

The Relationship between Ageing and Malnutrition

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Editorial

The relationship between ageing and malnutrition is a complex one, involving a variety of factors. As the population ages, the prevalence of malnutrition increases, and this is a global concern. The World Health Organization (WHO) estimates that over 2 billion people are malnourished, and this number is expected to increase as the world's population continues to grow and age. The causes of malnutrition are multifaceted, including inadequate food intake, poor absorption of nutrients, and increased requirements for certain nutrients. The consequences of malnutrition are also significant, leading to a range of health problems, including weakened immunity, increased risk of infection, and cognitive decline. Understanding the relationship between ageing and malnutrition is crucial for developing effective interventions to improve the health and well-being of the elderly population.

One of the key factors in the relationship between ageing and malnutrition is the decline in food intake. As people age, they often experience a loss of appetite and a decrease in the amount of food they eat. This can be due to a variety of factors, including changes in taste and smell, dental problems, and a loss of interest in eating. The result is a reduced intake of calories and nutrients, which can lead to malnutrition.

Another important factor is the decline in the body's ability to absorb and utilize nutrients. As people age, the efficiency of the digestive system decreases, and the body's ability to absorb nutrients from food is reduced. This can lead to a deficiency of essential nutrients, even if the person is eating a diet that is rich in those nutrients. For example, the absorption of calcium and vitamin D is significantly reduced in the elderly, which can lead to osteoporosis and other bone-related conditions.

Finally, the increased requirements for certain nutrients in the elderly can also contribute to malnutrition. As people age, their bodies require more of certain nutrients to maintain their health and function. For example, the elderly need more protein to maintain muscle mass and strength, and more antioxidants to protect against oxidative stress and chronic diseases. If these requirements are not met, it can lead to malnutrition and its associated health problems.

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Acknowledgement

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Conflict of interest

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disability affect dietary intake

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Comparison of nutritional risk

Effect of calcium and

deficiencies in elderly hospitalised patients

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