

Preface

It has been a decade since the first edition of this *Handbook* was created. The intervening time has indeed brought a mixture of blessings and concerns. Rapid scientific progress and advances in information transfer have fostered medical discoveries and dissemination of health-related information at an unprecedented rate. Consumers are more aware of the value of health-promoting behaviors than ever before, and older adults are paying close attention. For example, older persons are the greatest consumers of dietary supplements. Many employers have introduced wellness in the workplace initiatives, including to their retirees. Yet, the stark economic difficulties of the past few years have added unanticipated challenges for many individuals and families, often making it difficult to take advantage of these advances. The stress of limited time and resources and the confusion resulting from mixed messages in the media can be particularly challenging for older adults. Many are living on a fixed income and coping with a number of comorbidities as they make choices about health-related behaviors, including nutrition. As a result, they may not rank nutrition highly amongst the complex array of health-related recommendations they are offered, but we believe that they should!

In later life, as at any age, a poor diet and related factors like inactivity and obesity increase the risk of developing a long list of chronic conditions, such as cardiovascular disease, type 2 diabetes, metabolic syndrome, gallbladder disease, and cancer. Conversely, adherence to medical nutrition therapies for age-associated conditions such as renal disease and chronic heart failure can foster important improvements in health-related quality of life by preserving organ function and reducing problematic symptoms. With this in mind, we sought in this third edition of the *Handbook* to emphasize newer topics that have received limited attention heretofore, as well as mainstay topics for which assessment and therapies have continued to evolve and improve. For example, the increased recognition of physical function as a determinant of independence and well-being in later life is supported by three relevant chapters (Chaps. 6, 7, and 22). Two chapters (Chaps. 8 and 18) deal with aspects of diet and cognition, a current “hot topic” in geriatric nutrition. Chapters on food insecurity (Chap. 9), pressure ulcers (Chap. 14), feeding in late dementia (again, Chap. 18), and end of life issues (Chap. 19) highlight nutritional concerns in highly vulnerable populations. As in past editions, our “menu” of chapters on clinical conditions includes obesity, diabetes, heart failure, cancer, kidney disease, and osteoporosis. We are also pleased to include a new chapter on nutrition and anti-aging (Chap. 20) and the latest information on the ever-challenging topic of dietary supplements (Chap. 22), as well as a number of additional chapters relating to new knowledge about the role of nutrition in aging on a broader scope. The contents of these chapters reflect an optimistic outlook. Clearly, the authors contributing chapters to the *Handbook* support the idea that optimal nutrition benefits all older adults and they offer specific suggestions for accomplishing these benefits.

As with the first two editions, this book is a uniquely comprehensive and current resource on the topic of secondary disease prevention and medical nutrition therapy for older adults. We hope that it will be a valuable guide to clinical nutritionists/dietitians, physicians, nurses, and therapists in speech-language and occupational therapy, as well as many other health professionals, including social workers and case managers, who provide care for this high-risk population. We are indebted to many individuals who contributed as we put together this edition of the *Handbook*. In particular, we sincerely thank Diane Lamsback, Developmental Editor at Springer. With the consuming demands on the time of both editors and authors, her ongoing support was invaluable and truly helped to make this edition become a reality. CWB thanks Sarah B. Rose, MS, RD, who assisted with all the initial chapter reviews and supported the Duke Center for Aging work on the *Handbook*. CWB also thanks Amanda Quinn, who was with Springer until recently, for support and guidance as three editions of this *Handbook* have come together. We all as editors especially acknowledge the encouragement from our series editor, Dr. Adrienne Bendich, to explore the critical clinical issues in geriatric nutrition through this collaboration with the gifted and dedicated scientists who study them. It is these scientist-authors who ultimately made the book a successfully reality and we thank them all.

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