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Malnutrition Task Force
Eating and drinking well in later life

This booklet is for older people, their grown-up children, family carers, care home staff, domiciliary care staff, the voluntary sector and health care professionals – in fact, it’s for everybody as making sure that older people get the food, drink and help they need, when they need it, is everybody’s business.

- Unintentional weight loss in later life is a serious issue.
- In most cases, malnutrition and dehydration are largely preventable.
- Losing weight is not an inevitable part of ageing.
- Outdated myths exist about older people becoming smaller and thinner.
- It’s always a good idea to keep a record of and regularly check your weight.
- If you are concerned, do speak to your GP, Practice Nurse or health professional.

Introduction

Having nutritious and varied food is important for good health and wellbeing throughout life. As we age, it becomes even more important. I wonder if it would surprise you that it is estimated that one in ten people over the age of 65 are at risk of malnutrition. You might know someone at risk or it could even be you.

Ageing puts us all at risk of becoming malnourished. This is a concern because poor nutrition can be both a cause and consequence of ill health. Signs will often go unnoticed until they have made a negative impact on our health and wellbeing.

Malnourishment can affect health and wellbeing, and cause long-term health problems for otherwise healthy and independent older people. It can also mean more visits to the GP, increased chances of being admitted to hospital and longer recovery times from illness.



What are the barriers to keeping well nourished?

Nutritional needs can vary as our bodies and health needs change. Increasing numbers of us will be diagnosed with long-term conditions such as diabetes, hypertension, angina, chronic obstructive pulmonary disease (COPD) and chronic pain conditions such as arthritis. This can have an impact on eating enough.

We are so used to following public health messages that are focused on weight loss, eating low fat products, eating more fruit and vegetables, less sugar, treats and puddings. This style of eating is not always recommended for people who have a small appetite, find they are losing weight, or who are finding it difficult or tiring to eat.

There is no point struggling through a bowl of salad if that is all you can manage to eat all day.



Why do we lose interest in food and appetite?

Life changes as we age are complex and very individual, and can often contribute to loss of interest in food and appetite.

Loss and bereavement spans right across life. It doesn't just relate to death. It is often about accumulative loss, perhaps of work identity through retirement, of good health, of being young or the loss of ability, activities and hobbies, a walking partner, best friend or the dog.

Loss through bereavement will be a major stress, and can reduce our resilience and ability to cope and remain independent. In practical terms, life may have changed dramatically. We may have less money, have to eat, sleep and live alone for the first time, or be faced with household or financial tasks that we haven't done before.



Becoming a carer for a loved one can be a real shock, changing our relationships, lifestyles, routine and expectations. Caring in some respect will touch the lives of most of the population. Every year, over 2 million adults become carers and almost as many people find that their caring responsibilities come to an end.

Undertaking and losing a caring role can sometimes make eating a low priority and carers are very much at risk of becoming malnourished themselves.

Sometimes when we live or feel alone, particularly if you don't see family or friends very often or we are feeling bereft, it can be more difficult to eat well, or bother to plan, shop and prepare a meal, which then is often eaten alone.

Low income and worries about finances remain a significant contributor to poor health and wellbeing among some older people.

All this lumped together can cause us to feel vulnerable, lonely and isolated and make us feel low in mood or clinically depressed. Depression is very real and sometimes overlooked by health care professionals, even though it's easily diagnosed and can be treated.

If you recognise any of these feelings, think about going to see the GP or talk to a health care professional.

Dehydration

Water makes up over two-thirds of the healthy human body. It lubricates the joints and eyes, aids digestion, flushes out waste and toxins, and keeps the skin healthy.

Dehydration occurs when your body loses more fluid than you take in.

When the normal water content of your body is reduced, it upsets the balance of minerals (salts and sugar) in your body, which affects the way it functions. The body is affected even when you lose a small amount of fluid.

Most of the time, we can prevent dehydration by drinking regularly throughout the day. Be guided by your thirst, but be aware that in hot weather, when exercising and during illness, you should drink more. As we age, we also start to naturally feel less thirsty so it's important to keep an eye on how much you're drinking.

Look out for some of the early warning signs of dehydration:

- Feeling thirsty, lightheaded, tired and confused – this could lead to becoming unsteady on your feet with an increased risk of tripping or falling.
- Dry mouth, lips and tongue leading to crusty and cracked mouth.
- Passing urine less often than usual. This can lead to urinary infections and incontinence or in some cases long-term kidney problems.
- Constipation – lack of fluid intake is a common cause of constipation.



Practical steps to keep hydrated

- Drink 6–8 cups of fluid every day (this is about 1.5 litres or 2.5 pints). All hot and cold drinks count towards hydration.
- Make sure that you have the fluids available that you enjoy.
- Include reminders or prompts to drink throughout the day e.g. with a favourite TV programme.
- Drink little and often if you find it a challenge to drink a whole glass in one sitting.
- Make sure you are in the correct position to drink.
- Make sure that you have the right cups and accessories available, such as straws and bottles or maybe a hydration device.
- If you are worried about getting up in the night for the loo, don't drink alcohol or caffeine close to bedtime. Ask your pharmacist if any medications you are taking could be causing you to need to use the loo more at night – perhaps changing when you take your medication could help.
- If you regularly cough and splutter when you drink, have a chat with a health care professional – there are things that can help.
- Try to eat foods with a high water content e.g. fruit and veg, stews and soups, milk based puddings, jelly, ice cream, yoghurt and custard.



Taking care of mouth and teeth

Maintaining oral health is an important part of keeping well; it's key to preventing undernutrition.

It's important because it allows us to eat, speak and socialise without discomfort or embarrassment. Loose, broken and decayed teeth, poorly fitting dentures and pain makes eating hard.

Reports show us that oral care is often lacking for older people who may be unable to carry out their own personal care and rely on others for help. This is particularly relevant in hospitals, community care settings and domiciliary care at home.

Mouth Care Matters has some helpful information and ideas:
www.mouthcarematters.hee.nhs.uk

Sometimes it's difficult to find a dentist, particularly if you have special needs or difficulties. You could call **NHS England's Customer Contact Centre** on **0300 311 2233**. Your local Healthwatch also may be able to give you information about services in your area.



Support with eating and drinking

Sometimes we need help to eat and drink. This can be overlooked in hospitals, care homes and domiciliary care, but also by our friends and family at home. Sometimes, if we see people struggling to eat we feel a bit uncomfortable offering to help. Older people may feel uncomfortable asking for help.

Here's some practical ideas which can help:

- Be respectful of dignity.
- Try not to be embarrassed or uncomfortable.
- Check that the person is sitting in the best position for eating.
- Make sure the person who needs help feels comfortable – sit down and be at the same level as them.
- Ensure the person is in control of their meal – ask what they would like.
- Ensure food is cut into bite size pieces if needed.
- Have a chat while they eat, give them time to chew and enjoy their meal.

Is this me?

Whether you are slim or bigger (even if you are seemingly overweight, you can still be malnourished), it's not good to lose weight without meaning to. It's easy for weight to drop off without noticing. Significant, unintended weight loss makes you more likely to become ill or have a fall and can slow down your recovery from illness or surgery.

Whilst some signs may be obvious, others may not be as noticeable.

Ask yourself the following questions:

- Have you noticed that you have lost weight?
- Have you dropped a dress size or do your clothes feel looser?
- Have you had to tighten your belt buckle an extra notch?
- Is your jewellery slipping off?
- Do you feel lethargic or more tired?
- Is planning, cooking and shopping becoming more of an effort?
- Are you finding it difficult to manage on a tight budget?
- Have your dentures become loose?
- Has your appetite got smaller?
- Is chewing difficult?
- Is swallowing difficult?
- Do you cough and splutter when eating?
- Are you catching more colds or infections and find it takes longer than usual to feel better?



- Do you feel cold and can't get warm?
- Do you feel dizzy sometimes?
- Have you noticed changes in your mood?
- Are you feeling down?
- Have you changed or been prescribed new medicines?

If you recognise these signs, it's time to take action. These can all be signs of unhealthy weight loss and that we might be at risk of becoming undernourished.

Keeping an eye on yourself

It's important to keep an eye on your weight.

There are several easy to use self-screening tools that can be used to identify if you are at risk of becoming undernourished. These can be completed by yourself or with a carer, friend or family member.

You can download or request a copy of the self-screening tools on the Malnutrition Task Force website www.malnutritontaskforce.org.uk or by calling us on **020 3033 1280**.



What can we do?

Eating anything is better than nothing.

When we have a small appetite, or have difficulty chewing or swallowing, there are a number of things we can do for ourselves that may encourage us to eat better.



Eat more protein – protein is an essential nutrient, and we need to get it from food every day because our bodies don't store it as they do fats and carbohydrates. Having protein with every meal will help us keep well nourished.

Sources of protein include fish, meat, eggs and dairy, but there are also many plant sources of protein. This includes beans, rice, grains, lentils, hummus, chickpeas, seeds, nuts and nut butters (e.g. peanut butter) and tofu.

Eat food that you enjoy

- Try eating small meals and snacks six times a day rather than three bigger meals.
- Eat small portions – little and often.
- Move to full-fat foods like milk, yoghurt and cheese.
- Have milky drinks with full-fat milk and a biscuit between meals.
- If you have difficulty chewing, try eating soft foods such as scrambled eggs or yoghurts.
- If your teeth or dentures are a problem, make an appointment with your dentist. Some dentists will also make home visits.
- If you're having trouble cooking or cutting up food, speak to your GP or council. They may be able to arrange an occupational therapy assessment. They can give lots of practical ideas and tools to help. www.nhs.uk/conditions/occupational-therapy
- If you have trouble shopping or cooking food, a local community organisation may be able to help. Contact your local Age UK.

- Ordering home delivery foods can be helpful – your local community organisation might be able to help with this too.
- Home delivery services, like Wiltshire Farm Foods, have foods that are soft, fork mashable and textured, as well as small appetite meals.
www.wiltshirefarmfoods.com

We have included some more ideas at the end of this booklet.

Eating alone may not help to improve our appetite

- Ask a friend or relative out to a café.
- Ask a friend round for a snack.
- Ask a community organisation for information about lunch clubs.
- When you are alone, eat with a favourite TV or radio programme.

If you're worried about weight loss, have a small appetite, or finding it difficult to chew or swallow food, talk to your GP or Practice Nurse. Perhaps ask a friend, relative or carer to go with you.



What can help – fortifying foods

Sometimes when appetites are reduced and we don't feel like eating it can be useful to fortify your food. This means adding other ingredients to increase the calorie content but not the portion size.

- Dried skimmed milk powder can be used to fortify full-fat milk. Add 4 heaped tablespoons of dried skimmed milk powder and blend into 1 pint of full cream milk. Keep chilled in the fridge and use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc.
- Try adding dried skimmed milk powder to soups, milk puddings, custards, mashed potatoes: add 2-3 teaspoons per portion of food.
- Drink full cream milk: aim for 1 pint/600mls per day.

You could also:

- Add knobs of butter and margarine to vegetables, potatoes etc. and add grated cheese to soup, mashed potato, jacket potato or scrambled eggs.
- Add cream or evaporated milk to soups or puddings e.g. stewed/canned fruits, custard and rice puddings.
- Add sugar to cereals, drinks, desserts.
- Serve jam, honey, syrup on bread, milk puddings etc.
- Make a creamy sauce e.g. cheese sauce, parsley sauce.
- Cook rice with coconut milk.
- Cook curries with ghee (clarified butter) as well as coconut milk powder or ground nuts.





If you have a health issue that requires a special diet, chat with your GP, Practice Nurse or health professional before fortifying food.

Eating while in hospital, in care homes or if you rely on someone else for your meals

Eating nutritious food and getting enough to drink whilst in hospital is important to speed up recovery. In a care home or your own home, it's important that you enjoy your food, have enough to eat and drink, and get the help you need to eat and drink when you need it.

What to expect

Everyone when they are admitted into hospital or a care home should expect to be weighed. This is an important measurement that helps to tell if patients are undernourished and if they need a special diet, gadgets or implements to make eating easier. If there is concern about your nutritional status, you should expect to have a nutritional assessment from either a specially trained nurse or a dietitian. This should be followed up regularly.

It's sometimes tricky when someone else provides your food. It is important that you tell them:

- If you need help with eating or drinking.
- The food that you like and what you don't like.
- How you like food cooked, for example vegetables hard or well done?
- Portion size.
- When you like to eat your main meal.
- Don't be worried about asking what happens if you miss a meal or need an extra snack.





As a friend or relative

- As a relative or friend, don't be shy to ask if the person has eaten all their meals.
- Ask for additional food service if they are hungry or have missed a meal.
- If you are worried about food or fluid intake, mention it to staff.
- If you feel that the cared for person is losing weight, mention it to staff until your concerns have been addressed.

Sometimes it can be challenging when we are in environments where other people are responsible for providing the food that we eat.

- Food packaging should be easy to open.
- Finger food should always be available.
- Food should be available to meet religious or cultural needs and special diets.
- You should expect to receive the help that you need to eat your food.

The Care Quality Commission oversees the standard of food in hospitals and care homes. There is also an inspection called PLACE for hospitals. These reports indicate if nutrition and hydration is an organisational priority.



Long-term conditions

As we age, it's likely that we will develop one or more long-term conditions. Some examples are arthritis, heart disease, diabetes, COPD, stroke and high blood pressure.

These conditions cannot be cured, but can be controlled by medication and other therapies. Sometimes, as the condition progresses, symptoms may cause us to have difficulty with activities of daily living and may also lead to mental health problems such as depression. There is a risk that we can become malnourished as time goes on.

Take control – if you have a diagnosis try to make sure that you keep eating and drinking enough to keep you well nourished. Tell someone if you feel low, depressed or anxious. Try to understand as much as possible about your condition. This will make you much more able to be independent.

We've put together some ideas for common conditions on the next few pages.

We have included a computer link to websites that can give you more information. If you can't access a computer, you may be able to pick up leaflets at your GP surgery, library or community hub. You could also ask your local Age UK or local voluntary organisation to help you. You can call the Age UK Advice Line for free, confidential advice on **0800 678 1602**. It's open 8am–7pm, 365 days a year.



Dementia

Maintaining good nutrition is vital for the health, independence and wellbeing of people with dementia. Difficulties eating and drinking are more noticeable as dementia progresses and unwanted weight loss is a common problem. It is helpful to be aware of some of the changes that can occur as dementia progresses, such as difficulties using cutlery, difficulty in swallowing, recognition of food or tastes changing, likes and dislikes for food and drinks, and appetites can vary from day to day.

What can we do?

- Measure and record weight regularly.
- People with dementia may struggle to ask for food or drink – it should be visible, offered regularly and be available to pick up whenever they feel hungry or thirsty.
- Food and drinks need to be interesting and what the person likes.
- If people are walking or pacing, have food available to grab as they pass (remember that they may need increased nutrients including calories and protein).
- For people with smaller appetites, large portions at mealtimes may be off-putting. Offer smaller portions at mealtimes with frequent nourishing snacks throughout the day including suppertime and before a person goes to sleep.
- A person with dementia may start to lose their sense of smell. Ensure food is flavoursome and tasty.

Delirium

Poor nutritional intake and lack of fluids can contribute to the development and severity of delirium – sometimes referred to as ‘acute confusional state’. Delirium often occurs suddenly when a person is already unwell, and can lead to a rapid decline in mental state and behaviour. People with dementia are at a greater risk of developing delirium. The Alzheimer’s Society has more information on delirium: www.alzheimers.org.uk/get-support/daily-living/delirium

If you are worried that your friend or relative is showing signs of delirium, make sure that the GP or ward doctor is alerted and they act on your observations.

Diabetes

If you have diabetes and you’re underweight or struggling with your appetite, it’s important to eat the foods you like rather than being too restrictive with your diet. This may mean eating foods that are higher in fat and calories. Speak with your diabetes team to review your medications and talk to a dietitian to help you make any changes.

Diabetes UK has more information and advice about healthy eating: www.diabetes.org.uk/Guide-to-diabetes/Enjoy-food/Eating-with-diabetes/Whats-your-healthy-weight/tips-to-gain-weight

Arthritis

Arthritis can be a painful condition and symptoms like fatigue can seriously affect what you feel able to do on a daily basis. There is plenty you can do to ease your symptoms, understand your condition and gain a sense of independence: www.versusarthritis.org/about-arthritis/managing-symptoms/diet

High blood pressure

High blood pressure, or hypertension, rarely has noticeable symptoms. But if untreated, it increases your risk of serious problems such as heart attacks and strokes. More than one in four adults in the UK have high blood pressure, although many will not realise it. The only way to find out if your blood pressure is high is to have your blood pressure checked: www.nhs.uk/conditions/high-blood-pressure-hypertension/treatment

Asthma

Asthma is a condition that affects your airways – the small tubes that carry air in and out of the lungs. Stress, poor sleep and diet can make the symptoms of asthma worse: www.asthma.org.uk/advice/triggers/stress

Stroke

Stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. It is an emergency. If you spot the signs of stroke in yourself or someone else, call 999. There is no way of knowing if symptoms will pass or get better when they first start, so you need to seek immediate medical help.

Signs of stroke

- Face: Can the person smile? Has their face fallen on one side?
- Arms: Can the person raise both arms and keep them there?
- Speech problems: Can the person speak clearly and understand what you say? Is their speech slurred?
- Time: If you see any of these three signs, it's time to call 999.

More information: www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke

Chronic obstructive pulmonary disease – COPD

COPD is a chronic long-term medical condition that affects lungs and does not go away. Airways are narrowed and it becomes harder to breathe out quickly. It's important to maintain a healthy weight. Carrying extra weight can make breathlessness worse, so it's a good idea to lose weight healthily through a combination of regular exercise and a healthy diet.

Some people may find that they lose weight without trying or needing to. Eating food high in protein and taking in enough calories is important. Ask for help and advice from a dietitian as part of a pulmonary rehabilitation programme.

If you feel worried about weight gain or loss, talk to your COPD clinic nurse, GP or Practice Nurse.

www.blf.org.uk/support-for-you/eating-well/maintain-a-healthy-weight

Mental health

Mental health problems are as common in older adults as they are in younger adults but for many reasons older people are far less likely to tell their GP. When they do, they will often describe physical rather than emotional symptoms. Depression is the most common and most treatable mental illness in old age. It affects one in five of us living at home, and more of us with a long-term condition or who are residents in hospitals and care homes. Symptoms of anxiety are present in one in 20 people and very frequently exist alongside depression.



People who experience anxiety often feel restless, have a sense of dread, feel on edge a lot of the time, find it hard to concentrate and feel irritable.

People who are depressed may often feel low in mood or sad, feel tearful, feel guilty, have no motivation, find it difficult to make decisions and feel like they are not really getting any enjoyment out of life.

We can all feel low or anxious from time to time. If you're going through difficult times or you're feeling sad, or you recognise yourself in the above symptoms, you should seek help from your GP or healthcare professional and get support early on.

We should remember that in both grief and depression we cry, we feel low, we might have trouble sleeping, have a poor appetite and may not feel like doing anything and see no joy in life. So, if you have been bereaved and feel like this for what seems to you like a long time, talk to your GP.

One of the most common noticeable effects of depression and anxiety is losing interest in food and a gradual or rapid weight loss.

What can we do?

- Recognise how you feel. Don't brush your feelings under the carpet and hope it will sort itself out – symptoms are likely to get worse if you don't act.
- Having depression or anxiety is similar to a physical health condition, and it can be successfully treated.
- Seek help from your GP or Practice Nurse.
- Tell a friend or relative if you want to – it may help.
- There may be a range of services in the local community where you can meet new people and learn new skills. This will give you something to look forward to, and prevent you feeling isolated or alone.
- Contact your local Age UK or community hub; they can help you find an activity or group that will suit your interests.

Medicines

Medicines prescribed by health professionals can have a very positive effect and help us to manage our conditions and keep well.

It is important that you regularly have your medicines checked by a pharmacist or your GP. Sometimes when we have appointments with different hospital departments we are prescribed medication that either we no longer need or when taken together, can produce adverse side effects.



Sometimes side effects of medications can have an adverse effect and make us not want to eat. A dry mouth or a metallic taste can stop us wanting to eat. It can be helpful to suck a boiled fruit sweet, or eat some tangy dried fruit such as cherries, cranberries or mango. Sweet tastes help to stimulate taste buds and moisten the mouth.

If you find that you are taking lots of different medications every day, or if you think you are getting a lot of side effects, ask your pharmacist to do a medicines check.



Vitamins in later life

Most of us can get all the vitamins and minerals we need by eating a healthy, balanced diet. If you think that you are not getting the right amount of vitamins, consider eating foods which are high in the missing vitamin. Some of us choose to take supplements but you might not realise that taking a high dosage, or taking them for too long, can do more harm than good, especially if you're already taking prescription medication.

If you do take supplements, it's always good to ensure that you take only the recommended daily allowance (RDA) and discuss with your GP why you're taking them and why they're needed.

Below are some of the most common vitamins and minerals we need and examples of where we can get them.

Calcium is essential for bone health. Dairy foods are rich in calcium, as well as dried fruit e.g. figs, nuts such as almonds, leafy green vegetables, red kidney beans, sesame seeds, tahini and tofu.

Omega 3 fatty acid is found in oily fish. Plant sources of omega 3 include walnuts, flax (linseed), hemp seeds, chia seeds and soya beans. Oils such as hemp, rapeseed and flaxseed oil also provide essential omega 3 fats.

Vitamin D. Our body makes most of our vitamin D in reaction to sunlight on our skin. It's also found in a small number of foods including oily fish, eggs, margarine, yoghurt and fortified breakfast cereals. However, people over the age of 65 are at risk of not getting enough vitamin D, especially when we're not exposed to much sun. The British Dietetic Association recommends that over-65s take a supplement of vitamin D of 10 micrograms per day and that we try to get out in the sun for 10–15 minutes a day without sunscreen. While some sunlight is beneficial, remember to cover up or protect your skin if you're out in the sun for long periods.

Iodine. The major sources of iodine in our diet are dairy products and fish. The iodine content of plant foods depends on the iodine content of the soil, which is variable. Foods grown closer to the ocean tend to be higher in iodine. Guidance is not to consume sea vegetables more than once a week. An excess of iodine is also unhealthy so if you are taking a supplement, discuss this with a dietitian or health care professional.

Vitamin B12. Most people get vitamin B12 by eating animal products, such as eggs and dairy products. If you use dairy alternatives like soya milk, look for ones with added B12.

Iron. You should be able to get all the iron you need from your daily diet as it is found in red meat, pulses and beans, eggs, wholegrain products, nuts and seeds, green leafy vegetables, dried fruit and fortified cereals. Eating plenty of fruits and vegetables rich in vitamin C helps iron absorption e.g. citrus fruits, strawberries, green leafy vegetables and peppers.

Zinc. Phytates found in plant foods such as wholegrains and beans reduce zinc absorption, so it's important to eat good sources of zinc-containing foods. This includes meat, shellfish, dairy foods, nuts and some fortified cereals.

Selenium is in grains, seeds and nuts. Just two Brazil nuts a day will provide you with your daily requirement of selenium.

For more information on vitamins take a look at the BDA
www.bda.uk.com/foodfacts or the Vegetarian Society
www.vegsoc.org/info-hub/health-and-nutrition

Vegetarian and vegan or plant-based diets

Increasing numbers of us are now following vegetarian or vegan diets, or eating less meat. Most vegetarians do not eat meat or fish, but will eat eggs and dairy products. Vegans choose not to eat or use any animal products at all. So they do not eat meat or fish, and also avoid all animal products such as honey, eggs and dairy.

This might seem restrictive but many meals can be made vegetarian or vegan. All care homes and hospitals should provide nutritious food suitable for vegetarian and vegan diets.

Eating a wide variety of plant-based products – including vegetables, wholegrains, nuts, seeds and fruits – offers affordable, tasty and nutritious options. There are also lots of vegan alternatives to common dairy and meat products, like vegan cheese, soy mince, soy or oat milks that are now widely available in supermarkets. If you are vegetarian or vegan, it's important to keep an eye on your weight and make sure you are eating a balanced diet to get the right nutrients to stay well.

The Vegetarian Society – www.vegsoc.org/info-hub/health-and-nutrition – and Vegan Society – www.vegansociety.com – have more information and advice on eating a healthy and nutritious diet.

Vegetarian for Later Life is a charity that provides diet and healthy living advice for older vegetarians and vegans and caterers. Their website includes recipes and menu planners. www.vegetarianforlife.org.uk

Ethnic minority diets

The Older People Services Development Project in Scotland has produced a booklet to help people from minority ethnic backgrounds with their diet as they grow older.

You can download it here:

www.communityfoodandhealth.org.uk/wp-content/uploads/2015/11/Healthy-Living-Final-English.pdf





Eating well – practical ideas

We know that there are times when it can be difficult to choose what to eat, especially if we are not used to making food for ourselves, or we feel sad, unwell or unmotivated, or our appetite has become really small, or perhaps we are fed up of eating the same things again and again.

Sometimes at a time of loss, the thought of cooking food that we used to eat with a loved one is too much. When we are struggling with food and eating, be kind to yourself. On good days when you feel like cooking, make an extra portion to keep in the fridge or freeze. On days when it all feels a bit more difficult, remember:

Eating anything is always better than eating nothing.

Things to remember:

- Packet, frozen and ready meals are fine.
- Try and make sure that you have three days' worth of food in your fridge and store cupboard.
- Eat small portions – little and often.
- Move to full-fat foods like milk, yoghurt and cheese.
- Have milky drinks made with full-fat milk and a biscuit or snack between meals.
- Try and include protein in every meal.
- Keep hydrated drink: 6–8 drinks everyday.

Remember small portions or packets are ideal; we don't need to worry about waste, or become overwhelmed by large packets and big portions.

Keep in the fridge

- Full cream milk.
- Eggs.
- Small portions of assorted cheeses.
- Buy a couple of ready meals to keep in your fridge or freezer; some supermarkets and home delivery services make small appetite meals.
- Ham.
- Butter.
- Thick and creamy yoghurts.
- Small packets of mini scotch eggs, cheese or sausage rolls, pork pies, falafels or whatever you like.
- Packets of ready prepared fresh fruit.

Keep in the store cupboard

- Individual packets of cereal.
- Packets of ready cooked rice.
- Small pots of custard and rice pudding.
- Tinned vegetables, beans and pulses.
- Individual packets of crackers.
- Sweet biscuits.
- Individually wrapped cakes.
- Cereal bars, flapjacks.
- Mini chocolate bars.
- Bombay mix, crisps, nuts and seeds.



Small breakfasts, lunch and snack ideas

- Have a small pot of Greek yoghurt – try adding fruit, granola, or both.
- Overnight porridge: measure out a small cup of oats, add Greek or thick yoghurt or milk, mix together, cover and leave overnight. Before eating, add fruit, honey or toppings.
- Or try banana overnight porridge – which is lovely and sweet. Measure out a small amount of oats in the bottom of a small cup, add sliced banana, top up with milk, cover and leave overnight.
- Toast with butter and jam or peanut butter.
- A boiled egg with toast or bread soldiers.
- A cup of milky coffee or chocolate with a small croissant, muffin or biscuits.
- Cheese and crackers.
- A scotch egg or mini pork pie.
- A scone with butter and jam.
- A small pot of baked beans or spaghetti.



For days when we can't be bothered

Toast is a great help when our motivation to make anything else is poor. Serve it with butter or just as you like it.

Or you could try it with...

- Peanut butter, soft cheese, jam, marmite.
- Add smashed avocado and top with an egg.
- Spread soft cheese and add sliced strawberries.
- Spread with marmite or peanut butter and top with mashed banana.

Or you could make...

- **Cheese on toast.** Toast one side of the bread, turn it over, spread with butter and marmite. Cover with sliced or grated cheese and top with a thinly sliced tomato. Grill until the cheese is bubbling.
- **Easy pizza toast.** Toast one side of bread, spread with butter and tomato puree or tomato sauce, add some chopped ham, sprinkle with herbs to taste and sprinkle some grated cheese on top. Pop back under the grill until the cheese is bubbling.
- **Scrambled eggs on toast.** Whisk together two eggs in a bowl, and add salt, pepper, and a little milk. Add some butter to a saucepan on a low heat. When the butter is melted, add the egg mix, stir and cook until they are as you like it. Serve with bread/toast and butter.
- **Eggy bread is delicious dipped into tomato sauce.** Cut up a slice of bread into quarters. Beat up one egg in a bowl and soak the bread in the egg. Heat up a knob of butter in a frying pan; add the egg soaked bread. Fry lightly on each side.

Or, turn on the oven or microwave and have a ready meal. You could add a handful of frozen vegetables or some salad leaves.



Try and increase your appetite – eat little and often.

Try eating three small meals and snacks six times a day rather than three bigger meals.

What about...

- A nice light smoothie – blend together a glass of whole milk, half a banana and a couple of strawberries. Add a small amount of water or a few drops of extra milk if it's too thick for your taste.
- Have a small cake or sweet biscuits if what you fancy is something sweet.
- Keep some pots of rice pudding or custard in your cupboard. These are great for instant eating and are tasty cold or comforting warmed up.
- Keep ready-made puddings like jelly, trifle, creamy yoghurts or chocolate mousse in the fridge.
- A nice fruity lolly to freshen your mouth.
- A few slices of ripe fruit. If you are worried about waste you can buy individual portions of watermelon, grapes, mango etc. from the supermarket.

Top tip

Try and do some gentle exercises to help stimulate your appetite.

- Chair based exercises are simple and good.
- Open the window and get some fresh air.
- Take a short walk.

There are more ideas here:

www.nhs.uk/Tools/Documents/NHS_ExercisesForOlderPeople.pdf

If you are new to cooking for yourself

Planning a menu, shopping and cooking can be a challenge. As you get more used to it, you will become more interested and skilled – who knows what you will move on to!

Practical tips:

- Try to think about three days ahead at a time – keep it simple to start with.
- Write down what you will have for each meal and snack over the three days.
- Write down all the ingredients that you will need for each meal and snack.
- Check the store cupboard and fridge for the ingredients.
- Make a list of what you need, go shopping or ask someone to get it for you.



A slow cooker is a great investment for cooking easy, warming comfort foods. You can keep the leftovers for the next day or put in the freezer for another day.

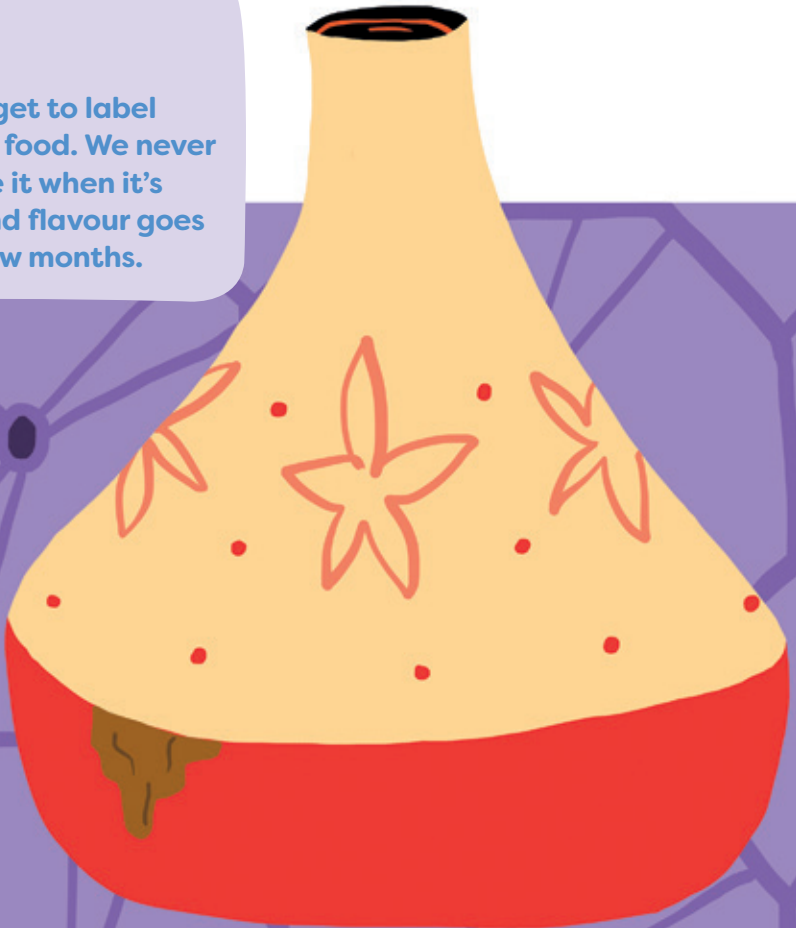
There are lots of easy recipes available, for example

www.bbcgoodfood.com/recipes/collection/slow-cooker.

Call **020 3033 1280** or email enquiries@malnutritiontaskforce.org.uk if you would like us to send you some recipes by post.

Top tip

Don't forget to label and date food. We never recognise it when it's frozen and flavour goes after a few months.



Four meal ideas from a roast whole chicken

Roast a medium chicken

Follow the instructions on the packet to roast. Add some par boiled potatoes and roast in the oven. Once cooked, remove the chicken and potatoes and keep warm.

- Make gravy: Take a good spoonful of plain flour and stir into the juices from the chicken until it's all soaked up. Either put the pan onto the hob or tip into a saucepan to warm. Add a stock cube dissolved in hot water, stirring as you go until thickened.
- Steam, boil, or microwave some vegetables.

Coronation chicken. Chop up some of the leftover chicken, add a small chopped onion; mix with a small amount of curry powder, lemon juice and mayonnaise. Mix well; serve with a small bowl of salad or spread on a sandwich.

Stir-fry. Chop up the rest of the leftover chicken and some vegetables into small pieces. Cook the vegetables slowly in a large frying pan or wok with a little oil. If you prefer well done, softer vegetables add a little water and cover the pan with a lid for around ten minutes.

Add the leftover gravy and the chopped chicken, a splash of soy sauce and lemon juice. Add a packet of ready cooked rice or noodles, or cook a small cup yourself, mix in the pan and fry until hot. Serve with some salad or steamed cabbage.

Soup. Put all the chicken bones and other trimmings with some cut up onions and other vegetables into the slow cooker. Add a chicken stock cube and some water to cover and slow cook for five hours. Strain the soup. Keep the liquid, discard the rest. Heat up some butter in a saucepan, add some chopped potatoes, onion and other veg, put on the lid and cook until soft. Slightly mash the vegetables and add the slow cooked chicken stock. Season to taste.

If you are having difficulty chewing because of dental problems and a sore mouth:

- Cut food into small pieces.
- Use broth, gravy, or sauce to moisten food.
- Mash or puree vegetables, potatoes and fruit.

If you notice any of the following when eating or drinking, make an appointment to see your GP or the Practice Nurse:

- Difficulty swallowing.
- Choking or coughing and spluttering.
- Bringing food back up, sometimes through your nose.
- A sensation that food is stuck in your throat or chest.
- A change in the sound of your voice soon after eating.



Last words

If you are worried about your weight, any symptoms of weight loss or other health worries do make an appointment at your GP surgery.

This book does not give advice about the nutritional values of food. There are many websites that will give you guidance. The BDA www.bda.uk.com/foodfacts/home is a good place to start.

When things are difficult, make use of meal home delivery services such as Wiltshire Farm Foods. www.wiltshirefarmfoods.com or **0800 077 3100**.

Supermarkets offer online shopping and home delivery services, which may make shopping easier for you.

If you feel lonely when you eat alone, try eating with a favourite television or radio programme or read a book – it might just help in the short term.

Be brave, contact your local community hub or local Age UK and ask them what's on in your area. You can always find something that works for you.

You can always call the Age UK Advice Line on **0800 678 1602**. Lines are open 8am–7pm, 365 days a year. They can help with so many questions and queries.

If you need someone to talk to, the Samaritans are available all day every day on **116 123**.

The Cruse Bereavement Care Freephone National Helpline is staffed by trained bereavement volunteers who offer emotional support to anyone affected by bereavement. The number is **0808 808 1677**.

If you have found this booklet useful or you would like us to send you regular updates from the Malnutrition Task Force, we would love to hear from you at enquiries@malnutritiontaskforce.org.uk or **020 3033 1280**. You can visit our website www.malnutritiontaskforce.org.uk and we can send information by post.

This booklet has been written to give tips and ideas to relatives, carers and older people about why they are losing weight or have a small appetite. This does not replace seeing a GP about any medical concerns. It's very important that you seek advice from your GP or Practice Nurse if you recognise in yourself any symptoms mentioned in this booklet.

Copies of this book can be ordered by emailing us, enquiries@malnutritiontaskforce.org.uk.

The Malnutrition Task Force are united to combat preventable and avoidable malnutrition and dehydration among older people in the UK. Established in 2012, we believe that good nutrition and hydration is vital to enabling older people to live fulfilling and independent lives. We seek to raise awareness of undernutrition in later life and its causes, provide information and guidance, and work with partners across sectors and settings to improve the lives of older people in the UK.

The Malnutrition Task Force is supported by Age UK, apetito, BAPEN, Nutricia and Royal Voluntary Service.

For more information visit www.malnutritiontaskforce.org.uk or email us enquiries@malnutritiontaskforce.org.uk

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