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HEALTHY LIFESTYLE. PREVENTION

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STUDY OF THE MICRONUTRIENT COMPOSITION OF ACTUAL DIETS IN THE ELDERLY POPULATION OF YAKUTSK

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The data obtained allowed us to conclude that the elderly population had a deficit of vitamins, microelements in the diet of the actual consumption, especially there was a decrease with age. Gender differences in the content of some vitamins and minerals in the diet were revealed.

Keywords: nutrition, micronutrients, vitamins, minerals, old age, epidemiology.

Relevance. The most important of the national project "Demography" in the Russian Federation is to increase the healthy life expectancy of the population. There is no doubt that this task is inseparable, connected with the state of health of the elderly and senile aged population and becomes an important factor for achieving an increase in life expectancy. One of the important factors influencing both the state of health and well-being of the mentioned category of population is a balanced nutrition. It is known that a balanced diet is necessary for the physiological needs of the body in nutrients (macro- and micronutrients) and energy. Rational and balanced nutrition contributes to the body's resistance to the negative effects of environmental influences, reducing the risk of alimentary-dependent diseases and increasing life expectancy [4, 8, 12]. The elderly population is often considered to be at higher risk for a number of reasons, one of which is a decrease in food intake that can lead to the development of malnutrition (malnu-

tritional deficiency) syndrome. Current nutritional problems in the elderly population are one of the important reasons for the formation of numerous geriatric syndromes (sarcopenia, senile asthenia, falls, bedsores, depression, cognitive decline, etc.), which worsen not only the quality of life, the functional status of the elderly person, but also worsen the forecast of morbidity and mortality indicators [5, 11, 12]. In this connection, it becomes relevant to study the actual nutritional status of this age group for the prevention and possible correction of geriatric syndromes in the elderly population living of the Republic of Sakha (Yakutia).

Aim: of this study was to study the micronutrient (vitamins and minerals) composition of the actual dietary intake in the elderly population of Yakutsk.

Materials and methods of research. This paper uses the materials of an epidemiological study conducted as part of the research work «Epidemiology of some chronic non-infectious diseases and risk-factors in the elderly population (including long-livers) of Yakutsk» by the Yakut Scientific Center of complex medical problems. The study design corresponds to a one-stage cross-sectional population study described in a previously published paper by the authors [1].

The population of the city of Yakutsk aged 60 and older was chosen for the study. The selected representative sample of the population aged 60 years and older was 5.3% of the total number of residents of the city. Data from 775 people were collected for the survey. The mean age of those surveyed was 75.7 years with a standard deviation of 9.4 years, and the response was 79.9%. Data from

244 men and 331 women were used to analyze micronutrients (vitamins and microelements) in the diet.

Validated questionnaires and questionnaires that included sociodemographic characteristics and data on actual nutrition were used for the study [1].

The method of analyzing the frequency of food consumption was used to assess actual nutrition. The database "Tables of the chemical composition of dishes and culinary products", taking into account losses during heat treatment, was used to determine the micronutrient composition of diets. Daily food rations were analyzed based on an assessment of both the quantitative content and the ratio of micronutrients. To analyze the data obtained, the norms of physiological need for nutrients and energy for different population groups were used [6].

Statistical processing and data analysis were performed using the SPSS software package (11.5 version). Values $p < 0.05$ were considered authentic.

Results and discussion. The analyzed data assessing the average daily content of micronutrients (vitamins A, B1 and B2, β -carotene, PP, C and minerals - sodium, potassium, calcium, magnesium, phosphorus and iron) in the diet of the actual diet showed insufficient consumption at the level of the recommended physiological norms for men and women aged 65 and older.

Average levels of vitamin intake are shown in table 1. Deficiencies in dietary vitamin intake relative to recommended levels were noted in both groups. However, the average daily intake of vitamins was statistically significantly higher in the male population compared with the same

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indicators in women, except for vitamin C and β -carotene (Table 1).

As follows from the data in table 2, sodium intake in diets in the general elderly population exceeds the recommended values. The reasons for this excess may be the increased use of salt in the diet ("I always add salt" in cooking indicated by 83.3% of the respondents and "I add salt to cooked food" indicated by 25.6%). The recommended values for persons aged 60 years and older

did not exceed potassium intake levels (2207.92 ± 42.41 mg/day) in the daily diet of the actual diet.

According to the results presented, all the examined had a pronounced deficit in the intake of potassium (2207.92 ± 42.41 mg/d), calcium (515.89 ± 11.50 mg/d) and magnesium (255.70 ± 3.90 mg/d) in the diet of the actual diet (Table 2). At the same time, elevated levels of phosphorus (941.80 ± 14.73 mg/d) and iron (17.44 ± 0.21 mg/d) were detected in the

examinees, which is associated with increased consumption of meat, fish products in the daily diet (38,4%). It should be noted that the male population had significantly higher intake of sodium, magnesium, phosphorus and iron than the female population. There were no significant gender differences in potassium and calcium intake (Table 2).

Analyzing the level of average daily intake depending on age, both vitamins and minerals, it was found that in the

Table 1

The average content of vitamins (mg/day) in the diets of men and women aged 60 years and older in Yakutsk. $M \pm m$

| Vitamins | Total number of respondents (n=575) | Men (n=244) | Women (n=331) | P_{m-w} | Recommended values. mg |
|------------------------|-------------------------------------|------------------|------------------|-----------|------------------------|
| Vitamin A. RE Δ | 0.49 ± 0.02 | 0.53 ± 0.04 | 0.45 ± 0.02 | 0.045 | 0.9 |
| β -carotene | 3.09 ± 1.07 | 2.86 ± 1.27 | 3.24 ± 1.6 | 0.075 | 5.0 |
| Vitamin B ₁ | 0.91 ± 0.01 | 0.99 ± 0.02 | 0.86 ± 0.02 | 0.000 | 1.5 |
| Vitamin B ₂ | 1.18 ± 0.02 | 1.25 ± 0.03 | 1.12 ± 0.03 | 0.001 | 1.8 |
| Vitamin PP | 11.66 ± 0.18 | 12.72 ± 0.27 | 10.89 ± 0.23 | 0.000 | 20 |
| Vitamin C | 86.13 ± 2.42 | 82.49 ± 3.36 | 88.81 ± 3.41 | 0.198 | 100 |

Note: Δ vitamin A in retinol equivalent (RE)

Table 2

Average daily minerals content (mg/day) in the diets of men and women in Yakutsk aged 60 years and older, $M \pm m$

| Minerals | Total number of respondents (n=575) | Men (n=244) | Women (n=331) | P_{m-w} | Recommended values, mg |
|----------|-------------------------------------|---------------------|---------------------|-----------|------------------------|
| Na | 1457.34 ± 22.85 | 1632.31 ± 38.01 | 1328.36 ± 25.97 | 0.000 | 1300 |
| K | 2207.92 ± 42.41 | 2251.42 ± 59.96 | 2175.84 ± 58.95 | 0.379 | 3500 |
| Ca | 515.89 ± 11.50 | 530.43 ± 19.50 | 505.17 ± 13.86 | 0.278 | 1200 |
| Mg | 255.70 ± 3.90 | 265.95 ± 5.78 | 248.15 ± 5.24 | 0.024 | 420 |
| P | 941.80 ± 14.73 | 1015.35 ± 24.58 | 887.59 ± 17.52 | 0.000 | 700 |
| Fe | 17.44 ± 0.21 | 18.33 ± 0.32 | 16.78 ± 0.28 | 0.000 | men – 10, women – 18 |

Table 3

Average daily vitamins and minerals (mg/day) in the diets of men and women as a function of age in Yakutsk 60 years and older, $M \pm m$

| Age groups / indicators | 60-69 years (I group) (n=179) | 70-79 years (II group) (n=192) | 80-89 years (III group) (n=132) | 90 years and older | p^* |
|-------------------------|-------------------------------|--------------------------------|---------------------------------|---------------------|--|
| Vitamin A, RE | p^* | 0.46 ± 0.03 | 0.52 ± 0.06 | 0.52 ± 0.06 | I- III ^{***} , II-III ^{**} |
| β -carotene | 3.88 ± 2.47 | 3.19 ± 1.62 | 2.49 ± 1.76 | 2.15 ± 1.67 | I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} |
| Vitamin B ₁ | 1.03 ± 0.02 | 0.96 ± 0.02 | 0.80 ± 0.03 | 0.72 ± 0.04 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} |
| Vitamin B ₂ | 1.32 ± 0.04 | 1.21 ± 0.03 | 1.05 ± 0.04 | 0.96 ± 0.05 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , III-IV ^{***} |
| Vitamin PP | 13.05 ± 0.34 | 11.64 ± 0.28 | 10.41 ± 0.33 | 10.58 ± 0.54 | I- II [*] , I- III ^{***} , II-III ^{***} , II-IV ^{**} |
| Vitamin C | 102.70 ± 4.47 | 92.54 ± 4.45 | 68.56 ± 4.29 | 60.04 ± 4.65 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} |
| Sodium | 1632.95 ± 44.39 | 1541.80 ± 35.90 | 1266.52 ± 36.92 | 1145.39 ± 62.55 | I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{**} , III-IV ^{***} |
| Potassium | 2528.16 ± 93.10 | 2286.47 ± 63.0 | 1934.86 ± 71.75 | 1702.87 ± 82.85 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{**} , III-IV [*] |
| Calcium | 577.81 ± 20.26 | 540.17 ± 19.44 | 463.78 ± 23.17 | 392.75 ± 31.76 | I- III ^{**} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} , III-IV ^{***} |
| Magnesium | 291.64 ± 7.59 | 266.78 ± 5.66 | 225.61 ± 7.25 | 191.96 ± 9.22 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{**} , III-IV ^{***} |
| Phosphorus | 1055.04 ± 26.67 | 971.33 ± 23.22 | 837.66 ± 28.44 | 772.49 ± 42.55 | I- II [*] , I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} |
| Iron | 19.13 ± 0.41 | 18.09 ± 0.32 | 16.07 ± 0.41 | 14.02 ± 0.52 | I- III ^{***} , I-IV ^{***} , II-III ^{***} , II-IV ^{***} , III-IV ^{***} |

Note: p^* - reliability of differences between age groups, $*p < 0.05$; $**p < 0.01$; $***p < 0.001$.

age group 60-69 years old consumption is higher, while in the diet a tendency to lower vitamins and minerals was revealed, reaching a minimum in long-livers (90 years and over).

In our study, the average micronutrient status scores based on actual dietary intake in the elderly were comparable to those of other studies [2, 3, 7, 9, 10, 13]. It should be noted that micronutrient deficiencies in the daily diet contribute to changes in the chemical composition and energy value of the diet. Such changes lead to an imbalanced diet and indicate a high risk of developing malnutrition syndrome (malnutrition) in the elderly. The main reasons are both physiological features and a decrease in the amount of food intake, restriction of food intake, decreased physical activity and the presence of chronic diseases with age.

This indicates the need for timely and regular nutritional assessment in the elderly, identification of causes, correction and treatment of identified disorders [5].

Conclusion. Analysis of the results of our study showed that in all respondents the profile of micronutrient composition of the studied vitamins and microelements in the daily diet of the actual diet was assessed as deficient. The average daily intake of vitamins in the male population was significantly higher compared to that in women, with the exception of the intake of vitamin C and β -carotene, where no significant differences were found.

The daily diets of the general elderly population revealed an increased intake of sodium, phosphorus, and iron and a deficit in calcium and magnesium intake. Men were found to have significantly higher intake of sodium, magnesium, phosphorus, and iron than the female population. No significant gender differences were found in potassium and calcium intake. It should be noted that with age there is a tendency to decrease the level of consumption of micronutrients in the diet. Such changes are associated with the physiological characteristics of the elderly, changes in eating behavior (reduction of food intake, limitation of food intake), decreased physical activity and the presence of chronic diseases with age.

Thus, the identified disorders of nutritional status in older age groups suggest the presence of manifestations of malnutrition syndrome, which worsens the

health prognosis of the elderly and senile population.

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