10 Key Facts

1) Year on year, countries across the world continue to see an increase in life expectancy, largely attributed to the impact of modern medicine and disease eradication. However with this increase in years there often comes an unfortunate rise in chronic morbidity, with quality of later life severely compromised by ill health.

2) There are many diet and lifestyle factors that play a role in healthy ageing, and the adoption of healthy habits across the life course can add 10-20 years to life expectancy. These healthy habits include: avoiding tobacco use and exposure to environmental smoke; taking at least 30 minutes of moderate intensity physical activity on most if not all days of the week; maintaining a normal body weight, and if overweight trying to lose weight, choosing a diet rich in fruit and vegetables, and avoiding excess saturated and trans fatty acids, and salt.

3) With life expectancy set to soar by a further 10 years before 2060, scientists from the British Nutrition Foundation’s Task Force have warned that a plan is needed to improve lifestyle habits throughout life, to ensure better physical and mental health in old age and lessen the increasing burden to the health services.

4) Osteoporosis currently affects an estimated one in three women and one in 12 men over the age of 55 years. Calcium and vitamin D are both essential for protecting against osteoporosis, however poor vitamin D status is common in the UK population, particularly in elderly adults, with 37% of institutionalised older adults having low vitamin D status. Whilst there is evidence of a positive effect of calcium and vitamin D supplementation on reducing fracture risk in the frail elderly, the role of other nutrients, including vitamin K, fruit and vegetables, potassium and B vitamins needs further clarification. Smoking, excess alcohol, vitamin A excess, a high salt intake, a high caffeine intake and physical inactivity are all detrimental to bone, and should be avoided in older populations.

5) Musculoskeletal pain and arthritis are very common in older people. Many of those who are affected use supplements in an attempt to treat the problem, with cod liver oil and glucosamine being some of the most commonly used examples. Whilst it is clear that the use of such supplements is extensive, the evidence to support their use is poor, and they may have little or no greater value than the placebo effect. Diets rich in omega-3 fatty acids, found in oily fish, may help with the symptoms of rheumatoid arthritis, whilst initial research suggests that Vitamin D may play an important role in the prevention of osteoarthritis.

6) As people age they experience a decline in muscle mass. This is in part due to changes in behaviour, such as diet and physical activity levels. In order to reduce the rate of this decline, individuals must ensure that their diet provides sufficient energy for requirements and they must also try to ensure they keep physically active. Weight bearing exercises, such as walking, gardening or dancing, are particularly important.
7) There is an increasing trend for individuals to retain their teeth into old age, a key determinant of helping to ensure dietary variety in later life. However, although this improves food choice it raises concerns in relation to susceptibility to dental caries and gum disease. Reducing frequency of intake of sugars is one solution in helping to reduce this problem; however, the use of medicines in older people, which often contain a lot of sugar, can be problematic in doing this. Sip feeds can also be a problem for older people’s oral health, as they are usually high in sugar and sipped throughout the day. During ageing salivary flow is also reduced. This further impacts upon mucosal immunity/protection. The changes in diet often seen as people age should not just be thought of as simply being associated with dental hygiene, there is a complex psycho-social construct which involves altering patterns of shopping, food preparation and consumption.

8) The skin, the largest organ in the human body, signals health and appearance to fellow human beings. It also plays a vital role in acting as a barrier to the outside world. The quality and functioning of the skin are strongly influenced by the environment as well as our diet. The exposure of skin to sunlight is a major cause of skin ageing. Observational studies indicates a high intake of fruits and vegetables to be associated with a younger appearance over a lifetime, and carotenoids (found in fruits and vegetables including carrots and mangoes) may play a role in protecting against damage by sunlight. However, topical products (eg. sun cream) are greatly superior in the protection they provide compared to that offered by diet.

9) There are a number of nutrients where intakes are below recommended levels in many groups within the UK population. These include iron, magnesium, folate, vitamin C and vitamin D. Older people in residential care are at increased risk of inadequacies and have been shown to have lower intakes of many nutrients compared with non-institutionalised older adults. Despite the rise in the rates of obesity in the UK as a whole, malnutrition remains surprisingly common, with 10-40% of people in hospitals and care homes estimated to be malnourished. With this comes a range of health problems, including a reduced immune response, poor wound healing, and an increased risk of hospital admissions.

10) An increased risk of chronic disease, cognitive impairment and dementia, and arthritis are commonly seen with ageing. Activity levels usually decline, as does lean body mass (muscle) and basal metabolic rate (the rate at which an individual uses energy to support the body to maintain its basic functions). There is also often an accompanying reduction in bone density (especially in women), leading to an increased risk of fractures. An impaired dentition often leads to changes in dietary habits during older age, which may impact upon nutrient intake. In addition, impairments in digestive function (e.g. gastric acid and digestive enzymes) can lead to reduced nutrient bioavailability. A healthy diet and regular physical activity can help to reduce an individual’s chance of suffering from many of the conditions above, and whilst the greatest benefits are seen if these habits are adopted throughout the life course, it is never too late to start. With longevity increasing, health care costs will escalate out of control unless we work together to reduce ill health in later life and improve the quality of those extra years.