Physical, social and psychological causes of malnutrition in older adults

One in ten older people in the UK are suffering from, or at risk of malnutrition. This relatively unknown, yet significant issue, costs the NHS £19.6 billion per year (Elia, 2015). Often overshadowed by obesity as a public health issue, malnutrition impacts a person’s wellbeing; leading to further problems, such as an increase in hospital admissions, increased dependency and increased risk to life.

Considering the demographic profile of the UK, the prevalence of malnutrition among older people will undoubtedly rise. The number of people aged 60 and over is expected to surpass 20 million by 2030: by 2040, nearly one in four people will be over 65 (Elia, 2015). Patients with, or at risk of malnutrition, result in a public expenditure cost of up to four times more than that of non-malnourished patients. Thus, as the population ages, it will become one of the UK’s most expensive conditions.

Despite the brilliant work of organisations such as the Malnutrition Task Force and Age UK, malnutrition in older adults still receives little media attention. This may have contributed to the lack of public knowledge surrounding the issue.

Physical, social and psychological causes

The most common causes fall within the physical category. These include medical conditions which can result in a lack of appetite, such as cancer and liver disease, or conditions which disrupt the body’s ability to optimally digest food and absorb nutrients, for example, Crohn’s disease or ulcerative colitis. Older people often struggle to prepare and consume meals due to physical hindrances. These could include poor dentition, dysphagia, loss of taste and smell, physical disabilities or poor mobility which prevent a person from shopping and cooking for themselves.

Social factors, although less apparent, can be extremely instrumental in the development of malnutrition. Isolation, often exacerbated by physical issues such as hearing difficulties and decreased mobility, leads to many older people in our community eating alone. With mealtimes being a social occasion, a lack of social interaction around food may discourage eating and lead to malnutrition. Another factor is low income — many older people survive on small pensions or savings alone. This may lead to circumstances of poverty, resulting in a decrease in the quantity and quality of food consumed.

Malnutrition is also associated with several psychological issues. Mental health problems, such as depression and anxiety or a change in mental state due to stress or bereavement, can affect a person’s appetite and interest in eating. If insufficient nutrients are consumed, a change in mood and energy levels will eventually occur and a negative cycle will ensue. Other psychological causes can include eating disorders, substance addiction and dementia (Hickson, 2006).

Due to the complex nature of malnutrition and its myriad causes, there are no simple, blanket measures to prevent its occurrence among older people. However, once the causes of each individual case are recognised and understood, there are steps which can be taken to manage, treat and prevent their reoccurrence. These steps fall broadly into two categories; clinical and social interventions.

Clinical interventions include screening, monitoring and the involvement of healthcare professionals. For example, a doctor may alter medication or subscribe oral...
nutritional supplements (ONS), while a dentist can be approached to tackle oral pain and denture problems. Dietitians are best placed to advise on how best to tackle malnutrition through diet, as well as prescribing ONS if indicated (Crawley, 2009).

Speech and language therapists are the principal healthcare professionals involved in diagnosing and recommending treatment for malnutrition caused by dysphagia. Dietitians can also provide a supporting role, as can occupational therapists who can provide appropriate aids to enable independent eating.

**SOCIAL INTERVENTIONS**

Social factors which lead to malnutrition are more challenging to address. Issues such as isolation and poverty are most evident within the community, so it is no surprise this is where 93% of malnourishment occurs (Wilson, 2013). Successful social interventions can include shopping schemes, community meal services or lunch and activity clubs, which serve the dual purpose of providing older people with a means of eating, while offering them a chance to socialise. Where possible, family and friends should be encouraged to make visits during mealtimes, to help the older person prepare their food and to preserve the social aspect of eating.

The physical, social and psychological causes of malnutrition are often interlinked and in many cases can develop into a downward spiral. There is a vast network of support, information and guidance available to older people living with, or in danger of malnourishment (see useful resources box). However, many people never find their way into this network, due to the greatest problem present in the battle against malnutrition: awareness.

Gaps in professional training and public awareness may deter older people from seeking help and prevent healthcare professionals from recognising the signs. Progress has clearly been made, but this must continue, with the ultimate goal of increasing awareness of the condition and creating an integrated system of health and social care. Only then will older people receive the help they need and deserve to live their lives long and to the full.

**REFERENCES**


