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It's time for a brand new approach for improving the nutritional status of the elderly, proposes a respected Canadian researcher. We fortify infant cereals and specialty foods for adults pursuing weight loss. Why not foods for seniors, too?

A novel solution for correcting low nutrient intakes in the frail elderly

Improving the nutritional status of the frail elderly has been the aim of Wendy Dahl, PhD, RD, FDC, since her days as a community dietitian in rural Saskatchewan. Today the Assistant Professor of Food Science and Human Nutrition at the University of Florida—and Adjunct Professor of Nutrition and Dietetics at the University of Saskatchewan—is pushing for a whole new way to counteract micronutrient deficiency in this cohort. “There is some evidence to suggest that the vitamin-mineral fortification of foods could be effective,” she says. “We’ve completed an initial study with promising results. Now we need more research.”

A fateful encounter

When asked about her focus on nutrition for seniors, Wendy smiles. “I didn’t choose this career path, *it really chose me* back in my early days as a PhD candidate in Saskatchewan. I consulted at a facility where an elderly woman was having trouble swallowing the Home’s in-house pureed protein and was becoming malnourished as a result. Fortunately, she improved once I brought in commercial products, and I’ve never forgotten her. From that point on I saw it as my professional responsibility to provide education and supports to ensure adequacy of diet, particularly among the frail elderly.”

It was the chance to educate the broader community that led Wendy to the University of Florida in 2007. “Florida counties employ Master’s level dietitians and it’s part of my job to support them by developing educational packages and on-line resources for community use. It’s tremendous,” she says.

Changing population

The sheer number of frail elderly in LTC today heightens the need for effective ways to correct low nutrient intake. “Twenty years ago, the typical Home had one or two residents with dysphagia,” Wendy comments. “Now it’s more like 40%. Dysphagic residents are at a

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In This Issue...

“Nothing great in the world has been accomplished without passion.”

Georg Wilhelm

- Nourishing, versatile, economical Campbell’s[®] 48 oz. soups
- Can vitamin D supplementation reduce the risk of falling?

higher risk of malnutrition, due to their underlying disease and dietary changes used to treat the disorder.”

Meanwhile, traditional approaches have come up short. “Research shows limited success from providing smaller, frequent meals.¹ It’s labour intensive and designed to increase energy intake. For the frail elderly we need to increase protein and micronutrient consumption, not just intake.”

Why not supplement?

Wendy is also skeptical of suggestions that Homes should simply provide vitamin-mineral supplements to residents. “Large administrative costs make comprehensive supplement programs expensive. Prescribing vitamin pills also contributes to the medicalization of old age. Besides, when an entire subpopulation is inadequate, we need to move beyond supplementation.” A recent study also showed low compliance with supplement programs.²

“No,” insists Wendy. “It’s time to address this problem from a different direction. I am very interested in the potential benefit of large-scale vitamin-mineral fortification of foods. We already have strong precedents. We’ve fortified infant formula and cereals for ages. Weight-loss products have regulations governing their fortification, so why not foods for the elderly?”

She highlights the weight-loss industry as the perfect case in point. “On a typical weight-loss diet, you consume 1200 to 1500 calories per day. It’s hard to meet nutrient recommendations on that level of intake, and that’s why companies are allowed to fortify foods for individuals pursuing weight loss.

“The LTC resident on texture-modified foods also consumes 1200 to 1500 calories a day. For many, that energy level is enough, though micronutrients

are low. And for those who are losing weight, they need more energy, as well as fortification with vitamins and minerals.”

Interesting results

Wendy was a researcher on a recent study³ that provided the first evidence that vitamin fortification of pureed foods for elderly LTC residents might hold promise for improving nutritional status. Conducted in Saskatchewan, the full study will be published in the Canadian Journal of Dietetics, Practice and Research later this year.



Wendy Dahl

“Due to our limited funding we focused our attention on three micronutrients: Vitamin B12, folate and vitamin D. We performed baseline blood serum tests for these on ten residents. We then devised the ideal nutrient mix powder, basing our calculations on the Dietary Reference Intakes planning formula, and Health Canada’s defined nutrient contribution method.

“We fortified the pureed foods for eight weeks and repeated blood serum tests at the end of the intervention. Positive results suggest that vitamin-mineral fortification could be an effective method to counteract micronutrient deficiency.”

Important questions remain.

How can foods be fortified with minerals without affecting the taste? “Providing foods that are fortified yet indistinguishable from their unfortified counterparts would ensure that acceptability of the overall diet is

optimized,” Wendy comments. “Taste and palatability are essential.”

Where should foods be fortified—on-site or by the manufacturer? “Or should we perhaps fortify protein foods at the industrial level, mandate that proteins be outsourced for LTC, and let the Homes provide the rest of the meal in-house?” she muses. “There are questions still to answer. Next we need to conduct a multi-centred study and perhaps partner with industry.”

Looking ahead

After years of effort to improve the micronutrient status of a very vulnerable population, Wendy is excited by the possibility of a breakthrough. “Clearly we need a different approach. I am hopeful that fortification will be part of it. Vitamin-mineral fortification won’t solve all malnutrition for the elderly but it could address the topic of micronutrient deficiency.”

Don’t wait, says Wendy...

1. “Supplement with vitamin D across the board.” (See page 4 for details.)
2. “Double-check the quality of the supplement your facility provides. It should have levels of vitamins and minerals comparable to the gold standard brand, Centrum®.”
3. “When feeding a resident with low intake, try to start with the protein portion first, to ensure that it is consumed.”

For a PDF of the Saskatchewan study...
Contact Wendy at wdahl@uful.edu

¹ Taylor KA, Barr SI. Provision of small, frequent meals does not improve energy intake of elderly residents with dysphagia who live in an extended-care facility. *J AM Diet Assoc.* 2006;106(7): 1115-1118.
² Oakley GP Jr. Oral synthetic folic acid and vitamin B12 supplements work—if one consumes them. *Nutri Rev.* 2004; 62(6 part 2):S22-S28.
³ Adolphe JL, Whiting SJ, Dahl, WJ. Vitamin Fortification of Pureed Foods Improves Nutritional Status of Long-Term Care Residents. *CDN Journal of Dietetics.*

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Passionate Profiles

In this special series, Helen Ann Dillon presents some of your passionate peers in healthcare foodservice.

A Born Teacher - Mary Anne Yurkiw

"I think I was born a teacher. If I can understand something, I can break it down and I can teach it. What really motivates me is looking for that 'aha' moment, that instant when the light goes on and I can see that something is really making sense for the learner," says Mary Anne. "That's a joyous experience—I want to shout 'Yahoo' each time.

"My role here at Alberta Health Services-Edmonton area is largely two-fold. I organize three conferences a year for professionals—our Regional Nutrition and Food Service Conference is second in size only to the Dietitians of Canada conference. I also am in charge of front-line education for our foodservice staff.

"Both aspects of my work provide me with lots of 'aha' moments. And although the professionals who attend the conferences

and the front-line workers who come for training have hugely different backgrounds, the same principles apply: You have to be creative and connect with each learner. You have to be enthusiastic. You have to keep it simple and make all learning interactive."

The field of dietetics is changing fast.

"This is an exciting time to be an educator. When I graduated from dietetics in '77, many dietitians were generalists. Today dietitians can specialize early, a fascinating change. The challenge this presents to educators is ensuring that the young RDs aren't too silo-ed in their work. In addition to their specialization, they need a *breadth* of knowledge. Transferable skills are the essential ones.

"I love to work with our staff, reaching out to the variety of students we work with, and showing them the amazing career possibilities in dietetics and admin.

Not long ago a young woman from the new BSc in Nutrition and Food program at the University of Alberta came up to me and said, 'I'm so glad you came to speak to my class. Thanks to you, I'm working in Quality Control now and I love it.' Now that was a great 'aha' moment for me! Talk about fun!"



Mary Anne Yurkiw
Regional Manager of Education and Development
with Regional Nutrition and Food Services
Alberta Health Services-Edmonton Area

The growing case for widespread vitamin D supplementation in the elderly



Intriguing research suggests a much larger role for vitamin D in human health than traditionally believed. Although more studies are required, researchers are finding links between insufficient levels and increased risk of heart disease, depression, allergies, autoimmune disorders, cancer and other serious ailments.

For the elderly, the focus on vitamin D has traditionally been limited to the prevention of osteoporosis and promotion of overall bone health. Now geriatricians are also looking at the role vitamin D might play in the maintenance of neuromuscular function in the elderly, particularly gait and balance.¹

Randomized trials have found that vitamin D supplementation improves lower extremity muscle performance. This in turn reduces the risk of falling. These findings are especially interesting when one considers that 50% of 80-year-olds fall each year, and of those who fall, 20 to 30% sustain moderate or severe injuries, including fractures.²

In the strictest sense, it's not a vitamin at all.

Vitamin D is not an essential dietary component like other vitamins, but is produced by the skin during exposure to sunlight. Today's indoor lifestyle can make it difficult to achieve adequate amounts via sun exposure alone. This is especially true for seniors

in institutional care. Seniors also have a reduced capacity to synthesize vitamin D from the sun.³

How much is enough?

"Enough" used to mean the amount required to prevent the onset of rickets. With the growing awareness of vitamin D's broader potential, scientists are considering new ways of measuring optimal levels. One approach might be to determine the amount necessary to prevent future disease, and to establish an optimal dietary intake (ODI) to reduce the risk of fracture.

Don't wait, supplement now.

A review committee is currently examining vitamin D recommendations.⁴ In the meantime, researchers recommend widespread supplementation of 1000 IU daily for those over 50, particularly those who are housebound, in institutional care, and those who have had a fracture.¹

¹ Anderson F. Vitamin D for older people: how much, for whom and—above all—why? *Age and Ageing* 2005;34:425-426.

² Dawson-Hughes B. Serum 25-hydroxyvitamin D and functional outcomes in the elderly. *Am J Clin Nutr* 2008; 88(suppl):5375-40S. ©American Society for Nutrition

³ Linus Pauling Institute. <http://lpi.oregonstate.edu/infocenter/vitamins/vitaminD/>

⁴ The Institute of Medicine. <http://www.iom.edu/?id=61170>

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