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Feature Food Services: Nutrition

Stating the facts

What's more important, the amount of fat or the type of fat in the food your patients and residents eat? Dietitian TARA DIVERSI answers this question and more as she explores the difference between good fats and bad.

Fat in food is often the evil cousin that everyone is very keen to eliminate.

For years, we have tried to reduce all fat from the diet and we're now at a point where you can't even walk down a supermarket aisle without the words 'low fat' or similar leaping out from food packaging – even on those foods that aren't ever high in fat.

However, in certain populations, including the aged, reducing the fat in the diet might actually be detrimental. In addition, the type of fat in the food is much more important than the amount of fat in a food. Some fats even have health benefits.

These facts were recently further highlighted to me when one of my long-term patients was admitted to hospital for a total knee replacement. We were originally working together to help him lose weight, control his blood glucose levels and improve his dyslipidaemia, and he had lost his required weight and his chronic diseases had improved out of sight. So, we were quite concerned after his 10-day rehab program to discover that he had lost a further seven kilograms. This was due to his specialist – who had the patient's best intentions at heart – prescribing a low-fat, low-sugar diet for his stay which in the end may detriment his recovery and wound healing.



“In certain populations, including the aged, reducing the fat in the diet might actually be detrimental.”

Good things about fat

Malnutrition is a priority over chronic diseases and it is important that malnourishment is treated. The first thing we need to do to ensure a malnourished resident improves is ensure they are consuming more kilojoules than they are expending. However, this is not always easy in the elderly population. Sometimes it is difficult for some residents to increase the amount of food that they eat, however it is quite easy to increase the kilojoules of their

food by adding fat or using higher fat versions of food they are consuming.

Per gram fat contains over double the kilojoules of carbohydrates and proteins. Fat in foods provides improvements in taste and texture and therefore can encourage those who need more (and those that don't) to eat more of it. In addition, fat stores and delivers essential fatty acids; fat-soluble vitamins and certain fats can assist in inflammation and other health conditions.

BOOST THE GOOD FATS

The following tips can help you maintain overall kilojoules in a meal, while replacing the unhealthy fat with healthy fats:

- * Use avocado as a spread on bread or crackers.
- * Use hummus as a spread on bread or crackers.
- * Replace some farm meats (e.g., beef) with game meats (e.g., kangaroo).
- * Use seafood regularly.
- * Eat fish three times per week.
- * Eat nuts as a snack or add to cereals for breakfast. These can be ground and put in custards, yoghurts or porridge for those that can't chew well.
- * Use healthy oils such as olive oil, canola or sunflower oil in cooking.
- * Use healthy fats such as olive oil, nuts and avocado to boost kilojoules in meals for those that would benefit from weight gain.

“Per gram fat contains over double the kilojoules of carbohydrates and proteins.”

Are bad fats all that bad?

Bad fats contribute to heart disease, obesity, liver diseases and inflammatory disorders. Bad fats include saturated fats and trans fats.

The *Australian Dietary Guidelines* for Older Australians recommends the elderly (and all Australians in fact) limit saturated fat. A diet high in saturated fat has been linked to heart disease, diabetes and inflammation.

Animal fat is the most common source of saturated fat including the fat on meat and dairy products such as cream, butter and cheese. Because animal fat is used in cooking, processed foods like cake, biscuits and other snack foods also contain a high level of saturated fat.

Palm oil and coconut oil are from plant products but are also high in saturated fat. It is true that saturated fat should be reduced in most people's diet, however in those that are malnourished or at risk of

malnourishment, it is important to look at their diet as an individual. In these cases the benefits of adding extras like cream or cheese and using higher fat products may outweigh the detriments.

Other fats that are classified as unhealthy are trans fats. This fat may start out as a healthy vegetable oil but after being processed or dehydrogenated; its structure more closely represents saturated fat and therefore becomes unhealthy for the body. Trans fats are obviously found in processed foods.

Good fats

Good fats are beneficial in reducing cholesterol and heart disease, improving mood and depression, managing inflammatory diseases such as arthritis, inflammatory bowel and diabetes.

Good fats include omega three polyunsaturated fats and monounsaturated

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fats. Omega three fats are found in fish and seafood; walnuts, hazelnuts and linseeds; and in functional foods that have enhanced levels of omega three fats, such as eggs, bread and some snack foods.

Monounsaturated fats are found in vegetable oils such as olive oil, canola oil and avocado; nuts such as macadamia nuts and peanuts; and game meats such as kangaroo.

Increasing healthy fats can help with maintaining residents' weight and because this will naturally reduce unhealthy diets, it can also help manage chronic diseases.

If a resident is diagnosed with a chronic disease like diabetes or heart disease, which usually requires reduction in fat, it is important not to reduce the kilojoules of the diet if the resident will not benefit from weight loss. **HA**



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MALNUTRITION FACTS

Malnutrition is a silent epidemic affecting an estimated 35-43 per cent of patients in Australian hospitals. Estimates of malnutrition in the wider community vary, but an Australian study found the prevalence of malnutrition across eight residential aged care facilities ranged from 32-72 per cent.

It has a devastating impact on quality of life and leads to poor medical outcomes, most of which are very expensive to manage, including: longer hospital stays; increased likelihood of being readmitted; increased risk of falls, infection and complication rates; a negative impact on the mental state in the elderly; and increased death rates.

The Dietitians Association of Australia (DAA) has made addressing malnutrition a priority, and believes that this major health issue will respond to relatively inexpensive interventions if approached in a systematic and comprehensive way.

DAA is calling for the government to better support nutrition activities to prevent and treat this serious health issue, including routine screening for malnutrition or risk of malnutrition in aged care settings and hospitals. Accredited Practising Dietitian (APD) members of the DAA are also currently developing comprehensive, evidence-based best practice guidelines for the nutritional management of malnutrition.

Source: DAA

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