

Focus On...

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Centre for Ageing Research
and Development in Ireland



Nutrition

Introduction

Nutrition is an important issue especially for older people. Age NI recently claimed that older patients were being left hungry and malnourished in Northern Ireland hospitals. It cited evidence and expressed concern about malnutrition of older people who were unable to eat the food provided to them while in care. The Belfast Trust issued an apology once the story came to light¹.

In the Republic of Ireland, recent University College Dublin research estimated that 70,000 people aged 65 and over may be either malnourished or at significant risk of malnourishment². It was also estimated the cost of malnourishment exceeds €1.5 billion each year, a figure which represents more than 10% of the healthcare budget.

¹ Belfast Telegraph, "Trust says sorry for allowing patients to go hungry", 22 July 2010

² UCD Institute of Food and Health, *Nutrition and Health in an Ageing Population* (2010)

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This article focuses on the facts, policies and current research on the issue in Ireland, North and South. It also makes reference to European and UK research and policy.

Key Points

- Malnutrition affects a large part of the population in Northern Ireland and the Republic of Ireland, particularly the older population.
- The health care costs of malnutrition in older people, both in the community and in hospitals and long-term care, are high as a result of increased GP visits, longer hospital stays, etc.
- The economic burden of malnutrition is higher than that of obesity, yet the issue attracts less attention. This is in part due to malnutrition being seen as an inevitable consequence of ageing.
- There is a need for more research and data gathering on malnutrition, particularly amongst older people living in the community.

The facts

Europe

According to European prevalence figures on malnutrition, 5-15% of Europeans living in the community, 40% of patients admitted to hospital and 60% of nursing home residents are malnourished or at risk of malnutrition. These figures show that older people in hospitals and in long-term care are particularly at risk of malnutrition. This is as a result of a number of factors: in addition to being unwell, older people in hospitals are usually on more medication and some are dependent on staff for feeding.

UK

In the UK, the healthcare costs of malnutrition have been estimated to exceed £7.3 billion per year³. Over half of this cost is expended on people aged 65 and above.

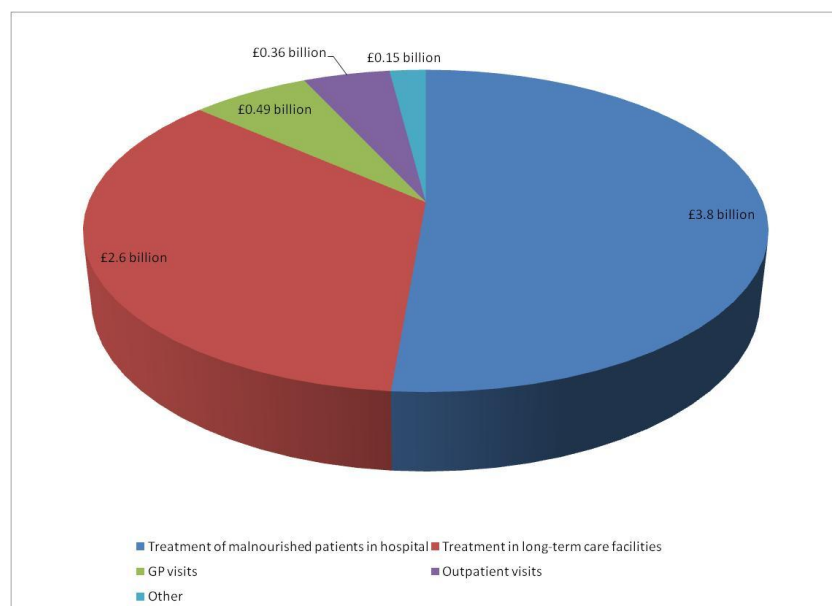
The health risks and costs of malnutrition are that patients, who are malnourished stay in hospital for a longer time, require more medication and are more likely to suffer from infections. Older people living in the community who are malnourished also require more GP visits.

Table 1: Average number of visits or hospital admissions per year

	No malnutrition	Malnutrition
GP visits	4.31	7.10
Hospital outpatient visits	1.02	1.36
Hospital admissions	0.28	0.50

Source: BAPEN, The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults

³ BAPEN, *The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults* (2005)

Figure 1: Breakdown of disease-related malnutrition costs in the UK

Source: BAPEN, The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults

Northern Ireland

In Northern Ireland, an estimated four out of 10 older people who are admitted to hospital are suffering from malnutrition on arrival. Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50. Six out of 10 older people are at risk of becoming malnourished⁴.

Health and Social Care (HSC) Trusts provided home care for 23,377 people in 2009. The incidence of home care is decreasing in Northern Ireland, with 38% of care packages being delivered in the home in 2005 compared to 50% in 1995⁵. This downward trend in home care is accompanied by a rise in numbers of people receiving meals on wheels and registered at day care facilities.

There is also evidence that older people in Northern Ireland are consuming less fruit and vegetables per day than is currently recommended for optimal health⁶. People aged 65 and over consume a mean of 4.0 portions of fruit and vegetables per weekday, ranging from 0-8 portions. Current recommendations are that all individuals should consume at least five portions of fruit and vegetables per day.

Republic of Ireland

The Institute of Food and Health at University College Dublin recently held a seminar entitled *Nutrition and Health in an Ageing Population*⁷ that highlighted that the dearth of data available for the Republic of Ireland on the extent of

⁴ Health, Social Services and Public Safety, Northern Ireland, *Get your 10 a day! Nursing care standards for patient food in hospital* (2007)

⁵ Appleby J. *Independent Review of Health and Social Care Services in Northern Ireland* (2005)

⁶ Appleton K., et al, *Fruit and vegetable consumption in older individuals in Northern Ireland* (2009)

⁷ UCD Institute of Food and Health, *Nutrition and Health in an Ageing Population* (2010)

malnutrition in older people living in the community and limited data on malnutrition in care settings.

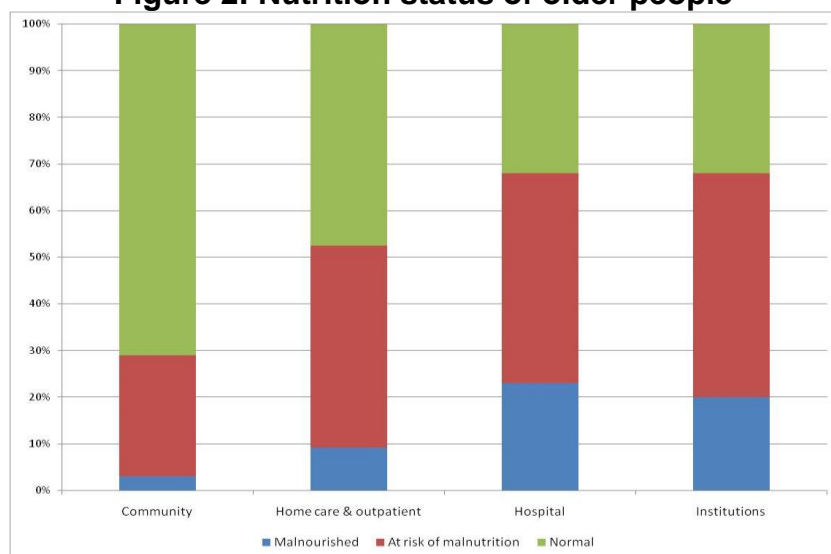
A report from the seminar notes older patients with malnutrition have on average 65% more GP visits and are about 80% more likely to be admitted to hospital, underlining how important the issue is to public health.

Poverty has been indicated as a risk factor in malnutrition, as older people prioritise other things such as bills over eating healthily. A survey in 2007 showed that 12.3% of people aged 65 and over in the Republic of Ireland had experienced an inability to pay for food in the preceding year⁸.

A recent study showed that 38.5% of recipients of Meals on Wheels in the Republic of Ireland were malnourished or at risk of malnutrition⁹. There are no minimum nutrition standards set out for Meals on Wheels in the Republic where 15% are organised by local councils, with the rest provided by local community groups and charitable organisations. In the US, there are minimum standards for the nutrient content of provided meals.

In terms of healthy food consumption, older people in the Republic of Ireland have a slightly healthier intake of fruit and vegetable portions per day than in Northern Ireland. The mean intake of fruit per day of people aged 65 and over is 2.5 portions, with a mean intake of 3.9 portions of vegetables per day. Taken together, this is above the recommended daily intake¹⁰.

Figure 2: Nutrition status of older people



Source: Professor Marinos Elia, Nutrition and Health in an Ageing Population report

The policy

Europe

The scale and cost of malnutrition in older people was recognised by the EU Ministers for Health when, under the 2009 Czech Presidency, they signed the Prague Declaration committing EU member states to addressing this problem.

⁸ Eurofound, *European Quality of Life Survey* (2007)

⁹ O'Dwyer et al. Nutritional Status of Irish Older People in Receipt of Meals-on-Wheels and the Nutritional Content of Meals Provided (2008)

¹⁰ Department of Health and Children, *Survey of Lifestyle, Attitudes and Nutrition in Ireland: Dietary Habits of the Irish Population* (2008)

This Declaration noted that older people are more vulnerable to malnutrition and the problem can lead to prolonged stays in hospital.

The Declaration included several action points that signatory governments should take. These were:

1. Public awareness and education campaigns
2. Developing nutritional care guidelines
3. Mandatory screening
4. Further research
5. Training in nutritional care
6. National care plans

Both the UK and Republic of Ireland signed up to the declaration, but to date the action points have not been fully implemented. Across Europe the economic burden of malnutrition is highly significant, more than the levels of obesity, yet the issue attracts less attention.

Northern Ireland

In 2007, the Department of Health, Social Services and Public Safety in Northern Ireland published *Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital*. This set of guidelines was aimed at nursing and care staff and provided ten guidelines for provision of patient food in hospital. Since the publication, health trusts have adopted a screening tool to identify patients who are most at risk from malnutrition.

However, in light of the stories emerging about malnourished patients, Age NI has expressed concern that the guidelines are not being universally implemented. They have also called for patients to be screened at both the admission and discharge stages¹¹.

Republic of Ireland

In 2008, the Health Information and Quality Authority (HIQA) produced standards¹² designed to help improve and to assure quality and safety of residential care. Standards on meals and mealtimes were included. There is currently no comprehensive plan to address the issue of malnutrition in the Republic of Ireland.

The *Nutrition and Health in an Ageing Population* seminar report states that lack of awareness amongst the general public and health professionals about the significance of weight loss and its impact in older people is a significant barrier to the implementation of a national programme to combat malnutrition. A key recommendation from the report was to establish a national malnutrition task force with responsibility for developing a strategy to implement the actions laid out in the Prague Declaration.

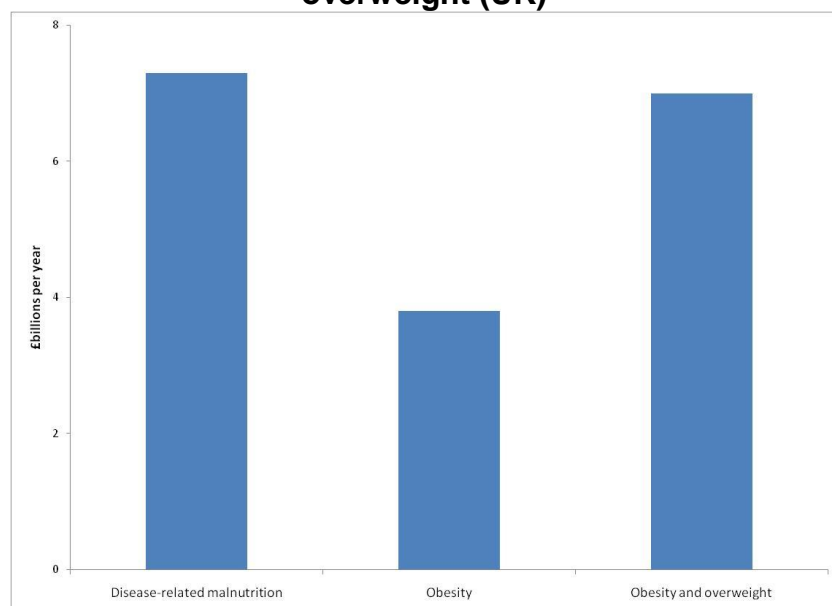
Conclusion

Tackling the issue of malnutrition among older people remains a challenge. It is clear that the issue of nutrition among the older population is rarely on the political agenda and general awareness of the issue is also low in comparison to issues such as obesity.

¹¹ AgeNI, "Age NI says nutrition for older people should become a top priority in every hospital ward" (2010)

¹² HIQA, *National Quality Standards for Residential Care Settings for Older People* (2008)

Figure 3: Annual cost of disease-related malnutrition, obesity and overweight (UK)



Source: BAPEN, The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults

There is a common assumption that malnutrition is an inevitable consequence of ageing and that intervention and prevention are only minimally effective. This may be a reason why malnutrition has not been the subject of policy debate and public health campaigns in the same way that the obesity or elder abuse issues have.

Research in the area is also lacking. The Prague Declaration called for further urgent research on the role of malnutrition, in European society, public health and healthcare. It stated that European funding, in particular the Structural Funds, should be used so support these research initiatives. In the Republic of Ireland, the lack of data on the extent of malnutrition among older people, particularly those living in the community, is a serious concern. This evidence base needs to be developed in order to inform a targeted prevention strategy.

For medical practitioners, nutritional assessment and treatment should be a routine part of care for all older people: those living in the community, and also the higher risk people in hospitals and long-term care homes.

In 2010, Dr. Mike Stroud, Chairperson of the British Association for Parenteral and Enteral Nutrition, stated that the current excess healthcare costs due to malnutrition in the Republic of Ireland are around €1 billion. He believes that 10% of this figure could be saved by addressing the problem. This demonstrates how cost-effective implementing a malnutrition plan could be.