

Changing to a Healthy Diet Can Delay the Ageing Process

Enrique Midigo*

Department of Dietetics, School of Health Sciences, Nelson Mandela University, Port Elizabeth, South Africa

Introduction

Ageing is a process that happens naturally. The numerous variables that influence how we age include genetics, environment, and way of life. Some of these variables are within our control, but not all of them. Some of these variables are within our control, but not all of them. It's essential if we want to age well, we should focus on the factors we can control [1]. Our lifestyle choices, including how much exercise we get, what we eat, and whether or not we use tobacco or alcohol, all have an impact on how old we get. Regular exercise and a healthy diet may boost energy, help you control your weight, reduce your risk of acquiring chronic diseases, and manage any existing disorders. This article will discuss how eating affects ageing and provide tips on how to eat sanely for the best possible health [2]. If a person chooses to maintain a healthy eating pattern throughout their life, ageing may be a positive experience for older adults (65+). Even though a person's health is the result of decisions they've made throughout their life, the actions they make now still have an impact. Research has shown that adopting healthy eating habits can improve elderly people's nutritional status, quality of life, and mortality. You are eating healthily if your daily calorie and nutritional needs are satisfied. Consuming the necessary number of calories and nutrients each day may seem simple at first, but as individuals age, it may become more difficult. Calorie and nutritional needs may fluctuate as we age due to physiological changes. Older people's calorie and nutritional needs fluctuate with age in the following ways:

- A decline in taste
- Issues chewing and swallowing
- a recently identified medical condition that requires dietary adjustment
- A new medication may prevent the digestion and absorption of nutrients

Another factor that affects an older adult's ability to meet their nutritional demands is the fact that a person's daily calorie demand declines as they age. Due to their lower caloric requirements, older people may find it difficult to maintain an eating routine that meets their nutritional demands without exceeding their calorie needs. One way to create a meal plan that helps older people to meet their nutritional needs without exceeding their calorie needs is to consume more nutrient-dense foods and less energy-dense foods [3,4]. Foods are referred to as being nutrient rich if they contain more nutrients while having fewer calories. Nutrient-dense foods include things like vegetables, fruits, whole grains, legumes, nuts and seeds, low-fat dairy products, and lean protein sources. These foods are full of nutrients and make great additions to an older person's balanced diet. Energy-dense foods are higher in calories and lower in nutrients. Foods that are rich in energy include baked goods (cookies, cake, etc.), ice cream, sugar-sweetened drinks, candy, chips, etc. A healthy eating plan can contain energy-dense meals, but they should only be eaten occasionally. Foods that are high in energy do not need to be shunned or removed from a person's diet. It's important to strike a balance between foods high in nutrients and those heavy in energy. A great way to balance consuming

nutrient-dense foods and foods high in energy is by planning nutrient-dense meals and snacks. There are several methods to include nutrient-dense foods in meals and snacks [5,6]. A fruit and a vegetable should be included at every meal and snack. These foods are lower in calories and higher in nutrients. The three most common types of fruits and vegetables are fresh, frozen, and canned. When purchasing canned veggies, choose the lower sodium options [7-9]. Consider fruit in cans that is packed in juice rather than syrup when making your purchase. Lean protein-rich options should be chosen. Lean protein options have less saturated fat and calories [10]. Lean proteins include, but are not limited to, pork, chicken, and fish.

Conclusion

Half of your diet should consist of whole grains. Whole grains offer more nutrients than processed grains, albeit they might not always have less calories. A great source of several nutrients, including fibre, is whole grains. Among the many delicious examples of whole grain foods include whole wheat pasta, brown rice, oatmeal, quinoa, and others. Older adulthood may be healthy, enjoyable, and productive as long as people make lifestyle decisions that support the avoidance or efficient management of chronic illnesses. Seniors can maximise their health by choosing to follow a nutritious food plan. A healthy eating pattern consists of nutritious meals and snacks each day. People can consume fewer calories while consuming more vitamins and minerals each day by eating meals and snacks that are nutrient-rich. By following this pattern, senior citizens will be able to slow down the ageing process and make the most of their senior years.

Acknowledgement

None

Conflict of Interest

Author declares no conflict of interest.

References

1. Huang DL, Rosenberg DE, Simonovich SD, Belza B (2012) Food access patterns and barriers among midlife and older adults with mobility disabilities. *J Aging Res* 2012: 231489.
2. Cieslak KP, Baur O, Verheij J, Bennink RJ, van Gulik TM (2016) Liver function declines with increased age. *HPB* 18: 691-696.
3. Remond D, Shahar DR, Gille D, Pinto P, Kachal J, et al. (2015) Understanding

*Corresponding author: Enrique Midigo, Department of Dietetics, School of Health Sciences, Nelson Mandela University, Port Elizabeth, South Africa, E-mail: midigo.enri@hotmail.com

Received: 01-Nov-2022, Manuscript No. jndi-23-87606; **Editor assigned:** 03-Nov-2022, PreQC No. jndi-23-87606(PQ); **Reviewed:** 17-Nov-2022, QC No. jndi-23-87606; **Revised:** 22-Nov-2022, Manuscript No. jndi-23-87606(R); **Published:** 29-Nov-2022, DOI: 10.4172/jndi.1000158

Citation: Midigo E (2022) Changing to a Healthy Diet Can Delay the Ageing Process. *J Nutr Diet* 5: 158.

Copyright: © 2022 Midigo E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

-
- the gastrointestinal tract of the elderly to develop dietary solutions that prevent malnutrition. *Oncotarget* 6: 858-898.
4. Millen BE, Abrams S, Adams-Campbell L, Anderson CA, Brenna JT, et al. (2016) The 2015 Dietary Guidelines Advisory Committee scientific report: development and major conclusions. *Adv Nutr* 7: 438-444.
 5. Meydani SN, Han SN, Wu D (2005) Vitamin E and immune response in the aged: molecular mechanisms and clinical implications. *Immunol Rev* 205: 269-284.
 6. Felce D, Perry J (1995) Quality of life: Its definition and measurement. *Res Dev Disabil* 16: 51-74.
 7. Rubin RR, Peyrot M (1999) Quality of life and diabetes. *Diabetes Metab Res Rev* 15: 205-218.
 8. Kim HK, Hisata M, Kai I, Lee SK (2000) Social support exchange and quality of life among the Korean elderly. *J Cross Cult Gerontol* 15: 331-347.
 9. Ware Jr JE, Sherbourne CD (1992) The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Med Care* 30: 473-483.
 10. Pearlman RA, Uhlmann RF (1988) Quality of life in chronic diseases: Perceptions of elderly patients. *J Gerontol* 43: 25-30.