

Nutrition Matters: Supporting Healthy Aging Through Proper Nutrition

Applications from the [GSA KAER Toolkit on the Management of Obesity in Older Adults](#)

Momentum Discussions Podcast from the Gerontological Society of America

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Announcer:

Welcome to the Gerontological Society of America's Momentum Discussion, where we explore groundbreaking topics in the field of aging.

Jen Pettis:

Welcome to this GSA Momentum Discussions podcast episode titled "Nutrition Matters: Supporting Healthy Aging through Proper Nutrition." GSA appreciates Haleon's support for this podcast episode. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America, or GSA. I'm pleased to serve as a host for today's Momentum Discussion. I'm delighted to be joined by Dr. Roger Fielding.

Dr. Fielding serves as the team lead and Senior Scientist of the Nutrition, Exercise Physiology, and Sarcopenia team at the Jean Mayer, USDA Human Nutrition Research Center on Aging at Tufts University. He is also a Professor of Nutrition at the Friedman School of Nutrition Science and Policy, a Professor of Medicine at Tufts University School of Medicine, and the Associate Director of the Boston Claude D. Pepper Older Americans Independence Center. Welcome, Dr. Fielding. I'm so glad that you could join me.

Dr. Roger Fielding:

Thank you, Jen. It's a pleasure to talk to you today.

Jen Pettis:

Great. Dr. Fielding, let's begin today's podcast episode by setting the stage with information on why older adults are at risk for nutritional deficiencies and inadequacies that increase with age, including physiological changes in appetite, consumption, and other factors.

Dr. Roger Fielding:

The important thing to remember, and that's a really good question, Jen, the important thing to remember as we age, because of changes in our body composition, we lose muscle. We tend to gain fat even if we maintain the same body weight; our energy requirements go down. In many situations, it's very hard to consume a nutritionally adequate diet as the number of calories we need to meet our energy demands goes down. Correspondingly, the amounts of micronutrients and other key factors in our diet tend to be reduced slightly. In some cases, we can put ourselves at risk of nutrient deficiencies.

The other thing that happens very clearly, particularly in older ages, and I'm not talking about people in their sixties and seventies, but maybe people in their late seventies, eighties, and nineties. We have a lot of those people now. There are changes in our perceptions of food and of what we're eating, leading to altered regulation of our appetite. Our appetite tends to go down, and we don't think about food and eating as much as we did when we were younger. Sometimes there are subconscious changes in our voluntary food intake because of these changes in appetite. These factors can put us at risk of specific nutrient deficiencies.

Jen Pettis:

You mentioned the food intake changes and perhaps decreases, but how about changes in energy requirements or changes in dietary patterns that might happen as we age?

Dr. Roger Fielding:

There's also an increased need for specific micronutrients. I'm thinking about calcium and vitamin D, so the recommended dietary amounts for these nutrients are increased for older adults, primarily due to the risks of reduced bone density and osteoporotic fractures. There are physiological changes in our bodies that require adjustments to the nutrient requirements. Then there's also considerable debate now about whether older adults require more dietary protein than young adults. Even though the recommended dietary guidelines for Americans have changed to recommend a higher protein intake, the data supporting this, especially for older adults, are less clear. Older adults who aren't meeting the dietary reference intake for protein (around 0.9 or 1 gram per kilogram per day) should supplement their diet and increase their protein intake to reach that level. Whether more than that is better remains an open question, though opinions vary.

Dr. Jen Pettis:

Given the changes, declining calorie requirements, and declining intakes, which foods should older adults prioritize to ensure they meet their nutritional needs?

Dr. Roger Fielding:

Right, this is just like what your mother and your grandmother probably told you. We always recommend that people follow a diet that's high in fruits and vegetables. These are food sources enriched with many micronutrients, B vitamins, and other essential minerals. Those things are certainly good. We recommend that people start by eating a balanced diet, and if they're still not getting enough nutrients from their diet, they can consider dietary supplements, such as multivitamins. Food has a lot of things in it. We don't even know all the ingredients in many of the foods we eat, except that they're healthful. The other thing we tell people, and the dietary guidelines are very clear about this, is to avoid processed and ultra-processed foods because they are usually very calorie-dense, but they're not very rich in essential micronutrients and minerals. Their nutritional value is lower, and they tend to have a high caloric density; there are probably other compounds in those processed foods that are also detrimental to our health.

Jen Pettis:

Dr. Fielding, we hear a lot about processed and ultra-processed food. What do those words mean?

Dr. Roger Fielding:

There's no clear, good, solid definition for those things. Typically, it refers to foods that are manufactured in a way that changes their composition relative to their source. I know that's not a very good answer, but things like cured meat, for example, are very ultra-processed cheeses. Obviously, a lot of snacks and high-salt snacks and things like that, sugar-sweetened beverages probably fall into that category in a way. You raise a good point. And this is one of the problems with science right now: there's no good, absolute definition of what ultra-processed food actually is.

Jen Pettis:

I think it's great that you mentioned processed meats and ultra-processed cheeses because I think people, as they are looking for protein, sometimes go to sources like that, that perhaps shouldn't be their preference.

Dr. Roger Fielding:

There are always trade-offs: overconsumption of those is probably bad, but small amounts in your diet are probably not as harmful as larger amounts. And there is an economy to this, too, where processed and ultra-processed foods tend to be a little less expensive than fresh fruits and vegetables, for example. I think we have to weigh and balance those things so that people can afford the food they eat and get sustainable nutrition, given the economics of food prices, particularly now that there's been a lot of increase in food supply prices across the board.

Jen Pettis:

You mentioned a couple of nutritional deficiencies that are common in older adults. Are there any others you want to mention? Share how interprofessional teams can identify those things and address those things together?

Dr. Roger Fielding:

I think there's evidence of deficiencies or low levels in certain B vitamins. We know that these are related to declines in both physical and muscle performance and also affect cognitive function and performance. Aside from doing a nutritional screen for dietary intake, there are several good laboratory measures from blood that you can use to measure levels of many of the B vitamins. That's a specialized analysis; if people are interested, they can have it performed by their doctor. It's not always reimbursable, but many people want this information anyway to get a baseline and see where they need to intervene.

Jen Pettis:

I understand that you serve in a leadership role within the International Life Science Institute's work on healthy aging, sarcopenia, and geriatrics. Can you share a bit about that initiative?

Dr. Roger Fielding:

For much of my career, and still now, I've been interested in how this age-related decline in skeletal muscle mass and function affects older adults' ability to get up from a chair, climb stairs, walk, and live independently. We call this syndrome, this loss of muscle mass or this low level of muscle mass and function, sarcopenia.

Yet when you talk to people, even when you talk to skilled clinicians and other health care providers, they don't really know a lot about sarcopenia, or maybe they've heard a little bit about it, but they don't know a whole lot about it. We are developing programs with the International Life Sciences Institute to increase awareness of sarcopenia among health care professionals.

Dr. Roger Fielding:

One of the things that we've developed to date, and this is not the only thing we're doing, but this is the thing that we just completed, is a very short 60-minute webinar about sarcopenia, its implications, its consequences, and ways to treat sarcopenia specifically for health care professionals. What's unique is that if you sign up for and take this webinar, you can earn continuing medical education (CME) credits. These are the training credits that virtually all health care professionals in the United States must complete. We're providing this free of charge. There's no need to pay to take this webinar, and you can get the credit. We're hoping this is the carrot, if you will, to entice people to watch the webinar, learn some useful information about sarcopenia, and then carry that into their practice.

At the same time, we also know that the public, older adults, their caregivers, their spouses, and their children don't know very much about sarcopenia either. We're taking the next steps now and developing learning materials for the public, older people, and other members of the public to increase awareness of sarcopenia. More to follow on that. The webinar for health care providers is now available; you can find it. We can share the [link via the ILSI \(International Life Sciences Institute\) website](#). This is part of their healthy aging program that they initiated a couple of years ago.

Jen Pettis:

It sounds great. You mentioned working on materials for the public. What are some key messages that you're going to include in that?

Dr. Roger Fielding:

We've just started discussing these, but I think the message will be that slowing down and losing strength are not necessary consequences of aging. If you begin to think that you're getting weaker and walking more slowly and having difficulty with activities of daily living, as I mentioned, like climbing stairs or getting up out of a chair, or getting out of bed in the morning, these are signs that you may be having a problem with your skeletal muscle function. These are things I think you should talk to your health care provider about and begin to have that conversation, because while there are no pharmacological therapies for sarcopenia, we certainly know that there are important lifestyle interventions that can help slow and even potentially reverse this process in older people. Without raising awareness of this syndrome, we won't reach the point where we can address how people can prevent or reverse some of these changes.

Jen Pettis:

What are some key things they can do to prevent it?

Dr. Roger Fielding:

We've conducted many studies over the last 30 years showing that various forms of exercise and increased physical activity can have very positive effects on skeletal muscle health and performance. So even things as easy as walking three to four times per week, 20 to 30 minutes per session, can at least begin to slow the loss of muscle.

Dr. Roger Fielding:

Then if you really want to take an active, proactive role sort of reversing these changes, if you want to start initiating some progressive resistance or strength training exercises like weightlifting or using resistance bands or doing calisthenic type exercises, those clearly have been able to show the ability to increase muscle strength and increase muscle mass even in very old individuals: people in their eighties and nineties. I think, without even considering medicines to treat sarcopenia, there are effective lifestyle interventions, particularly resistance or strength training, that can be very effective.

We also have evidence, particularly as I mentioned before, that in individuals who aren't consuming enough protein in their diet, increasing their protein intake may help reverse or slow some of the loss in muscle mass and strength. If people have documented vitamin D insufficiency or true vitamin D deficiency, we know that vitamin D not only has effects on calcium absorption and calcium metabolism for bone health. It does affect skeletal muscles. If you're in the deficient or insufficient range for your vitamin D, we believe supplementing your vitamin D up into that normal range can have some impact on your muscle strength and muscle function. So that's something to consider as well.

Jen Pettis:

Oh, okay. My final question for you is, what's exciting? What's going on in evolving research around nutrition for older adults, and what are the potential implications for the care of that research?

Dr. Roger Fielding:

I think both in the nutrition and the sort of exercise sphere, I think about those things together, nutrition and physical activity, a lot of people are really interested in sort of this idea of precision nutrition and precision exercise, acknowledging the fact that there's a tremendous heterogeneity or variability in how different people, in particular older people, respond to specific nutritional interventions. We're also learning to exercise interventions. Unraveling the heterogeneity of responses and determining which factors influence it will help us better target the right therapy for the right older person. That, we're working on that. We have a very interesting project examining exercise and physical activity in older adults. Some of my other colleagues at Tufts are working on very similar studies, trying to look at this heterogeneity precision response to specific nutritional interventions. I think that's going to be a very important area in the future.

Jen Pettis:

That's terrific. Dr. Fielding, many thanks for joining me today, and thanks to everybody who listened. I always find it informative and enjoyable to talk with you. Thank you so much.

Dr. Roger Fielding:

It's a pleasure, Jen. I'm grateful that the GSA really spearheads and sponsors programs, podcasts like this. I think it's important for the field and for older people in general.

Jen Pettis:

Thanks so much.

Announcer:

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