



OLDER PEOPLE SPECIALIST GROUP

January 2021



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THE HIGHLIGHTS

It's still January-just! Which means I can still wish you all a Happy New Year. 2020 was certainly a year we will never forget and we entered 2021 with a sense of optimism, whilst also continuing to see and hear the tragedy this pandemic is causing to loved ones and our community. Understandably anxiety is at an all-time high and a tool I have found particularly helpful to manage this is the circle of concern, which asks you to consider what you can and cannot control. I hope this tool is helpful to you as we enter (hopefully) the last stage of the pandemic.



The Older People Specialist Group's committee continue to be here for you. We welcome Selena Evans our Student Member to the team and we have also been looking to the future with lots of exciting projects planned. We will introduce them to you as soon as we get them started. We hope you enjoy the first newsletter of the year and we continue to wish that you and your loved ones stay safe and well.

Vittoria

IN TIMES OF UNCERTAINTY,
FOCUS ON WHAT YOU CAN CONTROL



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DIVERSITY IN DIETETICS

FOCUS ON PAKISTANI DIETS

An archetypal Pakistani diet is known to comprise of meat curries, sabzi and rice, filled with a burst of spices and colours.. The traditional diet includes main meals which consist of curries and chapatti's (flatbread made with wheat) often cooked from scratch. These comprise of meat, fish, vegetables, potatoes, beans, lentils, and pulses (daals). Normally salad is served with meals, or mixed fruit alongside chutneys (chilli, mint, mango) achar (mixed pickles) or raita (yoghurt with cucumber).

Pakistani families love to entertain and will often make sweet dishes for "guests", at get togethers, religious festivities or special days, like Fridays. Sweet dishes are made from full fat cow's milk like kheer (rice pudding), Seviah (milk or non-milk-based vermicelli), zarda (sweet rice) and halwa (made with semolina or carrots).

All Pakistani families usually keep a stock of dried fruits, nuts (e.g. almonds, peanuts, walnuts), seeds, sev (gram flour snacks), Bombay mix, crisps, biscuits, cakes and rusks for themselves and their guests. Additionally, freezers are usually well stocked with shop bought parathas (thin flatbread cooked on the griddle), or home-made samosas and kebabs which can easily be shallow fried when needed. Fridges are stocked with full fat milk, natural yoghurt, eggs, butter/margarine, and cheese.



Doohd pati chai (milky tea), is a traditional start to the day for older family members or more traditional families.

Doohd Pati chai is usually drunk once in the morning but can be drunk after most meals or particularly mid-afternoon, 1-2 hours before the evening meal. Tea is often accompanied by cake rusks or biscuits. Traditionally, older family members may eat halva and puri (deep - fried whole wheat flatbread) or stuffed parathas (multi - layered chapatti separated by ghee/butter) with curry. Lassi (milk-based drink) or warm milk can be a good way of increasing calcium intake.

Exercise can be difficult in traditional Pakistani families, as often the culture is to respect elders and therefore assist them with all aspects daily living. This might mean less activity, even less so during COVID. However, reading Namaz (prayers) five times a day, at set times e.g. before sunrise, after lunch, mid-day, before sunrise, and evening is common in traditional Muslim families, particularly amongst older family members. In winter, due to shorter days these will be much closer together and can take 5-20 minutes each to perform. If fit and well most people will stand for these. This provides an avenue of activity for older adults. Encouraging older adults to walk around the house (if able) or around the garden before and after Namaz may be a good prompt. Or involving them in small tasks such as food preparation. Chair-based activities from may be another way of encouraging activity.

Nusrat Kausar, RD

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WE NEED YOU!

The BDA England Board has agreed to support the Older People Specialist Group to produce patient/carer guidance about what a healthy diet means for older adults. We would like to ask for your contribution to this project by answering a few questions in the survey below, which should take no more than five to ten minutes;

[SURVEY LINK](#)



NEW SACN UPDATE

sacn

Scientific Advisory Committee on Nutrition

The British Dietetic Association's Older People Specialist Group (OPSG) welcomes the Scientific Advisory Committee on Nutrition (SACN) statement on Nutrition and Older Adults Living in the Community. SACN's position statement offers an overview of the current (February 2019) evidence on nutrition in older adults and its impact on healthy ageing. It considers evidence relating to community-dwelling adults aged 65 years and older. It does not cover the treatment or management of conditions relating to older adults who are frail, malnourished and/or living in residential care or nursing homes.

Nutrition in older adults was last considered in 1992 by the Committee on Medical Aspects of Food and Nutrition Policy (COMA now SACN). In the last 29 years we know that the older population in the UK has grown and so we are disappointed that SACN highlights a lack of good quality evidence support healthy eating guidelines for this population group. It is widely recognised that this group experience health inequalities and unmet needs, including those related to nutrition.

Across the UK there is significant investment and redesign across health and social care that aims to enable adults to age well. We firmly believe that delivering good nutritional care should be a leading priority in this area. This statement from SACN is a helpful addition to the growing case for better recognition of the specific needs of older adults living in the community.

SACN rightly recognises that older adults have different nutrition and hydration needs to support them to age well. Our concern is that current public health guidance for the general population still fails to take into account the differing needs. This lack of evidence could be contributing to the poor nutrition and health inequalities faced by many older adults. The SACN statement recognises some of the key unique challenges of nutrition in older age, including reduced appetite, changes to taste and smell, the importance of oral health and of hydration.

The BDA OPSG is currently working on a simpler, more public-facing guidance to support good nutrition in older age and hope to publish later this year.

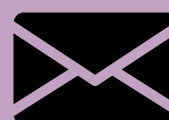
You can view the full document from SACN [here](#).



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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