



Special diets for special needs

Whatever the reason, be it diabetes, allergies or renal dysfunction, special diets are increasingly common. When it comes to aged care, it is imperative that carers source the right foods and the right advice, writes TARA DIVERSI.

Low fat, high protein, renal, gluten free, low sodium, texture modified, diabetic friendly ... and we wonder why we all start to get a little overwhelmed at meal times in aged care facilities. The special diet is not new, but the benefits of nutrition and following the correct diet for different conditions is becoming more widely recognised in the elderly.

Not only are we now trying to prevent disease, malnutrition and prolong life, we are now aware of the benefits to wellbeing and quality of life when people are following diets that suit their needs better. One thing is for sure: the special diet is here to stay.

There are many different conditions in which you may require residents to follow a special diet temporarily or permanently. These can include type 2 diabetes, coeliac disease, heart disease, renal disease, renal dysfunction, nausea and diarrhoea

through to the usual suspects – in the community it is obesity and in residential facilities it is malnutrition.

So if you are trying to get your head around special diets, here are some ways to make it easier for yourself.

Get some advice

You need to make sure you are working with an aged care dietitian or dietetic group that has specialists in aged care. Most people who

I have met that work in aged care facilities are there because they care about others. This is fantastic, but when it comes to food, sometimes what is good for you or someone you know, may not be good for your residents.

Diabetes and heart diseases are common conditions that are treated differently in the aged and frail than they are treated in the healthy population. A dietitian who understands aged care and the requirements of the elderly will pick this up.

Obviously if your residents are not mostly elderly and are acutely unwell, have mental

illnesses or have disabilities, you are best to ensure you engage a dietitian who understands your population.

Sometimes patients are required to be on special diets only temporarily. It is common to attend to patients who have been put on a diet for longer than required and can actually be damaging to their health or negatively affect their wellbeing.

It is important that everyone who is on a special diet be reviewed regularly just in case their condition changes. As well as this, nutrition is a relatively new science and there is new evidence about best practice regularly. Dietitians are trained to understand this and regularly research which allows you to ensure your residents are getting the very best of care.

You will also need a dietitian when reviewing or developing your menu. It is important that you integrate special dietary requirements into your menu as much as possible. This can not only improve outcomes for your residents, but also save on some costs.




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It is important when you have people cooking for others, particularly vulnerable groups like the elderly, that staff realise that taste is different for different populations and when residents require special diets the 'a little bit can't hurt' attitude can actually hurt

Train your staff

As we have already discussed, sometimes conditions are treated differently in the aged population than in the young. The same is true for other populations such as the culturally diverse, some mental health illnesses and some people with disabilities.

If in doubt speak to your dietitian, but as a general rule, malnutrition is the highest priority. This might for example mean that guidelines, particularly relating to fat and sugar, are not as important for your residents as the energy that they get from these nutrients for maintaining weight and lean muscle mass. The last thing that you want to do is prevent, cure or manage one condition at the expense of another.

Prioritise

"If in doubt speak to your dietitian, but as a general rule, malnutrition is the highest priority."

Special dietary requirements can be hard for residents, carers and families because they and their importance can be difficult to understand. Having some resources such as a special diets manual that contains information, tools and solutions to a range of special diets that are relevant to the older Australian is useful for a range of purposes.

When looking for a good special diets manual, make sure it has the following attributes:

- It can be used for inducting or training staff
- It has simplified information for residents and their families that can be photocopied
- It can be integrated easily with what you are currently doing
- It has detailed information that dietitians, nursing staff and medical practitioners can use
- It provides example meal plans that you can use to include in your menu

Get resources

your residents. Ensure all of your food service staff are trained in special diets and realise the importance of this to the health and wellbeing of your residents.

The final point is that food service departments and employees as well as everyone else who works with or for aged care facilities and their residents need to realise that regardless of how good your nursing staff are, how good your doctors are and how good your dietitians are, there will be no success in improving the nutrition of our residents and patients without food service.

Food service departments and employees are the front line defence against malnutrition and the key to ensuring improved quality of life for all residents. **HA**

Food service is key!

- It is comprehensive by containing information about a range of different special diets
- It is written by dietitians with experience and expertise in aged care
- It contains information about diets for acute as well as chronic conditions.



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