining brain health as well as in the aetiology of dementia. Most people living with dementia will develop nutrition related issues including poor food intake and weight loss, which can have an enormous impact on their quality of life and continued ability to live independently. Ngairé's latest book "**Eat To Cheat Dementia**" provides a wealth of information, guidance and strategies for those who live with this diagnosis and those who care about them. She also has a very extensive and informative blog posts on nutrition and aging. For more information see her website: <https://www.ngairehobbins.com/>

Report written by: Sandra van Lill, Convener SING

RECIPE CORNER: Puree Sandwich Bread

Most of us love our bread and sandwiches. Bread is an important dietary staple, providing energy, protein, fibre, vitamins and minerals. It is also a vehicle for tasty fillings. Sadly, bread is not allowed for people with dysphagia as it is notoriously difficult to swallow. Innovations in gelled foods means we can once again serve bread to these residents. This recipe from the recipe book **Shaped** is used with permission from the team at Flavour Creations. <https://www.flavourcreations.com.au> (Photos below taken at the Flavour Creations seminar in Mount Eden, Auckland on 13 June 2017.)

Ingredients

100g white or whole meal bread, crusts removed

800ml full cream milk

5 X Scoop A Shape It

Method

Line a lamington tray with cling wrap or baking paper.

Place bread in a food processor and process to fine crumbs, then transfer to a bowl

Pour milk into a saucepan, whisk in the Shape It and bring to the boil over medium heat.

Simmer gently for 2 minutes, stirring occasionally.

Pour the hot soaking solution over the breadcrumbs and mix well until smooth. Ensure bread crumbs are completely saturated, then transfer to the prepared tray. Smooth out to form an even layer the thickness of sliced bread. Cover with cling wrap. Refrigerate until set.



FUTURE ISSUES The next issue is due in November, 2017. Please email your requests for topics or questions about food and nutrition issues for older people to admin@dietitians.org.nz. To unsubscribe, email us at the same address, and put Unsubscribe SING Bulletin in the subject line.