

Food in elderly care better with dieticians

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While both the Swedish National Food Agency and the Swedish National Board of Health and Welfare in recent years have come up with new guidelines for food for the elderly, not all municipalities conform to them by any means. There are different conditions and levels of aspiration that govern the commitment. Municipalities that employ

dieticians are most successful. This is shown by a new doctoral thesis from Uppsala University.

"The elderly living in municipalities with dieticians have a higher opinion of the food they're served than the elderly in other municipalities. Not all municipalities have access to this expertise, and the fact that some have even done away with dieticians for the elderly is a problem," says Malin Skinnars Josefsson at the Department of Food Studies, Nutrition and Dietetics at Uppsala University.

Problems with malnutrition among the elderly who depend on elderly care have resulted in recent years in a series of attempts at improvement. In addition to the change that has occurred in the public sector – with increased competition, privatisation and greater focus by the citizenry – some nationwide governmental initiatives have been undertaken in Sweden to improve matters. Examples of such measures are the Food Agency's "Good food for the elderly" initiative, the Senior Alert National Quality Register and the Board of Health and Welfare's open comparisons, plus a regulation on preventing and treating malnutrition.

Whether these actions have affected the food served in geriatric care, and if so, how, has been studied very little. The same applies to the changes that municipalities invested in to prevent and treat malnutrition among the elderly.

"I have chosen to study the work of municipalities because this is 'where the action is'. This is where the national initiatives are interpreted, and where the decisions and guidelines are being prepared prior to implementing them," says Josefsson.

National initiatives are handled in different ways in the municipalities, and there's great disparity in the way people work with them. Local conditions and aspirations affect the work. For example, a year after the

Board of Health and Welfare's "Regulations and general advice on prevention and treatment of malnutrition" (SOSFS 2014:10) went into effect, only half of the municipalities reported that they had developed new procedures to meet the requirements. Nevertheless, the thesis points out that regulation has not brought with it any change in approach nor has it led to improvements among the nutritional status among the elderly.

"Municipalities have different abilities to be able to apply the national initiatives and they have private, market-like influences. Large cities seem to have the best opportunities. In my study it's apparent that the large cities stood out in comparison with smaller towns, and particularly in comparison with the rural municipalities. They have both a greater and increasing degree of private providers and options with meals. They also have more dietitians and a higher and increasing use of systems for refrigerating [food](#) that are considered to be more streamlined than conventional meal preparation," says Josefsson.

More information: Food Service and Nutritional Care in Swedish Elderly Care: [uu.diva-portal.org/smash/get/d ...97748/FULLTEXT01.pdf](http://uu.diva-portal.org/smash/get/d...97748/FULLTEXT01.pdf)

Provided by Uppsala University

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