

Geriatric Nutrition: Diet Associated Problems and Functional Status of Elderly (Above 60 Years) in the Old Age Homes

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ABSTRACT

Ageing is an irreversible organic process. The older population is increasing worldwide and, in many countries, older people will outnumber younger people soon and far geriatrics live in adulthood homes. Present study was conducted to assess dietary habits and diet-associated problems while eating, and after eating of food, and explain their functional status of elderly residing in old age homes of Chandigarh. The study was a cross-sectional, convenient sampling technique with the questionnaire survey method adopted to gather information throughout 1 year from among 80 elderly who permitted out a complete of 112 elderly living in 5 old age homes in Chandigarh city. Dietary habits of elderly, pure vegetarians, vegetarians (include egg - eaters) and non-vegetarians were 86.3%, 7.5%, and 6.3% respectively. The majority of elderly 43(53.8%) and 41(51.3%) were facing difficulty in eating and chewing because of a poor denture (loss of original teeth) respectively while eating. While majority 51(63.8%), 49(61.1%), 38(47.5%) elderly were also facing the sensation of fullness (gastric), heartburn (acidity), indigestion difficulty after eating respectively. there have been majorities 68(85%) of elderly with full function, moderate impairment, and severe impairment were 7.50% and 7.50% respectively. The majority of the elderly were vegetarians. Many elderly faced different diet-associated problems during or while eating and after eating food. The total functional majority but in some elderly mobility was also affected which is risk and it would result in the dependency of respondents living in old age homes.

KEYWORDS

Geriatric nutrition; Adulthood homes; Katz activities of daily living scale; Functional ability; Dietary problems

INTRODUCTION

Health and functional ability are greatly influenced by nutrition [1]. As per the census of 2011, India contains a population of 1.21 billion people. It's the second-most the populous country within the world, after China. In keeping with United Nation definition for an aging country where is

that the 'aging' proportion of individuals over 60 reaches seven percent called an aging Country, so as per this definition in 2000 India was exceeded in this proportion (7.7%) and is anticipated to succeed in 12.6% in 2025, So as per that definition alone, India qualifies as an 'Ageing' country [2]. The growing population and aging have posed

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a good challenge to the health care sector of developing countries like India [3]. The energy requirement declines with age thanks to reduction within the body mass, body metabolism, and physical activity. Nutritional deficiencies are mainly due to inadequate intake, faulty dietary habits, and diet associated problems thanks to several reasons, namely: lack of teeth, gum problems, and ill-fitting dentures make eating painful. The lack to manage the issues of inadequate intake makes them susceptible to malnutrition [4]. The malnutrition is common in elderly living in community and adulthood homes. In India, especially Chandigarh city many studies are conducted on elderly and majority of such studies medical problems or nutritional status assessed residing within the community, whereas, diet-associated problems; dietary habits, and functional ability have always been a neglected area. Hence need was felt to undertake this study in old age homes of Chandigarh city. And to conduct the present study with aim or objectives, to assess dietary habits and diet-associated problems while eating and after eating of food within the elderly, and to explain their functional status of elderly residing in old age homes of Chandigarh

MATERIALS AND METHODS

A cross-sectional study conducted after getting permission from the financial aid department Chandigarh and other adulthood Homes in charges and respondents of Chandigarh city. There are 5 well-managed adulthood Homes or old age homes and running by Government besides as private welfare societies. There have been almost 112 adulthood people (male and female) above 60-years living in these maturity homes. Permission from adulthood Homes and written consent of the respondents was taken. All the respondents above 60-years (male and female), free from any serious complications and prepared to participate within the study was inclusion criteria and were explained about the aim of the study and guaranteed to stay them confidential.

The convenient sampling technique used with direct personal interview using the framed questionnaire (Socio-demographic characteristics, dietary habits of elderly, just like the number of meals, food and fluid intake, and functional ability) to gather data from 80 elderly, who has given permission and fulfil the inclusion criteria to participate within the study. The foremost often-used measure of functional ability is that the Katz Activities of Daily Living Scale [5]. During this scale, the set of tasks assessed are bathing, dressing, transferring, using toilet, continence, and eating by the respondents itself [6]. The info, after the gathering was processed, tabulated, and analyzed by the outlines lay down at the time of developing the research plan. The coding of information was organized into classes and numbers and analyzed using SPSS and MS Excel 2007.

RESULTS

Age-wise distribution

In the present study, there was a total of 80 (100%) elderly including males and females. They were age-wise distributed as Young old (60-69) years were 22 (27.5%) middle old (70-79) years were 31(38.8%) and very old (above 80) years was 27 (33.8%).

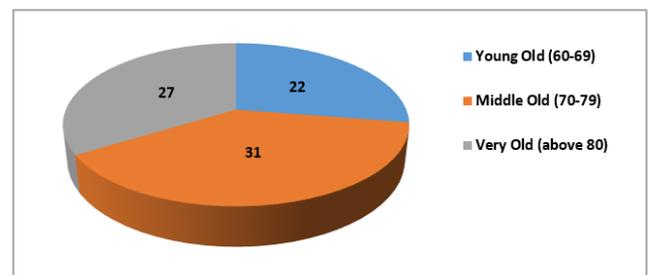


Figure 1: Age wise distribution of sample.

According to dietary habits of the elderly majority were pure vegetarians 69 (86.3%), vegetarians (include egg-eaters) were 6 (7.5%), and non-vegetarians were 5 (6.3%).

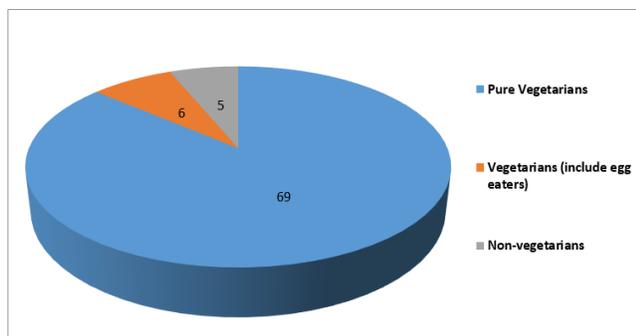


Figure 2: Dietary habits of elderly.

The most important number 43(53.8%) of the elderly were facing difficulty in eating, because of poor denture (loss of original teeth). 41(51.3%) of elderly were facing chewing difficulty. 25(31.3%) elderly were also facing taste loss problems. 16(20.0%) the elderly was facing difficulty in eating due to poor fitting denture and only 04(5.0%) elderly were facing bleeding gums problems.

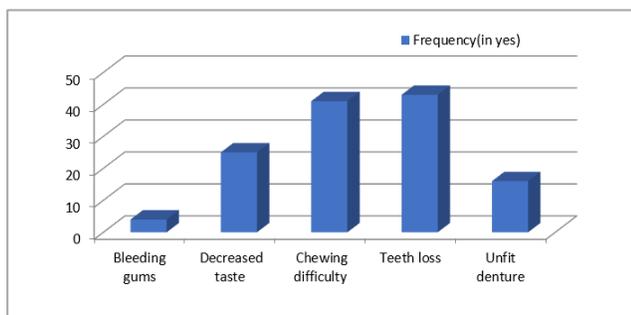


Figure 3: Problem faced while eating food.

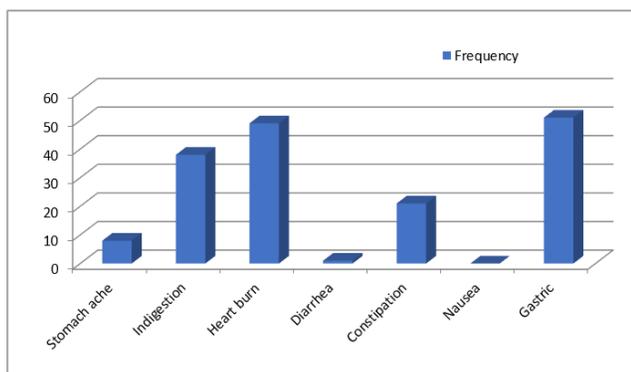


Figure 4: Problem faced by elderly after eating food.

The majority of elderly 51(63.8%) faced a sense of fullness (gastric) problem. 49(61.3%) elderly faced heartburn (acidity). 38(47.5%) faced indigestion after eating food. 21(26.3%) elderly faced constipation after eating food and

8(10.0%) elderly faced stomach ache after eating food and only 1(1.3%) elderly faced diarrhoea after eating food.

Figure 5 reveals that functional status of 80(100%) respondents. This functional status evaluates by “Katz Activities of Daily Living Scale”. It depends on the whole score of activity. (A score of 6 indicates the total function, 4 indicate moderate impairment, and a couple of or less indicates severe functional impairment). Out of 68(85%) elderly, males were 45(56.25%) outnumbered than 23(28.75%) females belonging to the full function category. Similarly, 06(7.5%) elderly, 05(6.25%) females were outnumbered than 01(1.25%) males belonging to the moderate impairment category. Moreover, 06(7.5%) elderly, 02(2.50%) males and 04(5.0%) females were belonging to severe impairment category.

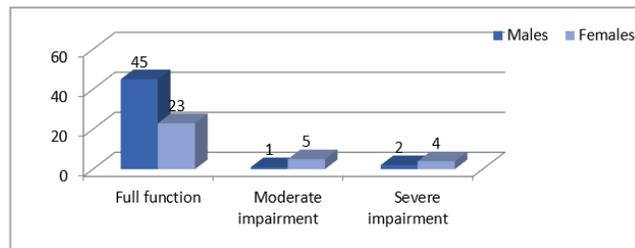


Figure 5: Functional status of the elderly population.

DISCUSSION

In our study, the bulk of respondents 69(86.3%) were pure vegetarians due to supply and diet pattern of Old Age Homes. Dietary habits are also a major factor in health and nutrition. The balanced nutrient diet and amount plays a key role in our healthy life.

Elderly also faced diet associated problems while and after eating food, results show majority 43(53.8%) and 41(51.3%) eating and chewing difficulties due to loss of original teeth respectively, 25(31.3%) elderly were also facing taste loss problems. Some face gum bleeding problems during food eating and The Majority of elderly 51(63.8%) faced feeling of fullness (gastric) problem. 49(61.3%) elderly faced heartburn (acidity). 38(47.5%)

faced indigestion after eating food. Such a type of study also was done by Geetanjali *et al.* (2015) [6] and observed similar results that nearly 97(48.5%) and 19(9.5%) had eating and chewing difficulty 22(11%) had decreased taste during eating food and problems faced after eating results show that 53(26.5%) heartburn, 35(17.5%) had indigestion 13(6.5%) had a feeling of fullness (gastric) problems. Functional status evaluates by, “Katz Activities of Daily Living Scale” and results show that the majority of geriatric respondents 68(85%) of elderly with full function, and moderate impairment and severe impairment were 7.50% and 7.50% respectively. In an exceedingly similar study done by Santosh *et al.* [4] observed that the bulk of the 96(91.43%) respondents had the complete functioning capacity and 9(8.57%) respondents had decreased activity. This is a result of aging and decreased health and nutritional status.

CONCLUSIONS

As evident in this study, the majority of the elderly were vegetarians due to availability and diet patterns in old age homes. The majority of the elderly faced many diets associated problems during or while eating, and after eating food. Full functional the majority but in little mobility was also affected and some female respondents severely impair

which is a risk, and it might lead to the dependency of respondents living in old age homes.

RECOMMENDATION

Findings of this study could help to promote better policies for the elderly living in old age homes, so that, an elderly population could have a quality life and can be a resource for society rather than a burden. Geriatric nutrition assessment should be included and monitored from time to time and thus, calls for further research in the field of geriatric nutrition. Moreover, regular monitoring and interventions can improve the health outcomes of the elderly. Old age homes should be made more geriatric friendly with care.

CONFLICT OF INTEREST

No.

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