



Obese Older Australians

Challenges for health
professionals working in
the community

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Ageing trends in SA

- WHO (2003) defines older people as those 60 years and over, and states that the major burden of chronic disease occurs in this age group.
- SA has the highest % of people aged 65 & over (at 15%), where the national average is 13%
- ABS data predicts that by 2041 25% of the projected population in SA will be 65+

Ageing trends in SA (cont)

- Factors contributing to older populations
 - People living longer (M 76.6 yrs, F 82.3 yrs)
 - Improvements in medical & lifestyle
 - Baby boomers (now aged 40 – 60 yrs old)
 - Increase in immigration to Aust (between 1940's – 1960's)
- So why should we be concerned about obesity in this age group?

An Obesity Epidemic

- BMI 30 or over
- Healthy is BMI 18.5 – 24.9 (age 18 – 64 yr)
- 65 and over: healthy BMI 22-27
- Number tripled in past 20 yrs, now approaching 1 million in Aust over age 55
- More than a 20% chance that an older adult in Australia is obese (AIHW 2003a)
- AIHW report increases in abdominal fatness (waist circumference), with rates highest during older ages (over 65). Associated with inc. health risks & mortality

How did we get here?

Unlikely causes – genetics, smoking

Likely causes:


- Over eating and/or decreased physical activity. NNS comparison – extra 350kj/d in past 20 yrs
- Aust – affluent country, food plentiful & easily accessible, often energy dense and heavily promoted
- Less outdoor activity; daily tasks & recreation are less dependent on physical activity

Health Consequences

- CVD, HT, stroke, hypercholesterolaemia
- Type II diabetes
- Insulin resistance
- Respiratory difficulties
- Osteoarthritis
- Kidney disease & gall bladder disease
- Spinal & joint pain
- Poor mobility
- Functional limitations
- Shorter life expectancy
- OTHER EFFECTS
 - Lower self worth
 - Tend to have lower SES

Health care costs

- Have increased for the individual & nationally
- International studies (incl. Aust data) shown conservatively 2-7% of total health care cost may be directly attributable to overweight &/or obesity (WHO 2000). This equates to almost \$1.2 billion in Aust today.
- Increased demand for carers & services – current shortage of staff working in the aged care sector & predicted shortages in the future as the no. of people aged 65 & over increases
- Increased workers compensation claims – related to manual handling injuries such as lifting & transferring obese people
- increased no. of sick days (loss of productivity)



Obesity is now one of the most significant and yet preventable conditions affecting individuals.

Recommendations

- The WHO advocates a healthy lifestyle at all stages of life and argues against the myth that it is too late to adopt a healthy lifestyle in the later years. 'On the contrary, engaging in appropriate physical activity and healthy eating ... can prevent disease and functional decline, extend longevity and enhance one's quality of life' (WHO 2002).
- The solution lies in helping older adults to maintain a healthy weight and not become obese as much as helping those who are already obese.
- It is recommended that policies and programs for meeting the needs of older people, develop a holistic approach to promoting activity and healthy eating for weight loss.
- Nutrition and exercise interventions should be conducted by professionals – Dietitians & PTs

Do we have the infrastructure to tackle obesity in older people?

So what do we need?

- more dietitians working in aged care
- Nutritional screening & monitoring that captures obesity
- Promotion & dissemination of appropriate nutrition & exercise info to aged care services, residential facilities and older adults in the community
- Public health initiatives that address obesity to the wider population
- Systems that address environmental factors that may deter people from maintaining a healthy weight (including access)

What do we need? (cont)

- Increase funding & research
- Training
- Collaboration
- No single effective treatment of obesity. However programs that encourage self management are effective in achieving changes in habits.
 - Centre-based weight loss & exercise programs.
 - One on one intervention
 - Community based interventions
 - Self management & train-the-trainer programs
- Other education programs – cooking skills etc
- Institutions & residential facilities working more regularly with dietitians

Potential barriers to change

- Behavioural factors
- Environmental Factors
- Psychosocial factors
- Personal costs
- Medical factors



What can you do?

- Screen & monitor for obesity
 - Waist circumference (obese men >102cm, women >88cm)
 - Waist to hip ratio
 - Rapid Screen. Look for:
 - BMI >27 and/or 5kg or more weight gain in past 6 months or less. Refer to a dietitian for advice.
 - Use a validated tool
 - Vic HACCC Nutritional Screening & Monitoring Tool
 - Monitoring should be carried out by a dietitian
- If an eating plan is needed – refer to a Dietitian
- Encourage activity (under doctors advice)
- Screen level of exercise capacity e.g. 6 min walk test
- Make changes in your environment – menu, activities, social interaction. Seek advice from a dietitian or PT

Consistent health messages

- Healthy eating
- Maintaining a healthy weight (not being overweight OR underweight)
- Increased variety of food intake
- Adequate fluid intake
- Daily activity (at doctor's advice)



What is the result we want?

- Achieving a healthy weight may not be as important to a client as improved mobility or self confidence to perform personal tasks e.g. toileting.
- It just may be to achieve a better life quality – whatever that means to them. Weight loss may be a process, rather than an end result.
- Even a modest weight loss, of 5-10% can result in significant health benefits (NMHRC 2002)

Summary

- Obesity in older age is the result of a lifetime of eating and exercise habits
- Obesity has many health and health cost consequences
- Prevention and management strategies require a life-course approach
- Early intervention requires nutritional screening & timely referral to health professionals, particularly dietitians & PTs
- Collaboration between agencies to provide appropriate eating and exercise programs and ongoing management