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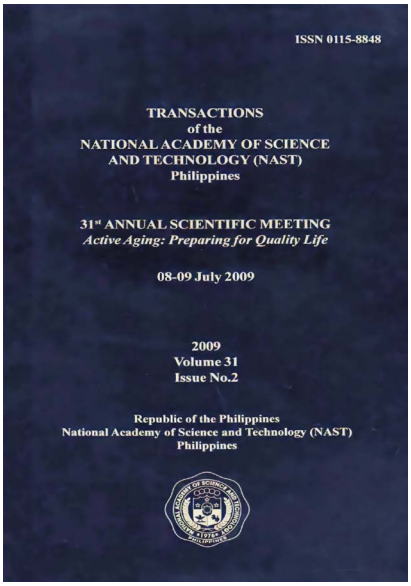

Technology and Nutrition for Active Aging: Roundtable Discussion Summary

Celeste C. Tanchoco, Dr.P.H. (Nutrition)[1]

[1] Chief, Nutrition Science and Technology Division, Food and Nutrition Research Institute, Department of Science & Technology

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BACKGROUND

Aging is accompanied by a variety of physiologic, psychologic, economic, and social changes that may compromise nutrition status. These changes do not adversely affect all individuals, as many older people remain in excellent health until very old age. As a group however, older persons tend to have a high prevalence of chronic diseases and thus use medications heavily, while they are also relatively sedentary and may have less desirable eating habits. Many of the seemingly inevitable consequences of aging may actually be accelerated by these factors.

Although many organ functions and metabolic parameters decline with age, some elderly subjects show no decline in functional status with age. This group is said to exhibit "successful aging" in contrast to the "normal aging." The usual aging process incorporates the effect of pathology and lifestyle (diet, exercise, smoking and drinking habits, and psychosocial events). Selected individuals, especially those who are free of risk factors, such as smoking, hypertension, diabetes, and hyperlipidemia, may show little or no change in organ functions and nutrition status with age.

With the fast-growing elderly population, the definitions of both "successful" and "usual" aging continue to widen to accommodate the heterogeneity among this group of older adults. Thus, a focus on individual nutrition and lifestyle assessment is essential, as the nutrition status can no longer be predicted by age alone.

[1]Chief, Nutrition Science and Technology Division, Food & Nutrition Research Institute, Department of Science & Technology

Certain groups within the aging population are at risk for malnutrition due primarily to lack of nutrition education, financial constraints, decreasing physical and psychological abilities, social isolation, and treatments for multiple, concomitant disorders or diseases. Secondary causes of malnutrition include feeding impairments, anorexia, malabsorption from gastrointestinal dysfunction, increased nutrient needs as a result of injury or disease, drug-nutrient interactions resulting from polypharmacy, and substance abuse such as alcoholism.

The available data obtained from the nutrition survey conducted by Food and Nutrition Research Institute (FNRI), covering practically the whole country using statistically random sampling, indicate that undernutrition or chronic energy deficit is a major problem in the elderly Filipinos, while overweight and obesity are emerging problems. Anemia is also a problem, particularly in rural areas. The available data from past surveys indicate that diabetes mellitus may be a problem and confirm that hypertension is a major problem of the elderly. Although the prevalence rates of undesirable serum lipid levels seem to be low, there is still a need for concern since these risk factors are related to each other.

RECOMMENDATIONS

Various nutrition programs/strategies have been suggested to provide an atmosphere of support and assistance for the older population through research, training, program development and service delivery followed by systematic needs identification for each of these areas.

For *research*, the recommendations are: 1) timely and accurate data collection on the incidence of diseases of the elderly should continue in a more systematic and coordinated manner; 2) FNRI should continue to include assessment of the nutrition-related chronic diseases, as well as collection of lifestyle-related diseases, in the national nutrition survey; 3) better sampling of the elderly population to look more closely at specific population groups known to be vulnerable to dyslipidemia; 4) generation of sub-group analysis of the elderly particularly in the significance of the high-risk factors in the development of chronic diseases, in order to provide

a strong framework for a preventive program; 5) utilization of Global Positioning System (GPS) to trace and track the elderly people and ensure faster and better delivery of health services.

For *training*, the recommendation is provision of training for health care providers such as gerontologists, caregivers, baranggay health workers, housewives, mothers, schoolchildren and even the elderly themselves. This is expected to bring about an increase in elderly and home-health caregiver education and an improvement in the use of medical devices in the home-care setting.

For *program development*, the recommendation is to focus on primary prevention, centering on the elderly who are not sick. Nutrition education is necessary and can be done through journals, mobile technology or SMS, e-mails, websites and other available sources showing nutrition tools (such as food pyramid and dietary recommendation for the older persons). Since street food vending and fastfoods are popular sources of food procurement among older persons, the recommendation is for the development of a program for evaluating these foods with regards to their nutritional value and microbiologic safety. Another recommendation on nutrition education is the adoption of a system for grading nutraceutical products based on the level of scientific evidence. Related to this, the recommended mass media promotion for these products shall be guided by this grading system.

For *service delivery* for the elderly, the recommendations are: 1) liability support for caregivers utilizing home-health technologies; 2) distribution of inexpensive home-health monitoring devices (such as blood pressure monitors) to decrease the incidence of stroke and heart failure in the aging population; 3) implementation of cost-effective annual examinations that have been shown to impact on life expectancy and quality of life; 4) provision of affordable and effective immunization programs for the elderly may be a useful adjunct to the social services; and 5) regular review and evaluation of programs related to health and nutrition.

The key to a long-term effort is the recognition of the emerging nutrition-related health problems of the elderly by the national planning body of the country. This recognition should be expressed as health and nutrition

policy strategies, and programs in the medium- and long-term planning scenarios. The necessary resources for the programs can be included in the national budget.

Lastly, healthy elderly preparation is an asset to the country. The more active an elderly is, the more he/she can contribute to society. Thus countries should recognize healthy aging as a key factor in their development agenda. The elderly group should be viewed as a resource that can be utilized for the advancement of the nation.

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Academician Ramon F. Abarquez Jr.
National Academy of Science and Technology

Ms. Emerlita N. Bautista
Food and Nutrition Research Institute-DOST

Ms. Allie Cortez
National Economic and Development Authority

Academician Ernesto O. Domingo
National Academy of Science and Technology

Mr. Edward Gerlock
Coalition of Services of the Elderly

Ms. Nieva S. Neri
Commission on Information Communication and Technology

Mr. Nico Sanchez
Department of Social Welfare and Development

Dr. Celeste Tanchoco
Food and Nutrition Research Institute-DOST

Ms. Gemma P. Yuchingtat
Food and Nutrition Research Institute-DOST

Acd. Jaime Montoya
Focal Person
National Academy of Science and Technology