



nznutrition FOUNDATION

**Committee for Healthy Ageing
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Welcome to the fifth issue of our Bulletin, updating you on issues of importance or topical interest relating to nutrition and physical activity of older people.

The Word on Salt

Recently, the Foundation received a newsletter from the Salt Institute on salt in ageing – some of you may have seen this. It related a personal story of a retired Canadian cardiologist who, when he went to live in a retirement home, was immediately put on to a low salt diet. He lost his appetite, became drowsy and less active, lost his stability and balance and was at greater risk of falling. He did in fact fall and break his hip, and later, in another incident, his shoulder. He considered that his declining health and well-being was the result of hyponatraemia. When he resumed a normal diet, his symptoms improved markedly.

The New Zealand Nutrition Guidelines recommend we prepare and choose foods that have minimal [added fat, especially saturated,] salt [and sugar].¹ How do we interpret this guideline – what is ‘minimal’? More and more of us are cooking without salt, or removing salt from our tables. Many food manufacturers have significantly reduced the amount of added salt in their products by reformulating their recipes. How far do we go with these guidelines for our older people, especially those with a compromised health status?

Hyponatraemia is relatively frequent in older people – they are at increased risk because of physiological changes associated with ageing, disease processes more frequently found in the elderly and the increased medications prescribed for older people². Older people are more sensitive to salt depletion. The older kidney is less efficient at retaining sodium, and large losses may be seen via the urine.

It should not be normal practice in our rest homes to purposely and routinely offer a low salt diet. There should be a specific medical reason to do this on an individual basis. However, we do encourage moderate (rather than liberal) use of salt in cooking, as this enhances flavour for a population whose taste buds are only 33% as sensitive as a younger person. In the recipes in the new ‘Professional Foodservice’ reviewed in this Bulletin, the salt content of its recipes has been reduced, but not eliminated. When auditing or developing menus for this age group, dietitians should monitor the number of highly salted (or sodium-rich) items on the menu³.

John Morley, a leading US geriatrician warns that salt restriction in the elderly is not without risk⁴. Food is less palatable, people experience excessive fatigue, and levels of total and LDL lipoprotein may be elevated. However, these effects were not seen with moderate salt restriction. There have also been reports of higher mortality in those on low sodium diets, but not if they’d always been on low sodium diets.

There is increasing encouragement to liberalise the diets of older people. Food is an essential component of quality of life, and unpalatable or unacceptable meals can compromise food and fluid intake. The American Dietetic Association has published a couple of position papers on this topic^{5,6}. The most recent, in October 2010, poses the questions – ‘Is a restrictive therapeutic diet necessary?’ and ‘Will it offer enough benefits to justify its use?’ For many older adults living in residential care, the benefits of less-restrictive diets outweigh the risks.

Moderation is the key to salt usage for older people, and any salt used should be iodised. The NZ Nutrition Foundation Committee for Healthy Ageing prefers to see older people eat a moderately salted meal they enjoy, than not eating a low/no salt meal they find bland and tasteless! There is no nutrition in uneaten food – and that is the bottom line!

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References

1. Ministry of Health. *Food and nutrition guidelines for healthy older people : A background paper*. Ministry of Health Wellington, 2010. Accessed from <http://www.moh.govt.nz/moh.nsf/indexmh/food-nutrition-guidelines-for-healthy-older-people-background-paper>
2. Andreucci V, Russo D, Cianciaruso B, Andreucci M. *Some sodium, potassium and water changes in the elderly and their treatment*. Nephrol Dial Transplant 1996; 11 (Suppl 9):9-15.
3. Dietitians New Zealand. *Menu audit tool*. 2010; Members only section, www.dietitians.org.nz
4. Hajjar RR. Nutritional Management of Hypertension in Morley JE, Thomas DR. *Geriatric Nutrition*; Ch 24. CRC Press, Florida, 2007.
5. American Dietetic Association. *Position of the American Dietetic Association: Liberalized diets for older adults in long term care*. J Am Diet Assoc 2002; 102 (9): 1316-23
6. American Dietetic Association. *Position of the American Dietetic Association: Individualised nutrition approaches for older adults in health care communities*. J Am Diet Assoc 2010; 110 (10): 1549-53

New foodservice resource breaks downs myths regarding institutional catering

Professional Foodservice (Second Edition) Duncan P and Jensen J. Pearson: New Zealand, 2011, 516 pages, \$95.00, ISBN 978-1-4425-2742-3

I have just finished reading Pip Duncan and Julian Jensen’s latest edition of Professional Foodservice and I congratulate them on the usefulness of this comprehensive and practical resource. The content of this book is testimony to the many combined years Julian and Pip have worked in the New Zealand Foodservice environment. These two experienced dietitians with a wealth of experience in New Zealand foodservice management, have certainly achieved their goal of “Busting the Myths” around institutional catering.

This comprehensive text covers the full range of information required to plan, establish and maintain a safe, customer focused and sustainable food service. It also encourages foodservice managers to personalise catering and move away from the long-standing image of mass produced poor quality food.

It is obvious the authors have an interest and experience in aged residential care and the nutritional care of residents at risk of malnutrition. One chapter addresses current concerns of high risk residents, in particular, older people and includes a protocol on supporting residents with compromised nutrition and hydration. This chapter also empowers managers and carers to identify and provide early

interventions for those residents at high risk. The chapter on special diets further supports optimised nutrition in the care of individuals prescribed gluten free, diabetic or modified texture diets.

This book is an invaluable resource for anyone responsible for the day-to-day management of a food service. It covers all aspects of the Foodservice Systems model, financial and staffing management along with a range of quality systems.

There are a number of new chapters in this edition. One on “The Sustainable Kitchen” provides a wide range of opportunities for all members of the foodservice team to contribute to improving sustainability, or to establishing a culture of sustainability from scratch, if this is not already in place.

The new section on “Planning for Disasters and Emergencies” is particularly relevant given the disasters that have occurred in Australasia over the last 6 months. Again the advice given is practical and could easily be implemented as long as a disaster plan has been firmly embedded within the organisation.

The comprehensive new recipe section (108 pages) reflects the multicultural nature of New Zealand residents catered for in many different settings, and includes a nutritional analysis with each recipe.

Information on the nutritional components of the main food groups are covered in depth with additional, and very interesting, information on pantry commodities, herbs and edible flowers, flavourings, condiments, profiles of New Zealand honeys, herbal teas or infusions, all of which add variation and generally spice up an institutional menu.

Current needs of a range of consumers are addressed in this resource and it will be a valuable teaching tool for chefs, catering managers, dietitians, teachers and catering assistants in a range of settings. The inclusion of extension activities at the end of each section will help tutors consolidate new information.

In summary, this book focuses not only on supporting safe, cost effective, foodservice management, but just as importantly highlights the need to provide institutionally prepared food that is nutritional and enjoyed by all !

Kaye Dennison
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To order on line go to: www.virtuebooks.co.nz

Have you heard about NZ Unit Standard 13343: Demonstrate knowledge of basic nutrition in commercial catering. This level 3 unit standard offers 4 credits, and has been developed conjointly by the Hospitality Standards Institute and the Heart Foundation. The next course in Auckland starts on April 1 and more courses are planned for Palmerston North, Wellington and Christchurch later in the year. For more information, contact Pip Duncan: Pipd@heartfoundation.org.nz

For more information visit the Foundation’s website, www.nutritionfoundation.org.nz, or to send us a question or comment for our attention via the ‘contact us’ link.

Next Bulletin: June 2011. Please email us if you have any topics you would like discussed, or included in the Bulletin. The NZNF reserves the right to determine the final content.