

Eating Behavior in Older Adults at The “19 De Abril” Polyclinic. Municipality Plaza, 2019

Dra Roselí Sánchez Díaz^{1*} and Dra Yarisa Domínguez Ayllón²

¹Community Polyclinic “April 19”. Revolution Square, Cuba

²Department of Community Nutrition, Center for Nutrition and Food Hygiene. National Institute of Hygiene, Epidemiology and Microbiology, Havana, Cuba

***Corresponding Author:** Dra Roselí Sánchez Díaz, Community Polyclinic “April 19”. Revolution Square, Cuba.

Received: November 25, 2020; **Published:** December 30, 2020

Abstract

Introduction: We are experiencing an increase in life expectancy. Aging at a social, psychological and biological level, brings with it changes that affect the quality of life, among which are inappropriate lifestyles and eating behaviors.

Objective: To identify the eating behavior of the elderly at the “19 de Abril” Polyclinic of the Plaza de la Revolución municipality. Material and Method: A cross-sectional descriptive study was carried out in 100 patients over 65 years of age, the medical records were consulted to determine general data, eating habits, a validated instrument was applied for this study.

Results and Discussion: In the study, 58% were female, 100% of the population studied has a non-communicable chronic disease, 74% presented HT, 84% consumed coffee. In relation to eating behavior, 100% consumed at least three meals a day, while 61% reported not consuming food before sleeping. 55% consume at least one nutritional supplement. Only 37% have received food guidance. 68% have unstable and inadequate habits, of which 46% had a little varied and insufficient diet. Conclusion: The eating behavior of the elderly was inappropriate.

Keywords: Older Adults; Eating Behavior; Chronic Non-Communicable Diseases

Introduction

In recent decades, worldwide, population aging has been presenting as a phenomenon. Older adults are a growing group and one of the most prominent aspects, from the demographic point of view, is the progressive increase in the average life of men [1].

Although aging does not constitute a health problem, it is at this stage where a group of chronic and degenerative diseases begin to proliferate increasingly, as well as limitations linked to this, which reduce the perception of health. According to the World Health Organization (WHO), among the ten key risk factors for the development of these diseases is inadequate nutrition [2].

Despite the fact that in recent years life expectancy is greater, an optimal quality of life must be achieved, with eating habits having a great impact, an aspect that is still neglected today.

Humans are living beings with similarities in their food needs, depending also on cultural and religious traditions, geographical conditions, climate and the discovery of new technologies, they have created in each nation, different eating habits and the art of cooking.

Eating behavior is defined as normal behavior related to: eating habits, the selection of foods that are eaten, culinary preparations and the amounts eaten of them [3,4].

The history of Cuban eating behavior is as rich as the history of its men. They begin to emerge in pre-Columbian times, with the aborigines who made their first contributions. It was known that this group had a varied diet, which fluctuated between resources from the sea and agricultural products that they cultivated [5].

In turn, the Spanish conquerors brought poultry, cattle, horses, pigs, rabbits, donkeys, coffee, sugar cane, other legumes, bananas, potatoes, rice, oranges, lemons, favoring the variety of food on the Island.

At the beginning of slavery, slaves from various regions of Africa, incorporated other varieties of habits, due to modifications that they or their descendants made to Mediterranean dishes and the creation of new ones, using various forms of preparation and cooking of the products. From African cultures comes the custom of eating white rice mixed with other foods, sauces, fried foods and some dishes such as fufu and tostones [5].

In the first national survey of consumption, tastes and food preferences of the Cuban population carried out in 2001 by the Institute of Nutrition and Food Hygiene, it found that the usual diet of the majority of the population is little varied and includes a small number of food and culinary preparations. This justified the urgency of promoting the consumption of a varied and balanced diet, but safe and healthy, with the aim of preventing diseases related to food deficiencies, excesses or imbalances and promoting health [6,7].

All older adults have well-established eating habits, which have been consolidated over the years. The way each person feeds is a reflection not only of the habits learned, but also of their own way of thinking. They are based, in part, on the education received, and also on the tastes and preferences of each individual, modified by some external conditions.

Psychosocial changes and the monotony of the diet, together with pathological conditions associated with various pharmacological treatments, determine the need to adapt the diet to a new situation, which is not always the one they consider the best or the one of their preference, since Food, in older people, goes beyond the intake of food itself, it must be a vehicle to nourish them, keep them well physically and mentally, and also provide them with pleasure and distraction [8,9].

Loneliness, isolation, and widowhood are of great importance, which have an unfavorable influence, due to the lack of affection, and the lack of life projects, social relationships, resulting in an unbalanced consumption of food, expressed in various manifestations (anorexia, obesity, emotional depression, erroneous dietary beliefs, etc.). That is why the need to ensure that the eating practices of the elderly are carried out in a pleasant context is stressed [2,9].

Cuba, at the present time, is the fourth oldest country in Latin America, and should become the second by the year 2025. 14.3% of its population is over 60 years of age, which represents 1.6 million people, and will increase to 25% in 2020, so it is predicted that one in four Cubans will be 60 years or older [10-12].

The population aging in Havana is one of the highest in the country and in it, the Plaza de la Revolución municipality, framing the “19 de Abril” polyclinic, which represents the highest percentage.

With the aforementioned, we carried out this research, aimed at identifying the eating behavior of people over 65 years of age in the population corresponding to an area of the “19 de Abril” Polyclinic in Havana.

Objectives

Overall objective

Identify the eating behavior of the elderly at the “19 de Abril” Polyclinic of the Plaza de la Revolución municipality.

Specific objectives

1. Characterize socio-demographically the population under study.
2. Identify eating behavior in older adults.

Materials And Methods

A descriptive, cross-sectional study was carried out in 214 older adults belonging to the “19 de Abril” Polyclinic of the Plaza de la Revolución municipality in 2019.

The sample consisted of a total of 100 older adults from the “19 de Abril” Polyclinic, selected through a non-stratified random sampling, who met the following inclusion and exclusion criteria

Inclusion criteria

Older adults who gave their consent to participate in the research and who belong to the “19 de Abril” Polyclinic.

Exclusion criteria

Older adults who were not physically and mentally able to participate in the study.

Older adults who died during the investigation period.

The information collection was carried out as follows

Review of the clinical records of the selected patients to obtain the sociodemographic data associated with them.

A survey was used, applied by the researcher to each of the patients, through a personal interview in which the general data, the personal health status and other factors related to the oral health, physical activity, monthly income, toxic habits, characteristics of your home, among others.

A structured, voluntary and anonymous questionnaire was applied that consists of questions referring to the eating habits of older adults, determining the number, frequency, selection and preparation of food, based on the indicators established by the Dietary Guidelines for the Cuban population.

The characterization of the habits and consumption of food in this age group was carried out by applying a qualitative quantitative food consumption frequency questionnaire.

The information was obtained from the mentioned sources, it was transcribed into a database made for this purpose using the Microsoft Excel program.

The information was processed in the statistical package SPSS 16.0, where the different analyzes were carried out: (average consumption, adequacy percentages for the seven basic food groups. Annex 5 describes the procedures for evaluating each of the results of the

qualitative quantitative survey of food consumption, which is validated by the group of experts of the Center for Nutrition and Food Hygiene belonging to the National Institute of Hygiene, Epidemiology and Microbiology.

The results were presented in tables and graphs for a better understanding of them.

Ethical consideration

The agreements of the World Medical Association, in the Declaration of Helsinki, on the medical principles for medical research in humans were taken into account, complying with the basic principles of all research with human beings [13].

Informed consent was made. All participants were assured that the information provided in the scientific research process was confidential and the identity of the patients was not reflected in any way.

Results and Discussion

The age that most prevailed was the 65-69 age group for 33%, followed by people aged 80 to 89 for 32%. Of the total of adults studied, 58% were made up of females.

In the 2012 population and housing census, the total population in the country was 11,221,060, represented by 5,584,885 females and 5,636,175 males. In the demographic yearbook of Cuba 2017 in the city of Havana, the population was 2 129 817, where 1 373 181 are of working age, being 698 867 males and 674 314 females. [14].

According to the National Office of Statistics and Information (ONEI), the Plaza de la Revolución municipality has 14,805 more women than men (fifteen).

In a study carried out by specialists from the Center for Research on Longevity, Aging and Health (CITED), the health of elderly women in Havana was evaluated with three questions: a) number of chronic diseases they suffered; b) self-assessment of health and c) presence or absence of disability [16].

100% of the population studied suffers from at least one NCD, which coincides with most of the studies carried out in Cuba and other countries [17,18] It is observed that 74% suffer from arterial hypertension, a fact that agrees with the statistics managed in the medical office, in the polyclinic and at the provincial level. Figure 1 shows the distribution of CNCDs in the population studied.

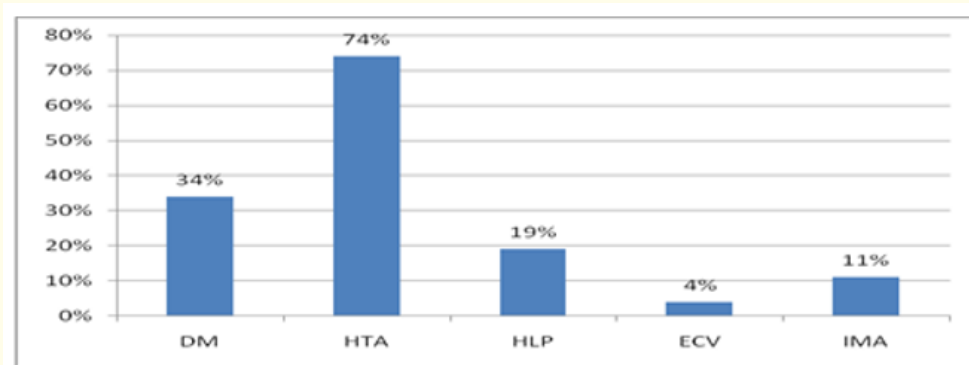


Figure 1: Distribution of the population according to personal pathological history.

HTA is the chronic non-communicable disease that most affects health, its high prevalence is represented by 1.5 billion people to which it is added that not all hypertensive patients are diagnosed, treated, and much less controlled.

It is estimated that around 7 million people die annually from this cause, in addition to being a disease itself, it represents an important risk factor for other diseases, fundamentally for heart disease, the leading cause of death in Cuba, in the older adult according to the ONEI (fifteen).

Diabetes Mellitus is another disease with a significant presence in the Cuban elderly population, about 34% declared themselves to be carriers of this disease, it is a disease that internationally its incidence and prevalence have increased, fundamentally associated with the increase in overweight, bad habits food and increasing age.

It is currently a significant cause of morbidity, disability and mortality, and constitutes a risk factor for other diseases. Various actions can be developed from the primary level of care for its control, such as: encouraging an adequate diet, the systematic practice of physical exercises, avoiding stress, suppressing sedentary lifestyle and overweight, systematic control of blood pressure figures, as well as complying with the indicated medical treatment [20-22].

Among the toxic habits in the studied population there was a predominance of the coffee habit, having similar results in women and men (84.4% and 83.3%). In relation to smoking, it was higher in males with 42.5%. Only 9.5% of the population consumes alcohol, as shown in figure 2.

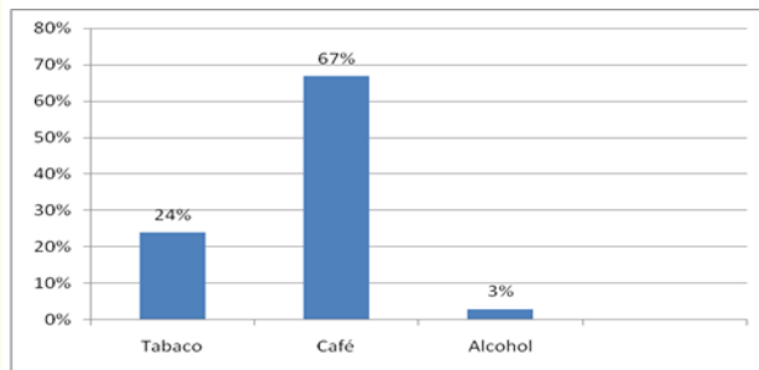


Figure 2: Distribution of the studied population, according to toxic habits.

According to data from the III Survey of Risk Factors and Preventive Activities for Non-communicable Diseases Cuba 2000 - 2011; [23] of the total number of respondents, 23.7% of the population over 15 years of age smokes, of them 31.0% men and 16.4% women. Presenting an increase with age up to 64 years.

Studies have been carried out in different Havana localities, finding a different behavior in habits, mainly in men over 20 years of age, which is considered a risk factor for different diseases [24].

In studies carried out by the University of Medical Sciences of Matanzas on smoking, results were similar to those of our study, where the predominant sex was male with 24.2%; with respect to the female, 21.4% [25].

In an investigation carried out in the province of Cienfuegos at the end of 2011, the prevalence of alcoholism, considering abuse and dependence, was around 5% in the population over 15 years of age [26]. The most affected age group was between 30 and 35 years old, which corresponds to the data reported by the country, in the same way, a supremacy of the male sex is observed with 93% of the cases.

When these three aspects were compared with men, it was observed that women had a lower opinion of their own health, more illnesses and greater disability than men.

100% of those surveyed reported that they eat at least three meals a day, although the ideal is five daily events, with dinner being optional before going to bed [7], which is done only by 28%.

15% refer not having breakfast every day, previous studies suggest that skipping breakfast is a risk factor for health, due to the prolongation of the fasting time that this entails until lunch, which affects the metabolism. The research showed that dinner (61%) and snacks (32 and 35%) are the most skipped events. The latter implies that the body spends several hours of the day without consuming any type of food, which can favor a more abundant meal at night, a time in which the metabolism is slower and less portion of food should be consumed, which influences in poor digestion, the development of chronic diseases, etc.

Of the three main events; breakfast, lunch and dinner, it is the latter that they do the least. Based on the food events performed, the classification of the food distribution could be determined. Obtaining that 61% maintain an unstable diet. 68% of the older adults in the study have unstable and inappropriate eating habits, which forces us to make a detailed breakdown of predisposing factors that may be related to them. 59% of these patients had at least one toxic habit, which could be coffee, tobacco or both, a relationship that, as explained in previous analyzes, causes early satiety, oral disorders and early onset of other diseases. Of the 50 people who are sedentary, all suffer from a chronic non-communicable disease, pathologies that force them to consume a diet in accordance with the needs of their pathology.

In Cuba, there is a medical diary in which the types of diet to be indicated by the doctors are reflected, in this there is no code, or table of products for hypertension, based on the fact that this disease has an eating pattern where food must be low in sodium, so with an adequate adjustment of food and the practice of physical exercises we can influence this disease.

Most people do not know what the best food combinations are, and health personnel having little knowledge of food and nutrition, are not properly oriented, regardless of their availability and accessibility. In the group studied there are 45 patients with a monthly income below 400 pesos. 17% are over 80 years old and 24 live alone. Of them, 31 of low educational level and the presence of some oral defect of the total of the elderly. This is why the Cuban state pays special attention to the Elderly Program [16] and among its actions are the creation of Family Care Systems, where the elderly can perform all meal frequencies at reasonable prices.

In general, more than 50% of the studied population comply with the schedules of the three main events for food consumption figure 3.

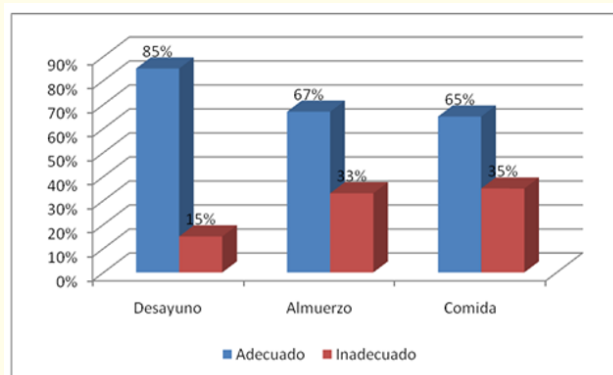


Figure 3: Distribution of the population according to the times of the events.

The percentage that maintains an inadequate diet continues to be high, mainly at lunch and lunch events with 33% and 35% respectively. Nutritionists maintain that respecting the schedule and time of meals is essential, according to a study published in the British Journal of Nutrition [28], which showed that people who eat irregular hours are more prone to diseases such as diabetes, blood pressure, and obesity; or decompensation of these pathologies in adults are frequent.

Other studies ensure that in the elderly, they can cause gastrointestinal symptoms, such as a feeling of fullness, nausea or changes in bowel habits [29,30].

Older people have specific needs, both medical and nutritional. The principles of variety and nutritional balance must be respected [3].

The foods that should be contained in the diet of the elderly can be made from group I foods, such as cereals, rice, or from the vegetable group or a combination of both groups in addition to foods from the meat group, the chicken, fish or eggs, along with a garnish, which to balance the menu must contain vegetables or farinaceous depending on the predominant food group in the first dish. The amount of protein food must be adequate to the needs and must not be excessive [3,31].

Figure 4 shows, according to the weekly frequency of the seven food groups, that group I (rice, pasta, meats, bread) is consumed daily by 91% of the study population, rice being the preferred food of the Cuban food, cereals are low-fat foods, they are mainly composed of complex carbohydrates, which are the main source of energy for our body, so you should consume two to three servings daily; group II (vegetables) is consumed, only by 41% between three to five days maximum, being one of the most important groups for seniors, it is advisable to eat three daily servings every day of the week, unfulfilled For 73% of the people surveyed, remember that according to the survey of habits and food consumption of the Cuban population, the daily consumption of vegetables is not among our habits. The group made up of fruits, had a low record regarding adequate consumption, which should be equivalent to five servings a day and consumed seven days a week, only 43% consume it one to two days and 33% three to five days, this may be due to the seasonality of the fruits and their prices.

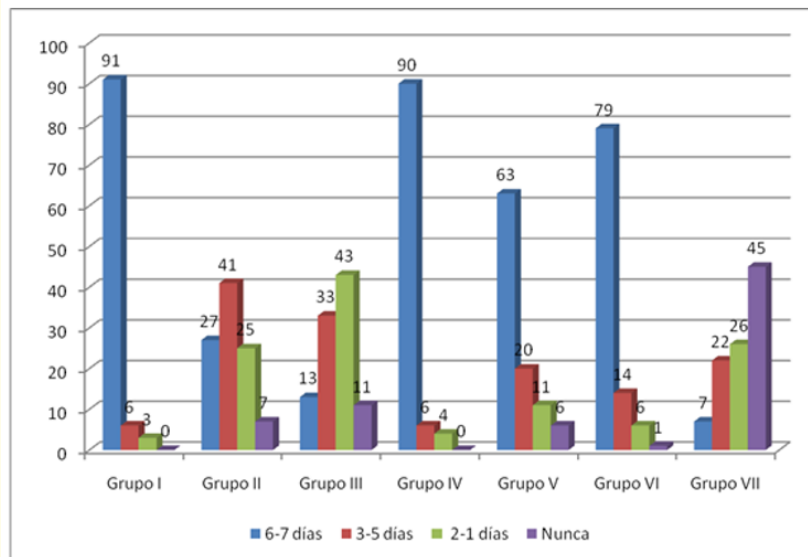


Figure 4: Distribution according to consumption of basic food groups of the population.

Group IV (meat, legumes) with 90% is the second group that is repeated the most in the week. Group V (dairy) so important for the elderly is only consumed daily by 63%, this group being essential because it represents a source of proteins, which, like fats, are essential micronutrients.

On the other hand, groups VI (sugars and sweets) and VII (fats) continue to have a high acceptance by this age group, these should be consumed in a moderate way, since they are precursors of chronic non-communicable diseases.

Despite the fact that more than half of those surveyed (55%) claim to consume at least one nutritional supplement, there is only a 10% difference, taking into account that in the elderly, the bioavailability of micronutrients may be compromised by Physiological changes and multivitamin preparations help to supply these nutrients. It is noteworthy that in our network of pharmacies there is little availability of nutritional supplements for older adults.

Polivit is the most used nutritional supplement, equivalent to 48% of the total respondents. In addition, other types of supplements are consumed such as folic acid, vitamin C, vitamins of the B complex, spirulina and probiotics, the latter to a lesser extent.

Studies on the use of nutritional supplements are very controversial, many say that they are of little benefit, while others state that they are not very useful [32,33]. In Cuba, the most consumed nutritional supplements are the B complex vitamins and vitamin C, other supplements such as glucosamine with chondroitin, are little consumed due to the lack of existence in the national market, others such as shark cartilage from sale in our network of stores are expensive and scarce, while there are no food supplements with collagen in the market of our country.

Food education in the elderly is essential, as there are taboos in our society, which have as consequences, inadequate eating habits.

According to a study carried out in the Guáimaro Norte Popular Council, there were inadequate hours of food consumption [3,4]. Among the most frequent mistakes in the formation of eating habits in the elderly are: Little variability of the diet, poor planning of menus, diet schemes that are too rigid for the population on the need to know good habits, aimed at promoting ways of healthy life, based on a good food culture.

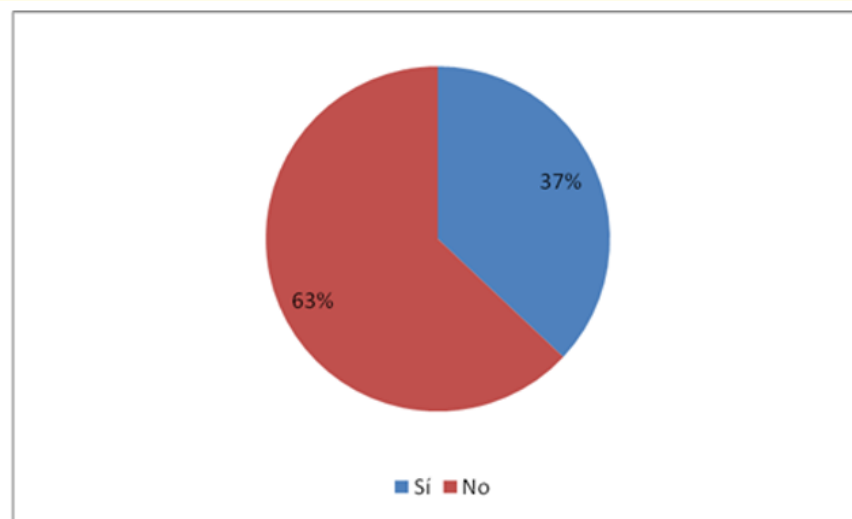


Figure 5: Guidance on healthy eating habits.

Of the population studied, only 37% reported having received some information on food health (Figure 4), which shows that there is still little disclosure in this regard. Of those who have received guidance, 26% say it came from one or more sources. Being the mass media the fundamental way.

Only 18% indicated having received food education through primary care, which continues to be a parameter that should be stimulated, since the family doctor and nurse are the first link to provide the necessary knowledge in any field health, to promote positive habits and try to modify negative ones.

According to the results obtained, taking into account the consumption of the 7 basic food groups, the time when it should be done, as well as the frequency of the same, also analyzing other factors such as the presence of non-communicable diseases and factors socio-economic conditions, it was possible to demonstrate that the diet of the elderly at the “19 de Abril” polyclinic is little varied and insufficient, representing 46% of the total number of people surveyed.

It has been shown that these inappropriate eating behaviors become an important risk factor for morbidity and mortality, contributing to a greater predisposition to infections and chronic and nutritional diseases associated with aging, in addition to reducing the quality of life of this human group, proving which are fundamental components for the conservation of functional autonomy in the development of successful aging [3,4].

Bibliography

1. Much of the group studied had an unstable diet.
2. Older adults do not have sufficient knowledge about healthy eating behaviors.
3. Bibliografía: Colectivo de Autores. Organización Mundial de la Salud. Informe mundial sobre el envejecimiento y la salud. [En línea] Ginebra: OMS (2015).
4. Silvestri C. “Hábitos alimentarios en relación al consumo de alimentos protectores de la salud en Adultos Mayores de más de 70 años (2011): 24-32.
5. Alvarado García A., *et al.* “La nutrición en el adulto mayor: una oportunidad para el cuidado de enfermería. b. 3, México: Enfermería Universitaria (2017): 14.
6. Dos Santos Cristiane Nunes. “Identidad cultural, hábitos alimenticios y turismo”. Habana: s.n. (2017): 234-342.
7. Izquierdo Tania. “Hábitos alimentarios de los cubanos. Habana:s.n., Infomed. Centro Nacional de Información de Ciencias Médicas (2018).
8. Porrata Maury C. “Consumo y preferencias alimentarias de la población cubana con 15 y más años de edad”. *Revista Cubana de Alimentación y Nutrición* 19.1 (2009): 87-105.
9. Colectivo de Autores. “Guías alimentarias para la población cubana mayor de 2 años de edad. Ciudad de la Habana. Ministerio de Salud Pública. Instituto de Nutrición e Higiene de los Alimentos., Segunda edición (2009).
10. Casanueva E., *et al.* “Nutriología médica”. Habana: Ciencias Medicas, págs (2006): 151-174.
11. Colectivo de Autores. “Calidad de vida y formación en hábitos saludables en la alimentación de personas mayores. España: Universidad Pablo de Olavide. Revista de humanidades, Mayo-Agosto 25 (2015).
12. Llibre Rodríguez J., *et al.* “Prevalencia y factores de riesgos de síndrome demencial en adultos mayores del municipio Marianao”. Habana: Rev Neurol Esp (2010): 912-917.

13. Barrón MV. "Comparación de estilos de vida de la población económicamente activa mayor de 65 años entre las ciudades de Chillan y Valparaíso. y otros. 1, Chile: Rev Theoria (2016): 15.
14. Organización Panamericana de la Salud. "Plan de Acción sobre la Salud de las Personas Mayores Incluido el Envejecimiento Activo y Saludable. [ed.] CD 49/8. Washington DC: s.n (2009).
15. World Medical Association Declaration of Helsinki. Ethical Principles for Medical Research Involving Human Subjects (2007).
16. Álvarez Msc., et al. "María del Carmen Franco Suárez. Lic. Amalia Plana. Estudio sobre envejecimiento poblacional a partir del censo de población y viviendas 2012. La Habana, octubre de (2014).
17. Anuario Estadístico Demográfico de Cuba. ONEI. [ed.] CEPDE. s.l.: Centro de Estudios de la Población y Desarrollo (2018): 13-34.
18. Colectivo de Autores. "Programa Nacional del Adulto Mayor". MINSAP (1997).
19. Alfonso JP., et al. "Hipertensión arterial en Cuba. Experiencia general en los últimos 25 años. s.l: Rev Nefrol Esp 20.6 (2000).
20. Acosta LD., et al. "Condiciones de vida, estado nutricional y estado de salud en adultos mayores, Córdoba, Argentina". *Revista Brasileira de Geriatria e Gerontologia* (2015).
21. Fernández Álvarez Y and Chávez Vega RJ. "Incidencia de la prevalencia de la hipertensión arterial registradas en el día Mundial de la HTA 2011. Experiencia del un grupo de trabajo. [edition.]". *Revista Cubana de Medicina* (2012).
22. Rosa M., et al. "Panorama de la salud del adulto mayor en Cuba. 2, Ciudad de La Habana: Dirección Nacional de Estadística. Ministerio de Salud Pública". *Revista Cubana de Salud Pública* 31 (2005): 1561-3127.
23. M Restrepo. "Los hábitos alimentarios en el adulto mayor y su relación con los procesos protectores y deteriorantes en Salud 33.3 (2010): 500-510.
24. Morales L., et al. "Los hábitos alimentarios en el adulto mayor y su relación con los procesos protectores y deteriorantes en salud 3. 12 de 33 (2006): S0717-7518.
25. Colectivo de autores. "Encuesta de Factores de riesgos y actividades preventivas de enfermedades no trasmisibles Cuba 2000-2011". *ECIMED* (2014).
26. Sandoval Je., et al. "Conocimientos y actitudes de la población acerca del alcohol y el alcoholismo. Vols". *Revista Cubana de Medicina General Integral* 16.1 (2000): 13-17.
27. Guibert Reyes W., et al. "Comportamiento ante la ingestión de bebidas alcohólicas. s.l". *Revista Cubana de Medicina General Integral* 15.2 (1999): 109-114.
28. Oliva Correa E., et al. "Prevalencia del hábito de fumar en estudiantes de profesiones de la salud". Matanzas 2008-2009.
29. Hidalgo Pereira FI., et al. "Alcoholismo y factores de riesgo: estudio descriptivo de corte transversal en área rural de Cumanayagua, Cuba 13.1 (2013): e5620.
30. Marchionao BM and Gorgulho GK. Pot. DM. "Indices for the assessment of nutritional quality of meals". *British Journal of Nutrition. Cambridge University* (2016).
31. Popkin BM and Duffey KJ. "Cross Ref. Does hunger and satiety drive eating anymore? Increasing eating occasions and decreasing time between eating occasions in the United States". *The American Journal of Clinical Nutrition* 91 (2010): 1342-1347.
32. Gómez Juanola M., et al. "Consideraciones acerca del paciente geriátrico". 5, La Habana: Rev Cubana Med Gen Integr 17 (2001): 468-472.

33. M Restrepo. “Los hábitos alimentarios en el adulto mayor y su relacion con los procesos protectores y deteriorantes en Salud 33.3 (2010): 500-510.
34. Valero Zanuy MA and León Sanz M. “Empleo de suplementos nutricionales orales basado en la evidencia Endocrinología y Nutrición. [edition.] ELSELVIER. Mayo”. págs. Páginas 1-115 (2005): 52.
35. Colls Garrido C., *et al.* “Uso, efectos y conocimientos de los suplementos nutricionales para el deporte en estudiantes universitarios 837 Nutr Hosp. s.l. 32.2 (2015): 837-844.
36. Medero I, *et al.* “Hacia una educación nutricional saludable en los adultos mayores del Consejo Popular Guáimaro Norte. Cuba: s.n., 2015, Revista Digital”. *Universidad de Ciencias de la Cultura Física y el Deporte* (2015): 154.

Volume 16 Issue 1 January 2021

©All rights reserved by Dra Roselí Sánchez Díaz and Dra Yarisa Domínguez Ayllón.