RESEARCH GAPS | Improving the Evidence

Interventions for Older Adults' Nutrition

Nutrition is a concern for the aging population. Many older adults face daily challenges that put them at increased nutritional risk. They may have difficulties carrying out activities such as grocery shopping and preparing food, and their extensive list of medical conditions and medications may contribute to poor nutritional status. Other factors that contribute to malnutrition in older adults include loss of appetite because of an impaired sense of smell and taste, socioeconomic factors, poor cognition, and functional decline.

Under-nutrition is a risk factor for injury and cardiovascular disease; it can also contribute to poorer functional status, greater health service utilization, and a higher likelihood of mortality. It is important to address the nutritional needs of older adults and to enable them to live independently in the community.

Programs are available that may promote nutrition in older adults. Meal delivery and congregate meal programs have been described as facilitating access to nutritional needs while allowing individuals to engage in a social interaction or environment.

Following, you will find a list of gaps in evidence related to nutrition interventions for older adults that we have identified while carrying out recent rapid reviews through our Rapid Response Service. Knowing where gaps in the evidence exist can help researchers, research funding bodies, and program planners endeavouring to launch and evaluate nutritional programs to better focus their efforts on interventions for nutrition for older adults.

It is important to note that these gaps in evidence have been compiled from multiple CADTH reports from 2019. For more details on each identified gap, consulting the full CADTH report is highly recommended. Depending on the date of the report, additional evidence may now be available that addresses the research gaps, as well as evidence from other organizations. And because of the methods used for rapid reviews, it is possible that evidence that could potentially address the research gaps may not have been included. To access the full CADTH reports subsequently summarized, please visit: https://www.cadth.ca/tools/interventions-older-adults-nutrition.

CADTH

Meal Delivery Programs for Community Seniors (2019)

Meal delivery programs offer a service where food is delivered to a private residence in the community. The frequency and types of food delivered, and the criteria for partaking in these services, vary by program. Meals on Wheels is an example of a food delivery program for older adults.

Evidence Requested for Decision-Making

Clinical effectiveness of meal delivery nutrition programs for older adults living in the community

What We Found

- Low-quality evidence suggests that meal delivery nutrition programs may improve loneliness in older adults.
- Low-quality evidence suggests a positive association between meal delivery nutrition programs and self-reported well-being.
- Low-quality evidence suggests that a meal delivery nutrition program was not associated with perceived improvement in quality of life among community-dwelling older adults.

What We Did Not Find

- Well-designed long-term studies with large sample sizes
- Evidence on the comparative effectiveness of meal delivery nutrition programs against not receiving meal delivery or versus other nutrition programs
- Studies that consistently reported the measurement properties of outcome assessment tools
- Evidence evaluating independence or other mental and social health outcomes

CADTH

Interventions for Malnutrition in Seniors (2019)

A variety of interventions have been developed to help prevent and treat malnutrition. These commonly involve diet, nutrition supplementation, meal delivery programs, and nutrition education or counselling.

Evidence Requested for Decision-Making

Clinical effectiveness of interventions for community-dwelling older adults who are malnourished or at nutritional risk

What We Found

- Low-quality evidence from one study suggests that dietary intensive treatment (an individualized treatment strategy managed by a dietitian) is likely effective for decreasing the cost of primary care physician visits and the cost of medical specialist visits compared to medical treatment (treatment provided by a primary care physician) or usual care at six-month follow-up.
- Evidence of limited quality and quantity suggests there were no statistically significant differences in quality of life or various health care utilization outcomes between participants who received multidisciplinary nutritional interventions, meal delivery service through Meals on Wheels, and usual care.

What We Did Not Find

- Well-designed randomized controlled trials
- Large trials with sufficient power to detect significant differences between the nutritional intervention and the control group for several outcomes of interest
- Canadian or North American studies
- Data evaluating the effectiveness of nutritional interventions in individuals who have various comorbidities (e.g., cardiovascular disorders, gastrointestinal disorders, cancer, Alzheimer disease, osteoporosis)
- Evidence evaluating the effectiveness of other interventions, such as congregate dining programs, oral nutrition supplements, adult day programs with meal components, the provision of cooking classes, and nutritional education or counselling

CADTH

Congregate Meal Programs for Older Adults Living in the Community (2019)

Congregate meal programs offer a service whereby meals are served in a group setting to older adults at a communal location. The frequency of this service and criteria to partake in it vary by program.

Evidence Requested for Decision-Making

Clinical effectiveness of congregate meal programs for older adults living in the community

What We Found

- No relevant evidence regarding the clinical effectiveness of congregate meal programs for older adults living in the community was identified.

What We Did Not Find

- Well-designed studies on the effectiveness of congregate meal programs for older adults living in the community
- Evidence evaluating outcomes such as quality of life, social and mental health, independence, and impact on health care utilization

ABOUT CADTH
CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.
CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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