The Unique Nutrition Needs of Living into your 8th decade and beyond

Presentation to:
Living to 100
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www.ngairehobbins.com
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

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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)

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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

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

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

Older Adults:
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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