

March 30, 2018

Brandon Lipps
Administrator, Food and Nutrition Service
U.S. Department of Agriculture

Donald Wright
Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

RE: Requests for Comments: Dietary Guidelines for Americans

Submitted electronically at Regulations.gov

Dear Administrator Lipps and Deputy Assistant Secretary Wright:

The Defeat Malnutrition Today coalition appreciates the opportunity to comment on the topics and supporting scientific questions being considered to inform development of the 2020-2025 Dietary Guidelines for Americans.

Defeat Malnutrition Today is a coalition with over 70 members who are committed to defeating older adult malnutrition across the continuum of care. This is a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

We commend the agencies on taking the historic step to solicit written comments on the topics and supporting questions to be examined in the review of scientific evidence supporting the development of the 2020-2025 Dietary Guidelines for Americans. The field of food and nutrition is continuing to rapidly evolve and we appreciate the agencies' recognition of the need for transparency and public participation in the development of guidance for the American diet.

We also applaud the consideration of a life stage approach to inform U.S. dietary guideline development. With the number of adults aged 65 years and older expected to reach 74 million in the U.S. by 2030, there is an urgency to secure the future of "healthy aging," starting with good nutrition.

Below are our comments on the "older adults, ages 65 years and older (with data reviewed by age group)" category.

Topic: Dietary patterns to promote health, prevent disease, and meet nutrient needs

We support the importance of the topic “dietary patterns to promote health, prevent disease, and meet nutrient needs.” We also suggest adding “maintain functionality” when considering how this topic specifically applies to the older adult population segment. The Defeat Malnutrition Today’s [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#) explains good nutrition helps support a healthy and active lifestyle and that in contrast poor nutrition is associated with poor health outcomes and frailty and disability. The medical, nutrition, and lifestyle advances that have successfully contributed to increased longevity have also brought unintended and significant economic and social challenges as life expectancy has increased faster than the period of life spent in good health. Thus, evaluating opportunities for good nutrition to help maintain functionality and reduce mobility-disability and dependency in older adults is important.

Scientific Question: What modifications to dietary patterns are effective in preventing or reversing declines in muscle mass or bone density in older adults?

The medical, nutrition, and lifestyle advances that have successfully contributed to increased longevity have also brought unintended and significant economic and social challenges as life expectancy has increased faster than the period of life spent in good health. Maintaining functionality is critical to healthy aging. **Thus, we support this scientific question of what modifications to dietary patterns are effective in preventing or reversing declines in muscle mass or bone density in older adults.**

We also suggest expanding this scientific question to include “preventing or reversing malnutrition.”

Relevance: Aging is associated with changes in body composition. At the same time, malnutrition, particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair, has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs. Importantly, malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass.

Importance: As identified in the Defeat Malnutrition Today’s [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#), up to one out of two older Americans is at risk for malnutrition, yet there is a gap in malnutrition care for older adults. A 2017 Administration for Community Living [malnutrition issue brief](#) summarized “...studies document a 30% decrease in food intake in healthy, community dwelling adults between the ages of 20 and 80. In addition, many studies document undernutrition among older adults. Those at greatest risk of undernutrition are older women, minorities, and people who are poor or live in rural areas. Being age 75+ is an independent risk factor for poor nutrition.” Further, food insecurity is a common risk factor for malnutrition; in community settings more than 1 in 11 older adults struggle with food insecurity and face the threat of hunger.

Potential Federal Impact: A Congressional Research Service [report on malnutrition in older adults](#), noted “malnutrition affects 35% to 50% of older residents in long term care facilities and as many as 60% of hospitalized older adult patients in the United States” and “one study found that 20% of hospitalized patients age 65 and older had an average nutrient intake of less than 50% of their calculated maintenance calorie requirements.” It concluded “gaps exist with respect to the provision of malnutrition care, specifically nutrition screening, assessment, intervention, monitoring, and overall care for older adults who are malnourished or at-risk for malnourishment.” Addressing older adult malnutrition starts with recognition of the problem and it is appropriate that consideration be given to

dietary patterns that can lead to malnutrition as well as how changes in dietary patterns can potentially prevent and/or intervene for malnutrition.

Avoiding Duplication: Globally, older adult malnutrition is recognized as an important issue and it is included in the World Health Organization's [Sustainable Development Goals](#); specifically "By 2030, end all forms of malnutrition...and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons." Yet currently, malnutrition in older adults is not identified or addressed through any existing evidence-based federal guidance in the U.S.

Scientific Question: Are changes to the USDA Food Patterns needed based on the relationships identified? If so, how well do USDA Food Pattern variations meet nutrient recommendations for older adults, age 65-80 years and those age 81+ years?

We support this scientific question of whether changes to the USDA Food Patterns are needed, based on the relationships identified, and also support the scientific question of how well do USDA Food Pattern variations meet nutrient recommendations for older adults.

Older adults may have different nutritional requirements than the average adult population, for example they may have increased protein needs to help maintain muscle mass and prevent sarcopenia and also the quality and timing of protein intake can be important. In addition, as explained in the Defeat Malnutrition Today's [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#), older adults often face barriers to choosing the right foods or eating enough of those foods. In its position on [Food and Nutrition for Older Adults: Promoting Health and Wellness](#), the Academy of Nutrition and Dietetics wrote "Health, physiologic, and functional changes associated with the aging process can influence nutrition needs and nutrient intake" and that "To ensure successful aging and minimize the effects of disease and disability, a wide range of flexible dietary recommendations, culturally sensitive food and nutrition services, physical activities, and supportive care tailored to older adults are necessary."

Similarly, the unique nutrition needs of older adults were underscored when a member of the U.S. Senate HELP Committee and a member of the Senate Special Committee on Aging recently wrote a [letter](#) asking the U.S. Government Accountability Office to examine ways in which federally funded nutrition programs meet the needs of older adults. Community-based nutrition social services provide an important source of nutrition for many older adults and should be considered when assessing the application of USDA Food Patterns. Seventy-seven percent of congregate and 84 percent of home-delivered meal participants say they eat healthier meals because of Older American Act nutrition programs, and 61 percent of congregate and 93 percent of home-delivered meal recipients say that the meals enable them to continue living in their homes.

Scientific Question: What modifications to food and beverage choice promote meeting nutrient needs in older adults with impaired dentition, dry mouth, or other aspects of aging that interfere with food and beverage consumption?

We support the scientific question of what modifications to food and beverage choice promote meeting the nutrient needs of older adults with age-related imparities.

The Defeat Malnutrition Today's [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#) explains that changes commonly associated with aging, such as loss of appetite, limited ability to chew or swallow, and use of multiple medications can impact diet and nutrition. These and other age-related factors can increase the risk for malnutrition in older adults. Some older adults are not able to fully meet their nutrition needs with food alone. For them, malnutrition therapies such as oral nutrition supplements become an important intervention. Use of oral nutrition supplements prescribed by a registered dietitian nutritionist or other clinically qualified nutrition professional has been shown to help improve health outcomes in malnourished patients with chronic disease and help improve strength outcomes in malnourished older adults with sarcopenia.

Thank you for considering our comments, and please let us know if we can provide you with any further information. You may reach us at info@defeatmalnutrition.today.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today