



OLDER PEOPLE SPECIALIST GROUP

Summer 2025



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Welcome to the summer edition of the OPSG newsletter!

Annual General Meeting 19 May 2026

Thank you to members who attended the annual general meeting on 19 May. We heard presentations on the OPSG research fund and how to write research abstracts. The winner of the Healty Ageing, Frailty and Older Adult stream at the 2025 BDA Research Symposium presented her research on skin health, nutrition and ageing - read more inside. If you were unable to attend, click below to listen to the full recording on the OPSG BDA site.





Share
your
Thoughts

Research project

Texture Modified Meal Provision in Hospitals

Niamh Stevens, who is completing an MSc Dietetics at Leeds Beckett University, is looking to recruit registered dietitians who have experience working with individuals requiring texture modified diets to complete an anonymous online questionnaire.

The study aims to explore the nutritional adequacy and acceptability of texture-modified meals provided within a UK hospital setting. Specific objectives are to:

- analyse the nutritional composition of pre-packaged texture modified meals provided at Harrogate Hospital**
- explore dietitians' perspectives on texture modified meal provision, perceived nutritional adequacy, and acceptability**

The questions in the 10-minute online questionnaire will explore perceptions of meal likeability, acceptability, and whether patients typically consume the meals provided. The aim is to gain professional insight into service user experience.

Thank you for taking the time to complete Niamh's survey by clicking the link below.



Join the OPSG Committee

We're Recruiting

Could you be our next committee member?

We have some exciting news, the OPSG is looking for new committee members, and we'd love you to consider putting yourself forward!



Chair
Secretary
Treasurer
Student member
Social media officer
Ordinary member



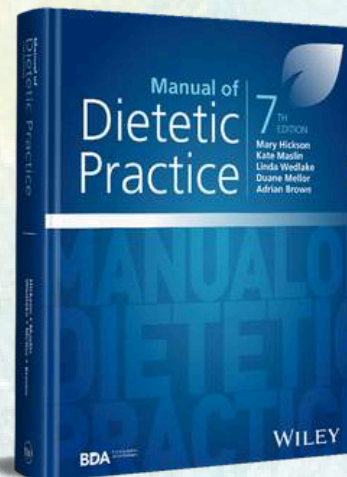
Volunteering with the older people specialist group committee is a great way to develop a wide variety of skills that can help you develop your career. It is also a meaningful way to contribute to the growth of the older people specialism through education, resource development, and policy improvement. The Chair role is a particularly exciting opportunity this time round, as you'll benefit from a six-month shadow period alongside two very experienced former chairs before fully taking the reins.

Nominations close 10 June. If you'd like a confidential chat first, drop us a line at volunteers@bda.uk.com.



ASAP!
AS SOON AS POSSIBLE.

Celebrating our Achievements



Well done to our committee members Alison, Vittoria, David, and Dove for their contributions to the **7th Edition of the Manual of Dietetic Practice**, which is due for publication in June 2026. They were co-authors of the following chapters:

Healthy Ageing
Assessment of Diet and Dehydration
Multimorbidity
Frailty
Palliative Care

This work reflects the depth of expertise within our team and highlights the growing importance of dietetic input in complex, multi-dimensional care.

Dove Yu, committee member and a contributor to the palliative care chapter, says that 'contributing to this edition has been both a privilege and a valuable reminder of how vital collaborative, evidence-based practice is in shaping high-quality patient care in older people. We are very proud of this achievement and sincerely hope it will be a useful and inspiring resource for you'.

BDA members will receive a 35% discount. Simply retrieve your promo code directly from the BDA when ordering.



New communication tools to support nutrition care for older people

The Older People Specialist Group is developing a series of short, engaging videos to support the promotion of key evidence-based resources on [muscle health and ageing](#), [eating and drinking well in later life](#), and [hydration](#). These videos are designed to make important nutritional messages easy to understand, practical, and accessible for older people, carers, families, and the wider workforce supporting ageing populations.

The videos will complement the Muscle Health and Ageing and Eating and Drinking Well as We Age resources, alongside the BDA Hydration Food Fact Sheet, reinforcing consistent messages around maintaining strength, independence, and wellbeing. Topics include the importance of adequate protein and energy intake, staying well hydrated, recognising barriers to eating and drinking, and simple strategies to support good nutrition day to day.

OPSG committee member [Lexi Rees](#) says **‘by using short video formats, we aim to reach a wider audience, including those who may not engage with written information, and to support use across a range of settings such as community services, care homes, clinics, and online platforms. This work reflects a shared commitment to prevention, person-centred care, and promoting healthy ageing through clear, practical nutrition advice’.**

We welcome feedback from members as this work progresses, particularly on how these videos could support your practice and be used across different settings.

Please contact us on olderpeople@bda.uk.com with your suggestions

Skin health, nutrition and ageing

At the OPSG Annual General Meeting, *Kato Lambrechts*, OPSG committee member and former student volunteer, presented the findings of her final year research project on skin health, nutrition and ageing, which won the Healthy Ageing, Frailty and Older Adult stream at the 2026 BDA Research Symposium. This short summary sets out its key rationale, findings and clinical significance in dietetic practice.



We know that the processes which regulate skin barrier integrity become compromised with age, leading to slower wound healing and increased vulnerability to external stresses such as pressure and moisture, especially in older people.

What is less certain, is to what extent dietary pattern, individual nutrients, or nutritional status can modify such age-related skin barrier disruption, and whether factors other than intrinsic ageing play a role in regulating skin barrier integrity.

The study aimed to examine whether variations in skin characteristics across different age groups are associated with dietary pattern, nutrient intake, and nutritional status. It was part of a wider research project funded by the Skin Microbiome in Healthy Ageing (SMiHA) network.

Forty-one participants aged 20-80+ were recruited at two sites, the University of Hertfordshire and AgeUK Barnet. The research team took anthropometric measurements and conducted non-invasive skin tests. Participants also completed two questionnaires, including a graphic online food frequency questionnaire called e-Nutri. The data was analysed using SPSS software.

The study found that higher body fat (measured with a bio-electrical impedance analysis machine) was significantly associated with lower trans-epidermal water loss (TEWL), suggesting better moisture regulation. It also found that higher intake of fibre and long-chain Omega 3 polyunsaturated fats was significantly associated with higher skin cohesion and hydration. There were no statistically significant associations between a Healthy Eating Index score (indicating overall diet quality) and any measure of skin integrity.

While these findings are only exploratory, as the study lacked statistical power and participants were mostly white and female, future research can further explore the potential protective effect of higher body fat, and higher intake of fibre and Omega 3 PUFA on skin health in older people. This, in turn, may provide evidence for targeted nutrition advice for the prevention and management of pressure injuries.

Eating and Drinking with Acknowledged Risk

Eating and drinking with acknowledged risk (EDAR), often secondary to dysphagia and posing a risk of aspiration pneumonia, is more common in older people. In response to questions from OPSG members on this topic, our expert committee members have suggested the following evidence and guidance to help inform nutrition support plans.

Prognosis in dysphagic patients who are eating and drinking with acknowledged risk

concludes that 'there is a high mortality and readmission risk after an EDAR decision [in] the first 3 months, with a relatively favourable prognosis thereafter. This may be an appropriate time-point to reassess the plan for eating and drinking such that it continues to reflect the most appropriate balance of risk, comfort and nutrition'.

Eating and drinking with acknowledged risks

provides guidance from the Royal College of Speech and Language Therapy on the shared decision-making process when determining the nutrition plan for patients with dysphagia. This includes 'prioritising the wishes and assessing the burden and benefit of nutritional options from a perspective of beneficence. It is essential that the initiation of a plan to EDAR is preceded by detailed information gathering to establish the nature of the dysphagia and associated prognosis. Consideration of how future management will impact on the quality of life for that individual is central to the process.'

Decisions on eating and drinking in older adults

concludes that 'the majority of EDAR decisions were made for end-of-life comfort care rather than a way to continue oral intake in patients with treatable pneumonia. This indicates a necessity for continuous education and training in the workplace. Choices and preferences, which form the foundation of EDAR decisions are not merely a part of terminal care but is also integral in the acute stages of disease'

Supporting people who have eating and drinking difficulties

provides evidence and practice recommendations on texture modification and risk. It includes topics such as the importance of multidisciplinary team decisions, mouth care, and positioning when providing care for patients who are eating and drinking at risk.

ARE YOU A REGISTERED DIETITIAN?

SHARE YOUR VIEWS ON
ARTIFICIAL INTELLIGENCE
IN DIETETIC PRACTICE

About the Study

Artificial Intelligence (AI) is increasingly being introduced into healthcare and nutrition services, from dietary assessment tools to digital decision support. This study aims to explore registered dietitians' attitudes and readiness to use AI in professional practice.



Who can take part?

A registered dietitian

Currently practising in the UK

Working in any area of dietetics (e.g. NHS, community, private practice, academia, industry)

What does participation involve?

- Completing online questionnaire
- Takes approximately 5–10 minutes
- Questions focus on your views, experiences, and confidence regarding AI in dietetic practice

Why take part?

Contribute to much-needed UK research on AI in dietetics

Help inform future education, training, and professional guidance

Ensure dietitians' perspectives are represented as digital health evolves

SCAN HERE



Call to join the new UK Kidney Association Special Interest Group for Primary Care

The Kidney Dietitian Specialist Group (KDSG) has become aware of varied models of care for people with early chronic kidney disease (CKD) in primary care. Considering that the incidence is highest among older people, they would love to hear from older peoples' specialist dietitians who treat people living with early CKD in the community of who is working on or aware of any projects to identify and treat early CKD, even if it does not include any dietetic input. They are trying to reach all dietitians, who may or may not be kidney dietitians, to hear of their experiences.

In a further development, the UK Kidney Association (UKKA) is setting up a new Special Interest Group for Primary Care. You don't need to be a member of UKKA to join. This will be of particular interest to those working with early CKD. For those with an interest in shaping how the service for people living with kidney disease develops in primary care, and promoting the value of dietitians and representing them in this new multidisciplinary forum, please look at information on the link. The deadline to send expressions of interest to join is 7 June 2026. Many KDSG dietitians are members of other UKKA special interest and working groups. They would be happy to offer information or support to anyone considering joining.

Please e-mail Teresa Howes, kidney dietitian and KDSG project lead at Kidneydietitian@bda.uk.com to find out more about this opportunity or share your experiences.



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

@bda_olderpeople

olderpeople@bda.uk.com

