The “successful aging” strategies of the 20th century, along with the reduced birth rates in the United States and throughout much of the world, now bring us into the new millennium with a unique challenge. The “graying” of the world population is recognized as a major demographic trend that will bring dramatic change to the nature of many societies. In the United States, the current proportion of the population age 65 and older is 13%, an all-time high and up by 22% since 1980. This segment of the population is expected to increase to 20% by 2030. Most striking will be the increase in the proportion of “oldest-old”; the number of US citizens age 85 and older is projected to triple in this same time period. These trends are the same in many parts of the world. The global average life span has increased from 49.5 yr in 1972 to more than 63 yr currently. And the Third World, although still somewhat youthful, is aging more quickly than the rest of the world. This is particularly troublesome in view of the economic constraints in these countries; loss of workforce-age citizens will complicate the accommodations needed for elderly populations.

The aging of our world has important social, political, and economic implications for the future. But the most profound effect, from the standpoint of public health, will be the fundamental changes it brings in the medical profile of much of the world’s citizenry. Older adults have more complex health problems and use health care services at a greater rate than any other subgroup of the population. In the United States, older adults make an average of more than five outpatient physician visits annually and account for more than 38% of hospitalizations, although they constitute only 13% of the population. In addition, the elderly tend to spend more time in the hospital once admitted and are far more likely to be discharged to an intermediate care facility or nursing home than younger patients.

The importance of applying interventions to prevent or delay age-associated disease has never been more evident. The health concerns of older adults tend to be more serious and often occur in tandem with one or more other chronic conditions. Moreover, medical problems continue to escalate as individuals get older and result in “add-ons” for medical therapies. For example, 45% of older persons with diabetes mellitus were diagnosed at age 65 or later and 26% at or after age 75 yr. At age 75 and beyond, rates of use for five or more prescription drugs soar to 13.7% for men and 16.8% for women. These trends and the anticipated increase in numbers of elderly will almost certainly stress global medical and economic resources. We can expect increasing total health care expenditures, increased needs for long-term care services, and a demand for more focused health care services for older adults living at home as the mean age of the population continues to escalate.

The purpose of *Handbook of Clinical Nutrition and Aging* is to provide strategies for understanding and managing nutrition-related medical disorders in older adults. Good nutritional care will improve the short- and long-term courses of many illnesses that are common in older adults. Although primary prevention is the goal whenever possible, the foremost goal of this text is to provide expert advice on secondary prevention and offer
appropriate nutritional therapies for older adults with established health problems. We offer this handbook as a guide to health care workers (including physicians, nurses, and dietitians) who provide care for this high-risk population.

*Handbook of Clinical Nutrition and Aging* provides a comprehensive overview of disorders that can seriously affect and be affected by nutrition and, wherever possible, presents specific recommendations for secondary prevention, management, and therapy. It is organized into parts, each of which contain related information on health and diseases that are major determinants of morbidity and mortality in older and elderly adults. Each chapter presents a discussion of the physiological basis of the disorder or concern, with special emphasis on interactions with nutrition, and concludes with a section on practical application and treatment guidelines (wherever applicable). It is our hope that the nutritional welfare and overall health of older adults will be enhanced through the use of the information contained here.

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