

## DIETARY INTAKES OF A FREE-LIVING ELDERLY POPULATION

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Although the major thrust of nutrition research in industrialised countries such as Australia relates to the various long-term health effects of excess consumption of energy, fat, salt, sugar, cholesterol or alcohol, there is also an awareness that the present imbalance in the national diet can lead to marginal or suboptimal intakes of micronutrients in certain individuals or subgroups.

One group particularly at risk because of their reduced total energy needs, their declining absorptive and metabolic capacities, higher disease profile, increased medication levels and generally lower income level, is the elderly.

The study described here reports the results of a dietary intake survey of a randomly-selected group of free-living elderly from metropolitan Adelaide. The participants in the study included 195 men and 136 women from age 65-75 years inclusive. Eighty-two percent of those originally contacted agreed to take part.

The dietary questionnaire used was a quantitative food frequency of some 176 foods with additional qualitative questions relating to cooking and food preparation techniques and dietary supplementation practices. The pattern of intake of major nutrients was very similar to that seen for younger South Australian populations (Baghurst and Record, 1983) with 16% of energy coming from protein, 40% from fat, 22% from simple carbohydrate and 18% from complex carbohydrate. Energy intakes were 9.50 kg per day for men and 7.64 kg for women.

With respect to vitamins and minerals, the proportion apparently at risk on comparison with recommended intakes was not as high as reported for other selected elderly Australian groups, but most previous studies have looked at groups such as the institutionalised, those receiving meals-on-wheels or the very elderly who are likely to be the less able sections of the elderly community. The group study here constitutes the bulk of the elderly over 65 years of age and the results indicate that the majority of this group have adequate intakes for most nutrients. Relatively few subjects were at risk of inadequate intake of vitamin C, riboflavin, vitamin B<sub>12</sub>, niacin, calcium, phosphorus or potassium. The figures for the micronutrients most at risk are shown in the table below. It should be remembered however that there is limited knowledge about the requirements for many of these elements in relation to the elderly.

Nutrient	Mean dietary intake/day		% below RDA	
	M	F	M	F
Vitamin A (µg)	1956	1885	17	11
Thiamine (mg)	1.37	1.16	11	6
Iron (mg)	14.5	13.0	16	42
Total Folate (µg)	292	277	28	30
Vitamin B6 (mg)	1.43	1.37	20	9
Magnesium (mg)	346	318	55	44
Copper (mg)	2.31	1.90	53	74
Zinc (mg)	12.3	11.2	45	66

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