

## “Good, honest food”: older adults’ and healthcare professionals’ perspectives of dietary influences and preferences in older age

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Life expectancy in Ireland is rising, emphasising the need to ensure maximum disease and disability free years. Previous research has examined dietary choice in Irish older adults by applying a life-course perspective<sup>(10pm)</sup>, though most explorations of nutrition in this age cohort in Ireland to-date have focused on malnutrition<sup>2</sup>. This current study aimed to explore both Irish older adults’ and healthcare professionals’ (HCPs) perceptions of dietary influences and preferences in older age, to identify priorities for healthy ageing. Semi-structured 1:1 interview and small group focus groups (FGs) were conducted remotely with 47 older adults and 26 HCPs in Ireland from July 2021 to January 2022. Older adults, defined as anyone over 55 years, were recruited through multiple visible organizations, support and social groups, including retirement and disease- support groups. HCPs were recruited through researcher networks and national professional associations.

Purposive sampling was used to include an approximately equal number of men and women, range of ages and disease interests. Interviews/FGs were audio recorded, transcribed and subsequently examined using inductive thematic analysis. Equal numbers of male and female older adults were recruited. These were mostly aged 60–69 years (n = 23; 48.9%) or 70–79 (n = 9; 19.1%). A variety of HCPs were recruited, including dietitians (n = 8), geriatricians (n = 5), pharmacists (n = 2), speech and language therapists (n = 2), catering managers (community/residential) (n = 2), an occupational therapist (n = 1), a clinical nurse manager and nurse specialist (n = 2) and two coordinators from meal delivery services. Four main themes were identified from older adult and HCP data, with 13 associated sub-themes. These included *inconsistency and abundance in perspectives and priorities*, with participants illustrating the heterogeneity in ageing; issues with food based dietary guidelines; and information abundance. *Old age health and lifestyle changes* was another theme, including health issues as a point of control and awareness; evolving familial and household changes; and the issue of convenience and ease in food preparation. *Personal and psychosocial values* was the third theme, such as planning for the future; socio-emotional selectivity and the enjoyment of food; cultural habits and traditions; and the concept of getting back to the basics of “good, honest food”. Finally, the *food environment* theme included issues around food access; the shopping experience; and food packaging, labelling and branding. Influences and preferences were largely dependent on personal circumstances, health, values, and environments. There were some inconsistencies between preferences and current dietary information, but an overall sense that “good, honest food” achieves a balanced and varied diet. While specific nutritional priorities in older age, such as protein-energy, iron and calcium requirements should always be considered, the influences and preferences identified in this study suggest dietary health promotion that considers the wider psychosocial context of the person is desirable and acceptable to older adults and HCPs.

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### References

1. Delaney M & McCarthy M (2011) *J Food Prod Mark* 17(2–3), 114–140.
2. Castro PD, Reynolds CM, Kennelly S, et al. (2021) *Clin Nutr* 40(5), 2936–2945.