

SENIOR LIVING GUIDE

The Role of Nutrition in Seniors' Quality of Life

BY SHELIA KIRKBRIDE, M.S.

The body's nutritional status plays a vital role in the quality of life for seniors. As you age, your nutritional needs change and your body requires more of certain nutrients.

Changes in body composition, such as loss of muscle mass, diagnosis of chronic health conditions and increased use of prescription medicines, can impact nutrient needs.

Your nutritional status is critical as it can affect both your physical and mental performance. Studies show a single micro-nutrient deficiency can contribute to numerous disorders of the nervous system. Research suggests that nutritional deficiencies have been linked to specific neurodegenerative brain issues such as vascular dementia, Multiple Sclerosis, Parkinson's disease and Alzheimer's disease.

Alzheimer's, the most common dementia in the elderly, is a growing epidemic worldwide. In the United States, as many as 6.2 million people may have Alzheimer's, according to a report from the Alzheimer's Association in 2022. That number is estimated to increase to



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13 million by 2050 due to the country's aging population. Alzheimer's is the sixth leading cause of death in the country.

Studies have shown that the nutritional deficiencies below may have an effect on cognitive functioning and decline:

- **B vitamins:** Inadequate levels of B vitamins play a role in cognitive decline. Vitamin B12 levels decline with age; therefore, the prevalence of Vitamin B12 deficiency increases in the elderly population.

- **Vitamin C:** Vitamin C deficiency may have a role in neurocognitive dysfunction and may be associated with cognitive impairment, depression and confusion.

- **Calcium:** Symptoms such as brain fog, impaired focus, memory loss, depression, anxiety and fatigue can occur with calcium deficiencies. Calcium is critical for proper nerve cell function.

- **Vitamin D:** Vitamin D deficiency can accelerate age-related cognitive decline and Alzheimer's disease.

- **Magnesium:** Low blood magnesium increases the risk of several diseases such as cardiovascular diseases, diabetes and hypertension. These ailments are associated with declined cognitive function.

What are the nutritional recommendations for these key vitamins and minerals?

The National Institutes of Health's National Institute on Aging recommends



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the following for men and women over age 50:

Vitamin B1 (Thiamin)

- **Men:** 1.2 mg each day
- **Women:** 1.1 mg each day

Vitamin B2 (Riboflavin)

- **Men:** 1.3 mg each day
- **Women:** 1.1 mg each day

Vitamin B3 (Niacin)

- **Men:** 16 mg each day
- **Women:** 14 mg each day

Vitamin B6

- **Men:** 1.7 mg each day
- **Women:** 1.5 mg each day

Vitamin B12

- **Men:** 2.4 mcg each day
- **Women:** 2.4 mcg each day

Vitamin C

- **Men:** Aim for 90 mg each day
- **Women:** Aim for 75 mg each

day

Calcium

- **Men:** 1,000 mg each day (1,200 mg each day after age 70)
- **Women:** 1,200 mg each day

Vitamin D

- **Men:** 15 mcg (600 IU) each day (over age 70 at least 20 mcg or 800 IU)
- **Women:** 15 mcg (600 IU) each day (over age 70 at least 20 mcg or 800 IU)

Magnesium

- **Men:** 420 mg each day
- **Women:** 320 mg each day

It's important to discuss your specific nutritional needs with your primary care provider. Addressing your nutritional deficiencies can improve your quality of life now and in the future.

Shelia Kirkbride is chief operating officer of Paladin Life Care and has more than 20 years of experience providing personalized mental health and wellness coaching. Based in Arlington, Paladin Life Care provides a full scope of services to seniors and those with disabilities. Visit PaladinLifeCare.com for more information.

Pain in Your Foot or Ankle? It Could Be Arthritis

Arthritis in the feet and ankles can produce swelling and pain, deformity, loss of joint function and loss of mobility.

While previous generations had to accept this as a normal part of aging, an explosion of new therapies and surgical treatments offers patients today both hope and relief. For best results, however, foot and ankle surgeons urge early intervention.

"When it comes to arthritis, it's important not to tough out symptoms or bear the pain," said Dr. Danielle Butto, a foot and ankle surgeon and member of the American College of Foot and Ankle Surgeons. "Earlier treatment is not just about alleviating symptoms sooner. In many cases, we can even slow the progression of the symptoms and use less invasive procedures to treat the condition than we would otherwise."

Understanding the early warning signs of arthritis, the progression of different forms of the disease and the new treatments available are important for receiving the proper treatment and managing your symptoms.

OSTEOARTHRITIS

Osteoarthritis is a degenerative condition characterized by the breakdown and eventual loss of cartilage in the joints.

One common area where osteoarthritis occurs is the

big toe. The big toe makes it possible for you to walk and run upright, absorbing forces equal to nearly twice your body weight when walking. With all it endures, it's no surprise that overuse can erode cartilage, causing serious pain and even physical deformities. Nevertheless, many people confuse big toe arthritis, also known as hallux rigidus, with bunions.

Early signs of hallux rigidus include pain and stiffness during use, or during cold, damp weather, difficulty with activities like running and squatting and swelling and inflammation around the joint. Additional symptoms may develop over time, including pain during rest, bone spurs, limping, and dull pain in the hip, knee or lower back due to changes in gait.

If you notice any of these symptoms, see a foot and ankle surgeon. Conservative treatments like shoe modifications, orthotic devices and physical therapy may prevent or postpone the need for surgery. If you have mid- to end-stage arthritis in your foot or ankle, you may require next steps, such as ground-breaking cartilage regeneration treatment, implant surgery or the surgical removal of damaged cartilage and spurs, all of which have quick recovery periods.

"People with this disorder tend to suffer much longer than they need to," Butto said. "They're often pleasantly surprised when they find out their problem can be fixed."

RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is a disease in which certain cells of the immune system malfunction and attack healthy joints. Foot problems caused by RA commonly occur in the ball of the foot near the toes, although RA can also affect other areas of the foot and ankle.

The most common signs and symptoms are pain, swelling, joint stiffness and difficulty walking, as well as a range of deformities, including rheumatoid nodules, dislocated toe joints, hammertoes, bunions, heel pain, Achilles tendon pain and flatfoot ankle pain.

As part of a team that includes a primary doctor or rheumatologist, your foot and ankle surgeon will develop a treatment plan aimed at relieving associated pain, which may include orthotic devices, accommodative shoes, aspiration of fluid build-up and steroid injections. When RA produces foot pain and deformities not relieved through other treatments, surgery may be required.

"Listening to your body and seeing a foot and ankle surgeon are so important," Butto said. "With today's scientific advances, treatment can reduce pain and restore you to your previous mobility, strength and functionality."

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