



# Ageism in health advice

**I am often frustrated by the ageism I witness in health messaging. This failure can end up causing unnecessary harm.**

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# Meeting nutritional needs

As a dietitian with a passion to help older people get the very best out of the life ahead of them, I am often frustrated by the ageism I witness in health messaging.

I'm not suggesting the ageist bias that I see is intentional. But so much popular guidance about food selection and nutrition is really aimed at people aged 30, 40 or 50. It's perfect for younger adults who need to prepare their bodies for the decades ahead.

However, for someone aged 70 or more, those same messages can be unhelpful and even potentially damaging. Far too often, writers of health advice and information fail to adjust the messaging to align with the unique needs of adults moving into later years.

Unfortunately, that failure can end up causing unnecessary harm.





# One plate does not fit all

I'm sure most readers would have seen the [Australian guide to healthy eating \(AGHE\)](#), which is the pictorial representation of the [Australian Dietary Guidelines](#) provided by the federal Department of Health and Ageing. The advice it gives is generalist, by necessity, because it's aimed at a wide age range.

However, if you read the full [Australian Dietary Guidelines](#) document, you'll see it states that the guidelines do not apply to frail older adults.<sup>1</sup>

But everyday people rarely, if ever, seek out such background material—what they see is the poster on walls in health and medical centres. As a result, they are unlikely to adapt information on that poster to their own needs in the context of their age and health.

On the poster, a stylised plate suggests that good health comes from eating plenty of vegetables, fruits and grains, consuming only moderate amounts of lean meats, and choosing low-fat dairy foods. Now, all that advice is excellent for active younger people with robust appetites.

But even a 70-year-old who is not frail needs more protein than a younger adult—about 20% more—and it's the sections of the plate with the meat and dairy foods that provide most of the protein. So if there were a poster specifically for older adults, those sections would really need to be made a little bigger to reflect that higher need, which means another section on the plate would need to shrink!

What's more, as people move into later age, appetites often decline. Given the higher need for protein, the meat/fish/pulse/nuts and the dairy food segments would need to be more prominent. I suggest they would need to sit at the top of the plate diagram.

Of course vegetables, fruits and grain foods are important! But I always suggest putting a protein food at the centre of every meal and surrounding that with the array of colours found in vegetables, fruits, grains, herbs and spices. They all can fit on the plate, just in a different configuration to that shown on the current poster.

And for those who are of a much advanced age, or who are especially frail, treats (called 'discretionary foods' in the AGHE) are actually very useful for enticing flagging appetites. So the negatives implied by the word 'discretionary' are not necessarily helpful for these older people.



# Age as a stage of life

Australia did once have dietary guidelines for older adults until 1999, when they were rescinded by the National Health and Medical Research Council. The information is now absorbed into the AGHE. It could be argued, I suppose, that having separate nutritional guidelines for older people is ageist, but the physiological reality is that they are as necessary as those provided for babies and toddlers or for pregnant women.

This reality was discussed 10 years ago by Professor Stewart Truswell, Emeritus Professor of Nutrition at the University of Sydney. His excellent paper, 'Dietary guidance for older Australians', highlights the inadequacies of generalist guidelines for older adults.<sup>2</sup> He identified 'ages' that align to a person's stage of life more than to the number attached to their years of life.

Professor Truswell's 'third age' is a time when people may choose to continue working even though retirement is possible and when they remain engaged in life, productive in society and physically active; his 'fourth age' is when they need supported care. The vast majority of people beyond retirement age are in their third age. Both groups require health guidance that aligns to their unique needs.

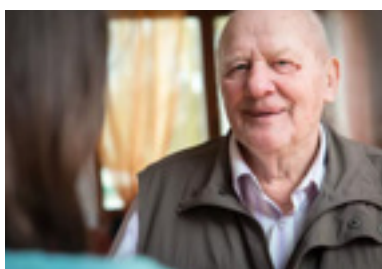


# Seek personalised nutritional advice

In order to avoid physical and cognitive decline that is completely avoidable, every age group needs appropriate nutritional information. When considering published advice, people from their late 60s on need to stop and think: 'Does this apply in the same way to me now as it might have when I was younger?'.

If the answer is 'no', then don't listen, no matter how reputable or appealing the latest longevity eating plan or brain health guidance might be. Instead, seek tailored, personalised advice from a dietitian or your doctor—advice that takes your individual needs into account.

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Ngaire Hobbins is a fully qualified Australian dietitian and an expert on nutrition, ageing, brain health and dementia. She is passionate about supporting older adults to enjoy vital, independent lives through good nutrition. Visit [Ngaire's website](#) to learn about her consultations, books, recipes, blog posts and speaker events.

### REFERENCES

[1] National Health and Medical Research Council (2013), Australian dietary guidelines, National Health and Medical Research Council, Canberra, available from [Eat For Health](#)

[2] A Stewart Trusswell (2009) 'Dietary guidance for older Australians' in Nutrition and Dietetics, vol 66, issue 4, December, pp 243-248, DOI: 10.1111/j.1747-0080.2009.01378.x. Available via National Library of Australia membership or try your local library.