

# The Unique Nutrition Needs of Living into your 8<sup>th</sup> decade and beyond

**Presentation to:** 

Living to 100

**Sept 2018** 

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# Longevity advice for those *now* in later years (say 70+) must differ from advice for younger adults



Designed to grow into adult structure
After peak adulthood, muscle needs active maintenance

Almost all public health advice (and most longevity advice) is for younger adults – some of that can be unhelpful, even dangerous for those in later years.



## Nutrition needs of adults now in later years differ from younger adults

Younger adults:

Easily get adequate protein

More likely to overeat

Nutrient absorption efficient

Lean is good - wt loss often essential

Excess sugars etc problematic

Unlikely medication impact

Older Adults:

Higher protein needs

Often reduced appetite

Nutrient absorption can be reduced

A bit heavier is 'good' - weight loss more harm than

good = muscle loss

Sugar less an issue - early life benefits

Medication impact likely



### Muscle – essential body protein reserve

Protein reserve for: immune system

organ repair and maintenance

repair after injury/surgery etc

brain glucose supply

Muscle also assists insulin action – helps avoid IR, T2Diabetes

Increased losses with age: weight loss = muscle loss

inactivity, immobilisation

chronic inflammation

Reduced rebuilding with age: physiological

inactivity (& immobilisation)







#### Loss of muscle mass:

- Increased incidence and severity of illness, impaired wound repair, slowed recovery from illness/accident or surgery
- Drives chronic inflammation
- Worsens (or initiates diagnosis) of T2 diabetes/Insulin Resist.
- Potential impact on brain fuel supply
- Alters medication clearance rate
- Increases physical incapacity/social isolation



## What is the *same* for people now in later years and for those younger?

Physical activity is ALWAYS essential!

Multicoloured foods – as many as possible for antioxidants – plenty of veggies, fruit

Anti-inflammatory eating: multicoloured, good oils, nuts, seeds, pulses

eat minimally changed foods

Few 'highly processed' foods, minimal added sugar



# What is different for people *now* in later years compared to those younger?

	Bodyweight advice	Intermittent fasting/kJ restrict
Younger adults	Low BMI is best. Lose weigh as necessary	Good benefits – especially if 'lifelong', careful planning required
Older adults	Weight loss only w resistance exercise. Weight loss = muscle loss	Only beneficial if no weight loss (or good REx to avoid muscle loss)
Frail elderly	Higher BMI useful, Weight loss to be avoided	Not appropriate



#### **Protein and Colours**

Exercise to strengthen and maintain muscle

- Maintain physical function, body organs
- Reduce inflammation
- Reduce Insulin Resistance and progression to type 2 diabetes and worsening of diabetes control
- Improve cognition, reduces incidence of dementia
- Keeps people eating!!!!



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"



# Nutrition messages for people *now* in later years (65+) MUST differ from those offered to younger adults – prevention of physical/cognitive decline:

#### Younger adults:

Mediterranean style diet - ++veges, fruit, pulses wholegrains, nuts, fish, olive oil low in meat, dairy

Anti-inflammatory eating – 'low interference foods', good oils, fibrous foods <u>Older Adults:</u>

Mediterranean OK, but protein needs higher: fish may not be enough

pulses/veg protein good but bulky

meat, dairy to boost protein for most



#### Other nutrient requirements:

Requirements impacted by:

- age related malabsorption esp vit B12, Mg, Fe, Zn, K
- Reduced outdoor activity/skin cancer concerns vit D
- medication related malabsorption/interaction all above and more, esp folate
- increased losses due to more frequent injury/medical conditions esp Fe

Wounds require additional: energy (esp from glucose and to spare protein)

protein

Zn, Vit C, Vit A, Cu, Se



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