

Older people living alone at high risk of malnutrition

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New research from Massey University highlights more than a third (37 percent) of older people who live in the community are at risk of malnutrition. Those at risk were likely to experience more social and

emotional loneliness and have fewer social supports than those not at nutritional risk.

Researchers have identified a need for culturally appropriate interventions to provide the opportunity for older adults to eat with others, especially those living alone.

The research, recently published in the *Australasian Journal on Ageing*, was a cross-sectional analysis from the Health, Work and Retirement [longitudinal study](#)—a government-funded study of the determinants of health ageing in older New Zealanders and one of the largest studies to date to report malnutrition risk.

The study involved 2914 participants, (1312 men and 1602 women), with an age range of 49-87 years. There were 749 Māori and 2165 non-Māori. Half (50 percent) of Māori, and a third (33 percent) of non-Māori were at nutrition risk and being unpartnered was an [independent risk factor](#) for both.

Older adults living in New Zealand represent the highest percentage of one-person households, with just under a third living alone.

Lead researcher Professor Carol Wham, from Massey's School of Sport, Exercise and Nutrition, says older adults who are socially isolated, live alone, or are unpartnered have been shown to have poorer food intake, and may be undernourished.

"Eating is a social event—a lack of companionship to share meals may lead to a decrease in food intake and nutritional quality of meals, leading to increased nutrition risk," she says.

For non-Māori, emotional loneliness, which describes an individual's quality of personal relationships, was independently associated with

nutrition risk.

"While emotional loneliness may not be caused by being alone, it may contribute to the absence of an attachment figure in one's life. For Māori, the lack of an association between emotional loneliness and nutrition risk may be related to the positive aspects of Māoritanga [Māori culture], which places importance on whānau [family] and hapu [community] but also looks to elders for guidance," Professor Wham says.

Kāumatua (respected elders) are valuable to younger generations, providing wisdom and teaching, which allows them to lead fruitful lives in old age.

"This positive experience however is not shared by non-Māori, who may not have someone to turn to, or experience relationships that are meaningful. Although non-Māori individuals may have a support system in the form of a traditional nuclear family, the style may reduce the opportunities for emotional support and impact the importance of sharing food and meals," Professor Wham says.

There is an opportunity to screen vulnerable older adults for nutrition risk in primary care, she adds. "Screening is a cost-effective and simple procedure, which may enable timely nutrition intervention to improve [nutrition](#) status and maintain independence with ageing. There are also a range of social policy measures which could reduce barriers to healthy eating for older New Zealanders—encouraging older adults to share meals with each other for example.

"These findings support the New Zealand Food and Nutrition Guidelines for Healthy Older People in their recommendation 'to take opportunities to eat with other people'. Those unpartnered are a key identifiable group who would benefit from strategies that encourage [older adults](#) to eat with

others," Professor Wham says.

More information: Melaney T. Tkatch et al, Nutrition risk prevalence and associated health and social risk factors in Māori and non-Māori: Results from the New Zealand Health, Work and Retirement Study, *Australasian Journal on Ageing* (2021). [DOI: 10.1111/ajag.12952](https://doi.org/10.1111/ajag.12952)

Provided by Massey University

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