Short Communication

Food Intakes and Preferences of Hospitalised Geriatric Patients

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INTRODUCTION

Sequencing of the human genome has opened the door to the most exciting new era for nutritional science. It is now possible to study the underlying mechanisms for diet-health relationships, and in the near future dietary advice (and possibly tailored food products) for promoting optimal health could be provided on an individual basis, in relation to genotype and lifestyle. The role of food in human evolution is briefly reviewed, from palaeolithic times to modern-day hunter-gatherer societies. The aetiology of 'diseases of modern civilization', such as diabetes, heart disease and cancer, and the effect of changes in dietary patterns are discussed. The risk of disease is often associated with common single nucleotide polymorphisms, but the effect is dependent on dietary intake and nutritional status, and is often more apparent in intervention studies employing a metabolic challenge. To understand the link between diet and health, nutritional research must cover a broad range of areas, from molecular to whole body studies, and is an excellent example of integrative biology, requiring a systems biology approach. The annual cost to the National Health Service of diet-related diseases is estimated to be in excess of 15 billion, and although diet is a key component of any preventative strategy, it is not given the prominence it deserves. For example, less than 1% of the pound

1.6 billion budget for coronary heart disease is spent on prevention. The polygenic and multifactorial nature of chronic diseases requires substantial resources but the potential rewards, in terms of quality of life and economics, are enormous. It is timely therefore to consider investing in a long-term coordinated national programme for nutrition research, combining nutritional genomics with established approaches, to improve the health of individuals and of the nation [1-3].

With respect to food preferences, elderly people are more likely to stick to their traditional food rather than new food products as a result of rapid development in food industries. However, some elderly people may change their food preferences due to health reasons and food belief. Ageing is associated with a shift from diet with high in calories, sugar and meat to diet with rich in fruits and vegetables. However, avoidance of certain fruits and vegetables due to food beliefs had been reported in a proportion of rural elderly Malays .

It appeared that there was a need to investigate the adequacy of dietary intake and food preferences among our hospitalised geriatric patients. Therefore, this study aimed to investigate the food intakes and preferences and also factors influencing dietary adequacy among hospitalised geriatric patients. The study was also undertaken as a basis for improving the nutrient intake of patients in order to accelerate recovery from disease and hopefully to reduce the length of hospital stay [4].

CONCLUSION

Food service system in hospital should consider the food preferences among geriatric patients in order to improve the nutrient intake. In addition, the preparation of food most likely to be rejected such as meat, milk and dairy products need some improvements to increase the acceptance of these foods among geriatric patients. This is important because these foods are good sources of energy, protein and micronutrients that can promote recovery from disease or illness.

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