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- [Food and Nutrition for Older Adults Promoting Health and Wellness Guideline \(2012\)](#)

# Food and Nutrition for Older Adults

## Introduction (2012)

Guideline Overview

Guideline Title

Food and Nutrition for Older Adults Promoting Health and Wellness (2012) Evidence-Based Nutrition Practice Guideline

Guideline Narrative Overview

The recommendations in this set focus on topics related to food and nutrition for older adults in promoting health and wellness.

These topics include:

- Weight management in the older adult
- United States Department of Agriculture (USDA) and Older Americans Act (OAA) programs for older adults
- Antioxidant consumption and age-related macular degeneration and cognitive function in older adults.

The topics chosen for evidence analysis and recommendation development provide essential information for registered dietitians (RDs) working with older adults, however it is acknowledged that the scope of the project was limited and many other issues are of importance to this population.

These recommendations and supporting analysis have been incorporated into the revision of an Academy of Nutrition and Dietetics position paper titled, *Food and Nutrition for Older Adults Promoting Health and Wellness*, which covers a broad spectrum of information on older adults.

Topic selection was guided by the intent to revise the above-noted position paper. Additional topics may be included in future revisions.

### Guideline Development

This guideline is intended for use by registered dietitians (RDs) involved in providing Medical Nutrition Therapy (MNT) to older adults. The application of the guideline must be individualized to assist the RD to successfully integrate MNT into the overall medical management of older adults. The recommendations in the guideline were based on a systematic review of the literature.

The recommendations are based on the work performed by the Academy of Nutrition and Dietetics Expert Working Group on Food and Nutrition in Older Adults Promoting Health and Wellness. The number of supporting documents for these topics is below:

- *Recommendations:* Three
- *Conclusion Statements:* 12
- *Evidence Summaries:* 12
- *Article Worksheets:* 184.

### Revision

All Academy guidelines are revised every five years. The literature search will begin for each guideline topic three years after publication to identify new research that has been published since the previous search was completed. An expert workgroup will convene to determine the need for new and revised recommendations. See [Revision](#) under Guideline Development for more information. The updated guideline will be developed using the Academy of Nutrition and Dietetics Evidence Analysis Process (see [Policy and Process](#) tab).

New research may warrant a revision to a specific question or recommendation prior to the full project or guideline revision. Once identified, information is gathered and the Evidence-Based Practice Committee will make a decision on the appropriate action.

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# Food and Nutrition for Older Adults

## Scope of Guideline (2012)

Below, you will find a list of characteristics that describe the **Scope** of this Guideline.

### Guideline Category

Counseling, Diagnosis, Evaluation, Management, Prevention, Screening, Treatment

### Clinical Specialty

Geriatrics, Nursing, Nutrition, Ophthalmology, Optometry, Preventive Medicine, Psychiatry, Psychology

### Intended Users

Registered Dietitians, Advanced Practice Nurses, Allied Health Personnel, Dentists, Health Care Providers, Hospitals, Managed Care Organizations, Nurses, Occupational Therapists, Optometrists, Pharmacists, Physical Therapists, Physician Assistants, Physicians, Psychologists/Non-physician Behavioral Health Clinicians, Public Health Departments, Social Workers

### Guideline Objective(s)

#### Overall Objective

To provide evidence-based recommendations on three topics related to food and nutrition for older adults promoting health and wellness.

#### Specific Objectives

- To define evidence-based nutrition recommendations for RDs that are carried out in collaboration with other healthcare providers
- To guide practice decisions that integrate medical, nutritional and behavioral strategies
- To reduce variations in practice among RDs
- To provide the RD with data to make recommendations to adjust MNT or recommend other therapies to achieve desired outcomes
- To develop guidelines for interventions that have measurable clinical outcomes
- To define the highest quality of care within cost constraints of the current healthcare environment.

## Target Population

Male, Female

## Target Population Description

Older adults (aged 60 years and older).

## Interventions and Practices Considered

This guideline is based on the Academy's Nutrition Care Process and Model, which involves the following steps:

- Nutrition assessment
- Nutrition diagnosis
- Nutrition intervention
- Nutrition monitoring and evaluation.

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# Food and Nutrition for Older Adults

## Statement of Intent (2012)

### Statement of Intent

Evidence-based nutrition practice guidelines are developed to help dietetic practitioners, patients and consumers make shared decisions about health care choices in specific clinical circumstances. If properly developed, communicated and implemented, guidelines can improve care.

While they represent a statement of best practice based on the latest available evidence at the time of publishing, they are not intended to overrule professional judgment. Rather, they may be viewed as a relative constraint on individual clinician discretion in a particular clinical circumstance. The independent skill and judgment of the health care provider must always dictate treatment decisions. These nutrition practice guidelines are provided with the express understanding that they do not establish or specify particular standards of care, whether legal, medical or other.

### The Role of Patient Preference

This guideline recognizes the role of patient preferences for possible outcomes of care, when the appropriateness of a clinical intervention involves a substantial element of personal choice or values. With regard to types of evidence that are associated with particular outcomes, Shaughnessy and Slawson (1-3) describe two major classes. Patient-oriented evidence that matters (POEM) deals with outcomes of importance to patients, such as changes in morbidity, mortality or quality of life. Disease-oriented evidence (DOE) deals with surrogate end-points, such as changes in laboratory values or other measures of response. Although the results of DOE sometimes parallel the results of POEM, they do not always correspond.

When possible, ADA recommends using POEM-type evidence rather than DOE. When DOE is the only guidance available, the guideline indicates that key clinical recommendations lack the support of outcomes evidence.

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# Food and Nutrition for Older Adults

## Guideline Methods (2012)

### General and Specific Methods for Food and Nutrition for Older Adults to Promote Health and Wellness Recommendations

Below are links to both the general methods that the Academy of Nutrition and Dietetics has put in place for evidence analysis and creating the recommendations, as well as the specific search methods and criteria for each question.

#### General Methods

[Click here](#) to view a description of the Academy of Nutrition and Dietetics process of evidence analysis and guideline creation.

#### Methods for Specific Topics

Select Specific Methods from Introduction to view descriptions of search criteria and findings for each topic covered in these recommendations.

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# Food and Nutrition for Older Adults

## Specific Methods (2012)

### Search Criteria and Results for Specific Topics

Each evidence analysis topic has a link to supporting evidence, where the **Search Plan and Results** can be found. Here, you can view when the search plan was performed, inclusion and exclusion criteria, search terms, databases that were searched and the excluded articles. Below are a list of the recommendations and the related evidence analysis questions, with the link to each search plan. Some recommendations are supported by multiple conclusion statements and therefore have multiple search plans listed..

[Food and Nutrition for Older Adults \(FNOA\): USDA and OAA Programs for Older Adults](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Food and Nutrition for Older Adults \(FNOA\): Antioxidant Consumption and Age-Related Macular Degeneration and Cognitive Function in Older Adults](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Food and Nutrition for Older Adults \(FNOA\): Weight Management in the Older Adult](#)

[Search Plan and Results](#)

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## Food and Nutrition for Older Adults

### Specific Methods (2012)

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[Food and Nutrition for Older Adults \(FNOA\): USDA and OAA Programs for Older Adults](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Food and Nutrition for Older Adults \(FNOA\): Antioxidant Consumption and Age-Related Macular Degeneration and Cognitive Function in Older Adults](#)

[Search Plan and Results](#)

[Search Plan and Results](#)

[Food and Nutrition for Older Adults \(FNOA\): Weight Management in the Older Adult](#)

[Search Plan and Results](#)

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## Food and Nutrition for Older Adults

### Benefits and Risks/Harms of Implementation (2012)

#### Benefits and Risks/Harms of Implementing the Recommendations

- Safety issues must be reviewed carefully for each individual
- General benefits and risks associated with implementation of the guideline are addressed for each recommendation (see "Risks/Harms of Implementing the Recommendation" for each recommendation).

#### Potential Benefits

- A primary goal of implementing these recommendations includes improving a person's ability to achieve optimal nutrition through healthful food choices and a physically=active lifestyle
- Although costs of MNT sessions and reimbursement vary, MNT is essential for improved outcomes
- MNT education can be considered cost-effective when considering the benefits of nutrition interventions on the onset and progression of comorbidities vs. the cost of the intervention.

#### Risk/Harm Considerations

When using these recommendations, please consider the following general risks and harms:

- Review the patient's age, socio-economic status, cultural issues, health history and other health conditions
- Consider referral to a behavioral specialist if psycho-social issues are a concern
- Consider a referral to social services to assist patients with financial arrangements if economic issues are a concern
- Use clinical judgment in applying the guidelines.

In addition to the above, a variety of barriers may hinder the application of these recommendations.

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## Food and Nutrition for Older Adults

### Background Information (2012)

#### Food and Nutrition for Older Adults Promoting Health and Wellness Recommendations

##### Identifying Information and Availability

##### Contributors

See the [Contributors](#) page for a list of all contributors to the project on Food and Nutrition in Older Adults Promoting Health and Wellness. Team members and any disclosures of potential conflicts of interest of workgroup members are listed.

##### Bibliographic Source

Academy of Nutrition and Dietetics. Academy of Nutrition and Dietetics Food and Nutrition for the Older Adult Promoting Health and Wellness Recommendations, Chicago (IL): Academy of Nutrition and Dietetics, 2012.

##### Date Released

April 2012

##### Guideline Developer

Professional Association

##### Guideline Status

This is the first publication of these recommendations.

##### Guideline Availability

These recommendations will be accompanied by the Academy of Nutrition and Dietetics position paper, *Food and Nutrition for Older Adults Promoting Health and Wellness*.

##### Availability of Companion Documents

These recommendations will be accompanied by the Academy of Nutrition and Dietetics position paper, *Food and Nutrition for Older Adults Promoting Health and Wellness*.

##### Patient Resources

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When modifying the recommendations for local circumstances, significant departures from these recommendations should be fully documented and the reasons for the differences explicitly detailed.

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### References (2012)

#### References Used for Each Recommendation

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To access the pdf of the NHLBI Clinical Guidelines, click here: [http://www.nhlbi.nih.gov/guidelines/obesity/e\\_txbk/index.htm](http://www.nhlbi.nih.gov/guidelines/obesity/e_txbk/index.htm)

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**USDA program eligibility criteria can be accessed at the following links**

- Supplemental Nutrition Assistance Program (SNAP) Pre-Screening Eligibility Tool: <http://www.snap-step1.usda.gov/fns/>
- Senior Farmer's Market Nutrition Program (SFMNP): <http://www.fns.usda.gov/wic/SeniorFMNP/SeniorFMNPoverview.htm>

- Child and Adult Care Food Program (CACFP): <http://www.fns.usda.gov/cnd/care/>
- Emergency Food Assistance Program: [http://www.fns.usda.gov/fdd/programs/tefap/tefap\\_eligibility.htm](http://www.fns.usda.gov/fdd/programs/tefap/tefap_eligibility.htm)
- Commodity Supplemental Food Program (CSFP): [http://www.fns.usda.gov/fdd/programs/csfp/csfp\\_eligibility.htm](http://www.fns.usda.gov/fdd/programs/csfp/csfp_eligibility.htm)

**OAA program eligibility criteria can be accessed at the following links**

- OAA Congregate Nutrition Program: [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Nutrition\\_Services/index.aspx#congregate](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx#congregate)
- OAA Home Delivered Nutrition Program: [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Nutrition\\_Services/index.aspx#home](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx#home)