

Strategies to Tackle Undernutrition in Older Adults

Implications for Implementation and
Action



STRATEGIES TO TACKLE UNDERNUTRITION IN OLDER ADULTS

Implications for Implementation and Action

HDHL Conference 2026:
From Evidence to **Action**



Paula Varela, Claire McEvoy, Francesco Galli, Amedeo
Amedei, Clare Corish, Claire Sulmont-Rossé

PREVNUT HDHL CALL 2020



- **Demographic challenge:** PREVNUT call launched in response to rapid global population ageing (By 2030 1 in 6 people on Earth will be over 60).
- **Public health problem:** Older adults vulnerable to undernutrition- inadequate food intake or nutrient uptake, leading to weight loss, altered body composition, and nutrient deficiencies
- **Health consequences:** undernutrition associated with physical and cognitive decline, increased frailty, longer and more frequent hospital stays, and higher mortality rates, making prevention a critical health priority
- **Need for targeted solutions:**
 - metabolism, bioavailability and absorption in ageing bodies, development of tailored nutritional strategies and products to prevent undernutrition
 - how the balance between nutrition, lifestyle and physical exercise can prevent undernutrition

AIM:

support transnational transdisciplinary projects to improve the prevention of undernutrition in older adults

WHY IS THIS IMPORTANT?



Addresses a growing and systemic health risk



Prevention has high leverage compared to treatment



Nutrition knowledge is not “age-neutral”



Supports personalised and targeted nutrition approaches



Enables translation from mechanism to innovation



Strengthens international collaboration on ageing and nutrition



FUNDED PROJECTS

AMBROSIA: Microbiota-Inflammation-Brain axis in heart failure: new food, biomarkers and AI Approach for the prevention of undernutrition in Older.

PL: Amedeo Amedei, University of Florence, Italy

APPETITE: Innovative plant protein fibre and physical activity solutions to address poor appetite and prevent undernutrition in older adults.

PL: Dorothee Volkert, Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany

CHOKO-AGE: Combining vitamin E-functionalized CHOColate with physical exercise to reduce the risk Of protein-energy malnutrition in pre-dementia AGEd people.

PL: Francesco Galli, University of Perugia, Italy

EAT4AGE: Palatable, nutritious and digestible foods for prevention of undernutrition in active aging.

PL: Paula Varela, Nofima, Norway

FORTIPHY: Preventing the risk of undernutrition by fostering meal FORTification and PHYSical activity in older adult.

PL: Claire Sulmont-Rossé, INRAE, France

PROMED-COG: PROtein enriched MEDiterranean diet to combat undernutrition and promote healthy neuroCOGNitive ageing in older adults.

PL: Claire McEvoy, Queen's University Belfast, UK



PROGRAM

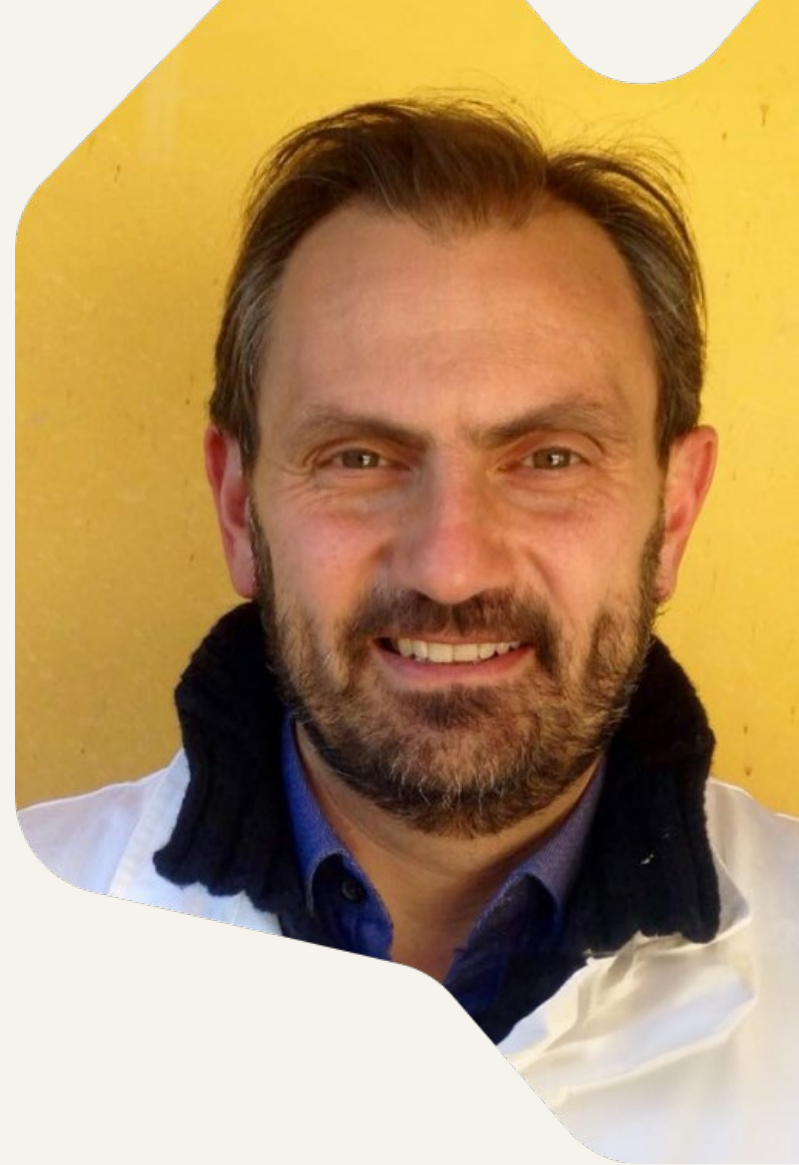
Time	Programme	Who
14:00	Welcome & Overview of PREVNUT funded projects	Paula Varela
14:05	Presentations of the PREVNUT Projects	PREVNUT leads: Amedeo Amedei, Clare Corish, Francesco Galli, Paula Varela, Claire Sulmont-Rossé, Claire McEvoy
14:35	PREVNUT Position paper	Claire Sulmont-Rossé
14:40	Discussion in small groups	ALL How do the findings of this research can be turned into action?
15:00	Plenary Discussion	ALL Q & A to the PREVNUT leads
15:25	Summary and Closing of the Session	Paula Varela





Amedeo Amedei

University of Florence



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Ambrosia



Microbiota-Inflammation-Brain axis in heart failure: new food, biomarkers and
AI Approach for the prevention of undernutrition in Older



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Northumbria
University
NEWCASTLE



genevention

SynbioTec
LABORATORI



Professor Amedeo Amedei

Department of Experimental and Clinical Medicine,
University of Florence

AMBROSIA Consortium

Coordinator: Prof. Amedeo Amedei (UNIFI, Florence, Italy)



Coordination



Clinical trial



Fecal & oral
microbiome analysis

Partner: Dr. Maria Cristina Verdenelli (Synbiotec Srl, Camerino, Italy)



Functional food development



Partner: Prof. Marco Garcia-Vaquero (UCD, Dublin, Ireland)



Functional food development



Partner: Prof. Iain Brownlee (NU, Newcastle, UK)



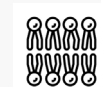
Dietary
evaluations



Metabolomics



Partner: Prof. Gwendolyn Barceló Coblijn (IdISBa, Spain)



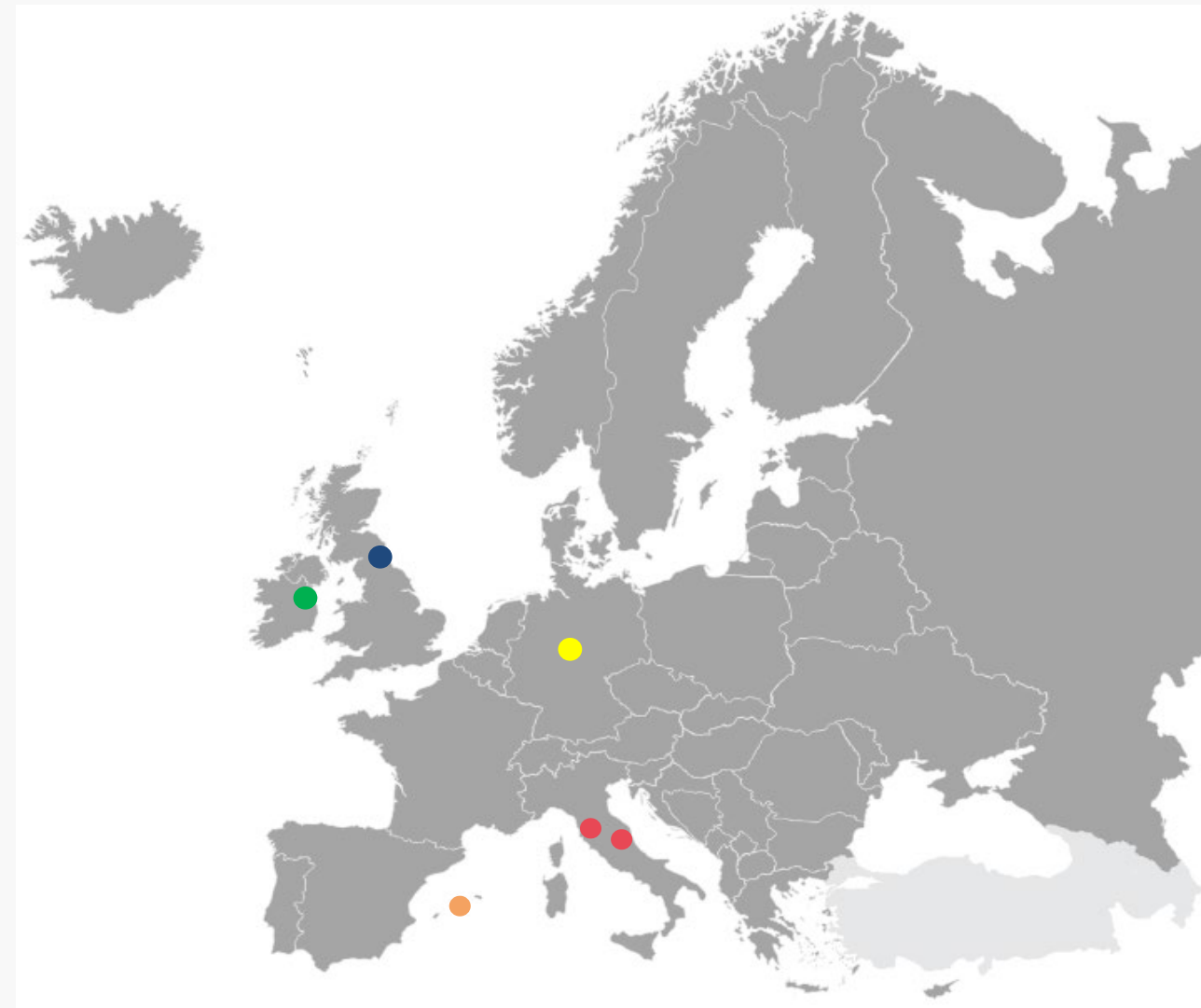
Lipidomics



Partner: Dr. Thomas Lingner (Genevention GmbH, Göttingen, Germany)

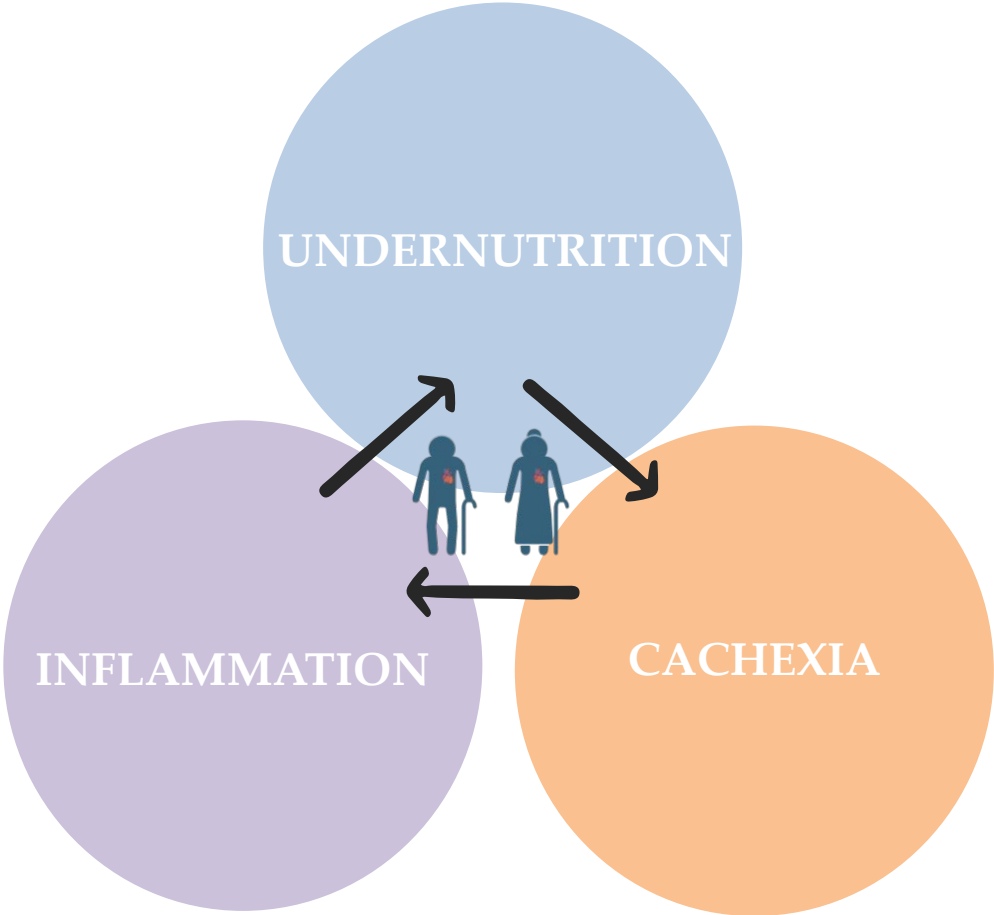


Semantic knowledgebase
development

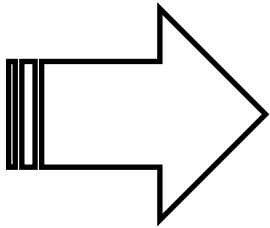


Background/Aim

HEART FAILURE/ATRIAL FIBRILLATION

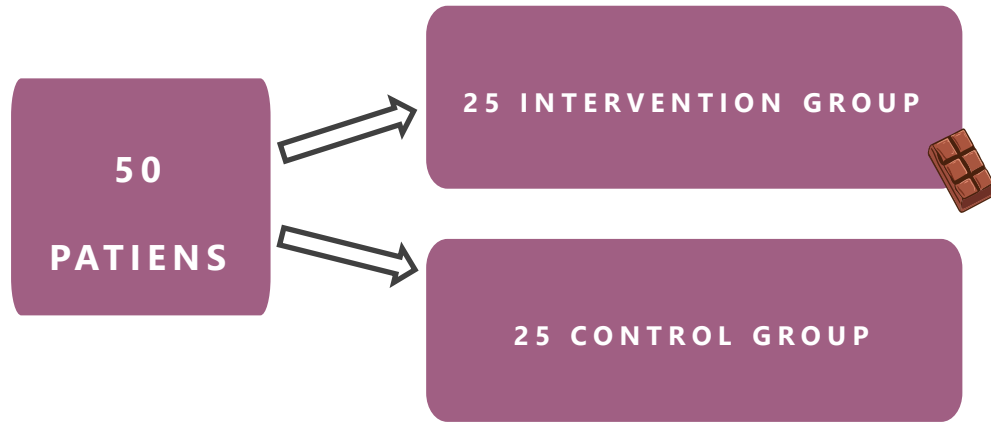


Functional food



INGREDIENTS	g/dose (Bar of 10g)	
CHOCOLATE	7	} <i>L. rhamnosus</i> IMC 501® <i>L. paracasei</i> IMC 502®
PROBIOTICS	0.12	
HYDROLYSED PROTEINS	1	
INULIN	1	

Summary of ongoing results



Clinical data



Gut microbiome
Metabolomics



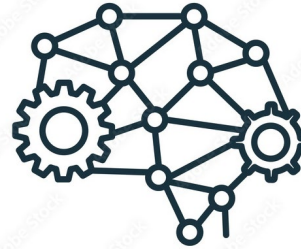
Oral microbiome
Metabolomics



Metabolomics
Lipidomics



Metabolomics



Machine
Learning

Frailty State Prediction



	Rythm	SPPB questionnaire	Frailty scale questionnaire	CFS	FIND	GDS-SF questionnaire	MMSE questionnaire	PSS questionnaire	Handgrip	SMI	FFMI	
A_07	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Normal	13.00	6.5	16.5	
A_24	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	25.40	7.4	18.4	
A_29	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	40.90	10.5	21.4	
A_20	sinus	Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	17.80	7.3	18	
A_48	sinus	Frail	Frail	Not_Frail	Frail	Normal	Normal	Moderate	18.40	6.6	19.1	
A_13	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	23.70	6.9	17.6	
A_19	sinus	Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	21.20	6.4	16.6	
A_03	sinus	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Normal	26.00	9.3	19.9	
A_12	sinus	Not_Frail	Not_Frail	Mild_Frailty	Frail	Normal	Normal	Moderate	37.90	10.7	22.9	
A_49	AF	Not_Frail	Not_Frail	Not_Frail	None	Normal	Normal	Normal	259.00	7.4	16.9	
A_05	sinus	Not_Frail	Frail	Mild_Frailty	Frail	Severe	Normal	Moderate	24.20	6.4	17.4	
A_06	AF	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Mild	Normal	22.40	8.7	19.3	
A_10	sinus	Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Normal	26.50	9	19.3	
A_01	sinus	Not_Frail	Not_Frail	Not_Frail	Frail	Severe	Normal	Moderate	26.50	8.9	19.2	
A_15	sinus	Frail	Not_Frail	Mild_Frailty	Frail	Normal	Mild	None	16.00	6.4	17.2	
A_22	Other	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	32.60	8.8	17.3	
A_38	AF	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Normal	31.10	9.5	18.8	
A_36	AF	Frail	Not_Frail	Mild_Frailty	Frail	Mild	Normal	Moderate	23.10	7.6	19.4	
A_23	AF	Not_Frail	Not_Frail	Mild_Frailty	Frail	Mild	Normal	Normal	13.00	8.3	18.7	
A_26	AF	Frail	Frail	Not_Frail	Not_Frail	Mild	Normal	Moderate	16.50	6.6	17.4	
A_31	AF	Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Normal	23.60	10.3	22.7	
A_37	AF	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Normal	24.00	9.4	19.9	
A_14	sinus	Frail	Frail	Moderate_Frailty	Frail	Mild	Normal	Severe	0.00	5.1	15.8	

Categorical Variables

- > Condition Worsened
- > Condition Got Better
- > Sinus to Other
- > AF to Other

Continuous Variables

- > Decrease of between 2% and 5%
- > Decrease of more than 5%
- > Increase of between 2% and 5%
- > Increase of more than 5%

	Rythm	SPPB questionnaire	Frailty scale questionnaire	CFS	FIND	GDS-SF questionnaire	MMSE questionnaire	PSS questionnaire	Handgrip	SMI	FFMI	
A_28	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	32.00	11.2	22.8	
A_41	sinus	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Normal	211.00	9	19.1	
A_09	sinus	Frail	Not_Frail	Mild_Frailty	Frail	Normal	Normal	Moderate	15.60	7	18.1	
A_02	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	20.90	6.2	16.2	
A_40	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	34.60	9.2	18.8	
A_45	sinus	Frail	Frail	Mild_Frailty	Frail	Normal	Normal	Moderate	251.00	11.8	24	
A_39	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Normal	19.70	7.9	19.7	
A_18	sinus	Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Moderate	nan	9.6	20.2	
A_42	sinus	Not_Frail	Not_Frail	Not_Frail	Not_Frail	Normal	Normal	Normal	25.00	8.3	16.7	
A_25	sinus	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Moderate	25.40	9.3	18.8	
A_33	AF	Not_Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Moderate	21.00	7.0	17.7	
A_32	AF	Frail	Not_Frail	Not_Frail	Frail	Normal	Normal	Moderate	17.00	7.9	19	
A_43	AF	Frail	Not_Frail	Mild_Frailty	Not_Frail	Normal	Normal	Normal	16.50	8.4	19	
A_27	AF	Frail	Frail	Mild_Frailty	Frail	Mild	Normal	Moderate	26.30	9.3	18.5	
A_30	sinus	Frail	Not_Frail	Not_Frail	Frail	Normal	Mild	Moderate	8.50	7.9	17.5	
A_04	AF	Frail	Frail	Moderate_Frailty	Frail	Mild	Normal	Moderate	19.40	8	18.6	

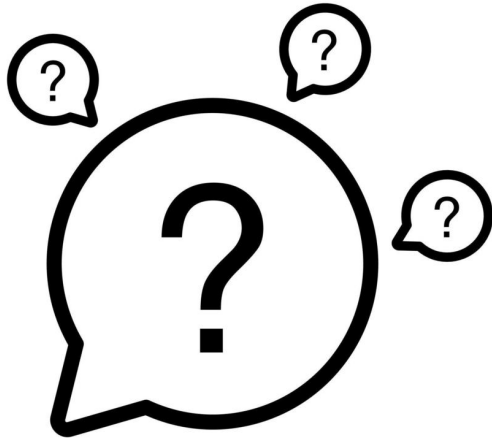
Categorical Variables

- > Condition Worsened
- > Condition Got Better
- > Sinus to Other
- > AF to Other

Continuous Variables

- > Decrease of between 2% and 5%
- > Decrease of more than 5%
- > Increase of between 2% and 5%
- > Increase of more than 5%

Critical Question: What are the main barriers in your areas of application?



Open Questions:

- Same effects in a multicenter randomised controlled trial?
- Same effects with a personalized (dose/Kg) administration of the functional food?



Thank You !



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LABORATORI



Prof. Amedeo Amedei

Department of Experimental and Clinical Medicine,
University of Florence



Clare Corish

University College Dublin



Innovative plant Protein fibre and Physical activity solutions to address poor appetite and prevent undernutrition in older adults

➤ Multi-centre European Project

- Joint Programming Initiative - A Healthy Diet for a Healthy Life (JPI HDHL)
- PREVNUT Call (2020)



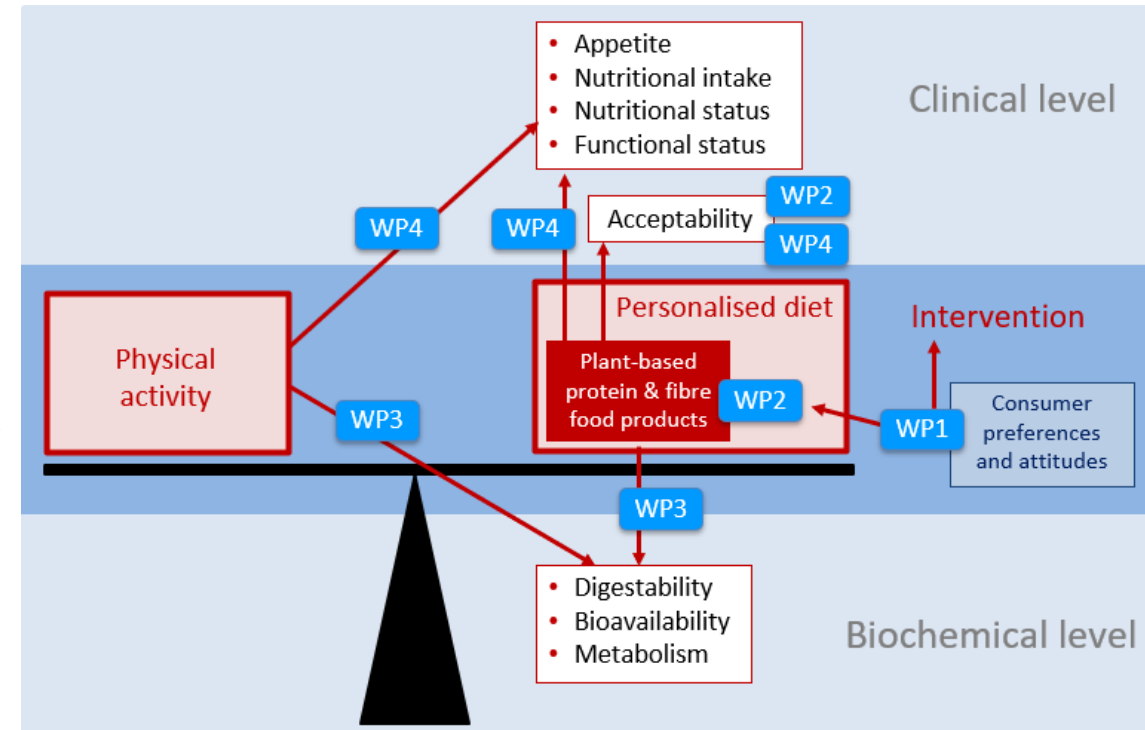
Professor Clare Corish,
University College Dublin
On behalf of the APPETITE project team



PREvention of underNUTrition in community-dwelling older persons through targeted nutrition and physical activity

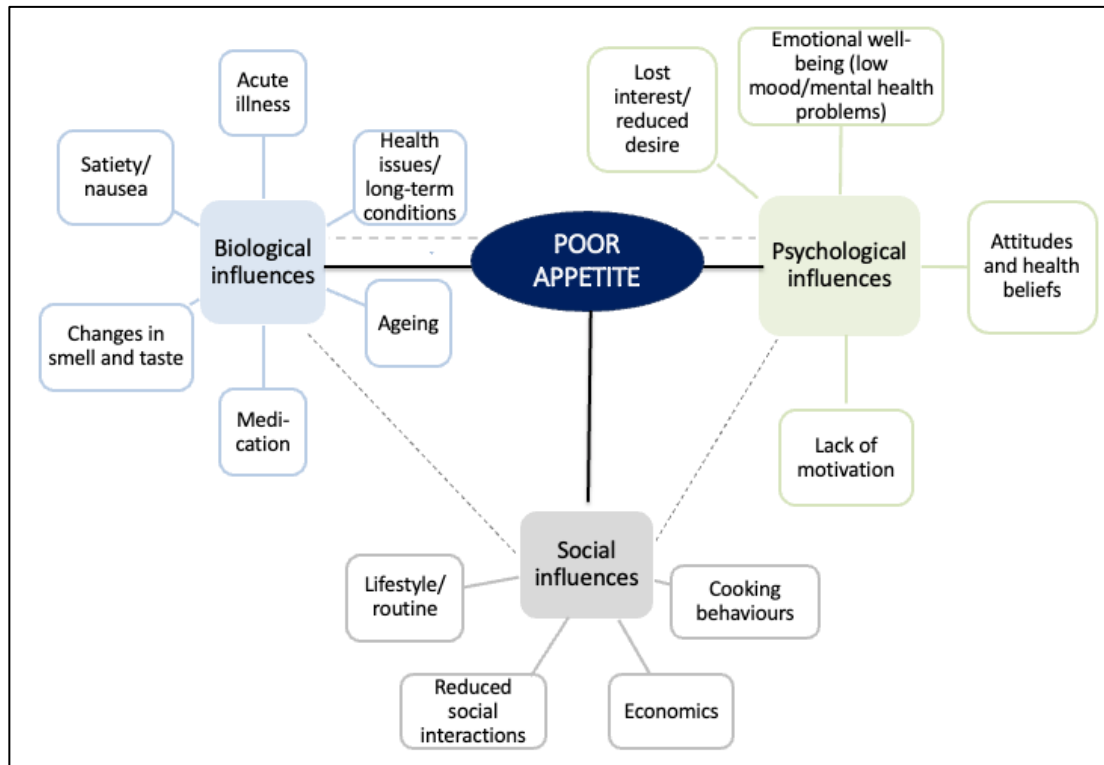
Overall objective

- **Develop** innovative, acceptable, accessible, and affordable, easily applicable **food products** based on combinations of **plant proteins** and dietary **fibre** - for and together with older persons
- **Examining the effects of selected products** – with(out) physical activity – on appetite, metabolic and clinical outcomes in older persons



WP1

Experience of appetite loss in older adults



Protein source	A	B
Rice	-	✓
Pea	✓	✓
Soy	-	✓
Oat	✓	-
Almond	✓	-
Pea fibre	✓	✓



- sensory attractive
- optimised amino acid profile
- well-digested
- easily usable
- affordable
- sustainable

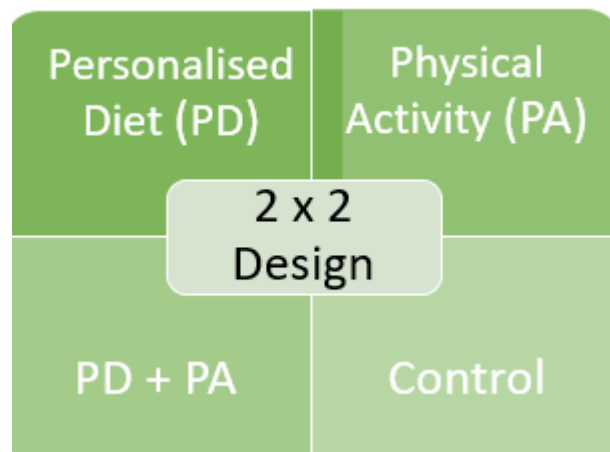
WP4

Multi-country randomised controlled trial

Plant protein, fibre and physical activity solutions to address poor appetite and prevent undernutrition in older adults: study protocol for the APPETITE randomised controlled trial

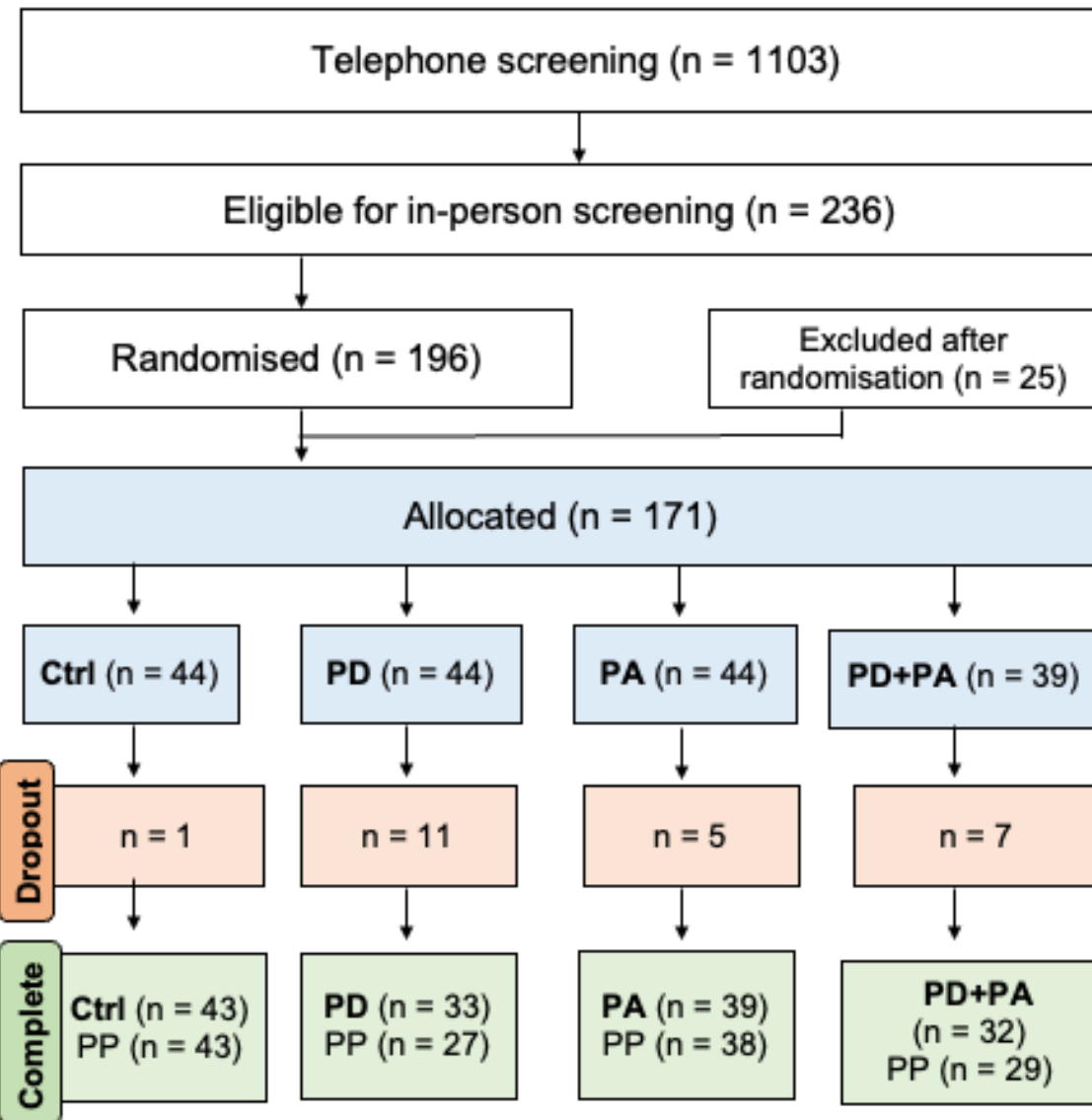
Katy M. Horner^{1,2,3*}, Brian Mullen^{1,2,3†}, Anna Quinn^{1,2,3†}, Pia Scheufele⁴, Susanne Gola⁵, Federica Gonnelli⁶, Matteo Bozzato⁶, Jedd Pratt^{6,7}, Wiktoria Sala¹, Sinead Mullin¹, Laura Kirwan¹, Dominique Dardevet⁸, Christelle Guillet⁸, Giuseppe De Vito⁶, Marjolein Visser⁹, Dorothee Volkert⁴ and Clare A. Corish^{1,2}

¹School of Public Health, Physiotherapy and Sport Science, University College Dublin, Dublin 4, Republic of Ireland



	Mean (SD)
Sex (M/F)	53 M / 118 F (69% F)
Age (yrs)	72 (6)
BMI (kg/m²)	25.1 (2.9)

Screening



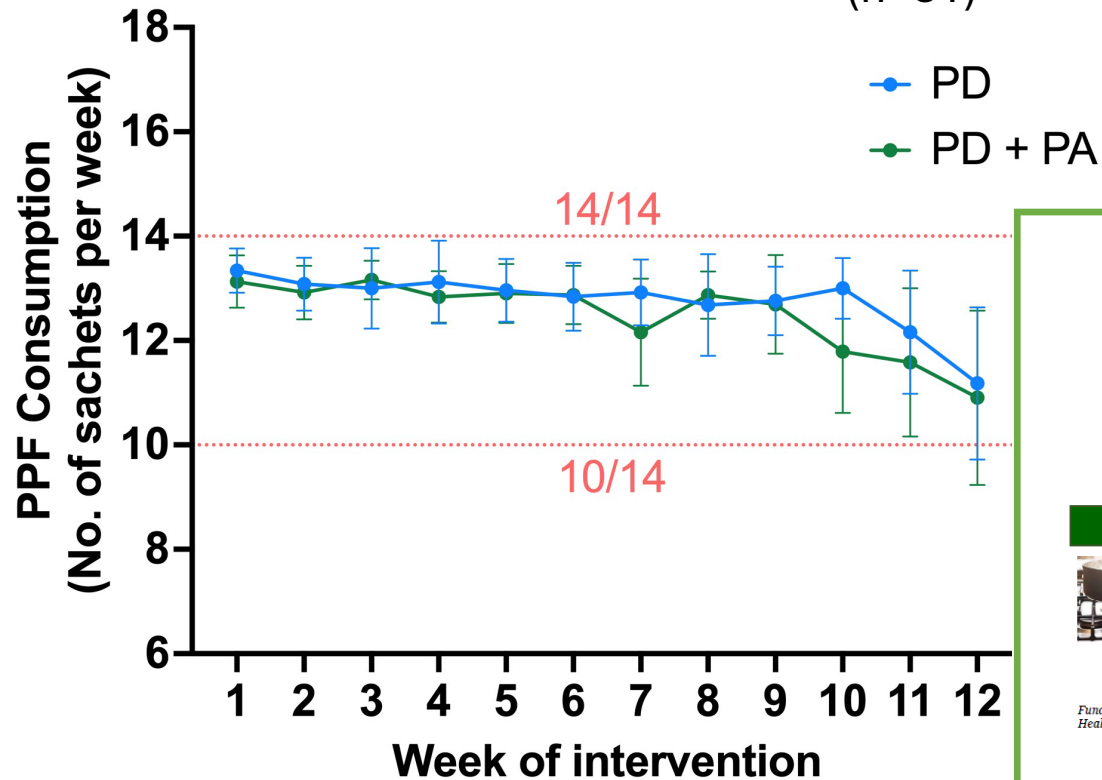
Ctrl, control group; PD, Personalised diet group; PA, Physical activity group; PD+PA; Personalised diet and physical activity group, PP, per protocol.

Key outcomes RCT: Compliance & Adverse Effects

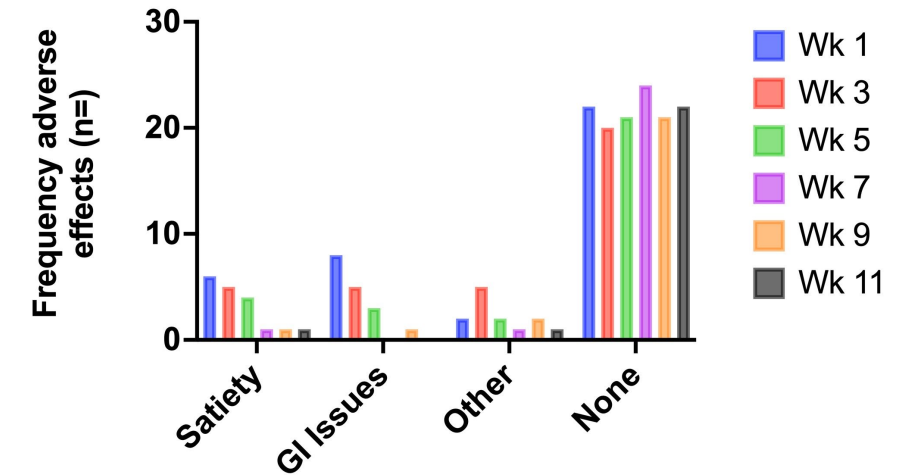
- Mean: 91% compliance in both PD and PD + PA groups

(n=25)

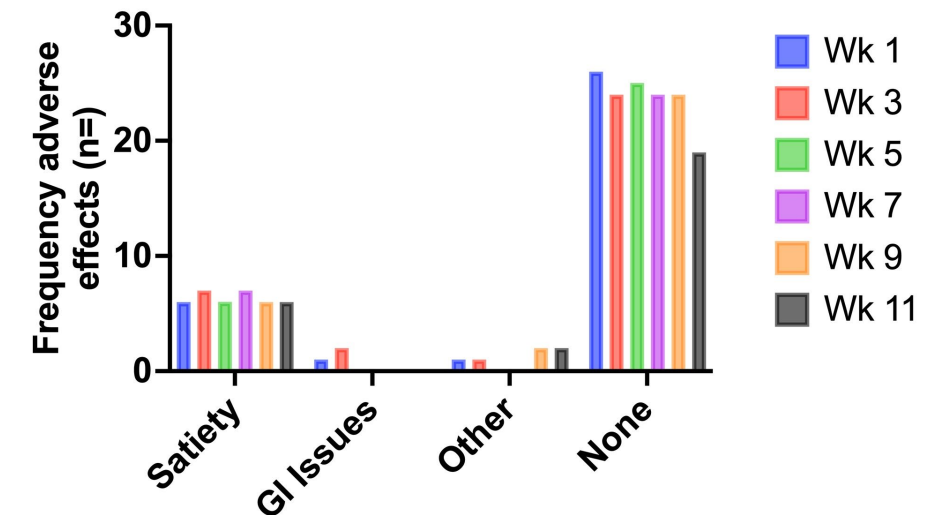
(n=31)



Personalised Diet (PPF) group

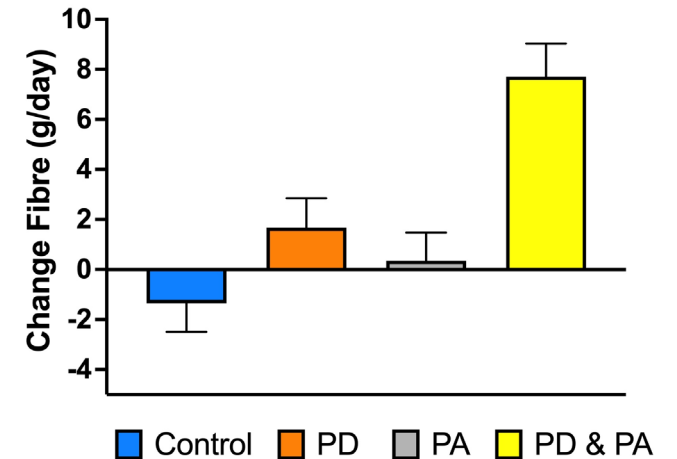
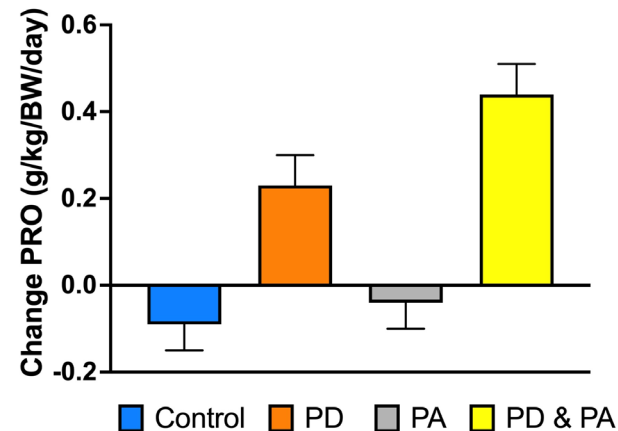
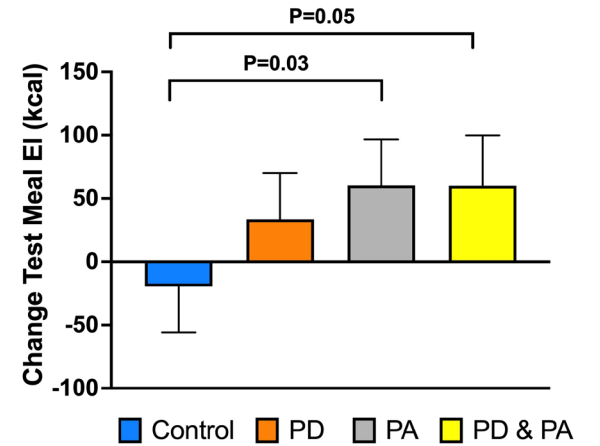
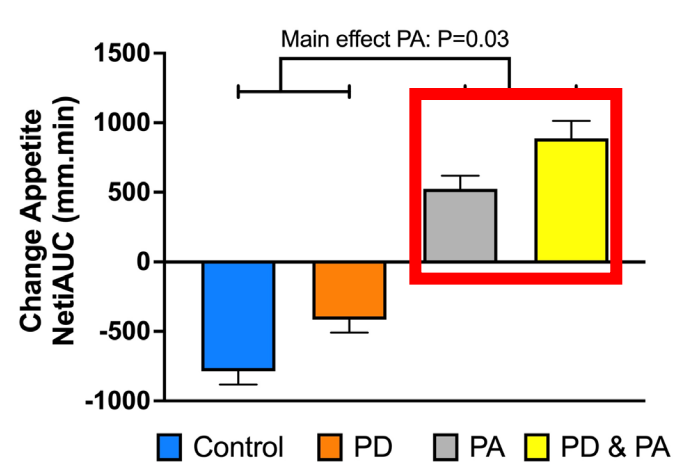


Personalised Diet (PD) + PA group



Summary – Key Findings

- Personalised Diet (PD) (incorporating plant protein fibre product) had no detrimental effect on appetite or EI
- PD effectively ↑ daily protein intake in both groups, and fibre intake increased to the greatest extent in combined PD & PA group
- PA had a positive effect on both appetite and EI



Friedrich-Alexander-Universität Erlangen-Nürnberg: Prof Dorothee Volkert,
Pia Scheufele

University College Dublin: Dr Katy Horner, Prof Helen Roche, Prof Clare Corish,
Brian Mullen, Anna Quinn, Dr Laura Kirwan

INRAE: Dr Dominique Dardevet, Dr Christelle Guillet

IVV Fraunhofer: Dr Susanne Gola, Dr Stephanie Mittermaier

Newcastle University: Prof Sian Robinson, Dr Lorelle Dismore, Prof Avan Sayer

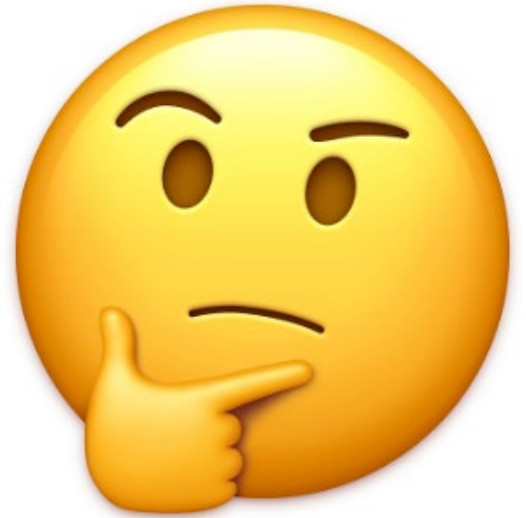
University of Padua: Prof Giuseppe De Vito, Dr Federica Gonnelli, Dr Matteo
Bozzato

VRIEJ University Amsterdam: Prof Marjolein Visser



Question for the audience

Achieving recommended dietary protein (considering quantity, quality and planetary health) and fibre in European older adults: policies and practical solutions?





Francesco Galli

University of Perugia



Project Coordinator: Prof. **Francesco Galli**
University of Perugia
Dept Pharmaceutical Sciences

Choko-agE project

Combining vitamin E-functionalized CHOcolate with physical exercise to reduce the risKOf protein-energy malnutrition in pre-dementia AGEd people

«Improving quality of life combining nutrition and physical exercise»

<https://chokoage.eu>

<https://chokoage.eu/>



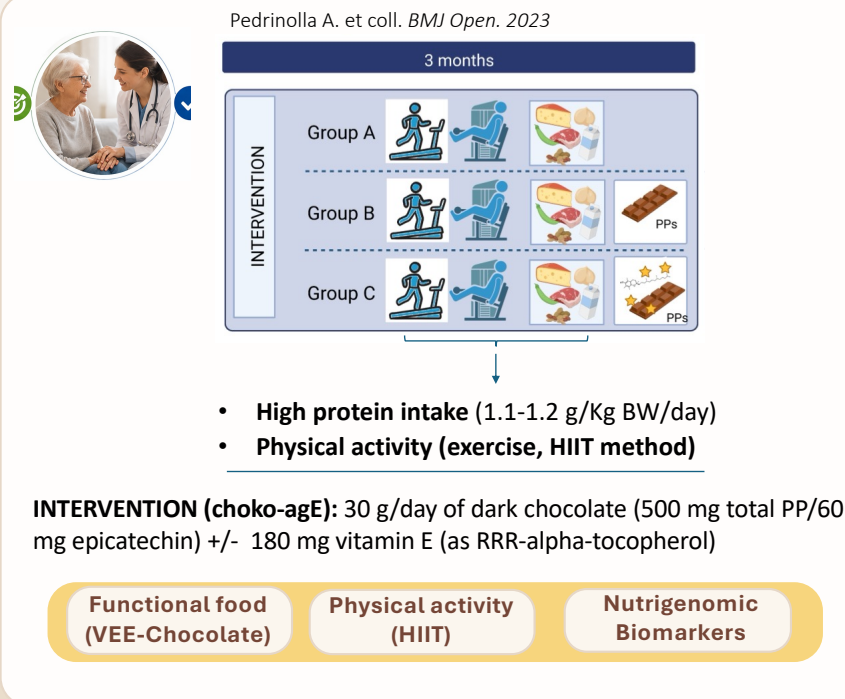
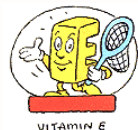
AIMS

Improving quality of life by combining nutrition and physical exercise in pre-dementia older adults



A PROJECT AIMS

- **Develop and test** a polyphenol-rich 70% dark chocolate enriched with vitamin E (**age-related micro-malnutrition**).
- **Combine** high-protein nutrition and HIIT exercise to counteract protein-energy malnutrition and frailty (**COMBINATORIAL approach**).
- **Identify** clinical, proteomic and nutrigenomic signatures confirming **efficacy and mechanisms** of treatments.



Integrated nutrition + exercise + mechanistic profiling

KEY TAKEAWAYS

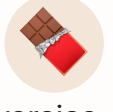
Main outcomes highlighted across the intervention and mechanistic workstreams



B MAIN OUTCOMES

- **Food innovation:** 70% dark chocolate rich in polyphenols and enriched with vitamin E (developed for human consumption and tested clinically).
Migni A. et al. Food Chemistry 2016 
- **Validated protocol:** high-protein diet plus HIIT physical training program. 
- **Functional outcome:** muscle force improvement after the 3-month intervention. 
- **Mechanistic outcome:** muscle proteomics and multiomics/nutrigenomics fingerprints of clinical response. 
- **Responder biology:** characterization of the vitamin E deficiency model in frail older patients (hyporesponsive to VE supplementation). 

C CLINICAL VALUE

- Food innovation translated into a clinical trial (food product available to human consumption) 
- Combined nutrition and exercise strategy shown to be feasible and effective (muscle force) 
- Molecular/omics profiling helps explain response vs hyporesponse 



From product innovation to measurable clinical and molecular signals

COMPETENCES

Consortium capabilities relevant for future collaborative projects



C

COMPETENCES IN THE PROJECT

1

Food innovation, human nutrition, micronutrients and nutrigenomics

2

Aging science, multiomics of aging and biomarker discovery

3

Exercise science and medical use of training programs (HIIT, etc.)

4

Muscle pathophysiology and functional proteomics

Institutional partners

- PI Unit**  University of Perugia
- Partner 1**  University of Verona
- Partner 2**  University of Molde
- Partner 3**  University of Liverpool
- Partner 4**  INCLIVA and University of Valencia

Industrial partners



A platform for collaborative projects in healthy ageing and frailty



Paula Varela

Nofima & Norwegian University of Life Sciences



Norwegian University
of Life Sciences

EAT₄AGE

Palatable, nutritious and digestible
foods for prevention of
undernutrition in active aging

Paula Varela, PL

Nofima, Norway

PREVNUT HDHL Conference, 2026

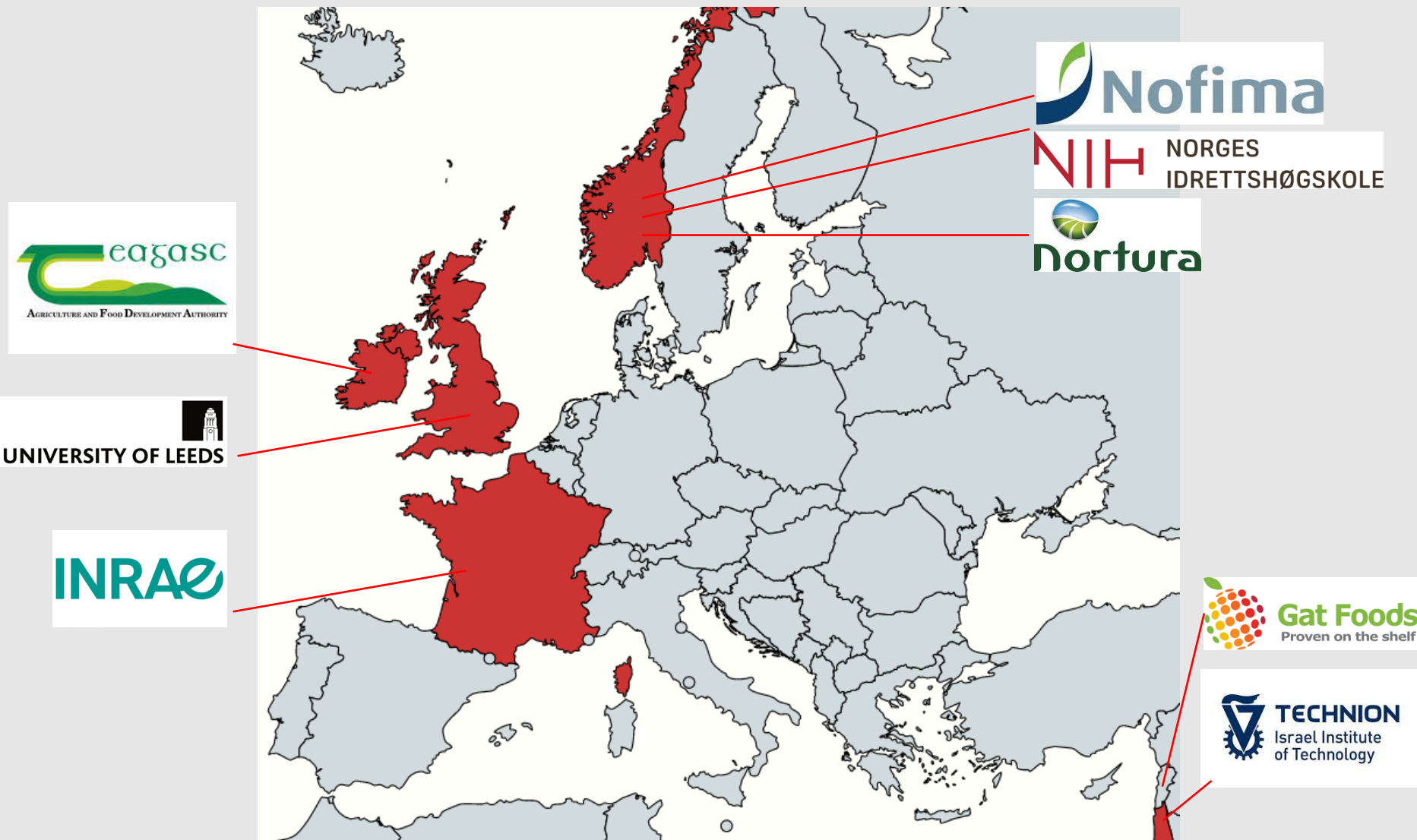


This project has received funding from the Norwegian Research Council under the umbrella of the European Joint Programming Initiative “A Healthy Diet for a Healthy Life” (JPI HDHL) and of the ERA-NET Cofund ERA-HDHL (GA N° 696295 of the EU Horizon 2020 Research and Innovation Programme)

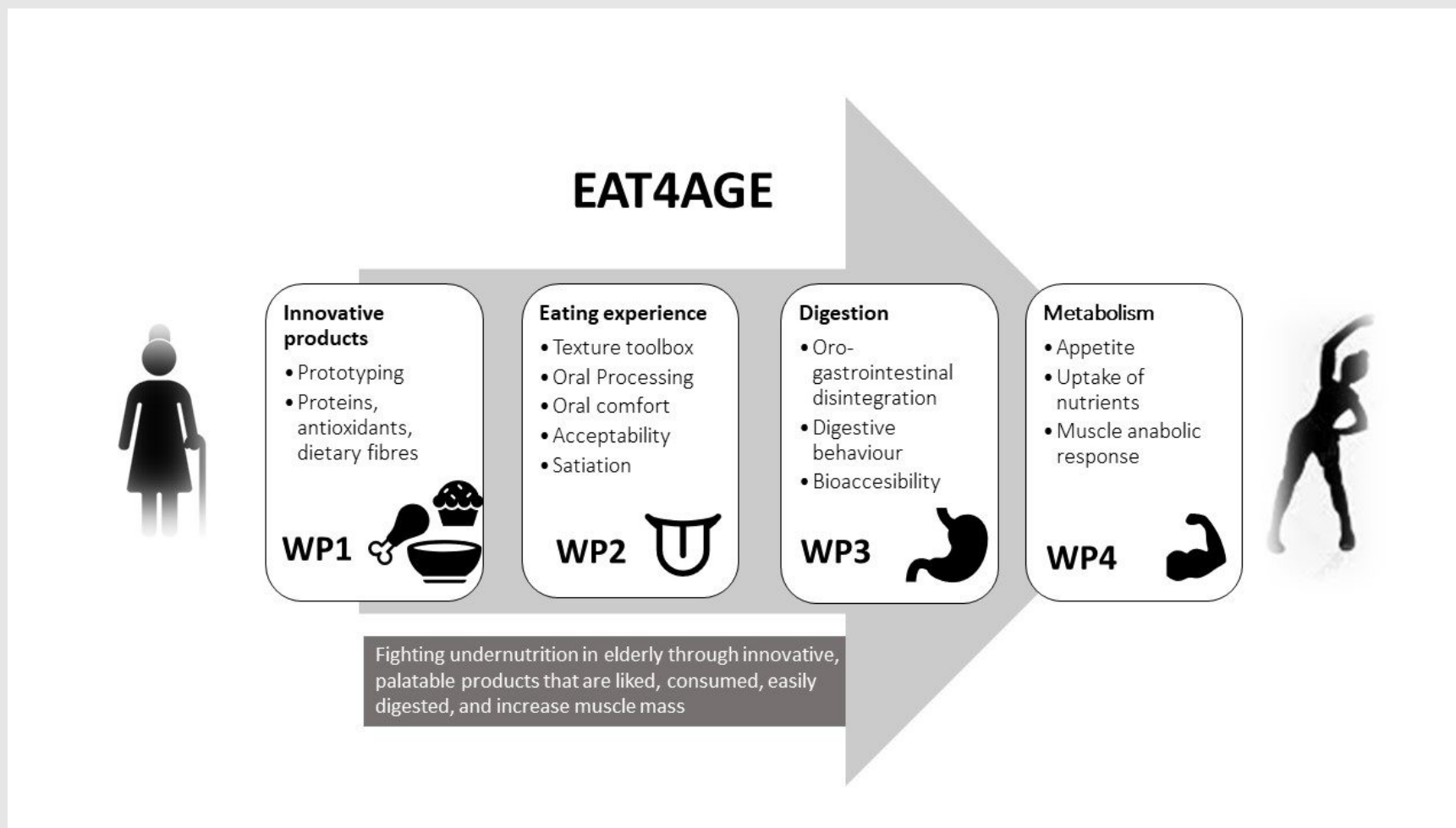


Partners in the project

EAT₄AGE



EAT4AGE developed foods with improved digestion and nutrient uptake, better food oral processing, sensory acceptance and promote appetite.



EAT₄AGE



Tenderized, protein added meat (Norway)



Dulce de leche (Ireland)



Fortified breakfast cereals (Israel)

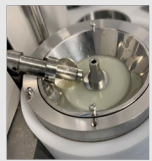


Yogurt/soft cheese (France)

EAT4AGE combined competences in food structure, sensory science, nutrition, digestion modeling, and clinical validation—bridged by consumer insight and industry collaboration—to deliver scientifically robust and practically relevant solutions for healthy aging.

EAT4AGE

In vitro tool kits



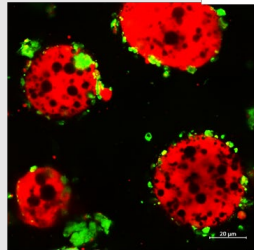
Tribology



QCM-D



Rheology



Confocal laser scanning microscopy



Particle Sizing and ζ-potential



Human study



Oral Comfort
(Other tests: salivary flow, rheology bolus properties)



Sensory
(Quantitative Descriptive analysis (QDA), Temporal Dominance of Sensations (TDS))



Expected satiety

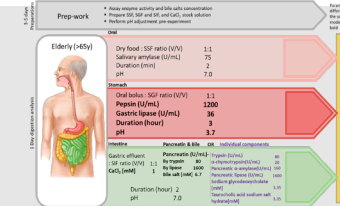


Digestion models

DOI: 10.1039/D3FO00535E (Paper) *Food Funct.*, 2023, 14, 4569–4582

Static *in vitro* digestion model adapted to the general older adult population: an INFOGEST international consensus

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Clinical Studies



Key outcomes

EAT4AGE developed innovative products **actively chosen, liked and eaten** by older adults, **easily digestible**, that **prevent undernutrition and age-related muscle loss**

5 age-tailored, protein-rich food prototypes: developed, pilot-tested and upscaled across dairy, meat and cereal matrices.

Improved eating comfort for vulnerable seniors: products were **well accepted** by adults 65+, including those with compromised oral health, across 5 European countries.

Internationally adopted tools and methods: delivered a validated textural toolbox and an elderly-specific digestion model, now used within the INFOGEST international network.

Demonstrated nutritional efficacy in humans: clinical trials showed increased postprandial amino acid (leucine) availability in older adults, with responses comparable to or exceeding younger adults.

Strong scientific and translational output: 15 peer-reviewed publications, 2 patents in preparation, and multiple conference presentations

Thanks to EAT4AGE consortium



Early Stage Researchers

1 PhD - Norway

3 postdocs – France, Ireland , UK

Various Master's theses





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Project FORTIPHY

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Rational

Despite nutritional needs decrease little with age, ageing is often accompanied by a loss of appetite

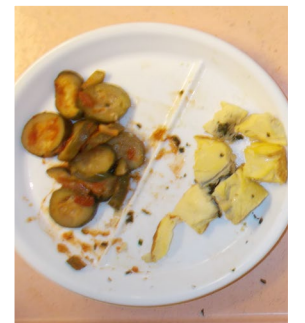
- ✓ **Meta-analysis of Ter Borg (2015): 10-12% of older adults consumed less than 0.8 g of protein / kg / day**

A key challenge in preventing undernutrition

- ✓ **Helping older adults to meet their nutritional needs**

A key strategy in the FORTIPHY project

- ✓ **Empowering older adults living at home to increase the protein density of their daily meals without increasing portion size**



Key outputs

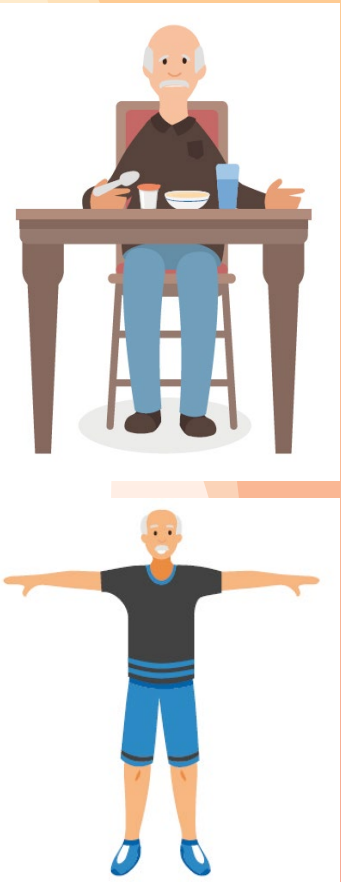
A booklet of Do-It-Yourself (DIY) fortified recipes with high-protein and high-calorie ingredients was developed

- ✓ **The recipes were proven to be tasty and easy to prepare, as well as aligning with the cooking habits of older adults and their carers**

Implementing DIY food fortification at home alongside muscle-strengthening exercises helped to prevent weight loss and increase muscle mass

- ✓ **The recipes enabled older people with reduced appetites to maintain an adequate protein and energy intake**

However, the acceptance of fortification requires older people to understand the health benefits in order to change their habits



Cornerstones of the project

FORTIPHY has bridged the gap between the nutritional and sensory worlds

- ✓ There is a need to design nutritious and palatable foods

FORTIPHY was grounded in co-creation with end users

- ✓ There is a need to design innovative solutions that fit the daily routines, expectations and constraints of older adults

FORTIPHY has delivered user-friendly tools including cookbooks, practical guides and a MOOC

- ✓ There is a need to inform older adults and caregivers about the links between diet and healthy ageing



MOOC



The FORTIPHY Team



From Norway (NOFIMA)

Øydis Ueland
Ida Synnøve Grini
Guro Helgesdotter Rognså
Shiori Koga

From UK (University of Reading)

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Peter Clarys
David Beckwee





Claire McEvoy

Queen's University Belfast



Protein enriched Mediterranean diet and exercise to prevent undernutrition and promote healthy cognitive ageing



#PREVNUT ERA-HDHL

Dr Claire McEvoy, Queen's University Belfast

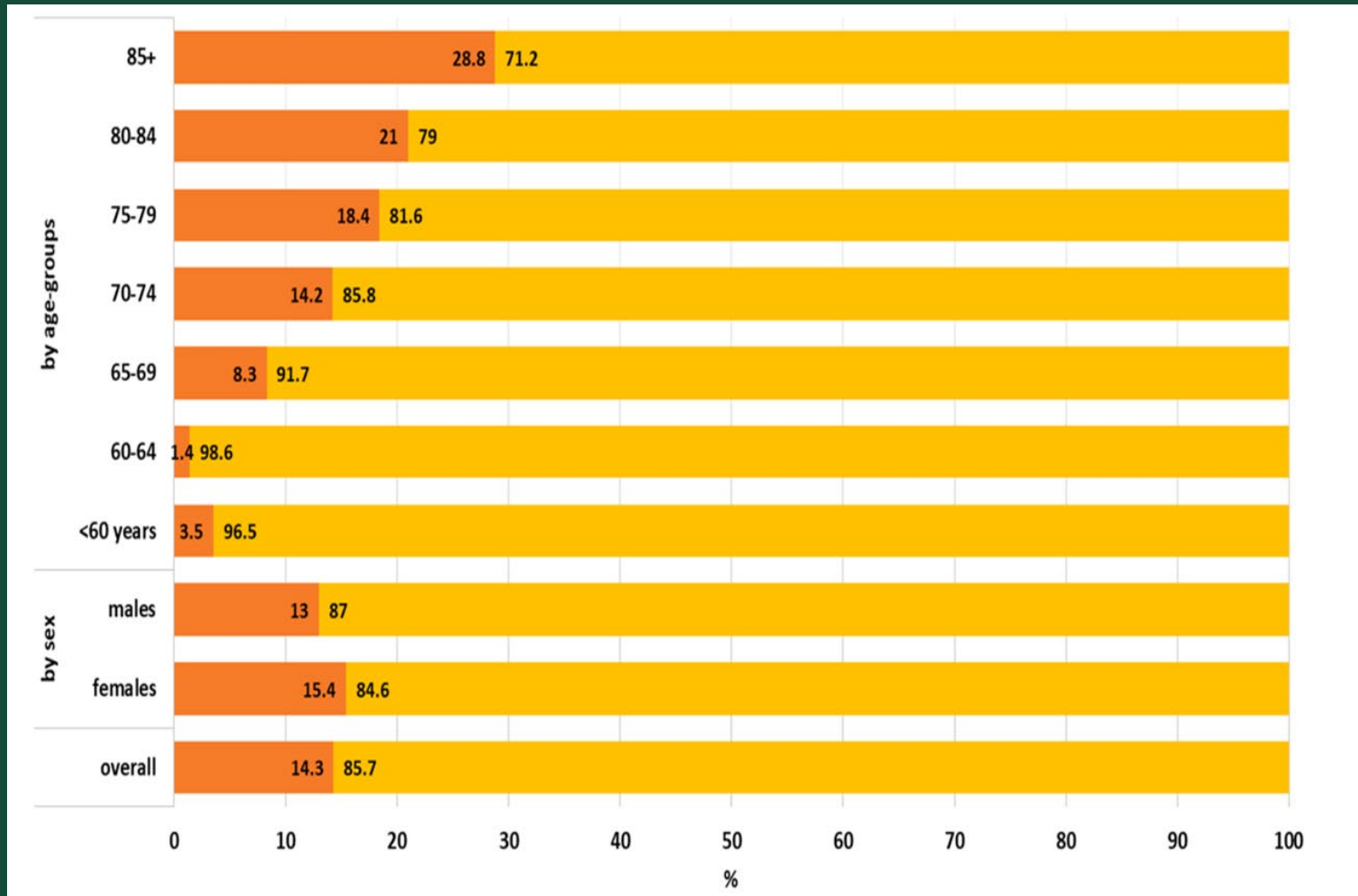


PROJECT OBJECTIVES

- Investigate the associations between undernutrition, cognitive decline, and dementia.
- Evaluate the effects of a protein-enriched dietary intervention, both with and without exercise, on the prevention of undernutrition and cognitive decline.



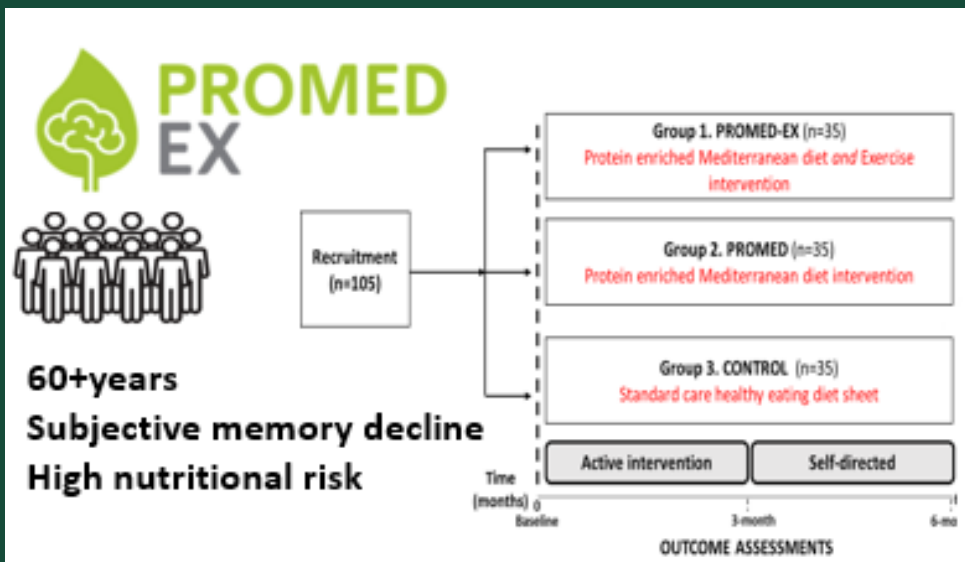
GLIM undernutrition accelerates cognitive decline and increases dementia risk



**14.3% undernourished
ranged from 8% (65–69 y)
to 28% (85+ y)**

**Undernourished adults
had 57% increased risk
of dementia [HR 1.57:
95%CI 1.01-2.43]
compared to those who
were well-nourished**

Pooled sample n=9,326; 72.4±9.5 years [range 40–101]; 52% female



- Personalisation
- Home delivered foods
- Written resources
- Exercise videos
- Recipes, mealplans
- Goal setting, monitoring



KEY FINDINGS



Personalised nutrient dense diet intervention reversed undernutrition in 'at risk' older community dwelling adults



Benefits were attributable to improved dietary intake - compliance with the home exercise was poor



PROMED diet also demonstrated beneficial effects on important health outcomes, including cognitive function, physical performance, and quality of life

Next Steps are scale up and implementation of the PROMED diet intervention :

underserved urban and rural communities

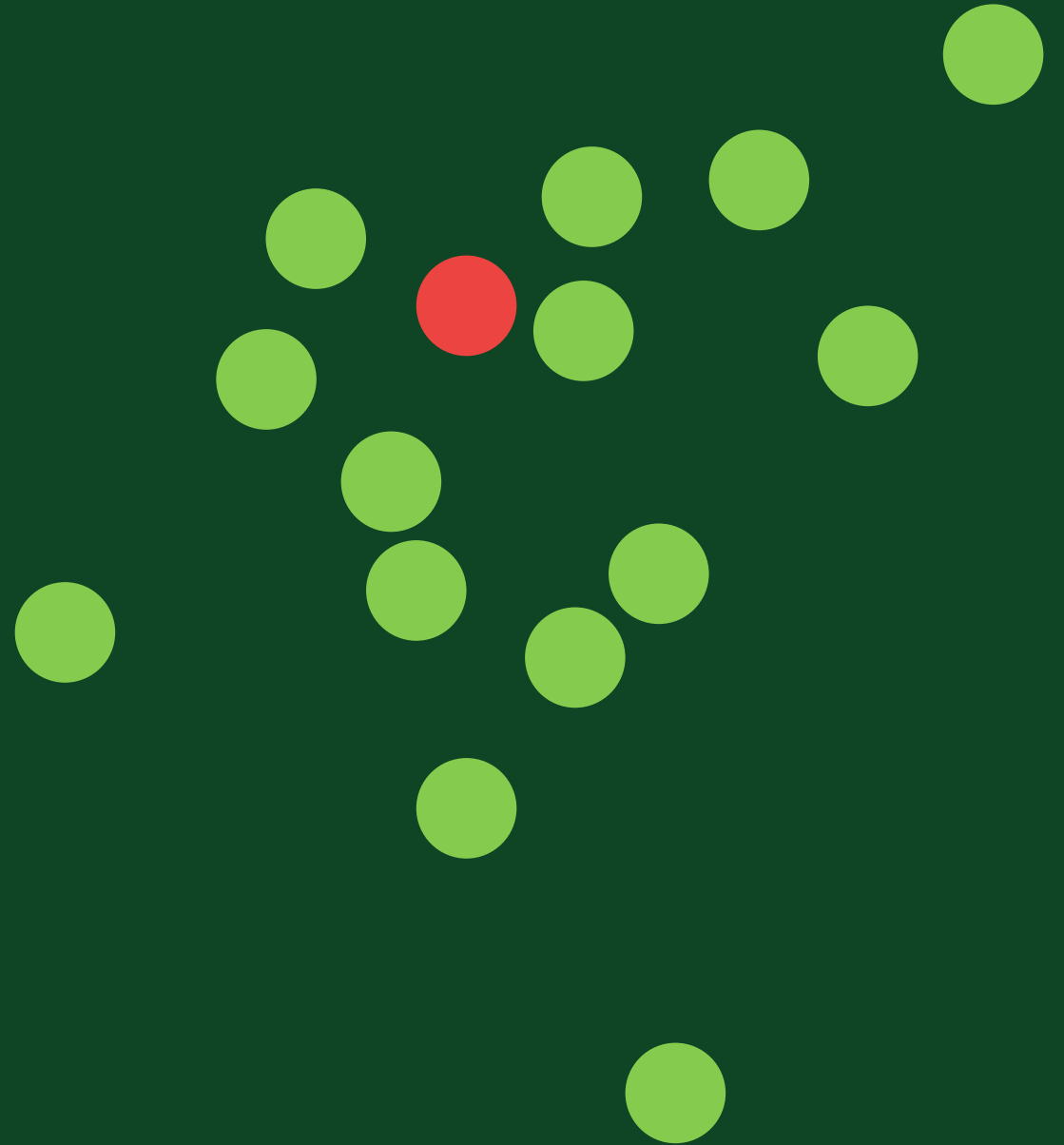
real-world delivery models

cost-effective implementation

evidence for commissioners



Targeted nutrition to prevent undernutrition in older adults: lessons from PREVNUT project





APPETITE
JPI PREVNUT Prevention of undernutrition
in older adults



EAT₄AGE



A collaborative learning experience

PREVNUT Workshop, Dijon, 7-8 November 2024

56 researchers from the 6 projects

- Share insights & build recommendations



A collaborative learning experience

Facilitators for successful strategies to prevent under-nutrition in older adults:

- Designing personalized interventions
- Developing educational materials and practical resources
- The increase in digital literacy among older adults
- The growing visibility in society & public policies

A collaborative learning experience

Barriers for successful strategies to prevent undernutrition in older adults

- Strong heterogeneity among older adults
- Misconceptions about ageing, weight loss and nutrition
- Limited availability of foods and physical activity programs designed for older adults
- Stigma around “senior” products



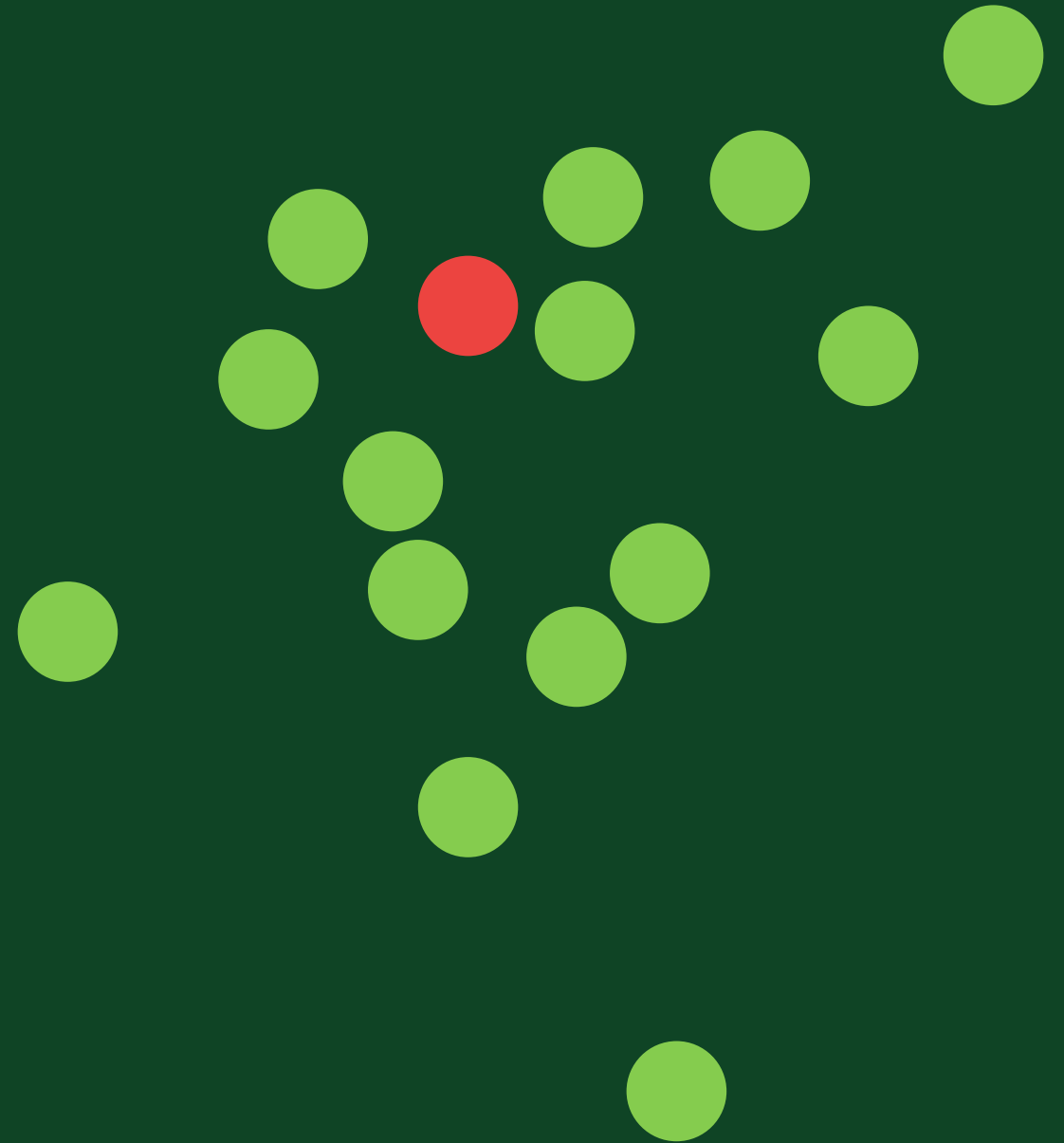


A collaborative learning experience

Recommendations for conducting experimental research with older adults

- Think holistic - nutrition, sensory properties, sustainability...
- Work multidisciplinary
- Co-create with older adults
- Plan targeted recruitment
- Communicate clearly and positively
- Reduce participant burden
- Create a supportive experience

Thank you for
your attention





Group Discussions

1. How can the research be further disseminated/applied?
2. Where can the findings already be applied? (Indicate specific policy areas)
3. What are the main barriers in your areas of application?
4. Who wishes to contribute to moving the research to the next phase?

Plenary Discussion

