



## Ageing Population-Strengthening the Nutrition Workforce Effectively and Efficiently to Play a Vital Role in the Rehabilitation of Dysphagia in the Elderly

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**DOI:** 10.31080/ASNH.2024.08.1399

**Received:** May 31, 2024

**Published:** June 29, 2024

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The world's population is growing rapidly and so is the ageing demographic. The United Nations has declared 2020-2030 as the "Decade of Healthy Ageing". With the increase in life expectancy and the rise in chronic diseases, challenges faced by the elderly are wide-ranging from physical and mental health, mobility, digital skills and technology, housing, finance, and social care [1]. WHO has announced a Rehabilitation 2030 initiative that draws attention to strengthening health systems and also to provide rehabilitation into all levels of Health care [2].

The call to Action #6 of the Rehabilitation 2030 initiative emphasizes on "Developing a strong multidisciplinary workforce that is suitable for country context and promoting rehabilitation concepts across all health workforce [2].

Dysphagia is the sensation of difficulty in swallowing and has multiple etiologies including neurodegenerative conditions, post-stroke, head and neck cancers, and some GI conditions. Swallowing difficulties in older adults aged > 60 years has been recognized as a "geriatric syndrome" and is an independent predictor of swallowing difficulties. The evaluation and management of dysphagia is a multidimensional task and requires a multidisciplinary approach [3-7]. Unintentional weight loss, sarcopenia or skeletal muscle loss, and malnutrition are common which compromise the Quality of Life.

To maximize positive outcomes, it is important to raise awareness of the importance of nutritional therapy among all health professionals and to effectively train the nutrition and dietetic fraternity to assess, monitor, and work in tandem with the multidisciplinary team in the process of rehabilitation of the elderly. Polypharmacy, chronic disease conditions, oral frailty, anorexia of aging, muscle weakness, cognitive decline, and lack of access to nutritious meals in solitary living conditions are some of the causes of malnutrition and many are unaware of the difficulty in swallowing and consuming pureed or blended foods further worsens malnutrition.

Nutritional screening by a validated tool like Mini Nutritional Assessment (MNI) is useful in grading the nutrition status of elderly patients [8,9]. To rescreen periodically and to formulate an appropriate nutrition care plan with emphasis on protein intake according to the individual food habits and the ability to swallow the type of food texture is vital in the physical rehabilitation program. If oral feeding is appropriate texture modified foods and thickened liquids are compensatory mechanisms that are adopted for safe swallow.

Key Factors to Assess and Monitor from a Nutrition Perspective

Eating assessment by a validated tool- EAT 10 protocols
Nutritional Risk Assessment- Mini Nutrition Assessment
Weight
Anthropometry- MAC, MUAC, TSF*
Nutritional Adequacy - Intake of calorie, protein and Fat
Adequate Hydration- Fluid intake
Functional strength Assessment- handgrip strength
Nutritional deficiencies

**Table a**

Effective training for dietitians/Nutritionists by clearly defining their roles in the rehabilitation team of the elderly is important for interdisciplinary communication and collaboration. Understanding individual food habits, being culturally sensitive, and embracing cultural awareness should be an important part of the training so the caregivers comply with nutritional recommendations and texture-modified foods to improve the nutritional status. Nutrition counselling is effective only when the food habits of the individual are respected and incorporated into the nutrition care plan.

Parameters for Training the Nutritionists and Dietitians in dysphagia rehabilitation of the elderly

Nutritional Screening - GLIM, MNI
Dysphagia Screening - Eat 10 protocol
Re-Assessment of Nutritional Status
Nutrition Intervention with Texture-Modified Diets
Defined Role in the Rehabilitation Team
Interpersonal Communication
Terminology Framework for Effective Communication with the interdisciplinary Team

Table b

## Conclusion

Nutrition plays an important role in the multimodal management of dysphagia. Personalized nutrition support leads to improved nutritional status and effective rehabilitation outcomes and improves the Quality of Life in the elderly. An appropriately trained Nutritionist will be an important part of the team and a coordinated effort will maximize positive outcomes. The policymakers and the health workforce should give importance to training all the health workers who form an integral part of the rehabilitation team.

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