



OLDER PEOPLE SPECIALIST GROUP

April 2021



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THE HIGHLIGHTS



Hello and welcome to April's Newsletter. As always your committee has been working hard behind the scenes on a number of different projects, some of which are outlined in this newsletter. This month we have had members taking part in our first workshop to co-produce the public facing resource that will be focused on ageing well and the prevention of ill-health in older age. We also had a number of expert facilitators who volunteered their time to support this work. It was a fantastic and energising event and I am blown away by the support we have had. Thank you to each and every one of you. Your committee and the BDA are currently transcribing those sessions and creating the resource we hope will be published by autumn 2021.

We continue to need your support and have commissioned Allied Health Solutions to develop an Outcomes Tool for our specialism and have a survey open until Friday 30th April 2021. We have had a low response rate and so would really appreciate you to have your say. The survey should take no more than 15 minutes and the link can be found on page 3.

There is also a very important consultation on ACBS policy on ready-to-drink Oral Nutritional Supplements. ACBS is currently chaired by our very own committee member Alison Smith. The link to the survey can also be found on page 3.

Our committee has continued to represent OPSG and the BDA on a number of key documents which are listed on page 3 of your newsletter.

The Holy Month of Ramadan is from the 12th April to the 12th May and we have a brilliant piece by Kolsum Jahan, Senior Wellbeing Visitor for HILS. Please look out for our Muslim colleagues who are fasting and we hope you enjoy the article.

As always your committee hope you and your families are well and enjoying the much needed sunshine.

Vittoria

DIVERSITY IN DIETETICS

FOCUS ON RAMADAN



Ramadan is the ninth month in the Muslim lunar calendar. During this month Muslims observe fast from dawn until dusk. This includes abstaining from food and drink, anger and any immoral act. Muslims are encouraged to take part in spiritual and physical acts of worship during this month including prayer, reading the holy book called Quran, giving to charity, and practising self-restraint.

The month of Ramadan is important to Muslims all around the world for many reasons. It was during Ramadan when Muslims believe the Quran was first revealed. This signified the beginning of Prophet Muhammad's mission as the final messenger, a major event for the formation of the religion of Islam.

During the holy month, Muslims wake early morning to eat a pre-dawn meal called Suhoor. A typical Suhoor meal for Muslims can vary between cultures. Growing up in a south Asian household my siblings and I preferred to have a Parata (flat bread) with fried or boiled eggs. My parents opted for a more traditional meal which consisted of boiled white rice and a protein filled curry. To end the meal, my family would gather for a cup of tea with sweet snacks. I, however, would look through each cupboard right before the end of Suhoor, and attempt to eat all that I could make room for in my belly; something I would not recommend!

Taking time to rest is encouraged whilst fasting. Muslim's limit activity to preserve energy throughout the day, this includes either spending less time exercising or changing one's usual routine to ensure exercise is completed at a time when you have the most energy, such as early morning.



Muslims break their fast with a meal called Iftar. A common iftar meal will again vary between cultures but this meal is always started with a date. Dates have a special place in Islam as it was one of the most frequently eaten foods by the Prophet Muhammed, especially during Ramadan. In honour of this tradition, Muslims also break their fast with dates.

My earliest memories of iftar will compare with many families where everyone is running around the kitchen like headless chickens to ensure food is prepared on time. Some of us on chopping duty, whilst others were setting the table. We often had a large spread as we are a large family. This included a soup followed by a traditional Bengali Chickpea dish, a lentil dish called Kissoori, a Fried Rice dish, Indian snacks such as Samosas and seasonal fruits and juices. It was not the healthiest of meal choices but was most certainly devoured every iftar. However, with more knowledge and experience, we are now ensuring we eat more balanced traditional meals.

It is important to mention fasting during Ramadan is only for healthy Muslims. Those who are vulnerable such as pregnant women, elderly, poorly or have health conditions are exempt. However, we find that these vulnerable groups often insist on fasting as they worry they will be seen as 'weak;' something they are fighting hard against. It is, therefore, important we re-iterate this message that fasting is only for Healthy Muslims and Islam encourages you not to fast if this will affect your health.

It is common for Muslim across the world to host large iftars, especially for the poor and needy. Islamic principles such as generosity inspired these traditions, including sharing food and inviting guests to break their fast together. During Ramadan, Muslim women and men also attend night prayers, in large numbers, at their local mosque. This night prayer is called Tarawih, a prayer only prayed during Ramadan. however, due to COVID, Muslims will not be able to take part in this tradition this year.

To mark the end of Ramadan, Muslims celebrate the day of Eid, beginning the morning with Eid prayers at the Mosque where thousands of Muslims gather from all cultures, going on later to celebrate the day with family, plenty of indulgent food, new clothes and presents for the young and old. This year will again be different as prayers are no longer taking place and families will not be able to see each other. This is, however, an opportunity to form new traditions to celebrate joyous occasions in a safe COVID friendly environment with the hope that we can return to these beautiful traditions in the near future.

Kolsum Jahan
Senior Nutrition and
Wellbeing Visitor
Hertfordshire Independent
Living Service



DEMENTIA

Eating & drinking with dementia

Dementia UK has released a [new leaflet](#), available in both PDF downloadable or hard copies to order, on eating and drinking with dementia. The advice in the leaflet has been reviewed and approved by the Older People's Specialist Group.

Mental health and dementia

[New guidance](#) has been produced to support individuals working in care homes and primary care, to understand dementia and mental health conditions due to the prevalence of both disorders in care home populations. This new document is a result of our work with NHS E/I Enhanced Health in care home workstream.

ACBS

Consultation on ACBS policy on ready-to-drink Oral Nutritional Supplements

The Advisory Committee on Borderline Substances (ACBS) is the Department of Health and Social Care committee which determines whether a nutritional product should be available to prescribe at NHS expense. Following a long history of being chaired by doctors, the ACBS committee has now been chaired by a dietitian (Alison Smith – previous OPSG chair) for 2½ years, and dietitians also form two thirds of the committee, ensuring a wealth of practical and varied dietetic experience and knowledge is applied to all decision making.

The committee is currently working hard to update and standardise everything to do with the ACBS process, both in terms of how indications have been determined historically, the application process and which products are absolutely required by patients and so need to be available to prescribe at NHS expense.

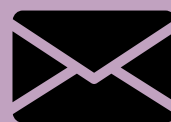
Reviewing the existing system in this much detail has never been done before, and this is the first stakeholder consultation in the process. It is an amazing opportunity for dietitians to provide their feedback and we're asking for all responses, particularly from NHS dietitians, whether in favour of the proposed changes or not.

Please respond to the [consultation](#) before the closing date on Sunday 27th June 2021.

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

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Editor: Simone Roberts



SURVEY

We have commissioned experts from Allied Health Solutions to lead on developing an outcomes tools for our specialisms. Please take part in this survey to have your voice heard, it should take no longer than 10-15 minutes. Further membership engagement will follow based on the survey results. The survey will help us understand the relevant components that need to be included in the dietetic outcomes tools. We are also asking all our members to share this survey with their services managers and/or commissioners as we seek to understand their views too.

The survey is available [here](#), and will close on 30 April 2021.

FRAILTY

Committee member Kerry is working on new Guidelines for Perioperative care for People living with Frailty Undergoing Elective and Emergency Surgery'. This guidance is a joint venture between the British Geriatrics Society (BGS) and The Center for Perioperative care (CPOC). Updates on progress will be shared with the OPSG