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Promoting *well-* nutrition in elderly care

Marcel Smeets

NH Danube hotel, Vienna /AT/

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9. PROMOTING WELL-NUTRITION IN ELDERLY CARE

Marcel Smeets - chairman

https://www.ean.care/media/fileman/2021_07_Promoting_well_nutrition.pdf





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- Working group Nutrition
 - **EAN** (Birgit Matitschka, Helena Halbwachs, Susanne Bayer, Laure Cloarec, Ivana Pražanová and Marcel Smeets)
 - **EFAD** (Agneta Hörnell, Amalia Tsagari, Malin Skinnars Josefsson) and
 - **DSM** (Barbara Toersch)
- Practical guidelines, based on best-practices and experience
- Adaptation to older people and elderly care settings



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- Starting points
 - EAN LTC2030: “Ageing is not a disease, but a stage of life”, and “less medical, more social”
- From *mal*-nutrition to *well*-nutrition
 - Not only bio-medical, but also social, cultural, economic
 - Multi-disciplinary approach, vision, strategy and delivery
- Special attention to palliative phase



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Social aspects

Issues: eating is meaning-making, comensality, social isolation, loneliness

Guidance: personal preferences, community-sense, meals as part of care, staff training, cooking clubs



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Cultural aspects

Issues: diversity in residents and staff, traditions and habits, cultural competence

Guidance: open mind, detailed nutrition assessment, staff training



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Economic aspects

Issues: cost or investment, cost-effectiveness and cost-benefits, quality vs quantity, food waste

Guidance: mix of quality, quantity and individuality, collaboration and communication, flexibility



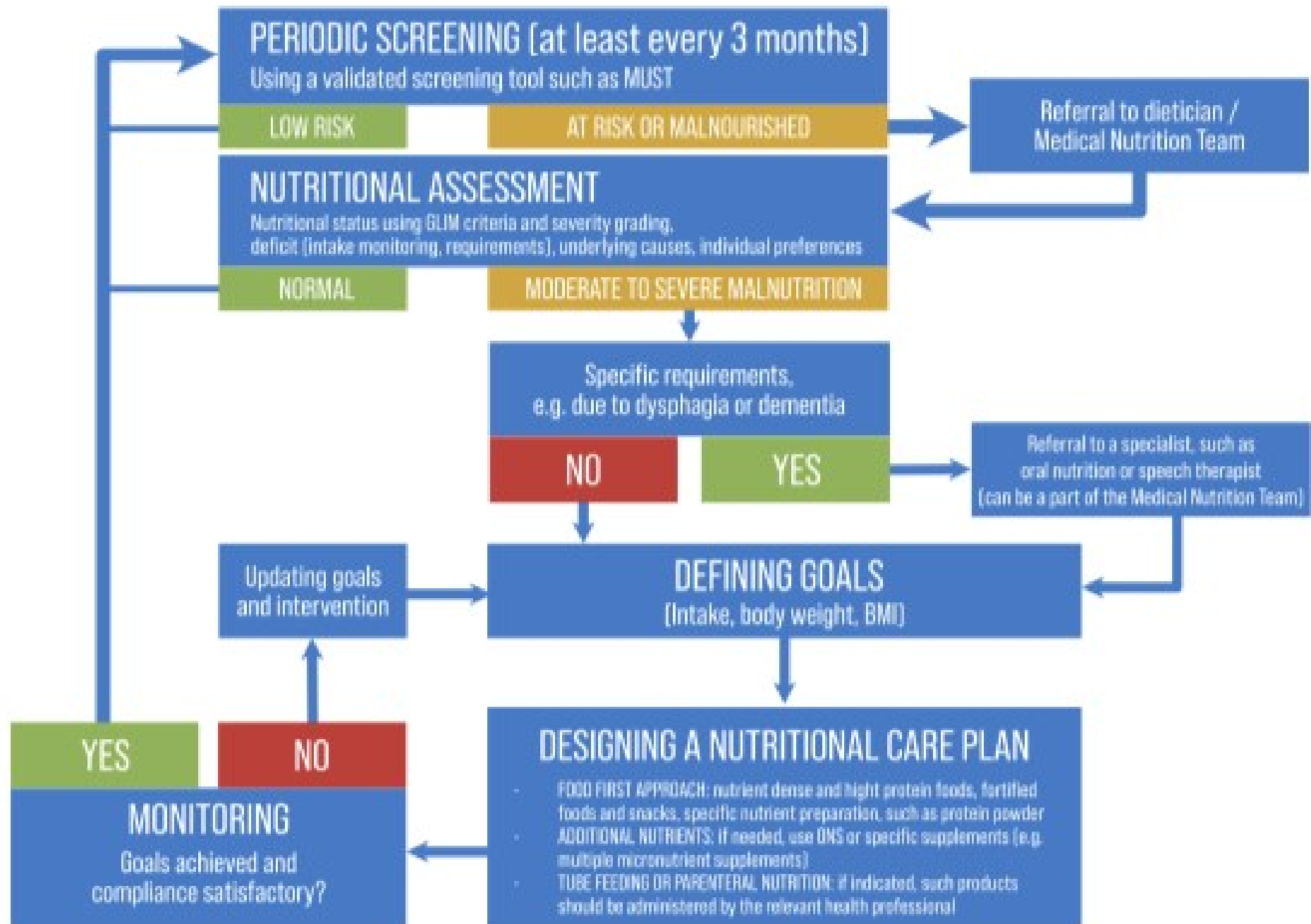
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Medical and clinical aspects

Issues: Nutritional screening, assessment and planning, nutritional requirements, muscle and bone mass, frailty, food modification and supplements

Guidance: adaptation of ESPEN, GLIM and MUST flowcharts and tools





RECOMMENDATIONS AT A GLANCE

Intervention	Recommendation
Energy	Approx. 30 kcal per kg body weight and day, to be adjusted for individual nutritional status, physical activity level, disease status and tolerance
Protein	Generally healthy people ≥ 1 g per kg body weight and day Older people with acute or chronic conditions 1.2 to 1.5 g per kg body weight and day In case of severe illness, injury or malnutrition up to 2 g per kg body weight and day
Dietary fibre	Daily amounts of 25 g are considered adequate
Vitamins and minerals	Ensure adequate intake preferably via a balanced, nutrient-dense diet, and if needed through ONS or supplements
Vitamin C	Healthy older people daily intake of at least 200 mg per day
Vitamin D	Daily intake of 20 to 25 μ g per day 50 μ g per day might be required to achieve an adequate status if serum vitamin D levels are low
Vitamin E	A complementary intake of 200 mg per day is recommended
Calcium	Daily intakes of 1,200 mg per day
DHA and EPA	Daily intake of up to 500 mg per day
Exercise	Daily exercise in line with individual health status and physical performance level



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Roles and responsibilities

- Well-nutrition in elderly care is a multi-disciplinary exercise (management, cook & caterer, dietitian, nursing staff, therapists, medical staff, food committee, friends and relatives AND THE RESIDENT
- Well-nutrition is a philosophy, a vision and a strategy – to be clearly defined and communicated