



OLDER PEOPLE SPECIALIST GROUP

February 2021



IN THIS EDITION:

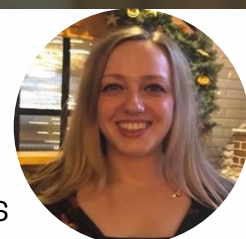
Highlights from our
chairperson - 1

Diversity in dietetics
series part 2 - 2

CQC inspectors and
nutrition training - 3

Vitamin D
One for your library
We want your food tips
- 4

THE HIGHLIGHTS



Welcome to February's newsletter. It's been a chilly but beautifully snowy month. The start of this year has been dominated by the Covid Vaccine programme and what a tremendous effort from the NHS. We have seen records of over 300,000 people vaccinated in a day. Thank you to all our members who have taken the courageous step to redeploy and support the vaccine rollout. Please get in contact with us to let us know your experience so we can feature your story in one of our newsletters.

Thank you also to those who continue within your dietetic roles supporting our older adults to stay well and recover. We have had a fantastic response to the Alternative to the Eatwell Guide survey we sent out in January, which leads me onto my third thank you. The committee are working through your responses and we continue to work on this hotly anticipated resource. The other big topic for this month is Vitamin D and Care Homes, so kick back, grab a drink and enjoy the read. As always your committee wishes you all to stay safe and keep well.

Vittoria

DIVERSITY IN DIETETICS

FOCUS ON CHINESE DIETS

Is Chinese Takeaway in the UK like real Chinese food?

Growing up in a Hong Kong family, I have never had prawn crackers as a starter, chicken chop suey as a main meal and Fortune cookies as a dessert. The British colonisation of Hong Kong from 1898 to 1997 has led to slight westernisation of some food practices. Chinese food staples include rice and noodles while essential seasonings include soy sauce, oyster sauce, sesame oil and cornflour. Chopsticks are the main eating utensils which can be used to cut or pick foods. Steaming, stir-frying, frying, and boiling are common cooking methods.

Common traditional meals and drinks

Breakfast	Hot foods such as rice porridge (congee), dim sum, dumplings, steamed buns, eggs
Main meals	It is common to share a number of dishes - rice or noodles and soup, meat/fish dish, vegetable/tofu dish
Fruit and vegetables	Durian, star fruit, dragon fruit, longan, oranges, lychees, grapes, apples, bananas Chinese leaf, Pak choy, choy sum, baby corn, cucumber, and tomato
Beverages	Chinese tea and coffee

Dietary beliefs of Chinese people

It might be difficult for Chinese people to modify their diet if the recommendations clash with their food beliefs. Originating from Chinese medicine theories, everything in nature is made up of a balance in 'yin' (negative energy, cold) and 'yang' (positive energy, hot). Illness is perceived to be a result of disharmony between these forces and interventions seek to reach equilibrium¹. Foods are classified as 'heaty' or 'cooling'. When one is 'heaty' with symptoms such as mouth ulcers, 'cooling' foods such as tofu, watermelon and celery are recommended. When one is 'cooling' with symptoms such as pale face and cold limbs, 'heaty foods' such as chicken, mango and onion are recommended.

1. Ho, E., Tran, H. & Chesla, A. (2014) Assessing the cultural in culturally sensitive printed patient-education materials for Chinese Americans with type 2 diabetes. Health Communication, 19(4):39-49.

2. World Health Organization. Regional Office for the Western Pacific. (2000). The Asia-Pacific perspective: redefining obesity and its treatment. Sydney: Health Communications Australia.

3. Deurenberg, P., Deurenberg-Yap, M. & Guricci, S. (2002) Asians are different from Caucasians and from each other in their body mass index/body fat percent relationship. Obes Rev, 3:141-6.



What foods are traditionally eaten during Chinese New Year?

Chinese New Year is the most important event for Chinese family reunion. Many dishes such as chicken, fish and seafood are served in large portions to be shared. Each dish may convey a particular meaning, such as bringing wealth and health in the coming year.



Why is BMI cut-off points different in Chinese people?

Interestingly, Chinese people have a lower BMI cut-off points than other ethnicities². The average BMI of Chinese adults was reported to be lower than white adults. One possible explanation is body fat. When compared to white adults of the same BMI, Asians have 3 to 5 percent higher total body fat³. Thus, there is a need for dietitian to adapt dietetic practices accordingly.

Classification	International BMI criteria	Asian BMI criteria
Underweight	<18.5 kg/m ²	<18.5 kg/m ²
Normal	18.5-24.9 kg/m ²	18.5-22.9 kg/m ²
Overweight	25-29.9 kg/m ²	23-24.9 kg/m ²
Obese	≥30 kg/m ²	≥25 kg/m ²

Dove Yu, RD

OPSG PR Officer

@doveyu_RD, @doveyu_dietitian

CQC INSPECTORS AND NUTRITION TRAINING

Alison Smith, RD CQC Specialist Adviser – Nutrition (Care Homes) and ordinary member of the OPSG committee shares her experience of working with the BDA and the CQC to improve nutritional understanding for inspectors working with services for older adults.

As dietitians working with older adults we've long known that there is a disconnect between what we as dietitians working with care homes for older adults would expect when it comes to nutritional care in care homes, and what many homes have been advised or at least perceive they have been advised by Care Quality Commission (CQC) inspectors. This situation is sadly not surprising when you understand that CQC does not provide or require any specific training or knowledge on the nutritional needs of care home residents for its inspectors.

CQC is the independent regulator of health and social care in England and monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. CQC also publishes what they find, including performance ratings to help people choose care. When planning an inspection CQC inspectors do have the option to request support from a specialist advisor in nutrition (already recruited by CQC), however many inspectors may not be aware that this option is available to them and the actual number of requests for support in this way tends to be low.

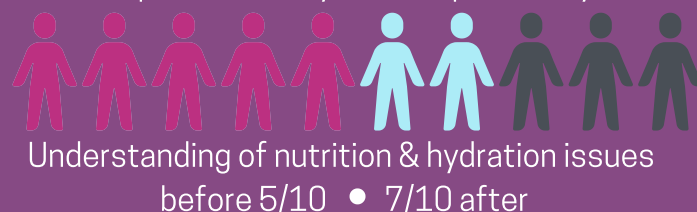
In the OPSG we've known the challenges outlined above (and repeatedly tried to work with CQC and its predecessor CSCI on them) for more years than I care to count. Several years ago a small number of dietitians approached the BDA to request their support to help CQC understand that their inspectors do need a greater understanding of nutrition in order to do their jobs (and work in partnership with us) effectively. In this work we have been and continue to be hugely supported by the 2 dietitians employed by CQC as inspectors, even though they are not actually employed as dietitians!



The culmination of these efforts has been twofold:

Firstly, production of a 10 point resource for inspectors which explains the main nutritional concerns and likely methods of support advised for care homes. Writing this was supported by both the National Association of Care Catering and Age UK to ensure that it considered all aspects of nutritional needs including social aspects and dining. Sadly, although this was sent to CQC for their approval over a year ago, it has yet to be officially approved for use by inspectors...

On a rather more positive note Tom Embury in the BDA worked with CQC to achieve what we might have thought almost impossible – the first ever conference on nutrition for CQC inspectors! This was undertaken virtually on 12th January and comprised presentations for inspectors in various branches of CQC inspection and presentations comprised renal, diabetes, paediatrics, mental health, care homes and end of life – both the latter 2 sessions were provided by OPSG.



The organiser at CQC (who is one of the dietitians employed as an inspector) said *"On behalf of the CQC, I would just like to say how brilliant each presentation was and has the potential to impact upon the quality of inspections that CQC deliver, along with supporting inspectors education. I also want to acknowledge the time taken to prepare and deliver these presentations during the huge pressures of the pandemic – thank you."*

VITAMIN D UPDATES

New Government Policy for Vitamin D and Care Homes

The government has launched a one-off free 4-month supply of daily vitamin D supplements for residents in care homes in England. Each daily supplement contains 10 micrograms (400 international units (IU) of vitamin D and is in liquid form – 2 drops are needed for each daily dose. Delivery started in January 2021 directly to all residential and nursing care homes. For those of you who support care homes, it is important to be aware that care homes will be expected to continue providing a vitamin D supplement to their residents after the 4 month trial in line with CQC Regulation 14. Full guidance on vitamin D supplements in care homes is available [here](#)

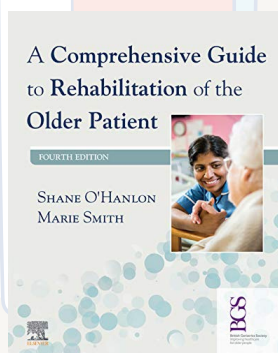


COVID-19 rapid guideline: vitamin D

Another recent publication on Vitamin D is the NICE COVID-19 rapid guideline: vitamin D published in December 2020. This encourages people to continue following UK government advice on taking a vitamin D supplement. It also concludes that Vitamin D supplements should not be offered to solely prevent or treat Covid-19, except as part of a clinical trial

ONE FOR THE LIBRARY

A Comprehensive Guide to Rehabilitation of the Older Patient is a British Geriatric Society publication and provides a comprehensive overview of older adults rehabilitation. It is a good recommendation for your hospital library and dietetic department reference list.



OVER TO YOU!

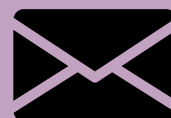
We hope you enjoyed our valentines and pancake day antics as much as we did! We love to share food and recipe ideas and we want to share yours! Contact us via email or one of our social media channels!



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.

@BDA_olderpeople

olderpeople@bda.com



Editor: Simone Roberts