


# OLDER PEOPLE SPECIALIST GROUP

## Summer 2024

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Welcome to the summer edition of the OPSG newsletter.

We hope you have some time off to look forward to over the next few months. We are especially excited as June marks the launch of our Care Home Digest. We are extremely proud of this innovative document written in collaboration with the Food Services Specialist Group and the National Association of Care Catering. We hope to see many of you at the study event in Birmingham and please come and say hello to us. Read on for more exciting news and information.

Your OPSG team!



***Follow us on social media next week for...***



*All links and contact info available at the bottom of this newsletter.*



## **for our Study Day**

Tickets are still available for our upcoming study day in June.

### **Join us on the 26th of June at the Crowne Plaza Hotel in Birmingham for the launch of the Care Home Digest.**

We are pleased to host this event with the Food Services Specialist Group and the National Association of Care Catering (NACC) to launch the Care Home Digest and provide a valuable day of learning for our members.

We are proud to have worked with the Food Service Specialist Group and the NACC to develop the first menu planning and food service guidelines for care homes for older adults, to support care homes to provide high quality food and drink services for residents in their care.

The guidelines provide information and tools that care home managers, nursing staff, carers and chefs can use to understand how to ensure that menus meet residents' nutritional needs, together with guidance about how food service delivery can both enhance mealtime experience for residents and support them to meet their nutritional needs.

Open to a wide variety of professionals the event will offer a great opportunity for networking and will allow attendees to learn first hand about the content of the digest as well as practical ways to implement the content in care homes. Older People Specialist Group members benefit from a reduced ticket price of £55 per person.

To book your space and to learn more about the speakers and content of the day click:





# Research Focus

OPSG is excited to announce the appointment of our two new research officers who will be driving and shaping the group's research strategy and encouraging members to both participate in research and to embed the latest evidence into their practice.

## *Introducing Ruth and Claire...*



Ruth's day-day role is Lead for Interprofessional Education at Coventry University. Leading and overseeing the delivery of the Interprofessional Education strategy and relevant strands across the widening suite of courses within the School of Health and Care at the university.

Past roles include educational and clinical positions within the NHS. She has extensive experience supervising pre- and post-registration dietetic student projects, including writing for publication and plans to use this experience to support our members with their own research projects.

Claire is a Dietitian and Senior Lecturer at the Centre for Public Health, Queen's University Belfast. She leads a transdisciplinary research programme investigating how nutrition and lifestyle can promote healthy ageing and prevent chronic disease. Claire holds an MPhil and PhD in public health nutrition and has published extensively in the field. She is recipient of prestigious funding awards including project coordinator for the European Healthy Life Healthy Diet (HDHL) Joint Programming Initiative 'PROMED-COG' consortium that aims to understand the balance between diet and exercise to combat undernutrition and promote healthy neurocognitive ageing.



Claire is primary supervisor for several PhD researchers, delivers undergraduate teaching across multiple disciplines, and is a committed mentor for early career researchers; leading several mentoring programmes for students and staff at her university. Leaving her well placed to advise and support our members with their own research projects.



# Nutrition in Older Adults Research Stream

*at the BDA Symposium - Wednesday 4th  
December in Birmingham*

Back for another year, the 'Nutrition in Older Adults' stream will be returning for 2024 to showcase our members work in research and dietetic practice. The Symposium provides a great opportunity to meet dietetic colleagues and share ideas for older adult nutrition in a friendly and supportive environment. Whether you are a student finishing your dissertation project or a dietitian working in research or service improvement for older adult nutrition let us know by submitting an abstract. Accepted abstracts are published in the BDA Journal of Human Nutrition and Dietetics (JHND)!

***It can be daunting to prepare an abstract,  
especially if this is your first time, so here is  
some helpful information to get started.***

The abstract is a short synopsis of the overall content of your project. Think of it as a movie trailer to the main event! It should be written in a concise way to allow the reader to easily understand why the project was performed (Background and Aim), how it was performed (Methods), what it showed (Results), what it means and the implications for research or practice (Discussion and Conclusions).

Have a look at published abstracts in JHND to get a sense of the writing style and terminology used for each section of the abstract. Here are some examples of useful ways to set the academic tone in your abstract:



- **Previous research has shown that...**
- **Recent research has focused on...**
- **The current study/service evaluation/review aims to examine...**
- **The aim of the study/service evaluation/review was to....**
- **These results indicate that...**
- **The study provides evidence that...**
- **The findings have implications for...**



Consult the [BDA submission guidance](#) for abstract layout, format and style.

The abstract needs to comply with these guidelines to make it through the review process. It should not exceed 1xA4 page and contain no more than 2-3 references.



The submission deadline is **8am on Wednesday 17 July 2024** and OPSG are offering up to 5 bursaries to cover the Registration Fee (£60) for members who have their abstract accepted for the Research Symposium. (Announcement to follow with further details on this).



You can find more information on writing the perfect abstract from the [BDA website](#).

Or watch this [video by Prof Lauren Bell](#).

***Claire and Ruth are also on hand to support members in preparing their abstract for the Symposium. You can contact them on [olderpeople@bda.com](mailto:olderpeople@bda.com)***



## Meet our 2023 winners - Heidi & Coco

At the start of December, we attended the BDA Research Symposium at Birmingham, where we presented a piece of research as part of the Nutrition in Older Adults Stream.

Our research was 'A qualitative evaluation of perceptions and lived experiences of the older clients and staff participating in a trial of a new meal delivery service'.



This was carried out by four other students as part of our undergraduate dissertation at Plymouth University.

We evaluated the home delivered meal service which provided meals to over 65's across Dartmoor in Devon, it involved carrying out focus groups and interviews with both the older adults that received the meals, and staff that were involved in implementing the service to find out their views, perceptions and lived experiences.

The results showed that the older adults valued the meal itself, but they also valued the social interaction with the delivery drivers especially for those that were socially isolated and lived alone, which ultimately improved their quality of life. The clients also felt other perceived benefits of changes to eating behaviours, and improved mental and physical health. The staff reported that they also benefited from the social interaction with the older adults, and it provided them with a sense of purpose and gratification. However, the staff faced many challenges such as logistical and communication ones, such as issues with delivery routes, and lack of communication between mangers and kitchen staff which lead to frustration with the staff. Overall, we found the home delivered meal service had many benefits for both the older adults and staff, however more research is needed to look into the challenges and into the long-term running of the service.

To our surprise our research won the Nutrition in older adult stream!!! This is a great achievement for us and the others who carried out the research. We both enjoyed the day, and it was a great experience. It not only provided us the opportunity to present and share our findings, but it also allowed us to see what other research is going on in lots of different areas of dietetics.

**by Heidi Horn and Coco Heathcote**

**BDA Research  
Symposium**  
6 December 2023



Heidi Horn & Coco Heathcote

**Winner**

**Nutrition in Older Adults  
Stream**



The British Dietetic Association  
3rd Floor, Interchange Place  
151-165 Edmund Street  
Birmingham B3 2TA

Supported by BDA Older People Specialist Group

**BDA EVENTS** >> **GET INSPIRED**



# Getting Critical - *Decaffeinated Drinks & Falls*



In April 2024 Care England and Stow Healthcare(1) reported the results of a trial implementing decaffeinated drinks as standard over 6 months across 8 residential homes aiming to assess the impact on fall reduction.

Up to 92% of the 350 residents ultimately consumed either solely or predominantly decaffeinated drinks and a reduction in toilet-related falls of almost 35% was reported. This followed a similar initiative at University Hospitals Leicester(2) in 2021 where a 30% reduction in falls was seen after switching to decaf as standard, rising to a 61% reduction as of September 2023.

## *Sounds promising, right? Let's get critical.*

**What do we already know?** A 2015 Cochrane review(3) found 3 studies relating to caffeine reduction but was unable to draw conclusions due to the poor quality of the studies. A 2020 scoping review(4) found 8 studies relating to caffeine reduction and urinary symptoms. Positive results were most consistent for the symptoms of urinary urgency and overnight urination, however quality was poor throughout, most were at high risk of bias and many had significant issues in how both caffeine intake and urinary symptoms were measured. The data wasn't good enough to allow meta-analysis.

**The authors conclude that there are 'possible' beneficial effects to completely cutting out caffeine or reducing it to under 100 mg of caffeine daily (around 1 cup of coffee or 2 cups of tea) on urinary urgency and overnight urination, but higher quality studies are needed.**



**What about this study?** There are unfortunately plenty of methodological issues here too:



- The amount of caffeine consumed either before or after the intervention isn't stated. Was anyone drinking caffeinated beverages to begin with? Did they drink 8 cups of coffee a day as a baseline or 1 cup? It's impossible to tell, so **impossible to estimate the impact of any change**.
- Toilet-related falls were recorded for 4 months pre-intervention to act as a comparison group, but these are not necessarily the same people as during the intervention, and **bed occupancy varied from 286 to 321 residents**. The authors commendably try to mitigate for this, showing toileting falls as a percentage of occupancy, ranging from 3.8-6.4% pre-intervention to 1.7-5% post-intervention. These ranges overlap, though the trend is downwards. Did this have an impact on falls? **Did fewer residents lead to fewer falls as a result of a better staffing ratio?** It's not clear.
- We don't know if the falls were attributed solely to those consuming caffeine or not. **11% of residents continued consuming caffeine at the beginning of the trial**. Were the falls only in this group or did none of them fall?
- There are **no measures of statistical significance**, only averages and percentage changes. There's no consideration of sample sizes needed to demonstrate statistical significance so was this reduction found by chance?
- Aside from occupancy, **no other variables are controlled for**. How many drinks were being consumed daily? If residents cut down on caffeine did they cut down on total drinks? We don't know. What was staffing like? Was the change a result of improved awareness around falls? Were there more falls in one home than another? It's impossible to say.



**So what now?** We should congratulate those involved on their innovative efforts here to reduce falls. There's definitely something positive happening, but what it is exactly is difficult to pin down. Considering that **falls and fragility fractures cost the UK £4.4 billion a year**, it is very tempting to jump at anything that might reduce this figure, as well as the devastating impact that falls and fractures can have on older people's lives. It can take 17 years to implement research findings into practice. **Should we be waiting until better evidence is available or should we act now?**

For individuals regularly consuming caffeine who struggle with urge incontinence or frequent overnight urination, counselling them on caffeine reduction may offer some benefit. **A trial period to assess the impact of any change will help inform ongoing management.** In institutions, particularly where falls are high, it may be tempting to adopt these measures outright, but would a proportional approach be equally effective? One caffeinated drink first thing in the morning and decaf for the rest of the day? **A tailored plan, ideally as part of a falls risk assessment, may be the best approach here.**

As the lead nurse who inspired this work advises herself, choice is key. **Person-centred care shouldn't stop when we enter institutions.** Make sure your service-users have a choice. Above all, **think critically and evaluate your interventions.** And if any readers are considering a research project, this area is ripe for some further high quality investigation. Let us know how you get on!



#### **References:**

- (1) Care England, Stow Healthcare, University Hospitals Leicester (2024). Improving health outcomes for care home residents: Decaffeination and falls prevention. Available from: <https://www.careengland.org.uk/wp-content/uploads/2024/04/Decaffeination-an...>
- (2) Coombes, S. (2024). Taste the difference challenge: switching to decaffeinated tea and coffee for a healthy bladder. Urology & Continence Care Today. Available from: <https://www.ucctoday.com/journals/issue/launch-edition/article/taste-differ...>
- (3) Imamura M, Williams K, Wells M, McGrother C. Lifestyle interventions for the treatment of urinary incontinence in adults. Cochrane Database of Systematic Reviews 2015, 12. DOI: 10.1002/14651858.CD003505.pub5.
- (4) Le Berre, M., Presse, N., Morin, M., Larouche, M., Campeau, L., Hu, Y. X., Reid, I., & Dumoulin, C. (2020). What do we really know about the role of caffeine on urinary tract symptoms? A scoping review on caffeine consumption and lower urinary tract symptoms in adults. *Neurourology and Urodynamics*, 39(5), 1217–1233. <https://doi.org/10.1002/nau.24344>



# AGM/Webinar Summary

In March we held our 2023/34 AGM. This was an opportunity for our members to hear all about what the Older People Specialist Group has achieved over the last year. If you missed it, members can watch the recording of the AGM.



Alongside the AGM we held a webinar with guest speaker Professor Mary Hickson from the University of Plymouth. Professor Hickson gave an overview of the recent review of the evidence base of the key concepts of healthy eating for older adults in the UK which formed the evidence base of our new Eating, Drinking and Ageing Well resource. It was great to hear from Professor Hickson who led the review and could give an insight into the findings.



The webinar was highly rated by attendees and is available for members to watch.

## The BDA Strategy 2024-2034 has now launched

It presents the long-term (10-year) strategic direction for the BDA and provides a detailed picture of how we are going to get there starting with the next three years (2024–2027). This builds on the achievements made in the delivery of the previous strategic plan, and continues the themes of: workforce support and development, growing our community of members, ensuring we are visible and using our member expertise to have a positive influence, and continuously improving our services behind the scenes.





# Find Our New Muscle Health Resource in Dietetics Today

## SPECIALIST GROUP RESOURCES

### OPSG launches muscle health resource

A new resource produced and funded by the BDA Older People Specialist Group aims to help people with poor muscle health.

Muscle Health, Nutrition and Ageing and its recommendations – which is best read alongside its Eating, Drinking and Ageing Well resource – has been informed by a review of the current evidence so that people can enhance their muscle and bone health and reduce their risk of falls.

It complements Eating, Drinking and Ageing Well with its emphasis on considering the nutritional composition of the person's diet as a whole, with particular attention to protein intake, calcium-rich

foods, hydration, and vitamin D levels.

Elaine Lane, Rehabilitation Specialist Dietitian and Chair of BDA OPSG sub working group which co-ordinated development of the resource, said: "I am so delighted that this much-anticipated resource has now been published and is available as a public health awareness for the public and health care professionals."

"Both of these resources have been created in response to numerous requests from our membership and are the culmination of much work within the Older People Specialist Group Committee for a much-needed awareness in this area of dietetic practice."

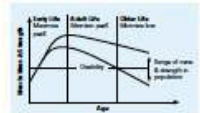
Muscle Health, Nutrition

#### Muscle health, nutrition and ageing

This resource is best read alongside *BDA Eating, drinking and ageing well*. This public health resource is intended for information only. It is not a substitute for proper medical diagnosis or dietary advice given by a dietitian.

##### Muscle health through the lifespan

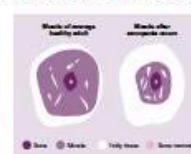
Muscles help the body work well. They control the heartbeat, breathing, digestion, movement and lots of other functions. The ageing process can lead to a gradual loss of muscle mass and strength, which starts from the age of 40. This means a muscle loss of around 0.5-1% each year and it can affect anyone including those who are underweight or very overweight. This type of loss is called sarcopenia.



Adapted from WHO (2018), *Global Report*

##### Why is muscle health important?

Loss of muscle mass and strength can make it harder to carry out daily activities leading to a lower quality of life. It can also increase the risk of falls and fractures, which can lead to a loss of independence.



##### Measuring muscle strength

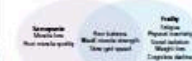
A hand dynamometer measures hand grip strength (which can show muscle strength) and may be used by a health professional.

Changes in strength may be noticed when completing daily activities such as carrying the laundry or shopping, or digging the garden.



##### Frailty

Frailty is a health state associated with ageing, although becoming frail when getting old is not inevitable. Frailty is a complex condition that includes weight loss, exhaustion, low physical activity, weakness, and reduced ability to carry out day to day activities and reduced quality of life. Frailty is often connected with falling.



There are a range of simple tests to help identify frailty which include:

- Walking: Gait speed - taking more than 15 seconds to walk 4 metres
- Timed up-and-go test (TUGT) - taking more than 10 seconds to get up from a chair, walk three metres, turn around, walk back and sit down again

and Ageing and its supporting references evidence base can be found here: [bda.uk.com/resource/muscle-health-nutrition-and-ageing.html](https://bda.uk.com/resource/muscle-health-nutrition-and-ageing.html)

Eating, Drinking and Ageing Well can be found here: [bda.uk.com/resource/eating-drinking-ageing-well.html](https://bda.uk.com/resource/eating-drinking-ageing-well.html)

## To download a printable version of the resource...

click here!

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.com

