



The food they (don't) eat: elder abuse by neglect?

Adequate and appropriate nutrition is no less important in old age than at any other time of life.

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At any age, it's true: the food we eat provides the nutrients that keep our bodies functioning. And whether we're 9 months or 90 years old, our bodies will falter and eventually fail if we don't get the nutrition we need.

Adequate and appropriate nutrition is no less important in old age than at any other time of life. However, in older age, people often become dependent on others – family members, friends, neighbours, a home care service or a residential care facility – for their food and nutrition.

In effect, the responsibility of ensuring that an elderly person's particular nutritional needs are met adequately and appropriately falls to those individuals or organisations.

And if the care providers don't ensure that an elderly person receives the nutrition for their particular needs – including making sure that they actually eat the food provided – it can lead to malnutrition, which amounts to elder abuse by neglect.

The impacts of malnutrition

'Malnutrition' is a blanket term for any situation where the nutritional intake of an individual doesn't align with their needs. While weight loss can be one sign of malnutrition, even people whose weight is stable or has increased can be malnourished.

Whether visible weight loss is present or not, malnutrition affects an elderly person's life in many ways. Physical effects other than weight loss will often include, for example:

- an increased incidence of illness, falls and pressure injuries
- slowed repair of wounds and recovery from illnesses
- reduced physical and cognitive capacity.

And with eating being such a big part of an individual's personal and cultural life, neglect relating to food and nutrition can be harmful and distressing in other ways:

- deprivation of those moments of joy that meals and snacks can bring each day
- denial of the right to cultural, religious or ethnic practices related to food
- feelings of disempowerment, where individual food preferences are not respected.



'Normal' weight loss?

It's not difficult to wonder if neglect might be part of the picture where massive body weight loss and increased frailty have occurred. However, in older people, weight loss is common. So weight loss or food intake below what is really needed to maintain health and capacity might be considered 'normal' to the untrained eye in residential aged care.

Certainly, at the end of life a time must come when eating will cease completely as the body's need for nutrition shuts down, and weight loss will usually be anticipated at that time. But most people in supported care are not in their last days, and their nutritional needs continue.

It's dangerous to dismiss weight loss or reduced food intake as 'normal' in a non-terminal elderly person. These people deserve food that not only is high quality, but also meets their ongoing, individual needs – and they deserve whatever support may be necessary to ensure they eat it.

And it's up to those who provide the care to encourage and support adequate nutritional intake.



Are they actually eating?

Many aged care providers work hard to offer high-quality, nutritious food, even investing in dedicated chefs to lead meals planning and preparation. And their efforts are laudable, yet even the most appealing meals may go uneaten, food can be wasted, and people's nutritional needs may become compromised, leading to malnutrition.

Why is this? Isn't it simple: make food appealing and tasty and it will always be eaten? In aged care settings (both residential and community-based), it doesn't always work out that way, for a variety of reasons.

The issue is that elderly people often don't eat the food that is outlined on menus, even if it is of good quality. There are so many factors that can hinder making the most of the nutrition in meals, drinks and snacks. For example:

- Some elderly people may need physical assistance or encouragement to get food to their mouths. Unless that assistance is provided promptly, with empathy, preserving the dignity of the resident, too often not enough food gets eaten.
- Some may feel tired or sad – even occasionally – and that impacts their enthusiasm to eat well.
- Not feeling hungry is common for many reasons, including medication side effects, illness and psychosocial issues. Lots of encouragement, as well as the input of a dietitian, may be necessary to counter this.
- The food provided may not be appropriate for cultural, personal or other preferences and therefore doesn't appeal.
- The food is poor quality and/or is inadequately heated or chilled.

I see so many practices in aged care that can either increase or decrease the chance of good food being eaten. Without including the invaluable services of dietitians skilled in the care of older people, providers' efforts can be for nothing.



How dietitians can help

Dietitians identify issues and provide solutions to achieve the nutritional needs of individuals. My work as a dietitian in aged care is partly about ensuring that the food on offer is appealing, appropriate and of good quality. Equally importantly, it's also about doing all I can to ensure it's eaten.

In an aged care setting, dietitians, for example:

- review the systems and processes that ensure food is not only of good quality, but is eaten and enjoyed
- advise on strategies to support anyone not eating well
- develop plans for individuals with wounds, to assist in timely healing
- address medical or psychosocial concerns that impact nutritional status and/or food intake
- provide appropriate food and drink options that will maintain quality of life and dignity for those who are nearing the end of life.

Avoiding elder abuse by neglect when it comes to food and nutrition takes commitment by care providers to seek out every opportunity to support individual needs at all operational levels, including management, nursing, personal care and food service. So could inadequate access to a dietitian in residential aged care inadvertently constitute abuse by neglect?



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Ngaire Hobbins is an Australian dietitian specialising in ageing and brain health. This article is based on her book, *Brain Body Food*, which presents in everyday language the science of eating well for healthy ageing. *Brain Body Food* is available through [Ngaire's website](#), or your favourite book retailer.