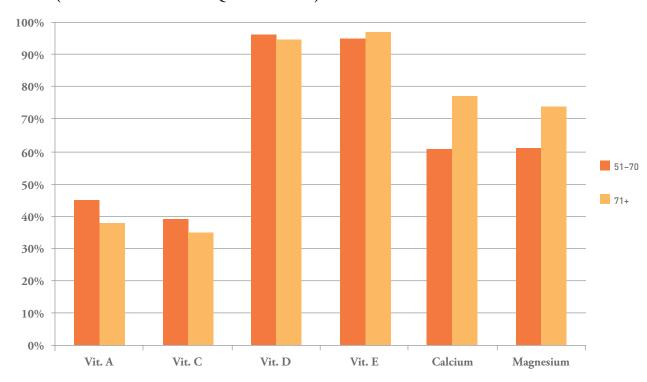
# Older Americans & Nutrient Shortfalls



## NUTRIENT SHORTFALLS AMONG OLDER AMERICANS AGE 51-70 & 71+ (PERCENT WITH INADEQUATE INTAKE) Source: NHANES 2001–20081



The National Health and Nutrition Examination Survey (NHANES) is a survey conducted by the Centers for Disease Control and Prevention (CDC). NHANES is designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. The statistics reported in this fact sheet are based on the EAR, which is helpful for assessing individual nutrient needs.

### America is in the midst of a nutrition crisis that has yet to be fully addressed.

- A large percentage of older Americans have inadequate intakes of vitamins A, C, D, and E, calcium and magnesium.1
- Of particular note, practically all older Americans are not meeting the recommended intake for vitamins D and E. These nutrients have important roles in bone and heart health (serum vitamin D<sup>2-5</sup>) and in providing antioxidant support (vitamin E).

#### Current dietary and lifestyle choices have led to a growing gap between the amount of nutrients people should consume and the actual nutrients they are consuming.

• Older Americans have a greater risk of bone fractures making the shortfalls of important bone-building nutrients, vitamin D, magnesium and calcium, of greater concern.6

#### Nutrient shortfalls left unaddressed have the potential to lead to chronic diseases such as osteoporosis<sup>7</sup>, and certain cancers<sup>8</sup>, which will increase healthcare costs.

Older Americans tend to consume less calories and food due to a decreased appetite.9 This poses a challenge to correcting nutrient shortfalls through a food-only approach.

#### For more information visit:

Dietary Guidelines for Americans | www.dietaryguidelines.gov

Nutrition.gov | www.nutrition.gov

National Institutes of Health MedlinePlus | www.nlm.nib.gov/ medlineplus/nutrition.html

National Osteoporosis Foundation | www.nof.org

Centers for Disease Control and Prevention | www.cdc.gov

<sup>1</sup> Fulgoni V. NHANES 2001-2008 analysis. 2011 unpublished.

<sup>2</sup> Wang L, Song Y, Manson JE, Pilz S, März W, Michaëlsson K, Lundqvist A, Jassal SK, Barrett-Connor E, Zhang C, Eaton CB, May HT, Anderson JL, Sesso HD. Circulating 25-hydroxy-vitamin D and risk of cardiovascular disease: a meta-analysis of prospective studies. Circ Cardiovasc Qual Outcomes. 2012 Nov;5(6):819-29. doi: 10.1161/CIRCOUTCOMES.112.967604. Epub 2012 Nov 13.

<sup>3</sup> Correia LC, Sodré F, Garcia G, Sabino M, Brito M, Kalil F, Barreto B, Lima JC, Noya-Rabelo MM. Relation of severe deficiency of vitamin D to cardiovascular mortality during acute coronary syndromes. Am J Cardiol. 2013 Feb 1;111(3):324-7. doi: 10.1016/j.amjcard.2012.10.006. Epub 2012 Nov 20.

<sup>4</sup> P. Brondum-Jacobsen, M. Benn, G. B. Jensen, B. G. Nordestgaard. 25-Hydroxyvitamin D Levels and Risk of Ischemic Heart Disease, Myocardial Infarction, and Early Death: Population-Based Study and Meta-Analyses of 18 and 17 Studies, Arteriosclerosis, Thrombosis, and Vascular Biology, 2012; DOI: 10.1161/ATVBAHA.112.248039

<sup>5</sup> Karakas M, Thorand B, Zierer A, Huth C, Meisinger C, Roden M, Rottbauer W, Peters A, Koenig W, Herder C. Low levels of serum 25-hydroxyvitamin D are associated with increased risk of myocardial

infarction, especially in women: results from the MONICA/KORA Augsburg case-cohort study. J Clin Endocrinol Metab. 2013 Jan;98(1):272-80. doi: 10.1210/jc.2012-2368. Epub 2012 Nov 12.

<sup>6</sup> H. Cheng, L. C. Gary, J. R. Curtis, K. G. Saag, M. L. Kilgore, M. A. Morrisey, R. Matthews, W. Smith, H. Yun, E. Delzell. Estimated prevalence and patterns of presumed osteoporosis among older Americans based on Medicare data. Osteoporosis International September 2009, Volume 20, Issue 9, pp 1507-1515

<sup>7</sup> National Osteoporosis Foundation. Calcium and Vitamin D: What you need to kno w. http://www.nof.

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<sup>9</sup> John E. Morley. Decreased Food Intake With Aging. J Gerontol A Biol Sci Med Sci (2001) 56 (suppl 2): 81-88. doi: 10.1093/gerona/56.suppl\_2.81