



Eating to Age Successfully

Putting the Pyramid on Your Table

HEALTHY EATING for LIFE PROGRAM

This publication provides information to help people age 65 and older eat to maintain health. Friends, family, and others concerned with people this age also may benefit.

Everyone wants to stay healthy as they age. We all want to reduce the risk of disease if we can.

Nutritional health reflects all previous stages of development, as well as genetic makeup. Maintaining or improving good nutrition helps maximize potential for good health and reduces the risk of some diseases. Good nutrition, along with other healthy lifestyle practices, can help maintain health and enjoyment and reduce health care costs.

Healthful Lifestyle Practices

- **Living in a smoke-free environment.**

If you smoke or live with someone who does smoke, you may want to explore classes to ease the way to nonsmoking. To stop smoking reduces the risk of certain cancers and even can make foods taste better.

- **Having hobbies and activities that interest you.**

When you are busy with enjoyable, worthwhile activities, you have a reason to get up in the morning. If the activities involve you with other people, you also will meet a social need.

- **Exercising regularly.**

Appropriate physical exercise can strengthen you. You will feel more like doing things and your appetite may improve. Check with your doctor for an exercise routine right for you. Exercises, such as walking, stair climbing, and bicycle riding, help keep the minerals in bones and can add to a sense of well-being. Weight lifting can increase muscle strength and help prevent falls.

- **Eating meals with others.**

If you live alone, you may need to plan ways of having enjoyable meals with others. There are

congregate meal programs available in many communities. Contact your local senior center for information on meals and other opportunities for socialization.

When you do eat alone, try to maintain at least a three-meal-a-day schedule. Many people do better with three meals plus one to three snacks of a variety of nutrient-rich foods.

Physiological Changes as You Mature

- **Thirst.**

The ability to tell if you have had enough fluids may diminish. Be sure to drink six to eight cups of fluid each day, including milk, beverages, and water.

- **Energy needs.**

Fewer calories are needed, especially if your physical activity has been reduced. The need for most nutrients is the same, however, so the nutritional quality of your diet must be kept high. This means there is not much room for fats, sweets, or alcohol that tend to be high in calories but low in nutrients.

- **Taste.**

Older people have fewer taste buds than younger people. Adding more spices, especially those low in sodium, to your foods will help make them more flavorful. The following spices and flavorings are examples of those low in sodium that may be added to foods to enhance the taste:

Bay leaf	Garlic
Mint	Pepper
Curry	Ginger
Onions	Pinch of sugar
Dry mustard	Herbs
Paprika	Rosemary
Fruit	Lemon
Parsley	Tomatoes

- **Hormonal changes.**

Estrogen replacement therapy for post-menopausal women helps maintain calcium in the bone and reduces the risk of osteoporosis (thinning of the bones that can result in fractures). The decision to use

estrogen is a medical one, however, and is not appropriate for everyone. Maintaining calcium intake and exercising regularly are important for both men and women.

Presence of Chronic Diseases and Conditions

• Diet modifications.

Your doctor may order diet modifications if you have a chronic disease or condition. It often is helpful to see a dietitian or to attend a special training class when the modifications are more complicated. For example, classes are conducted in many communities for diabetes and heart disease. If your doctor orders medication for you, ask the doctor or your druggist about any related food recommendations.

• Salt and sodium restrictions.

These may accompany a number of chronic disorders. In general, moderation in the use of salt and sodium is recommended.

• Vitamin and mineral supplements.

Discuss your need for supplements with your doctor. A well-balanced diet usually supplies the nutrients you need. If, however, you do need a supplement, choose one that includes a variety of vitamins and minerals and contains 100 percent or less of the

Recommended Dietary Allowances (RDA). If it is a high potency pill, take only half of a pill a day unless it is prescribed by a doctor. Just as too few nutrients can cause problems, so can too many.

• Poor teeth.

When it is difficult to chew, the texture of foods may need to be changed. Seek expert dental care to help improve the condition. In the meantime, chop or blenderize your food to maintain good nutrition.

• Financial problems.

Money doesn't always stretch far enough with inflation and additional medical and other bills. There are community services available to help you. Contact your local senior center, area Agency on Aging, the Kansas Department on Aging, and the Kansas Department of Social and Rehabilitation Services for information on services available.

• Maintaining good eating habits.

Maintaining good eating habits is a challenge for the individual as well as society. Socialization, volunteer work, hobbies, and contact with friends and relatives are desirable to maintain an interest in life. Mature people who keep current on good nutritional practices can influence younger relatives, friends, and the community.

Check Up on Your Healthy Weight

Find your weight range for your height in the weight table. The lower weights apply usually to women who have less muscle and bone than men. Smaller-boned people should weigh less than larger-boned ones.

Another indication of healthy weight is the difference in measurements of your waist and hips.

Ideally, your waist should be smaller than your hips. If your waist measurement equals or is greater than your hip measurement, you are too heavy.

If you are 10 percent or more under or over the weight ranges, you may be at an unhealthy weight. Ask your doctor if you need to give special attention to your diet and exercise levels.

Suggested weights for adults 35 years and over

<i>Height¹</i>	<i>Weight in pounds²</i>	<i>Height¹</i>	<i>Weight in pounds²</i>
5'0"	108-138	5'8"	138-178
5'1"	111-143	5'10"	146-188
5'2"	115-148	5'11"	151-194
5'3"	119-152	6'0"	155-199
5'4"	122-157	6'1"	159-205
5'5"	126-162	6'2"	164-210
5'6"	130-167	6'3"	168-216
5'7"	134-172	6'4"	173-222

¹ Without shoes ² Without clothes

Source: Adapted from National Research Council, 1989.

Now is the time to take stock of your eating habits and do something about improving those you can control. Make one or two improvements at a time, and develop a plan for following through.

For example, perhaps you wish to increase your milk intake. Be specific. Write down your goal: “I will add one cup of skim milk to my lunch each day.” or “Since I am adding the milk, I will eat only two cookies instead of four at lunch.”

You cannot keep adding calories to your normal intake without subtracting calories, because the calorie count could get too high—unless you are underweight.

Following are a number of paper and pencil exercises to help you identify what you are doing to maintain good nutritional habits and where you need to improve. Check up on your weight, daily food intake (especially fat), and your risk for nutritional problems as you get involved in the following sections.

Caution: If you have been ill and have lost weight, check with you health-care provider about how to add calories, including more fat, to your diet to gain weight.

Check Up on Your Fat Practices

Check (3)
Yes No

I trim fat from meat. _____

I do not eat skin on poultry. _____

I skim fat from soups and stews. _____

I use little or no fat on my cooked vegetables. _____

I use mayonaise sparingly. _____

I seldom, if at all, eat deep-fat fried foods such as french fries. _____

I choose skim or lowfat milk and nonfat or lowfat yogurt and cheese most of the time. _____

I check labels on foods for total and saturated fat in a serving. _____

I choose olive, peanut, or canola vegetable oils most often because they are lower in saturated fat. _____

Continue with the “yes” practices and plan to make the “no” into “yes” practices.

Check Up on Your Daily Food

Check (3)
Yes No

I eat three to five servings of vegetables each day. _____

(One serving = 1 cup raw leafy greens or ½ cup other kinds of vegetables. Include dark green or yellow vegetables daily for beta-carotene).

I eat two to four servings of fruit each day including one Vitamin C source (citrus and tomatoes). _____

(One serving = 1 medium apple, banana, orange; or ½ cup fruit, fresh, cooked, or canned; or ¾ cup juice).

I eat six to eleven servings of grains such as breads, cereals, rice and pasta each day. Choose ½ or more from whole grains. _____

(One serving = 1 slice bread; or ½ bun or bagel; or one ounce dry cereal, or ½ cup cooked cereal, rice, or pasta).

I eat two to three servings of milk, yogurt, and cheese each day. _____

(One serving for about 300 mg. calcium per serving = 1 cup milk, or 8 ounces of yogurt, or 1½ ounces natural cheese, or 2 ounces processed cheese).

I eat two to three servings (5 to 7 ounces total) of meats, poultry, fish, dry beans and peas, eggs, and/or nuts daily for protein. _____

(One serving = 2 to 3 ounces. Choose cooked lean meat, poultry, or fish. Count ½ cup cooked dry beans, 1 egg; or 2 tablespoons of peanut butter as 1 ounce of meat).

If I eat sugar and sweets, I do so in moderation. _____

I keep my fat intake low most of the time. _____

I drink at least six to eight cups of fluid a day. _____

Continue with the “yes” practices and plan to change the “nos” into “yes” practices.

Your Nutritional Health

You may want to do your best to eat well, but you have some condition or circumstance that interferes with this goal. There are warning signs with which you need to be familiar. These include disease, eating poorly, tooth loss or mouth pain, limited income, reduced social contact, numerous medicines, involuntary weight loss/gain, and the need for assistance in self-care. These warning signs

have been identified and developed into a checklist by the Nutrition Screening Initiative Project sponsored by the American Academy of Family Physicians, the American Dietetic Association, and the National Council on Aging, Inc.

The Nutrition Screening Initiative Project recommends that you use the “Determine Your Nutritional Health Checklist” to find out if you are at nutritional risk.

Determine Your Nutritional Health Checklist

Directions: Circle the number in the “yes” column for those statements that apply to you. For each “yes” answer, use the number in the box as part of your score. Total all the “yes” numbers for your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits, vegetables, or milk products.	2
I have three or more drinks of beer, liquor, or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	2
I am not always physically able to shop, cook, and/or feed myself.	2
TOTAL	

Total your nutritional score. If it's:

- 0 - 2** GOOD! Recheck your nutritional score in **six** months.
- 3 - 5** You are at moderate nutritional risk. See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department, and Cooperative Extension office can help. Recheck your nutritional score in **three** months.
- 6 or more** You are at high nutritional risk. **Bring this checklist the next time you see your doctor, dietitian, or other qualified health or social service professional.** Talk with them about any problems you may have. Ask for help to improve your nutritional health.
Remember that warning signs suggest risk, but do not represent diagnosis of any condition.

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MF-1176

August 1995

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