
Healthcare Nutrition Council

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March 30, 2018

Brandon Lipps
Administrator, Food and Nutrition Services, U.S. Department of Agriculture

Donald Wright
Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Department of Health and Human Services

RE: Dietary Guidelines for Americans: Request for Comments on Topics and Questions (Docket No. FNS-2018-0005)

Dear Mr. Lipps and Dr. Wright:

The Healthcare Nutrition Council (HNC), representing manufacturers of enteral and parenteral nutrition formulas, solutions, supplies, and equipment, submits these comments to the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) in response to the "Dietary Guidelines for Americans: Request for Comments on Topics and Questions" (FNS-2018-0005) which was published in the *Federal Register* on February 28.

We applaud the Department's efforts to enhance transparency and effectively manage resources by identifying topics and questions to be considered in the review of scientific evidence supporting the development of the 2020-2025 Dietary Guidelines. It is important that the Dietary Guidelines provide practical and actionable dietary advice for all Americans. HNC would like to submit the following recommendations in response to the specific topics proposed for older adults, ages 65 years and older (detailed comments below):

- Dietary patterns to promote health, prevent disease, and meet nutrition needs
- Specific nutritional needs related to older adults.

We support USDA and HHS's approach to differentiate between life stages and strongly recommend that older adults, ages 65 and older, remain as a separate life stage as identified. Dietary recommendations tailored to meet the nutrition needs of older adults are vital to help address the impacts of age, chronic disease, and malnutrition. The older adult population has specific and different needs than younger age groups and thus we encourage USDA and HHS to keep this age group separate and develop specific dietary recommendations for the older adult population.

Thank you for the opportunity to comment on these topics and questions. If you have any questions or would like additional information, please contact me at ncayce@kellencompany.com or 202-207-1126.

Sincerely,



Nadia Cayce, PhD
Executive Director
Healthcare Nutrition Council

Older adults, ages 65 years and older (with data reviewed by age group)

Topic: Dietary patterns to promote health, prevent disease and meet nutrition needs

HNC supports USDA and HHS including this topic in their research and work with the older adult population.

What modification to dietary patterns are effective in preventing or reversing declines in muscle mass or bone density in older adults?

Loss of muscle mass and bone density are frequent threats to this population's health. HNC supports the inclusion of this question, as it is critical to ensure continued functionality in older adults. Older adults can have increased protein needs and decreased ability to digest and utilize dietary protein. Further, the older adult population often does not consume adequate protein to meet their needs, nor do they consume it in a pattern that supports optimal utilization. All of these factors contribute to muscle loss and thus recommendations tailored to an older adult population are critical.

Additionally, HNC recommends USDA and HHS consider adding "malnutrition" to the list of conditions in this question as older adults are at a greater risk of malnutrition, due in part to the factors noted above. Research shows that disease-related malnutrition is a critical, complex problem affecting individuals in all settings of care, especially the older adult population. Malnourished older adult patients experience increased morbidity, complications and mortality; longer hospitalizations; more readmissions, institutionalizations and need for ongoing services; and increased healthcare costs. Adding "malnutrition" to the list of conditions also gives USDA and HHS the opportunity to further explore the harmful effects of malnutrition when coupled with obesity. Malnutrition is often overlooked in individuals suffering from obesity or obesity-related diseases; however, obese individuals can be malnourished and protein deprived as many are not receiving adequate nutrients to meet their daily recommended intake. Malnutrition is prevalent in older adults across the care spectrum and Dietary Guideline recommendations for this population should take that increased risk into account.

Are changes to the USDA Food Patterns needed based on relationships identified? If so, how well do USDA Food Pattern variations meet nutrient recommendations for older adults, age 65-80 years and those age 81+ years?

HNC supports the inclusion of this question and notes that it is particularly important for nutrients, such as protein, in an older adult population. As previously described, older adults may need specific dietary pattern recommendations that differ from younger, healthier populations due to their increased protein needs, need for higher quality protein, and need for protein consumption to be spread throughout the day in multiple sittings, instead of being limited to a single meal/sitting. USDA and HHS should also consider additional research on the amount of other nutrients which may result in important health outcomes to this group, such as omega-3 fatty acids, calcium, fiber, and vitamin D that older adults need and include this in their recommended patterns for the older population.

Topic: Specific nutritional needs related to older adults

HNC strongly supports USDA and HHS including this topic on special nutritional needs relating to the older adult population. Again, we encourage the Department's to include recommendations specifically for the older adult population, as this population's nutritional needs are unique.

Questions: What modifications to food and beverage choices promote meeting nutrient needs in older adults with impaired dentition, dry mouth or other aspects of aging that interfere with food and beverage consumption?

HNC supports the inclusion of this question as these modifications are very important for older adults. Age-related conditions and an increased burden of chronic disease can often make it more difficult for older adults to fully meet their nutrition needs with traditional food and beverage choices. We recommend the Department's consider the role of specialized products, such as oral nutrition supplements, that are designed to be nutrient dense, ready-to-eat, and easy to consume, all considerations that can be important for older adults with impaired dentition, dry mouth, or other conditions that can limit food consumption. We also encourage USDA and HHS to consider the role of alternative nutritional solutions for this population outside of the general food and beverage category. Many older adults can suffer from medical conditions and diseases that require them to meet their nutritional needs in other ways, such as through enteral or parenteral nutrition formulas and solutions. These important nutrition therapies serve a unique role in this population, as older adults can suffer from altered nutrient absorption, chronic diseases and other conditions. The above should be considered as specific recommendations for the older population are drafted.