

Research shows 4 in 10 Australians in aged care are malnourished. What can be done about it?

July 26 2024, by Jonathan Foo, Marie-Claire O'Shea



Credit: Teona Swift from Pexels

In the next 40 years [in Australia](#), it's predicted the number of Australians aged 65 and over will more than double, while the number of people

aged 85 and over will more than triple.

If you're not really interested in [aged care](#), you should be. Given these figures, you will almost certainly be engaging with aged care services at some stage—either for yourself, or supporting family members or friends seeking aged care.

One service you are likely to encounter is [residential aged care](#) homes. In the past few years, this sector has been under more scrutiny than ever before. Changes to legislation, workforce and funding are in motion. But the question remains as to whether these changes can happen fast enough to meet our aging population's needs.

One area of need not being adequately met at present is nutrition. In a [new study](#), we've found four in ten older Australians living in residential aged care are not receiving enough of the right types of nutrients, resulting in loss of weight and muscle. This is known as malnutrition.

Good nutrition is essential for healthy aging

Malnutrition in older people is [associated with](#) poorer overall health, such as increased risk of falls and infections. This can accelerate loss of independence for older people, including the need for extra assistance with basic activities such as bathing and dressing.

Older people are at increased risk of [malnutrition](#) for a range of reasons. These can include decreased appetite, difficulties with chewing and swallowing, and the presence of other chronic diseases such as Parkinson's disease or dementia.

Importantly, ensuring adequate nutrition is about more than just offering healthy foods. We eat not only to meet nutritional requirements, but for enjoyment and socialization. We each have different preferences around

what we want to eat, when and with whom.

Food provision poses a challenge for residential aged care providers who must navigate the range of residents' preferences together with dietary restrictions and texture modifications. This must also be balanced against the practicalities of having the right number of appropriately trained kitchen and mealtime assistance staff, and working within funding constraints.

Understanding more about who is malnourished in aged care can help providers better address this problem.

Malnutrition is an ongoing problem in aged care

We looked at more than 700 aged care residents in New South Wales, Queensland and South Australia. We assessed participants for malnutrition using a [screening tool](#) that collects data on [medical history](#) and dietary intake, and includes a physical examination of muscle and fat.

We found 40% were malnourished, including 6% who were severely malnourished. This likely underestimates the true rate of malnutrition, as residents with dementia were excluded. International [studies](#) have shown an average of 80% of [aged care residents](#) with dementia are malnourished or at risk of developing malnutrition.

Our findings are broadly in line with a synthesis of [38 international studies](#), which reported an average malnutrition rate in residential aged care of 52%.

In Australia, malnutrition was highlighted as [a priority](#) for immediate attention in the 2021 Royal Commission into Aged Care Quality and Safety. Its report cited [an Australian study](#) of 215 residents, published in

2017, which found 68% were malnourished or at risk of malnutrition.

It's difficult to directly compare malnutrition rates between studies due to differences in diagnostic measurements. But it's clear malnutrition is an ongoing challenge in aged care.

What can we do about it?

Since the royal commission, we've seen the strengthening of the [quality standards](#) to be included in the new Aged Care Act, anticipated to be introduced to parliament in 2025.

The strengthened quality standards provide an important framework to guide action by aged care providers on malnutrition. Key requirements include partnering with residents to design food options, regular assessment and reassessment of resident nutrition requirements, developing systems to monitor and improve satisfaction with food, designing pleasant dining environments, and providing staff with the training they need to achieve all of the above.

However, achieving these standards will require investment of money and time. At the moment, [64% of residential aged care providers](#) in Australia are operating at a financial loss. While we know caregivers and facility managers want to provide the best care possible, it's difficult to achieve this when contending with underlying financial problems.

As such, our teams at Monash and Griffith universities are focusing on strategies that minimize the burden on staff and providers.

We are working on automating malnutrition screening. Current tools take 10–15 minutes and should be used when a new resident moves into an aged care home and regularly during their stay. But anecdotal evidence suggests providers lack the staff and funding needed to

routinely carry out this screening.

Instead, we aim to use existing data from aged care providers, including quarterly reports from the [National Aged Care Mandatory Quality Indicator Program](#), to detect malnutrition automatically. This will allow staff to focus more on care.

Given the complexity of [malnutrition](#), it's likely that addressing the issue at a national scale will take some time. In the short term, for those with loved ones in aged care homes, we encourage you to be actively involved in their care, including noticing and speaking up if you think more can be done to optimize their nutrition.

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