



OLDER PEOPLE SPECIALIST GROUP

May 2021



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THE HIGHLIGHTS



Hello and welcome to May's edition of the Older People Specialist Group Newsletter. Firstly I want to say a huge thank you to those of you who responded to our Outcomes Survey. We had 85 responses in total which was a fantastic result. We are working with Allied Health Solutions and the Optimising Nutrition Prescribing Specialist Group to look at your responses and start planning for the next phase of this project- so stay tuned. This month we are grateful to Rachael Masters who shares a reflection and top tips for one of our favourite ingredients, milk powder. I am also thrilled to share with you a fantastic podcast by our committee member Stacey Jones. I encourage you to have a listen, you will not be disappointed.

The ACBS consultation is still open throughout May and most of June, please do not forget to have your voice heard. The details can be found in April's Newsletter Edition.

Lastly, we wish all our Buddhist colleagues a Happy Vesak.
Best wishes

Vittoria

DIVERSITY IN DIETETICS

FOCUS ON VESAK

Vesak, also known as Wesak or Buddha Day, is one of the most important Buddhist festivals. It is a celebration of Buddha's birthday and, for some Buddhists, marks his enlightenment. It is also a time to reflect on his teachings and what it means to be Buddhist.

Around 0.5% of UK populations follow the Buddhist religion and this number grows year on year.

Vesak takes place during a full moon. Vesak Day took place on Wednesday 26th May, 2021. In normal times, temples are decorated with flags and flowers. Visitors will lay gifts of flowers, incense and lit candles, by the feet of prominent statues. Hymns and chants will be sung in an important ceremony before dawn, and into the streets.

Vesak or Buddha Day is an opportunity to celebrate kindness and love. A large part of the festival is the act of Dana, a word in the Pali language meaning giving, offering, generosity and liberality, and refers to the act of intentionally giving something to another person. People often do good deeds or kindnesses for strangers on Vesak. Often this giving extends to providing food and drink to those without. Buddhists believe that the positivity from these deeds is multiplied.

Like all other religious celebrations, food is a big part of Vesak. The majority of the food eaten is vegetarian but this does differ between cultures. My favourite is Lo Han Jai, a vegetarian stew that is sometimes referred to as Buddha's delight. Lanterns are released into the night sky but a range of environmentally friendly versions are available.

Simone Roberts
Communications Lead, OPSG

Lo Han Jai

Dry ingredients

20g dry Chinese mushroom
15g dry lily flowers
10g wood ear fungus
45g mung bean vermicelli

Others

60g bean curd sheet
350g cabbage
50g bamboo shoots
60g carrots
50g baby sweet corns
70g button mushrooms
2g fatt choy (black moss/hair moss)
30g sugar
120g white fermented bean curd

Preparation

1. Soak the dry ingredients until they turn soft and fully hydrated.
2. Cut the bean curd sheet into smaller pieces. Deep-fried briefly (about 15-20 seconds), remove and drain.
3. Cut the carrots and bamboo shoots into thin slices.
4. Cut the soaked wood ear fungus into the size similar to the carrots.
5. Remove the stem of the Shiitake mushrooms. Cut into smaller pieces.
6. Keep the water used for soaking as part of the Braised liquid.
7. Cut the cabbage into large pieces.

Cooking

1. Ladle two tablespoons of vegetable oil into a wok. Stir fry the cabbage until it starts to turn soft.
2. Add the Shiitake mushroom, lily flowers, wood ear fungus, black moss, carrots, the fermented bean curd, sugar, the mushroom water, and some additional water. Braise for two minutes.
3. Break the deep-fried bean curd into smaller pieces. Lay on top of the other ingredients.
4. Add the mung bean vermicelli on top of the bean curd pieces. Braise with the lid on for five minutes or until the bean curd pieces are soft. Add some water if necessary.
5. Add the bamboo shoots, button mushrooms, and baby sweet corns.
6. Braise until the vegetables are soft, and the sauce thickens. Serve.



THE MUSING OF A DIETITIAN ON MILK POWDERS.

I recently had a wake up call. I have been practicing as a dietitian for 26 years, of which over 20 years I've been championing the use of skimmed milk powder along with double cream in food fortification for individuals at risk of undernutrition. It is a match made in heaven; milk powder provides the protein, double cream provides calories and it tastes wonderful mixed into porridge, milk puddings, custard and soup.

I work predominantly in care homes delivering a service called 'Focus on Undernutrition', which provides training and support to homes on the identification and treatment of undernutrition.

This includes training on fortified diets and drinks. For years when working alongside cooks I have seen various catering size bags of milk powders, whether it be own brands from Brakes, Bidfood, Country Range or Millac milk powders, I naively assumed they were all the same, providing 5g protein per heaped tablespoon (15g). If people asked what milk powder they should use, I always said, any skimmed milk powder, they are all similar, or so I thought.

Recently I was horrified to discover there is actually a huge difference in the protein content of skimmed milk powders. As a dietitian I did not appreciate there are two types of skimmed milk powder: 'added vegetable fat skimmed milk powders', which contain an average of 12g protein/100g and 'full dairy skimmed milk powders' which provide up to 36.6g protein/100g. Imagine my horror when I realised the most used milk powders in care homes are the 'added vegetable fat' versions, which only provide between 1.8-1.9g of protein per tablespoon. The only skimmed milk powders which provided the 5g I expected were the 'full dairy' versions, which provide up to 5.5g protein per heaped tablespoon. Since my discovery, I have spoken to several dietetic colleagues who, likewise, did not realise that there was actually a difference in the types of skimmed milk powder and their protein content.

As a dietitian the only reason I promote skimmed milk powder is because it is an amazing source of protein. I think of it as the unsung hero in food fortification. It is so simple to incorporate into dishes and drinks, it doesn't negatively impact the taste and is widely available. But when we promote food fortification it should always be about calories, protein and other nutrients, not just calories. Milk powder is not just a great natural source of protein, it also is a good source of calcium, vitamin B2, vitamin B12, potassium, phosphate and iodine.

Differences in milk powder



Fortifying milk is such a simple way of obtaining additional protein; I recommend 5 heaped tablespoons to one pint of milk, which provides an additional 250 calories and 25g protein. This may make the milk slightly creamier, so fortified full cream milk tastes more like Jersey cream milk; but if people find fortified milk too creamy I recommend fortifying the milk category below the one they currently use so it will taste similar; for example if currently using full cream milk, fortify semi skimmed milk.

Some catering staff ask if they should use the 'full cream whole milk powders' because they also provide more calories. Personally, I still promote the skimmed milk powder versions over the full cream milk powders. This is because the skimmed milk version contains more protein than the full cream version (26.0g vs 36.6g per 100g). It also makes the milk or food dishes much creamier, which in my experience, many residents have struggled to consume due to the richness.

In my dietetic experience the reason most care settings use skimmed milk powder is to enhance the protein levels of food and drinks. Since my revelation, I now recommend milk powders which have at least 30g protein per 100g, which in reality are only the full dairy versions. Since my care homes have realised the difference they are all very keen to swap to the 'full dairy versions' The full dairy skimmed milk powder may at face value seem more expensive, but that is a misconception. To achieve the same amount of protein using a standard 'added vegetable fat skimmed milk powders' you would need to use three times the amount. Realistically that is not achievable or palatable.

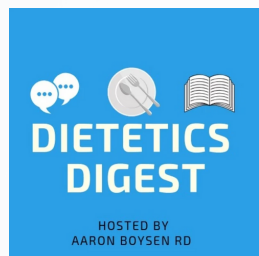
So, will I change my practice as a result of these lessons learnt? Now I am aware that not all skimmed milk powders are the same nutritionally, as a dietitian, for fortification, I will be recommending the use of a full dairy version when they are available.



Focus on
Undernutrition UK

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PODCAST



Stacey is undertaking a part-time PhD in the area of sarcopenia, looking at the role of the dietitian in preventing and managing sarcopenia in older adults. She has a passion for leading forward the profession of dietetics and evidence-based practice, striving for excellence in patient caretaking a holistic, patient-centred approach.

Sarcopenia, Malnutrition and Physical Activity ft. Stacey Jones. RD (Ep 7).

WRITER REQUIRED

Would you be interested in writing a paid article for NHD magazine in collaboration with one of our OPSG committee members?

Title: Nutrition for adults at risk, at home

Word count: 1500-1800 words,

Article: deadline: Sept 21st 2021

Please email us before the 30th June 2021 if you are interested

RESEARCH REQUEST

Marie Curie Palliative Care Research Department, Division of Psychiatry



UCL

Help us Understand How to Improve Care for People with Dementia who have Problems with Eating and Drinking

What is the project about?

It can be worrying for family/friend carers and hospital staff if they have to make decisions about eating and drinking for people with dementia. We wish to understand the experiences, views and needs of carers and hospital staff.

Why is the project being done?

The project is being led by a team from University College London, in collaboration with North Middlesex University Hospital. Your contribution will help us develop guidance to help carers and hospital staff make these difficult decisions.

What does the project involve?

The project involves an individual interview with carers and hospital staff. This can be done remotely over the telephone or using secure video technology (e.g. Skype, Microsoft Teams). The interview will be no longer than 1 hour. We will offer you a £20 voucher as a thank you for your participation.

How can I take part?

If you are interested in the study, please talk to a member of the ward team or contact us directly via the details below. We can also provide more information about the project if you would like this.

Investigator: Dr Kanthee Anantapong, MD FRCPsych MSc

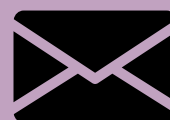
Email: kanthee.anantapong.18@ucl.ac.uk MOB: 077-0446-9908

Marie Curie Palliative Care Research Department, UCL Psychiatry, 6th Floor, Maple House, 149 Tottenham Court Road, London, W1T 7NF. Chief Investigator: Professor Elizabeth L. Sampson, MD MRCPsych

If you have resources to share or suggestions for future events please get in touch. Contact us via our email address or following us on social media @bda_olderpeople.

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