6.8 NUTRITIONAL STATUS OF THE ELDERLY

With increasing longevity, the proportion and number of persons in the age group of 60 years and beyond is increasing; women out- numbering men in this age group. The population of elderly has been projected to double from 6.23 crore in 1996 to 11.29 crore in 2016. With increasing age, there are metabolic changes and also reduction in physical activity and, as a result, energy requirement in elderly is substantially lower than younger adults.

Diet surveys carried out by NNMB indicate that as in other age groups, cereals and millets form the bulk of dietary of the elderly. Mean intakes of cereals and millet together are more than the RDA (males 445g and females 357g). Mean intakes of pulses are low both in males and females (31g and 27g respectively). The dietary intake of pulses and green leafy vegetables was less than RDI in all age groups in both sexes. Intake of other vegetables, though better than green leafy vegetables was still lower than the RDI in both sexes (Figure 6.8.1). Elderly individuals also face problems in ensuring appropriate dietary intake because of alteration in taste with increasing age and loss of teeth.

Figure 6.8.1: Mean daily intake of foods

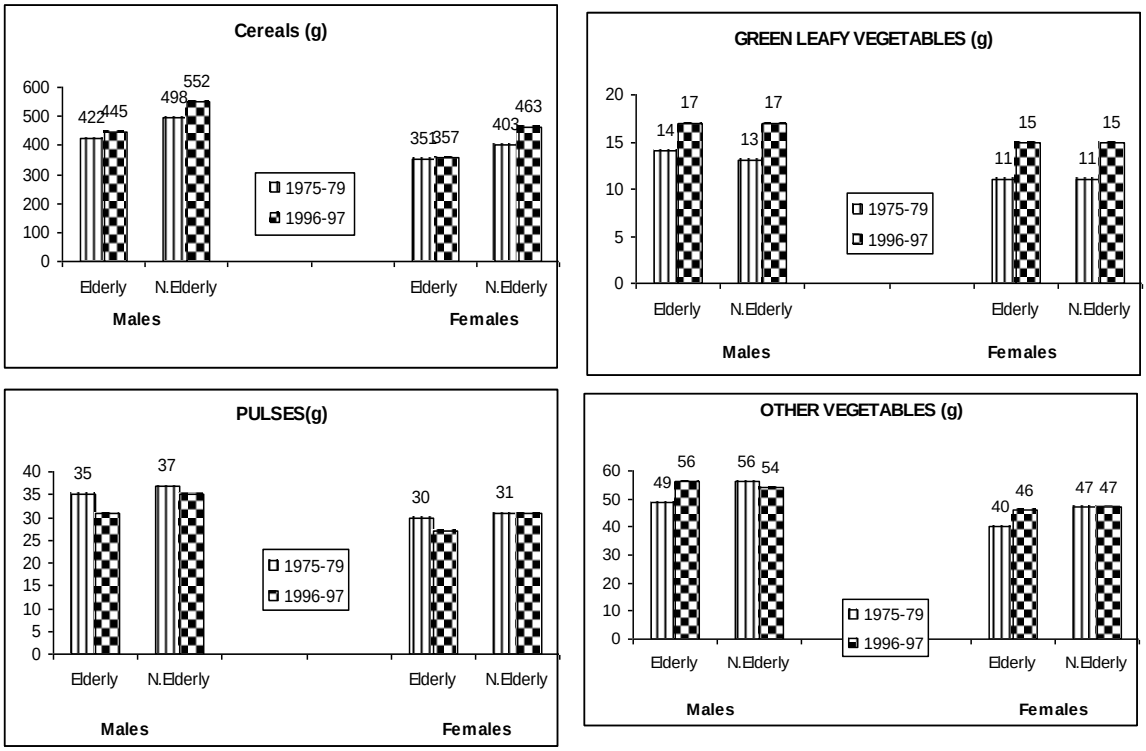
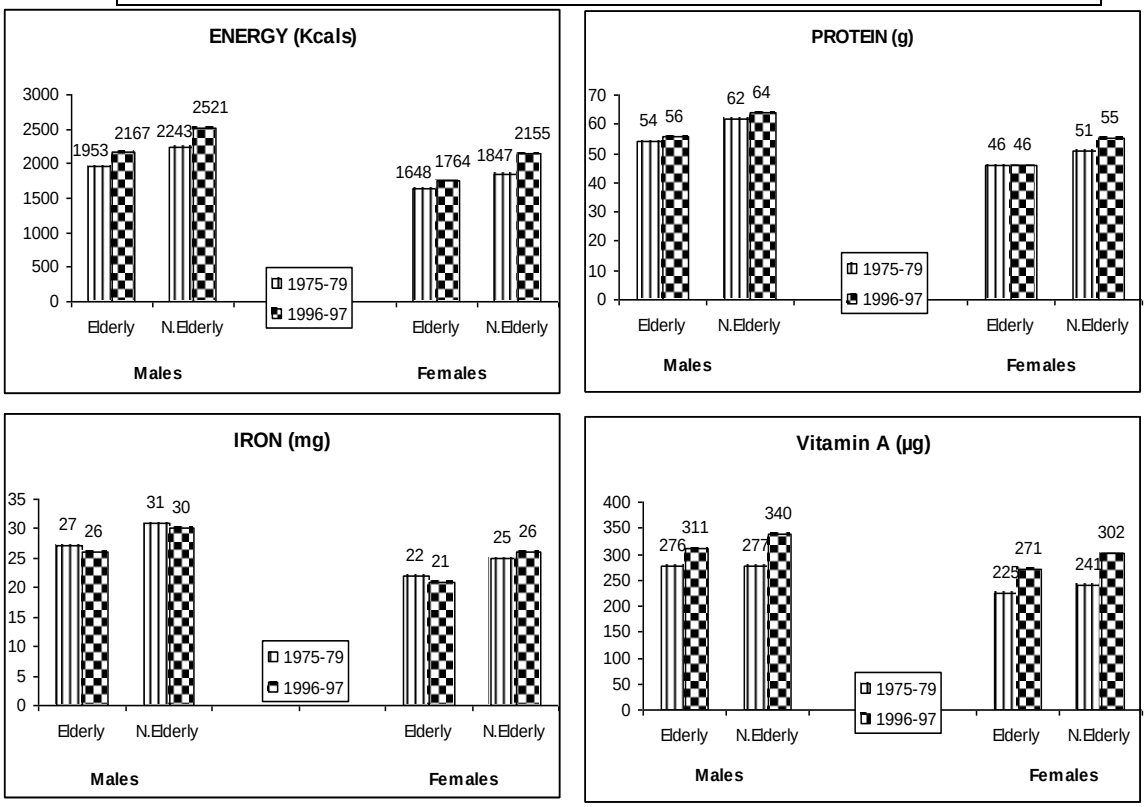


Figure 6.8.2: Mean daily intake of nutrients

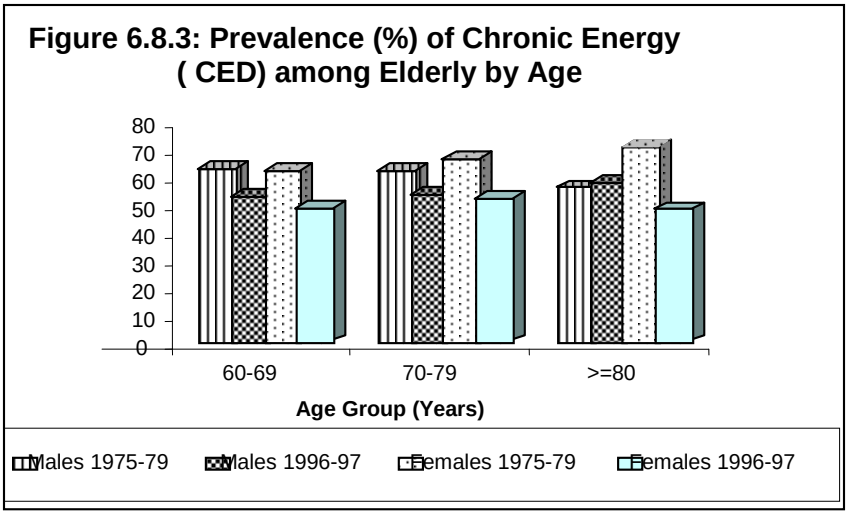


The mean and median intakes of nutrients by elderly men and women is presented in Figure. 6.8.2. The mean intake of protein was slightly less than the RDI in both the sexes. The intakes among non-elderly adults were higher than the elderly adults. The mean intakes of energy decreased with age. The intakes of iron, vitamin A, riboflavin were less among elderly as compared to non – elderly. Due to low intake of vegetables, food rich in micronutrients and increased susceptibility to infection, anaemia and Vitamin B complex deficiency may be more common in the elderly.

Calcium intake is low across ages in Indian dietaries. Adequate dietary calcium intake from birth to 30 years is critical for the development of peak bone mass which in turn is critical for reduction in age related decline in bone mass and osteoporosis in elderly. With changing lifestyles; outdoor activities and exposure to sun is decreasing. As a result the vitamin D status of all segments of the population is compromised. This renders the elderly more prone to osteoporosis. Osteoporosis occurs more commonly in women than in men as bone loss occurs earlier and more rapidly in women as compared to men. With increasing longevity, it is expected that there will be an increase in the number of persons with osteoporosis. There is currently very little data on the incidence of osteoporosis and osteoporotic fractures. In view of the increasing proportion and number of elderly efforts will have to be made to ensure adequate calcium / vitamin D status in all segments especially among the elderly.

The prevalence of chronic energy deficiency (CED) as assessed by BMI < 18.5 was relatively more among males (53.5%) than in females (49.4%). Over the two decades there is a reduction in the prevalence of CED both in men and women but the reduction is more in women. (Figure 6.8.3).

Figure 6.8.3: Prevalence (%) of Chronic Energy (CED) among Elderly by Age



The prevalence of overnutrition was higher in elderly men as compared to elderly women (Figures 6.8.4 & 6.8.5).

Lack of social support, breaking up of the joint family system, changing lifestyles all aggravates the health and nutritional problems of the elderly. Available data from nutrition surveys indicate that from now on the dual problem of chronic energy and micronutrient deficiency on the one hand and obesity among the elderly have to be addressed.

Figure 6.8.4: Distribution (%) of BMI among elderly and non-elderly - Male

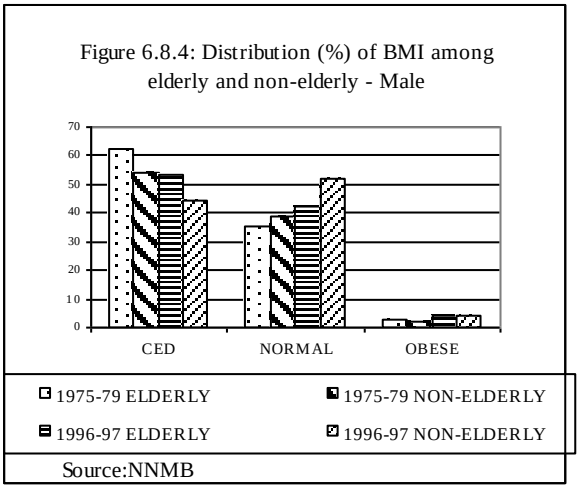
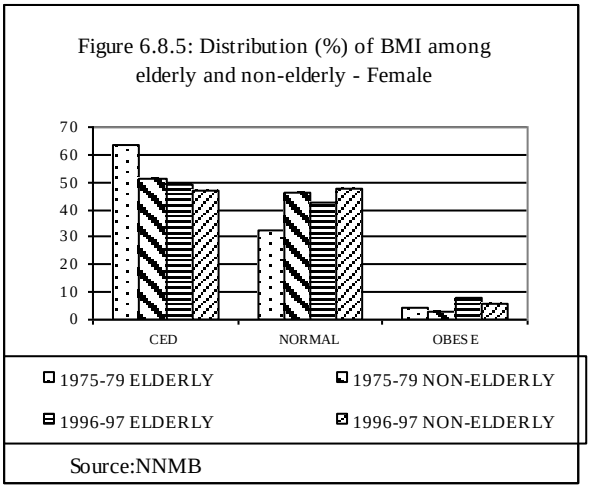


Figure 6.8.5: Distribution (%) of BMI among elderly and non-elderly - Female



Innovative efforts to provide societal support, health care and nutrition services to the elderly are currently being taken up by several agencies. Simultaneously, there are efforts to improve family and societal support to elderly within the existing cultural ethos in different regions. Successful models for improving quality of life of elderly will have to be replicated.

In many states elderly persons who are without any financial support get old age pension. The amount as well as coverage varies between states but, on the

whole, the amount provided is too low to meet the nutritional and health care needs of the elderly persons. Following reports of severe under-nutrition among the elderly and destitute persons in several states, the central and the state governments initiated steps to improve the access of these segments to food-grains. The National Policy on Older Persons announced in January 1999 provides a framework for welfare of the elderly persons including improved financial security and increased access to health and nutrition services. It is envisaged that National Plan of Action for the implementation of the policy will be drawn up. The policy also recommends research to expand the knowledge base on nutritional needs of the elderly.

References

6.8.1 NNMB National Nutrition Monitoring Bureau. 1979-2002. *NNMB Reports:* National Institute Of Nutrition, Hyderabad