



Dietary and Lifespan Improvement in Older Individuals

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Short Communication

Averting malnutrition, preventing dietary deficiency diseases, and encouraging optimal functioning are all ways that good nutrition enhances health-related quality of life (HRQOL). But life satisfaction and both physical and mental well-being are also included in definitions of quality of life. Diet and nutrition haven't been a focus of important quality of life domains or of mainstream research on quality of life. In respect to HRQOL metrics and overall wellbeing in older persons, this article examines relationships between food and nutritional status [1].

We begin by defining words like functional impairment, functional status, and health-related quality of life (HRQOL). Second, we outline three popular ways to gauge quality of life. In the third section, we look at some of the connections between nutrition, nutritional therapies, and HRQOL in elderly people. Finally, we offer suggestions for measuring and keeping an eye on older persons' HRQOL and diet. The diet and nutritional status as they relate to HRQOL and functional status are the main topics of this essay. However, it is acknowledged that other sensory, psychological, and social components of food and eating must be evaluated and taken into account.

In order to discover and track the effects of disease and interventions on the physical and mental health of elderly people as they themselves experience these effects, it is important to measure HRQOL and functional status. The importance of health-related quality of life is particularly essential for older people because many of them have chronic health conditions, making traditional metrics like reduced morbidity less relevant to them than subjectively measured symptomatic improvement. Some of the factors that contribute to reduce HRQOL may be avoidable, while others may be treated with the right interventions. Therefore, there is a lot of room for quality of life improvement. Traditional metrics of morbidity and mortality are less relevant to the subjective reality of the individual's daily existence and to life satisfaction than is health-related quality of life [2]. Patient perspectives are particularly crucial in chronic diseases since changes in HRQOL happen as people age and their diseases wax and wane. Because of other pressing activities that interfere, healthcare personnel may forget or neglect to enquire about patients' HRQOL and emotional wellbeing. Clinical staff can be made aware of changes that could otherwise go unnoticed by using short questionnaires that regularly accompany patient visits and ask about these issues. When using measures to measure health-related quality of life, clinicians are more inclined to spend time discussing these issues with patients. Many elderly people have had their lives sustained and extended thanks to medical and scientific technology. Although life extension is a positive development some older people still live but with significant pain and incapacity. Health practitioners are made aware of these issues by HRQOL measurements, which can also lead to actions that can assist solve these issues. Measures of HRQOL may also be used to personalise therapies so that each person's well-being is maximized and to explain the psychological ramifications of various interventions and procedures [3].

Qualitative aspects of life

The term "quality of life" is conceptualized and employed differently

by social and biomedical scientists. Social scientists define quality of life most broadly as general life satisfaction. General behavioural competence, perceived quality of life, psychological well-being, physical/physiological status, and other environmental factors (like living alone) that can be objectively assessed and that may also affect one's satisfaction with his or her lot are some of the dimensions (constructs or domains) that are covered by life satisfaction. The domains and constructs that the HRQOL measures cover are substantially more constrained and precise than those that social scientists use. The HRQOL concept has a more biological focus, concentrating on aspects of physical and mental health that vary as a result of illness, changes in functional status, or treatments for these changes [4,5].

Positive effects of food and nutrition on life quality

A healthy diet enhances HRQOL by fostering wellness, minimizing dietary deficiency diseases, and reducing or preventing secondary malnutrition that is brought on by or linked to other diseases. The "good life" requires food and nutrients to function properly. An experience in both the senses and the mind that good food can provide aside from giving elderly person opportunities to make good decisions, meals can also give their days a sense of security, meaning, order and structure. They can also give them a sense of independence, power, and mastery over their surroundings. Social contacts may increase when eating with others. Food consumption may rise when the social components of eating are addressed, which would improve nutritional status. Eating has advantageous psychological and social features that are significant life pleasures that can last a lifetime. They make significant positive contributions to wellbeing that should not be overlooked.

Conclusions

The nutritional aspects of health-related life pleasure, including affect and cognitive sense of control, require a more comprehensive conceptual paradigm. In addition to preventing health issues, proper eating can enhance wellbeing, reduce functional status impairments, and improve health in older persons. Although nutritionists may already be aware of this, the rest of the healthcare industry needs to acknowledge it and put it into practise (as well as by providers and policymakers). Among senior patients, nutrition and diet therapy are complementary interventions that can enhance the results of medical care. Functional independence and status are also impacted

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by a number of illnesses that are known to be linked to nutrition. The majority of nutritional research has not looked into how nutrition therapies affect quality of life.

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Conflict of Interest

None

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