



Position Paper on The Role of the Dietitian in the Prevention and Management of Nutrition-related Disease in the Elderly

Dietitians, as members of an integrated interdisciplinary and multi-disciplinary teams, play a key role in the prevention and management of nutrition-related disease in healthy ageing.

They are uniquely qualified to apply scientific evidence to the promotion of healthy eating habits and individualised nutritional therapy and counselling in gerontology to individuals and groups.

Role of the dietitian

In the ageing population, the role of the dietitian is in prevention and treatment at a strategic, educational and operational level for two main target groups: healthy older adults and sick older adults including the frail older adults.

Dietitians are key in the prevention and treatment of malnutrition, one of the greatest and most expensive risk factors for mortality in older adults. Nutrition is imbedded in the management of chronic diseases, malnutrition and functional abilities of older adults. Nutrition also plays a preventative role and is identified as key component of quality of life

Practically the dietitians' role is spread over several different levels.

- *At a strategic level* dietitians can influence and create policy; develop and implement standards of care to improve quality; lead and influence change of health provision processes and systems and coordinate nutrition related programmes at governmental and local level. A strategic plan should address specific areas which influence the prevention and treatment of nutrition/disease related malnutrition within geriatric care, e.g. prevention strategies, clinical strategies, education strategies, meal structure, production and environment strategies and evaluation strategies.

- *At educational level* dietitians have an educational and resource role for the older adults public and the professional target groups about nutrition.

- *At clinical level* is nutrition imbedded in the management of chronic diseases, malnutrition and functional abilities of the older adult. Nutrition plays an important role preventative and in rehabilitation according to functional abilities and is identified as a key component for quality of life.

Dietary changes in adults older than 65 years of age, should be adequate when focusing on overall quality of life and well-being. While a poor nutritional status and disease development should be indication for nutritional guidance in which dietitians should be involved.

- *At administrative level* in the older adults care, nutrition should be older adult-centred. When planning nutritional care for the older adult it is essential to respect their autonomy and take ethical factors into account in order to achieve optimal quality of life. The 'gastrologic approach' which strives for a harmony between healthy, safe and delicious food with 'taste' as core concept is very suitable for the realisation of these goals. Dietitians play a critical role in developing national nutritional recommendations and advising on incorporating these into menu policy in acute hospitals and community residential services.

The dietitian plays a key role in ensuring that contract specifications for the provision of food in older adults care and their consequent implementation, reflect older adults preferences, quality ingredients, nutritional requirements, food safety regulations, quality assurance procedures and user feedback opportunities.

- The dietitian as an *evaluator* is essential in closing the circle of dietetic management in older adult care. Dietitians have the responsibility to evaluate the effectiveness of their actions. Different nutritional assessment tools can be used for evaluation.

For older adults at risk of malnutrition please refer to the EFAD position paper 'The Role of the Dietitian in the Prevention and Management of Malnutrition in Adults'.

References

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- Kennelly S, NP Kennedy, G Flanagan-Rughoobur, C Glennon Slattery, S Sugrue (2010) An evaluation of a community dietetics intervention on the management of malnutrition for healthcare professionals. *J Hum Nutr Diet*,
- Niedert KC; American Dietetic Association. Position of the American Dietetic Association: liberalization of the diet prescription improves quality of life for older adults in long-term care. *J Am Diet Assoc* [serial online]. 2005;105:1955-1965.





EUROPEAN
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OF DIETITIANS

THE EUROPEAN FEDERATION OF THE ASSOCIATIONS OF DIETITIANS (EFAD)

EFAD was established in 1978 with aims to:

- Promote the development of the dietetic profession
- Develop dietetics on a scientific and professional level in the common interest of the member associations
- Facilitate communication between national dietetic associations and other organisations - professional, educational, and governmental
- Encourage a better nutrition situation for the population of the member countries of Europe.

EFAD's ambitions:

- Realise the contribution that dietitians can make to the improvement of nutritional health in Europe.
- Support the role of all National Dietetic Associations to contribute to the sustainability of economic and social health through influencing decision-makers both locally and in Europe.
- Embed best quality and evidenced-based dietetic practice in Europe through collaboration and partnership
- Promote education and lifelong learning in order to raise and maintain European dietetic standards

Membership of EFAD is open to National Associations of Dietitians from any European Country. EFAD currently has 33 member associations, representing over 30,000 dietitians in 26 European countries.

Definition of a Dietitian

A dietitian is a person with a qualification in Nutrition & Dietetics recognised by a national authority. The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in both health and disease.

For further information please visit the web site: www.efad.org

Or contact secretariat@efad.org

