



Expression

Bulletin of the National Advisory Council on Aging

Eat well to age well

Good food is not only a source of the vitamins and nutrients needed to keep our bodies working well, it's also a source of pleasure. Preparing healthy foods, enjoying tasty dishes and sharing laughter over a meal with friends are important ingredients of well-being throughout life.

Combined with regular physical activity, healthy eating helps seniors maintain their independence and slows the progression of chronic illnesses. Of course, it's best if you've eaten well all your life but even when adopted at a later age, healthy eating habits contribute significantly to better health.

Seniors usually need fewer calories than younger people but have significant needs

for protein, vitamins and minerals. So it's important to choose foods that fill those basic needs. Fortunately, eating well is neither complicated nor boring.



This issue of *Expression* summarizes the most important aspects of good eating for seniors and provides some basic principles for choosing good foods, preparing them well and managing the special diets we may need as we age. Having fun preparing and eating our meals is part of the strategy. So eat well and enjoy!

Ruth Schiller
NACA Member



NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, also Minister Responsible for Seniors, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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**National Advisory Council
on Aging**

Postal Locator 1908A1
 Ottawa, Ontario
 K1A 1B4
 Tel.: (613) 957-1968
 Fax: (613) 957-9938
 E-mail: seniors@hc-sc.gc.ca

Website:
www.naca.ca

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■ Knowing what to eat

Newspapers and magazines are full of advice on what to eat and regularly advertise “miracle foods” or food supplements. Food packaging also provides a slew of information but often uses unfamiliar scientific words. Finding your way through all this can be difficult!

It's best to start with simple, recognized advice. *Canada's Food Guide to Healthy Eating* recommends that Canadians eat daily:

- 5 to 12 servings of **grain products** (bread, pasta, etc. - choose whole grain or enriched products more often)
- 5 to 12 servings of **vegetables and fruit** (choose dark green and orange vegetables and orange fruit more often)
- 2 to 4 servings of **milk products** (choose lower-fat milk products more often)
- 2 to 3 servings of **meat and alternatives** (choose leaner meats, poultry, fish, dried peas, beans and lentils more often)
- Other foods and beverages in moderation.

The amount you need every day from the four food groups depends on your age, body size, activity level and whether you are a man or woman. That's why the *Food Guide* gives a range of servings for each food group. As you get older, you need fewer calories and the same amount, or even more, of certain vitamins and minerals. To help meet nutritional needs, seniors therefore need to reduce their intake of foods that are high in fat and calories, and to choose nutrient-rich foods.

Dietitians of Canada has developed a series of 12 useful *Senior Friendly™ Fact Sheets for Healthy Eating*¹ that includes ways to put more fibre and lessen fat in meals, how to cook for one or two people, and how to plan your grocery list to get the best nutrition value for your dollar.

■ Deciphering labels

Reading label information is crucial to good nutrition but it is a particularly difficult task for the many seniors who have vision problems, or who have little formal education, or speak a language other than English or French. To counter this, public health officials in Yellowknife (NWT) organize meetings and

¹ See: http://www.dietitians.ca/resources/senior_friendly_factsheets.htm or call 1-888-901-7706.

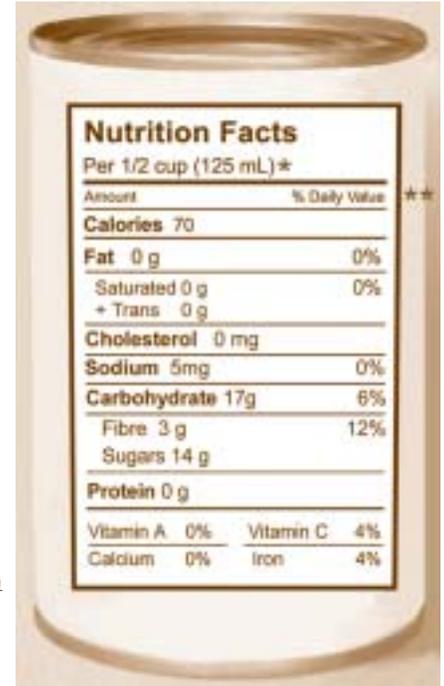


tours of food stores with seniors to help them understand label information and make better food choices. Don't hesitate to use a magnifying glass or to ask for help.

It's important to know that the ingredients printed on packaging are always listed by weight. The first ingredient is the heaviest. For example, if a package of dry chicken noodle soup indicates that the first ingredient is noodles, the second is salt, and the third is sugar, you should probably select a product with more nutritional value! In general, it's best to choose products with the shortest list of ingredients because this generally shows that they are less processed. Also remember

that while some foods are promoted as "low fat", it doesn't mean they are low in calories or sugar. To check for sugar, look for words ending in "ose" (glucose, fructose, sucrose and lactose are all forms of sugar that are added to foods).

The *Healthy Eating is in Store for You™* educational program funded by the Canadian Diabetes Association and Dietitians of Canada offers a simple 5-step approach² to read the new food labels and get the straight "Nutrition Facts" about food products:



Health Canada, reproduced with permission

A few numbers

- About 50% of Canadian seniors rate their eating habits as excellent or very good; 16%, as fair or poor.
- Just over 40% of seniors eat the recommended servings of fruits and vegetables every day.
- Some 4% of seniors report having lacked food during the year because they were short of money. Seniors account for 7% of food bank users.
- At least 20% of cancer deaths are linked to a poor diet, including alcohol consumption.
- 10% of seniors are daily smokers. Tobacco modifies the absorption of nutrients from food – another good reason to smoke less!

Sources: *National Institute of Nutrition, 2002; National Population Health Survey, 1998-1999; Canadian Community Health Survey, 2000-2001; HungerCount 2003, Canadian Association of Food Banks; and Centre for Chronic Disease Prevention and Control (Health Canada).*

1. **Check the serving size** (see * on can). Information is based on a specific amount of food. Compare this to the amount you eat.
2. **Check the calories.** Calories are the amount of energy you get from one serving. Try to avoid "empty calories."
3. **Check the "% Value"** (see ** on can) to see how much of the recommended daily amount one portion provides.
4. **Check the nutrition information and make sure you get less** fat (saturated fat and trans fat), **less** cholesterol and **less** sodium (salt)³.
5. **Check the nutrition information and get more** carbohydrates⁴, **more** fibre⁵, **more** of vitamins A and C, **more** calcium and **more** iron.

² The new Canadian food labels are gradually entering the market-place. By 2007, all foods should comply with the new regulations.

³ Sodium is one of the components of table salt. It can contribute to the risk for high blood pressure.

⁴ If you have diabetes, watch how much carbohydrates you eat.

⁵ Fibre, especially from whole grains and legumes, helps with elimination, lowers blood cholesterol and maintains the health of the intestines.



Good and bad fats

Fat is needed for good nutrition, but many Canadians eat too much of it. Fats are classified according to their effect on blood cholesterol. Choose your fat wisely and keep in mind that all fats contribute to calories: even “good” fats need to be consumed in moderation.

“Good” fats:

Monounsaturated fats are found in olive and canola oils, avocados and many nuts.

Polyunsaturated fats contain the popular omega 3 and omega 6 fatty acids. Omega 3 can be found in fatty fish (salmon, mackerel, trout,

herring and sardines), canola, flax and soy.

Omega 6 is in safflower, sunflower and corn oils, and in some nuts and seeds.

Good news about eggs!

Although there is cholesterol in them, they contain little saturated and *trans* fat, and a lot of “good” fats. These “good” fats lower bad cholesterol in the blood and thus reduce the risk of heart disease.

Eggs are highly nutritious, economical, and practical!

Source: Canadian Egg Marketing Agency

“Bad” fats:

Saturated fat is solid at room temperature. It comes mainly from animals (meat, poultry and milk products), but is also found in some vegetable oils, such as coconut and palm.

Trans fats are created when vegetable oils are hydrogenated (transformed into solid fat — e.g. shortening).

These fats are found especially in cookies, crackers, cakes and margarine.

Butter or margarine?

Both are 100% fat! Butter is rich in saturated fats. Margarines are from vegetable oils, but not all are created equal: the best are soft and non-hydrogenated. Moderation is the key!

Source: Canadian Health Network

■ Adapting to change

Our body changes as we age. Gradual loss of the senses of *taste and smell* can reduce seniors’ appetites and prompt them to eat more salty or sugary foods. We need to be creative and find ways of making food both healthier and *more appetizing*. Salt can be replaced with herbs and spices, garlic or lemon juice, and many fruits are sweet enough

to replace foods with added sugar. *Physical activity* is also a way to sharpen the appetite.

Proper *chewing and swallowing* often becomes a problem with the loss of teeth and dry mouth effect caused by some medicines. Because of difficulty swallowing, older seniors tend to avoid raw fruit and vegetables, as well as meat, and to overcook food. These strategies lower the quality of their diet and can lead them to isolating themselves from others for fear of choking when they eat. Maintaining *good dental health* and making sure that dentures fit properly is important as it allows seniors to chew better and swallow their food. If necessary, change the food texture that you eat.

As we age, our bodies do not assimilate nutrients as well, and *elimination* becomes slower. We should choose very *nutritious foods*, and eat slowly, more often and regularly. Eating



irregularly is a frequent bad habit among seniors, especially those experiencing memory loss or bereavement. It's useful to write down when and what you eat or set an alarm clock to remind you that it's time to eat. Seniors should gradually *eat more fibre-rich food*, such as whole grain bread and cereals, fruits and vegetables, and *drink a lot of fluids*. As people age, kidneys work less efficiently and the sensation of thirst fades, so seniors need to keep themselves well hydrated. Drinking water is an excellent way to quench thirst and replenish body liquids. People who don't like water can also drink fruit and vegetable juices or milk. **Be careful: tea, coffee, alcohol and soft drinks tend to dehydrate.** Seniors sometimes hesitate to drink enough out of fear of urinary incontinence – a taboo subject. Find out from your doctor how simple exercises can often reduce incontinence problems.

After age 70, bodies *lose muscle, bone and water mass, and gain fat*. We know that the risk of osteoporosis increases as a result of bone loss and that as we age, alcoholic drinks pack a bigger punch, but our knowledge of the other impacts of these changes is still poor. While energy needs do decrease with age, researchers are still debating by how much. There is also controversy regarding the amount of protein needed. Canada and the United States are currently revising their nutritional recommendations to reflect new scientific data. In Quebec, the **NuAge**⁶ survey is attempting to provide a better understanding of the role of nutrition in aging and of seniors' nutritional needs and habits by observing nearly 2,000 seniors over a five-year period.

■ Healthy weight

The Body mass index (BMI) is a measure based on weight and height to determine healthy and unhealthy weight categories. However, BMI measures are less applicable to seniors because as we age, weight is distributed differently (less muscle and more fat). According to **Health Canada**, some of what is considered excess weight in adults could be normal in seniors. There are still no precise standards for healthy weights for seniors.

Hélène Payette of the University of Sherbrooke finds that weight loss in seniors is a concern as it is generally accompanied by a reduction in muscle and bone mass and reduces their strength, balance and endurance. This increases the risk of falls and fractures, including hip fractures. On the other hand, **Mark Kaplan**, at the Portland State University in Oregon, is concerned about obesity in seniors. Baby boomers tend to be heavier than previous generations and, as they retire, the obesity rates among seniors will rise. Obesity affects health: for people with arthritis, for example, obesity puts a greater load on the joints and increases knee pain.

To maintain the best weight for your health, talk to your doctor and emphasize healthy eating and physical activity. If you need to increase your level of activity, find enjoyable activities such as walking, gardening, dancing, cycling and swimming, go at them gradually and find pleasure in doing them alone or with friends. The activity doesn't have to be vigorous: even low- and moderate-intensity activities are beneficial.

⁶ Under the direction of Hélène Payette, Director of the Research Centre on Aging of the Sherbrooke Geriatric University Institute.



■ Nutrition and chronic conditions

Many seniors have health problems that affect their eating. *Canada's Food Guide* still applies to them, but certain foods are to be favoured to help reduce the risk of certain chronic illnesses. For example:

- A diet containing foods high in potassium and low in sodium may reduce the risk of high **blood pressure**, a risk factor for **stroke and heart disease**.
- A diet with adequate calcium and vitamin D, along with regular physical activity help to achieve strong bones and may reduce the risk of **osteoporosis**.
- A diet low in saturated and trans fats may reduce the risk of **heart disease**.
- A diet rich in a variety of vegetables and fruit may help reduce the risk of some types of **cancer**.

Seniors with a chronic illness may be taking several medications. It's useful to remember that foods and medications don't always mix well. The most frequent side effects of medications include nausea, changes in appetite, constipation and diarrhea. Also, a number of medicines lead to loss of some vitamins. Conversely, foods can change the effect of drugs. **Health Canada** has published an important warning about **grapefruit**.⁷ A substance in this fruit increases the effect of drugs used in the treatment of certain conditions. Even one glass of grapefruit juice in the morning can affect a medication taken at bedtime. Your pharmacist is the best source of advice regarding interactions between drugs and food.



■ Keeping the pleasure in eating

Social and family lives change as people age. Meals with family or friends may become less frequent as loved ones pass away and children and grandchildren move to another region. Many seniors live and eat alone. Some, especially men, have had little experience with buying and preparing foods so learning to buy, cook and enjoy meals can be just the recipe! A few ways to keep the pleasure in eating:

- Play some music, set a beautiful table, light a candle – even if eating alone
- Invite a neighbour to eat with you
- Try one new recipe every week
- Prepare full recipes, then freeze the extra portions for another time
- Try a senior-friendly restaurant – one which serves seniors' portions
- Treat yourself occasionally to a cocktail.

To ensure nutritional health, seniors living in long-term care establishments also need to enjoy eating. A study of long-term care institutions in **New Brunswick** shows the importance of ensuring that mealtimes are a positive experience for all residents, even those with dementia. Eating with others, having the freedom to choose the menu and one's table companions, and benefit from

⁷ Source: It's Your Health. *The Effects of Grapefruit and its Juice on Certain Drugs*. (http://www.hc-sc.gc.ca/english/pdf/iyh/grapefruit_e.pdf). The advisory also concerns Seville oranges and tangellos, a grapefruit hybrid. Most other citrus fruits are considered safe.



quality assistance and a calm atmosphere all contribute to residents taking more pleasure and nutrition from their meals.⁸ To foster optimum health for all, food preferences also need to be taken into account when residents come from other cultures or ethnocultural backgrounds.

■ Learning to cook

Learning or relearning to cook as we age can be of great benefit for both health and social reasons.

Every month for the last four years now, groups of about ten older men from Guelph, Ontario, have been getting together to have fun, learn to cook, try recipes and talk about nutrition. Their reasons for joining these cooking classes vary widely. Some are married and want to take their turn in the kitchen; others decided to join when they saw their friends, whose wives had been ill, doing more cooking. Other men simply wanted to become more self-sufficient. Some participants live alone, are widowers, and have never learned how to plan and prepare meals.

Pat Vanderkooy, the dietitian who leads the *Evergreen Men's Cooking Group*, admired the boldness and persistence of the first participants: "They felt awkward about joining a cooking group, especially when watched through the window by an audience, so we decided to pull down the blinds and get on with our cooking!"



Photo: courtesy of John Heppes, Evergreen Men's Cooking Group

The atmosphere is relaxed. The men learn that there is always a way to redeem a dish that is a "flop". They're allowed mistakes and to experiment: if the recipe says to cook the dish covered, what happens without a cover? There's friendly joking around, but they also help and encourage one other. The enjoyment of food also leads them to explore international cuisine, and they happily try out exotic restaurants in the area. Not only do the men become more self-assured in the kitchen, but they have learned new skills, appreciate new flavours and are more knowledgeable about making nutritious food choices.

■ Seniors at risk

There is no national information on exactly what seniors eat. However, nutritionists have observed that some seniors may be at risk of poor nutrition. Poor nutrition can take various forms: a lack of some nutrients (e.g. certain B vitamins) or a lack of protein or energy. Frail seniors are particularly vulnerable: when it becomes more difficult for them to do their own shopping and prepare meals, eating becomes less pleasurable and the risk of poor nutrition rises. In some cases, loss of appetite can be one of the symptoms of isolation, psychological distress or depression. Caregivers need to pay attention to seniors' eating habits and to changes in their appetite, whether at home or in institutions.

A Canada-wide nutrition screening project for seniors living in the community was conducted by **Dietitians of Canada** and **Heather Keller** of the University of Guelph. The evaluation tool developed, the SCREEN© questionnaire, is inexpensive and can be used in various contexts.

⁸ Article in *Vie et vieillissement* of the Association québécoise de gérontologie, Winter 2004, Vol. 3, No. 1.



■ Changing with wisdom

Our knowledge of the effects of aging is still incomplete but it's clear that the nutritional needs of seniors are different. What doesn't change over our lifetime is the need to take pleasure in eating: our health and vitality depend on it. The challenge is to adapt wisely and creatively to the changes in our bodies, our abilities and our lives.

While we may not be able to change our heredity or the environment, we can modify our eating habits to maintain health and reduce the risk of certain diseases. Doing so gradually is the key. Comparing the labels for one product a week and choosing the best one is an easy way to start. Gradually, we will make healthier choices more often. Experimenting and allowing our taste buds to experience different foods can also lead us to enjoy dishes we thought we didn't like while gaining variety and health in the

process. And it's certainly not forbidden to treat yourself to a former "goodie" once in a while!

Bon appétit!



Ruth Schiller has done it all. She has worked in the retail industry as well as in the federal government. Ruth has extensive experience in the voluntary sector – from being the current President of the Osoyoos Desert Society to being a founding Board member of the BC Arts Board in 1974 through to 1978. She has been involved in various sectors including health, the environment, the arts, culture and education. In 1996, Ruth was awarded the Order of British Columbia and named Woman of Distinction by the Soroptimist International. She was appointed to NACA in 1999 and subsequently reappointed.

Sources and Resources

Dietitians of Canada: reliable source of information on food and nutrition, including special advice for seniors. 1-888-901-7776 (toll free) or www.dietitians.ca

The **Canadian Diabetes Association:** represents both consumers and health care providers regarding diabetes care, management, prevention and treatment. 1-800-226-8464 (toll-free) or www.diabetes.ca

Healthy Eating is in Store for You™: helps consumers make healthy food choices through better use of the nutrition information on the label of packaged foods. www.healthyeatingisinstore.ca

Canada's Physical Activity Guide to Healthy Active Living for Older Adults. 1-888-334-9769 or www.hc-sc.gc.ca/hppb/paguide/older/index.html

Active Living Coalition for Older Adults (ALCOA): Healthy Eating and Regular Physical Activity: A Winning Combination for Older Adults, *Active Living Tips for Older Adults*, Issue 6, Dec. 2003. 1-800-549-9799 (toll free) or www.alcoa.ca

Evergreen Action Nutrition Program (includes the cooking groups for men): (519) 823-1291 or www.city.guelph.on.ca/document.cfm?documentid=640&category=195

FightBAC!® campaign: a national educational program of the Canadian Partnership for Consumer Food Safety Education. You can find an order form on the web site for the brochure "Food safety for older adults". www.canfightbac.org/english/fight_bac/fightbace.shtml

Incontinence: Silent No More. Health Canada. Describes exercises that can help reduce or eliminate incontinence. (613) 952-7606 or www.hc-sc.gc.ca/seniors-aines/pubs/info_exchange/pdf/incontinence_e.pdf

"Vieillesse et nutrition, quels défis?", *Vie et vieillissement* (Winter 2004, Volume 3, No. 1). In French. (514) 387-3612 or send an e-mail to aqq@bell.net

To find a **food bank** near you, contact the **Canadian Association of Food Banks** at (416) 203-9241 or www.cafb-acba.ca