



Role of Nutrition in Maintaining the Health in the Nation's Elderly: Overview From the Institute of Medicine Reports

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The DRI (Dietary Reference Intakes) are a series of reports that present a “comprehensive set of reference values for nutrient intakes for healthy U.S. and Canadian individuals and populations.” The reports are produced by U.S. and Canadian scientists under the auspices of the Food and Nutrition Board and replace the previously published Recommended Dietary Allowances, the U.S. “RDA” and the Recommended Nutrient Intakes, the Canadian “RNI.” Recommendations are made for vitamins, minerals, protein, energy, and a number of other nutrition-related variables. Based upon extensive review of existing scientific literature, the new recommendations have been published in series, beginning in 1997 with calcium and related nutrients. The most recent was the 2002 report on “Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids.”

The DRI provide nutrient intake recommendations based on age and gender groups, after 8 years of age. The adult recommendations are presented by the gender and age groups: 19-30, 31-50, 51-70 and >70 years. We will discuss the strength of the data that were available for the DRI recommendation in the older age groups.

In 2000, the National Academies and Institute of Medicine published the report “The Role of Nutrition in Maintaining the Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population.” It is generally recognized that poor nutritional status is a major problem in older Americans. In addition, older Americans often have one or more chronic conditions that may have a nutrition-related etiology and/or treatment. The report is the product of a committee that was asked to review the scientific evidence that nutrition care might be an important part of health care for this population, and to consider recommendations that may change the Medicare program policy on allowable benefits.

This report will be discussed as a source of scientific information for which common medical conditions might benefit, either in preventive or treatment modes, from nutritional intervention. The committee examined the role of nutrition in the following conditions/settings: undernutrition, cardiovascular disease, diabetes mellitus, renal disease, osteoporosis, acute care setting, nutritional support (hospitalized setting), ambulatory care, post-acute/long-term care, and community-based programs.

Nutrition Research Needs for the Elderly

- Development of valid and reliable methods to detect undernutrition
- What is an optimal diet to reduce cardiovascular risk?
- Does supplementation of the diet with specific nutrients or other dietary constituents have a cardioprotective role?
- What is the role of nutritional supplements and enteral nutrition in end-stage renal disease?
- Osteoporosis intervention studies in men and non-Caucasian women
- Dose-response (lowest effective dose) of calcium and vitamin D for bone health in elderly
- Almost all nutrients have limited or inadequate data for determination of DRI-RDA for individuals in the 51 to 70 and >70 year old age groups.

References:

Committee on Nutrition Services for Medicare Beneficiaries. The Role of Nutrition in Maintaining Health in the Nation's Elderly. Evaluating Coverage of Nutrition Services for the Medical Population. Washington: National Academy Press; 2000. Sponsored by the Food and Nutrition Board, Institute of Medicine.

For more information about the Institute of Medicine or the Food and Nutrition Board, visit the IOM home page at www.iom.edu. The IOM and DRI reports are available at the National Academy Press online bookstore at www.nap.edu, or call 1-800-624-6242.