

Ageing also affects sense of taste

FROM C1

Health-conscious users can potentially programme these items to enhance flavour so they can reduce the amount of salt in their food. Such items could also help enhance flavour for older people – as humans tend to find the sense of taste changing or weakening with age.

Dr Chan Kin Ming, a geriatrician at Mount Alvernia Hospital, says the ability to distinguish the tastes of sweet, salty, sour and bitter foods is affected from age 60.

“Between the ages of 40 and 50, the number of taste buds decreases, and the rest begin to shrink, losing mass vital to their operation. This may not be a sign of illness, but can be the physiological effects of ageing,” he adds.

“Different individuals age at different rates, so they may have variable degrees of loss of taste. Some are so mild that they are not noticeable, some are severe enough to cause loss of appetite.”

About 20 per cent of his patients complain of alterations to the sense of taste, but a minority of these are age-related complaints. The majority are because of dis-

ease, including chronic kidney disease, chronic liver disease, zinc deficiency or vitamin B12 deficiency.

Certain medications can alter the sense of taste, as can dental and gum diseases, or the habit of smoking.

Dr Chan recalls a patient who lost weight over a year because of altered taste.

“She was unable to eat because not only did her food taste ‘funny’, but it also all tasted spicy – hot – even when she ate bland food.”

Subsequent tests showed that she was deficient in vitamin B12.

“When her low vitamin B12 was replaced, her sense of normal taste returned, so did her appetite, and her weight returned to normal,” he adds.

In many cases, the cause of taste impairment remains unknown, says nutritionist Sarah Sinaram, manager, nutrition and dietetics, at Mount Alvernia Hospital.

Taste changes can negatively affect quality of life and result in inadequate intake of nutrition, which leads to health issues.

Malnutrition in older people is a concern for Singapore’s ageing society. In January, a study reported that four in five Singaporeans over 65, who did not eat enough pro-

tein, were at risk of malnutrition and had low muscle mass. The study by researchers from Changi General Hospital, SingHealth Poly-clinics and healthcare company Abbott suggested that malnutrition in the elderly could be addressed through nutritional supplements and dietary counselling.

Ms Sinaram has several tips to enhance the eating experience for older people whose sense of taste is affected.

She suggests including a variety of colours and textures – brightly coloured vegetables such as carrot, sweet potato, broccoli and capsicum – and flavouring the food with fresh herbs, such as lemon-grass, kaffir lime, scallion, coriander and pandan leaves.

Season with caution if the person eating has hypertension or diabetes.

“It’s good practice to serve condiments sparingly in a small serving dish, rather than liberally use them,” she says.

A recent study of older adults living in a nursing home showed an increase in meal enjoyment and energy intake when a variety of main dishes and several condiments were offered throughout the meal, she notes.

Similarly, another study aimed at

encouraging food consumption in older people with Alzheimer’s disease found that shape, contrast – separating foods rather than mixing them – and adding sauce made a difference. The diners were more likely to consume finger foods with sauce and contrast, rather than foods where all the ingredients were mixed together.

“These findings are at odds with some of our typical Asian foods, such as porridge with all the ingredients mixed in. It would be better to serve the sides separately instead,” she says.

Dr Chan also says that taste, presentation and temperature of food are important in coaxing people with diminished taste or taste alterations to eat. But the social aspect of eating should not be neglected.

“To improve the ability of the elderly to eat, we need to make meals a social and fun event. People tend to eat more and enjoy their food better when they eat, talk and laugh together.”

He adds: “Try new food or new ways of cooking. Lastly, give sufficient time for them to eat and savour the food rather than rush through a meal.”

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DR CHAN KIN MING, a geriatrician at Mount Alvernia Hospital



Tan Tock Seng Hospital dietitians distributing food rations to older residents in Toa Payoh. Older adults who are malnourished are more vulnerable to illnesses. PHOTO: TAN TOCK SENG HOSPITAL

Older people at risk of malnutrition

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Correspondent

After being hospitalised for a fall, Mr Lim Ngak Boon, 82, who used to weigh about 50kg, lost almost 10kg because the bland hospital food did not suit his palate. He is back to a healthier 48kg now after a community dietitian from Tan Tock Seng Hospital (TTSH) helped him devise a healthy food plan.

Mr Lim was initially reluctant to stick to the plan, but began taking milk supplements “because those were appetising and easier to consume”.

Age-related changes to taste buds can lead to older people having decreased appetite and taking in insufficient nutrition, which in turn puts them at risk of serious health problems.

To reduce the risk of elderly malnutrition, TTSH is rolling out a community care model in which the hospital’s dietitians work with community partners to provide dietary counselling and support to older people who are at risk.

From July to December last year, the hospital’s nutrition and dietetics department worked with non-profit organisation Care Corner’s senior activity centres in Toa Payoh to identify residents who were socially isolated and needed nutrition support. TTSH also partnered non-profit organisation Touch Community Services to support homecare nurses who needed support with their patients’ nutrition.

These community partners coaxed older residents to work with the dietitian and monitored their progress with the recommended nutritional plans.

TTSH also held training work-

shops for community partners on how to identify, prevent and manage malnutrition. The hospital aims to expand the community care model to other areas in central Singapore, such as Ang Mo Kio and Kallang, from the end of this year, and train more community partners.

A significant number of older people in Singapore are at risk of malnutrition. Dr Lim Yen Peng, head and senior principal dietitian at TTSH’s department of nutrition and dietetics, cites a study conducted by the National Healthcare Group from 2015 to 2016, which found that about 14 per cent of older adults in central Singapore were malnourished or at risk of malnutrition.

She says older adults who are malnourished are more vulnerable to illnesses. Their immunity may be reduced and the risk of suffering falls and fractures increases. They are thus more likely to be hospitalised and then take a longer time to recover from any acute illnesses or surgery.

She adds: “Typically, seniors who experience nutrition-related issues will be identified only when they get admitted for medical-related emergencies or conditions such as falls or fractures, functional decline, or infections. Their poor nutritional status may be picked up only through nutrition screening on admission or by further clinical examination from the medical or nursing teams.”

Early identification and prevention through the community care model will hopefully lead to better health outcomes.

Ms Chng Pey Ling, senior community dietitian at TTSH’s department of nutrition and dietetics, says that apart from taste alter-

ations leading to seniors not enjoying their food, a main reason for malnutrition is limited access to food.

“Some residents are housebound due to weakness or mobility issues, and face issues with access to food, especially on days when they do not feel well enough to venture out and buy food. They are mainly dependent on food rations or free meals, and do not always have the ability to assert their food choices according to their preferences.”

TTSH conducted a survey in Toa Payoh to find out what kinds of food the seniors served by Care Corner preferred, then held a food donation drive in March to provide these preferred rations to 80 households.

Oats, ready-to-eat kway teow, brown rice vermicelli and non-fried plain instant noodles are the items most residents preferred. Some do not cook, so rice, which is often donated, is wasted.

Dr Lim says this pilot initiative has driven home to her team the importance of collaborating with community partners, and ensuring nutrition support is “needs-based, senior-centric and holistic”.

“We share the same goal as our community partners to have our residents supported to live well and age well in their homes and neighbourhoods,” she says.

“Challenges remain for the team to keep this care model sustainable and to explore other systems of support and collaborations to create better and sustainable food access for at-risk residents.”

• Social service agencies can sign up for online workshops on nutritional intervention for seniors at AIC Learning Network marketplace. Go to lms.wizlearn.com/AIC

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