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Age and Ageing highlights

British Geriatrics Society
Improving healthcare for older people

BGS

Age and Ageing

Rowan H Harwood

Consultant geriatrician, Professor of Palliative and End of Life Care, Editor-in-Chief Age and Ageing
University of Nottingham

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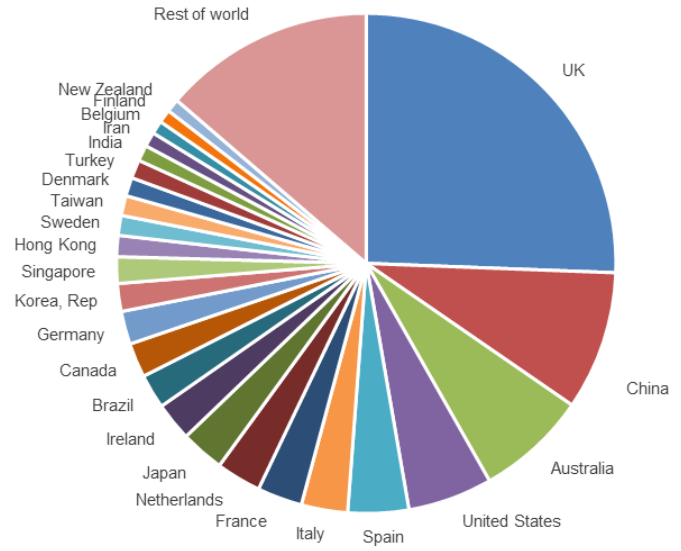
Age and Ageing

- Age and Ageing is the official journal of the British Geriatrics Society.
- Promotes scientific and medical excellence in the care of older people
- … through publishing peer-reviewed original research, reviews, and scholarly comment
- Aimed at primarily clinical readership, but also gerontology, epidemiology, education, public health and policy.
- 2018 Impact factor 4.51, 9/53 in geriatrics and gerontology group
- 3rd ranking clinical geriatrics journal, behind JAMDA and J Gerontol.



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Menu: Age and Ageing highlights

- Editorials, Commentaries and New Horizons
- Guideline commentaries
- Research papers
- Qualitative papers
- Quality Improvement
- Themed Collections
- How to get published

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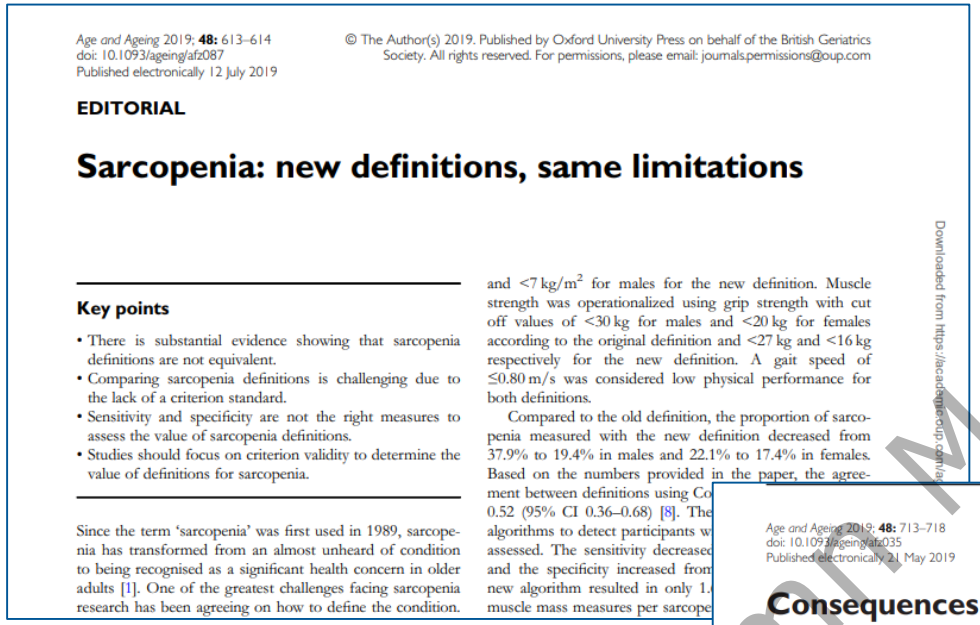
Editorials



Age and Ageing 2019; **48:** 613–614
doi: 10.1093/ageing/afz087
Published electronically 12 July 2019

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EDITORIAL

Sarcopenia: new definitions, same limitations

Key points

- There is substantial evidence showing that sarcopenia definitions are not equivalent.
- Comparing sarcopenia definitions is challenging due to the lack of a criterion standard.
- Sensitivity and specificity are not the right measures to assess the value of sarcopenia definitions.
- Studies should focus on criterion validity to determine the value of definitions for sarcopenia.

Since the term 'sarcopenia' was first used in 1989, sarcopenia has transformed from an almost unheard of condition to being recognised as a significant health concern in older adults [1]. One of the greatest challenges facing sarcopenia research has been agreeing on how to define the condition.

and <7 kg/m^2 for males for the new definition. Muscle strength was operationalized using grip strength with cut off values of <30 kg for males and <20 kg for females according to the original definition and <27 kg and <16 kg respectively for the new definition. A gait speed of ≤0.80 m/s was considered low physical performance for both definitions.

Compared to the old definition, the proportion of sarcopenia measured with the new definition decreased from 37.9% to 19.4% in males and 22.1% to 17.4% in females. Based on the numbers provided in the paper, the agreement between definitions using Co
0.52 (95% CI 0.36–0.68) [8]. The
algorithms to detect participants w
assessed. The sensitivity decreased
and the specificity increased from
new algorithm resulted in only 1.
muscle mass measures per sarcope

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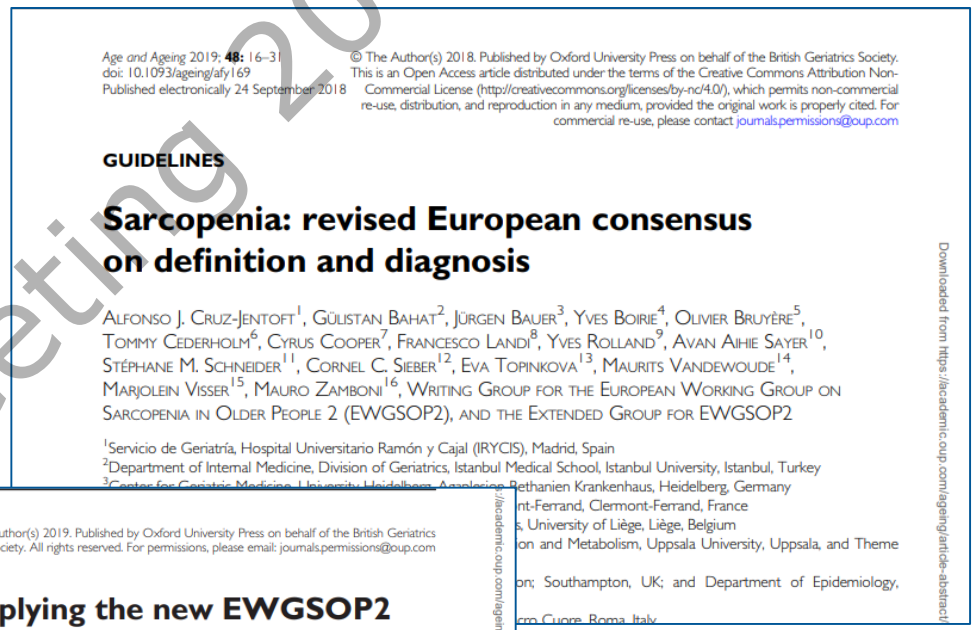

Age and Ageing 2019; **48:** 16–31
doi: 10.1093/ageing/afy169
Published electronically 24 September 2018

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GUIDELINES

Sarcopenia: revised European consensus on definition and diagnosis

Alfonso J. Cruz-Jentoft[1], Gülistan Bahat[2], Jürgen Bauer[3], Yves Boirie[4], Olivier Bruyère[5], Tommy Cederholm[6], Cyrus Cooper[7], Francesco Landi[8], Yves Rolland[9], Avan Aihie Sayer[10], Stéphane M. Schneider[11], Cornel C. Sieber[12], Eva Topinkova[13], Maurits Vandewoude[14], Marjolein Visser[15], Mauro Zamboni[16], Writing Group for the European Working Group on Sarcopenia in Older People 2 (EWGSOP2), and the Extended Group for EWGSOP2

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[2]Department of Internal Medicine, Division of Geriatrics, Istanbul Medical School, Istanbul University, Istanbul, Turkey
[3]Center for Geriatric Medicine, University Heidelberg, Agaplesion Bethanien Krankenhaus, Heidelberg, Germany
[4]...nt-Ferrand, Clermont-Ferrand, France
[5]..., University of Liège, Liège, Belgium
[6]...on and Metabolism, Uppsala University, Uppsala, and Theme
...on; Southampton, UK; and Department of Epidemiology,
...cro Cuore, Roma, Italy

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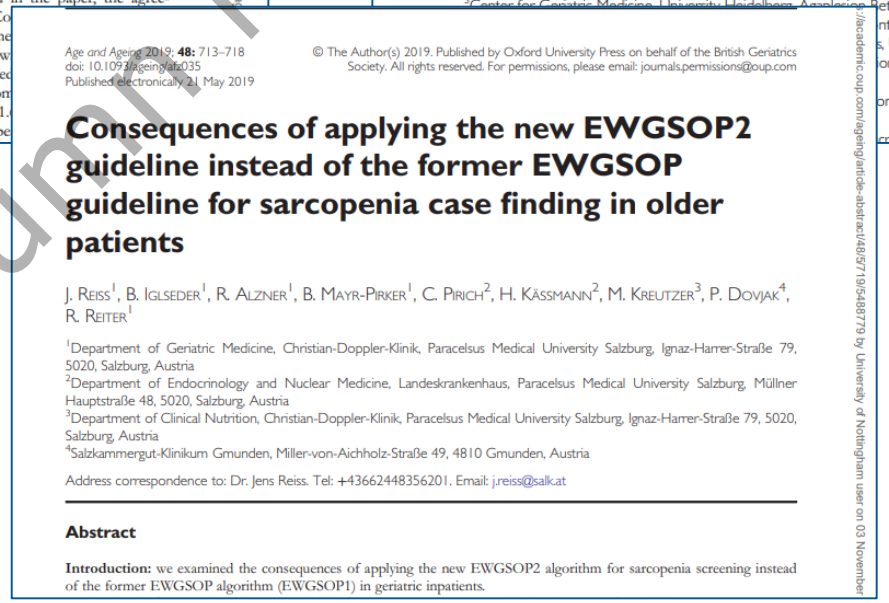

Age and Ageing 2019; **48:** 713–718
doi: 10.1093/ageing/afz035
Published electronically 21 May 2019

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Consequences of applying the new EWGSOP2 guideline instead of the former EWGSOP guideline for sarcopenia case finding in older patients

J. Reiss[1], B. Iglseder[1], R. Alzner[1], B. Mayr-Pirker[1], C. Pirich[2], H. Kässmann[2], M. Kreutzer[3], P. Dovjak[4], R. Reiter[1]

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[4]Salzkammergut-Klinikum Gmunden, Miller-von-Aichholz-Straße 49, 4810 Gmunden, Austria

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Abstract

Introduction: we examined the consequences of applying the new EWGSOP2 algorithm for sarcopenia screening instead of the former EWGSOP algorithm (EWGSOP1) in geriatric inpatients.

- Among the 41 sarcopenia cases identified by EWGSOP1, only 20 (48.8%) were diagnosed with sarcopenia by EWGSOP2

- The best definition of sarcopenia will be the one with the strongest association with health outcomes .

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Age and Ageing 2019; 48: 16-31; 48: 613-4; 48: 713-8

Commentaries and New Horizons

Age and Ageing 2019; **48:** 768–775
doi: 10.1093/ageing/afz109
Published electronically 9 October 2019

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NEW HORIZONS

New horizons in deprescribing for older people

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Abstract

Deprescribing has gained interest recently, driven by an ageing population seeing an increasing number living with multiple long-term conditions. This, coupled with disease-specific guidelines derived from clinical trials in younger people, has led to an increase in exposure to polypharmacy and the associated therapeutic burden. Older people, especially those living with frailty, tend to experience lower efficacy of these medications along with a higher risk of drug adverse effects. Explanations

- Rationale, practical aspects, evidence base and evaluation.
- Clinical epidemiology of polypharmacy
- Potentially inappropriate medication
- De-prescribing should be based around shared decision-making

- Trials suggest may reduce polypharmacy, improve adherence, reduce cost and improve QoL. And no harm. Few data on improvements in hospitalisation or mortality rates.
- ‘Fewer drugs is not less care’.

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Age and Ageing 2019; 48: 768-75

Commentaries and New Horizons

- Older healthcare users have multi-morbidity, disability, complexity and diversity
- Flexibility and individualisation may be constrained by healthcare systems
- Policy and rhetoric (personalisation, choice) vs. realities of practice (compliance with policies).
- 'Responsiveness' = ability of a service to respond dynamically to individual needs and expectations
- Required to deliver the best healthcare for older people.

Age and Ageing 2019; **48:** 785–788
doi: 10.1093/ageing/afz085
Published electronically 3 July 2019

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COMMENTARY

Making health care responsive to the needs of older people

JACKIE BRIDGES[1], CATHERINE POPE[1], JEFFREY BRAITHWAITE[2]

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[2]Australian Institute of Health Innovation, Macquarie University, Australia

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Abstract

This commentary highlights the importance of health system responsiveness to older people living with complex health needs. Age-related changes and associated morbidity can present barriers to identifying an individual's health needs, expectations, values and preferences, and so sufficient time, skill and resource is required to inform the development of a tailored plan for each individual. A focus on responsiveness moves thinking beyond the responsibilities of the individual clinician in the single encounter, and allows us to identify elements of the wider system that may constrain how well the clinician is able to respond. Setting the goal of responsive health care requires us to assess the suitability of wider health system features and processes for meeting the diverse needs of individual people throughout their journey, and the extent to which the system can adapt dynamically as needs change. Standardised approaches to care prescribed across organisations (such as time-based

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Age and Ageing 2019; 48: 785-8

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Guideline commentaries

Age and Ageing 2019; **48:** 323–326
doi: 10.1093/ageing/afy158
Published electronically 27 September 2018

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GUIDELINES

Highlighting the goals for Parkinson's care: commentary on NICE Guidelines for Parkinson's in Adults (NG71)

Peter Brock[1], James M. Fisher[1], Annette Hand[1,2], Richard W. Walker[1,3]

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[2]Northumbria University, Newcastle upon Tyne, Tyne and Wear, UK
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Upon Tyne NE29 8NH, UK. Email: peter.brock@nhs.net

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Abstract

Parkinson's disease is a chronic multi-system disease that can cause motor and non-motor sympto
variably effective medications. Optimal management of the condition requires a multi-disciplinary t
sionals to
updated
current h
The National Institute for Health and C
s in 2017. Here we discuss the implic
le with Parkinson's disease.

Age and Ageing 2019; **48:** 14–15
doi: 10.1093/ageing/afy151
Published electronically 10 September 2018

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GUIDELINE COMMENTARY

Older adults with intellectual disability: the National Institute for Health and Care Excellence (NICE) guidelines

In April 2018, the National Institute for Health and Care Excellence (NICE) published guideline NG96, *Care and support of people growing older with Learning Disabilities* [1]. Most of the English-speaking world and the research community in the UK now uses the term Intellectual Disability to avoid confusion with so-called Learning Difficulty, which includes for example dyslexia; NICE have chosen to continue with Learning Disability as the label for people who have an IQ < 70 and impaired adaptive functioning before the age of

1.5.10 Record a person's learning disability and [make sure]… all relevant practitioners… can access this.

1.5.28 Enable someone chosen by the person to stay with them throughout their inpatient stay, including overnight.

There is also a section on discharge planning which would not differ from usual practice for any inpatient with complex needs.

Given this limited guidance, what might hospital ser-

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Age and Ageing 2019; **48:** 486–488
doi: 10.1093/ageing/afz036
Published electronically 30 March 2019

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COMMENTARY

The Scottish Intercollegiate Guidelines Network: risk reduction and management of delirium

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[2]Division of Geriatric Medicine, Nova Scotia Health Authority, Halifax, Nova Scotia, Canada

aniel.davis@ucl.ac.uk

cottish Intercollegiate Guidelines
first UK guideline since 2010.
's Test (4AT). The 4AT has the
ith little training. The guidelines
s involving the spectrum of cog-
ementia). Pharmacotherapy has a

ges in the sociocultural context in

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Age and Ageing 2019; 48: 14-15; 48: 323-326; 48: 785-8

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Original Research

Age and Ageing 2019; **48:** 220–228
doi: 10.1093/ageing/afy179
Published electronically 14 November 2018

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Effects of exercise and nutrition supplementation in community-dwelling older Chinese people with sarcopenia: a randomized controlled trial

Liu-Ying Zhu[1], Ruth Chan[1], Timothy Kwok[1], Kenneth Chik-Chi Cheng[2], Amy Ha[2], Jean Woo[1]

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Abstract

Background: Limited trials examining the effect of exercise and nutrition supplementation in older people with sarcopenia are available.

...sistance exercise program targeting muscle strength and power with and without

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Age and Ageing 2019; **48:** 67–74
doi: 10.1093/ageing/afy149
Published electronically 31 August 2018

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Fact Box decision support tools reduce decisional conflict about antibiotics for pneumonia and artificial hydration in advanced dementia: a randomized controlled trail

Andrea J. Loizeau[1,2,3], Nathan Theill[1,2,4], Simon M. Cohen[3], Stefanie Eicher[1,2], Susan L. Mitchell[3,5], Silvio Meier[2,6], Michelle McDowell[7], Mike Martin[1,2,6], Florian Riese[1,4]

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Abstract

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- 12 week exercise program had no effect on gait speed, but improved muscle strength; effect extended to 24 weeks. Nutrition supplement had effect on muscle mass but not function, and only during the intervention.
- Fact Boxes improve decision-making outcomes of physicians, relatives of dementia patients and professional guardians

Age and Ageing 2019; 48: 67-74; 48: 220-8

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Original Research

Age and Ageing 2019; **48:** 228–234
doi: 10.1093/ageing/afy146
Published electronically 28 August 2018

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Antibiotic prophylaxis and clinical outcomes among older adults with recurrent urinary tract infection: cohort study

Haroon Ahmed[1], Daniel Farewell[1], Hywel M. Jones[1], Nick A. Francis[1], Shantini Paranjothy[1], Christopher C. Butler[2]

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Abstract

Background: clinical guidelines recommend antibiotic prophylaxis for preventing recurrent urinary tract infections (UTIs), but there is little evidence for their effectiveness in older adults.
Methods: this was a retrospective cohort study of health records from 19,696 adults aged ≥65 with recurrent UTIs. We used prescription records to ascertain ≥3 months' prophylaxis with trimethoprim, cefalexin or nitrofurantoin. We used random effects Cox recurrent event models to estimate hazard ratios (HR) and 95% confidence intervals (CI) for risks of clinical and hospitalisation.
Res ecurrent UTIs, 508 men (12.6%) and 2,229 women (14.2%) wer vas associated with a reduced risk of clinical recurrence (HR, 0.4 54; 95% CI: 0.51, 0.57) and UTI-related hospitalisation (HR

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Age and Ageing 2019; **48:** 128–133
doi: 10.1093/ageing/afy156
Published electronically 12 September 2018

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The impact of first- and second-eye cataract surgery on motor vehicle crashes and associated costs

Lynn B. Meuleners, Kate Brameld, Michelle L. Fraser, Kyle Chow

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Abstract

Objective: to evaluate the association between first- and second-eye cataract surgery and motor vehicle crashes for older drivers and the associated costs to the community.
Design: retrospective population-based cohort study.
Subjects: a total of 2,849 drivers aged 60 years and older who had undergone both first- and second-eye cataract surgery were involved in 3,113 motor vehicle crashes as drivers during the study period.
Methods: de-identified data were obtained using the Western Australian Data Linkage System from 1 January 2003 to 31

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- Antibiotic prophylaxis was associated with a 51% reduction in UTI recurrence in men, a 43% reduction in women, and 22% reduction in UTI-related hospitalisation in men.
- Significant reduction in motor vehicle crashes in year after first-eye (61%) and second-eye (23%) cataract surgery

Age and Ageing 2019; 48: 128-133; 228-234

Reviews

Age and Ageing 2019; **48:** 627–635
doi: 10.1093/ageing/afz072
Published electronically 5 June 2019

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SYSTEMATIC REVIEW

Is the association between blood pressure and mortality in older adults different with frailty? A systematic review and meta-analysis

Oliver M Todd[1], Chris Wilkinson[2], Matthew Hale[1], Nee Ling Wong[1], Marlous Hall[2], James P Sheppard[3], Richard J McManus[3], Kenneth Rockwood[4], John Young[1], Chris P Gale[2], Andrew Clegg[1]

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Abstract

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- 9 studies involving 21,906 older adults, mean 6y follow up
- In the absence of frailty, SBP <140mmHg had lower risk of death cf >140mmHg (HR 0.86, 95% CI 0.77 to 0.96).
- In people with frailty, no mortality difference Between SBP <140mmHg cf >140mmHg (HR 1.02, 95% CI 0.90 to 1.16).
- Could be the result of reverse causality
- Lack of evidence of association between blood pressure and non-fatal outcomes in older people with frailty.

Age and Ageing 2019; 48: 627-435

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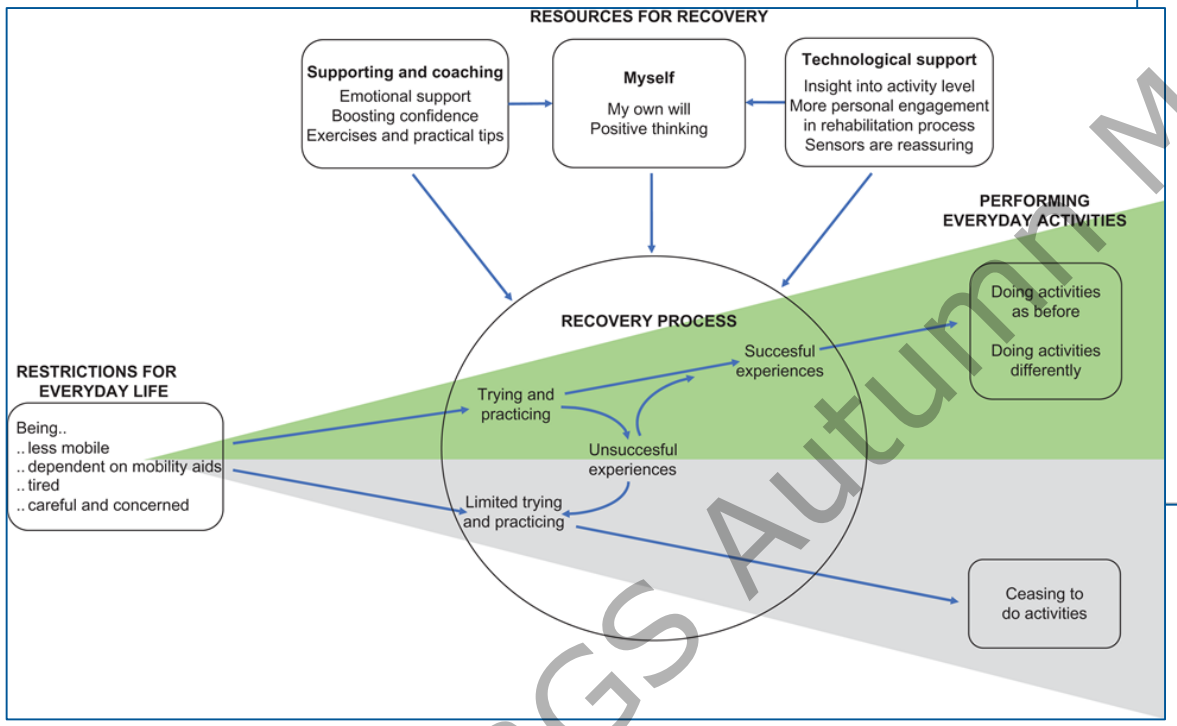
Qualitative Research

- 4 themes ‘restrictions for everyday life’, ‘recovery process’, ‘resources for recovery’ and ‘performing everyday activities’.



Age and Ageing 2019; **48:** 440–447
doi: 10.1093/ageing/afz012
Published electronically 26 February 2019

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QUALITATIVE PAPER

Everyday life after a hip fracture: what community-living older adults perceive as most beneficial for their recovery

Margriet Pol[1], Sebastiaan Peek[2], Fenna van Nes[1], Margo van Hartingsveldt[1], Bianca Buurman[3,1], Ben Kröse[4,5]

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Abstract

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- More attention should be paid to follow-up interventions.

Age and Ageing 2019; 48: 440-447

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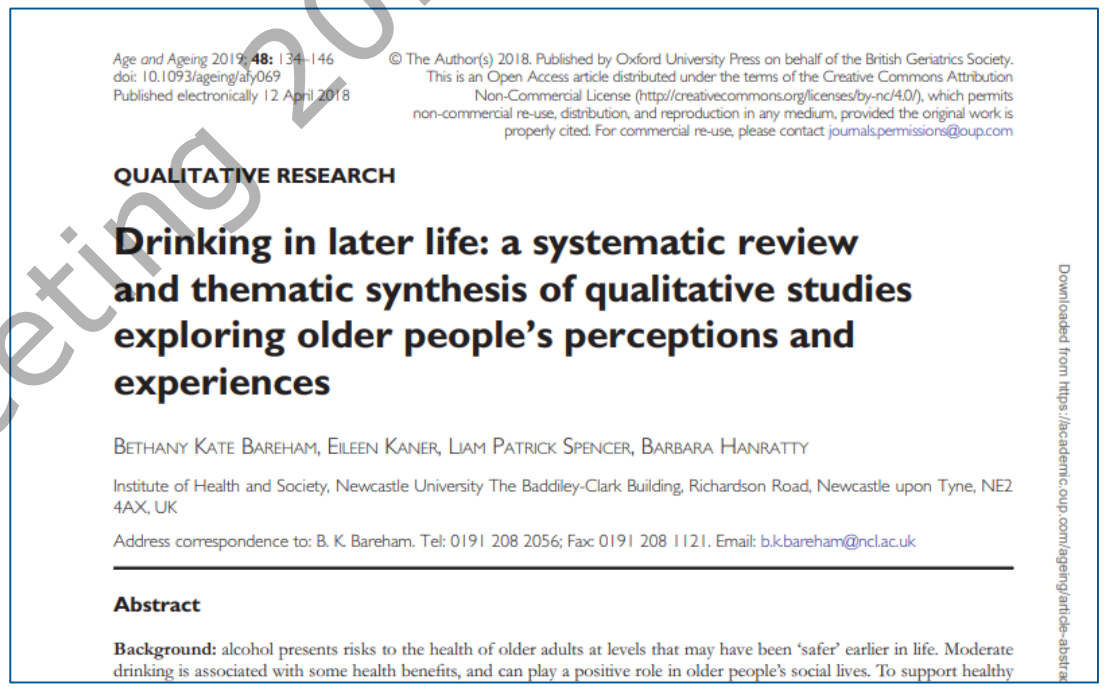
Qualitative Research

- Levels of alcohol consumption that may have been safer earlier in life may pose risks to older adults
- Older people perceive themselves as controlled and responsible drinkers.
- Role in sustaining social and leisure activities and important to health and well-being, but may not recognise risks
- Drinking is routinised across the life course, and may be difficult to change in retirement



Age and Ageing 2019; **48:** 134–146
doi: 10.1093/ageing/afy069
Published electronically 12 April 2018

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QUALITATIVE RESEARCH

Drinking in later life: a systematic review and thematic synthesis of qualitative studies exploring older people's perceptions and experiences

BETHANY KATE BAREHAM, EILEEN KANER, LIAM PATRICK SPENCER, BARBARA HANRATTY

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Abstract

Background: alcohol presents risks to the health of older adults at levels that may have been 'safer' earlier in life. Moderate drinking is associated with some health benefits, and can play a positive role in older people's social lives. To support healthy

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Age and Ageing 2019; 48: 134-146

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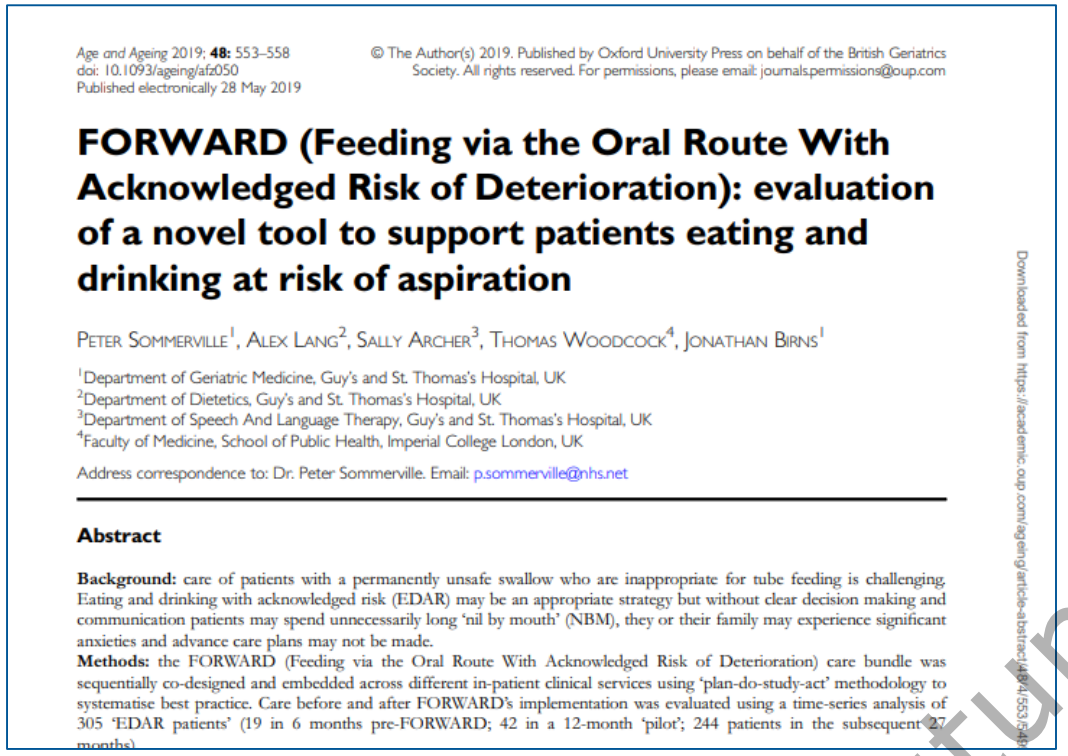
Quality Improvement



Age and Ageing 2019; **48:** 553–558
doi: 10.1093/ageing/afz050
Published electronically 28 May 2019

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FORWARD (Feeding via the Oral Route With Acknowledged Risk of Deterioration): evaluation of a novel tool to support patients eating and drinking at risk of aspiration

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Abstract

Background: care of patients with a permanently unsafe swallow who are inappropriate for tube feeding is challenging. Eating and drinking with acknowledged risk (EDAR) may be an appropriate strategy but without clear decision making and communication patients may spend unnecessarily long 'nil by mouth' (NBM), they or their family may experience significant anxieties and advance care plans may not be made.
Methods: the FORWARD (Feeding via the Oral Route With Acknowledged Risk of Deterioration) care bundle was sequentially co-designed and embedded across different in-patient clinical services using 'plan-do-study-act' methodology to systematise best practice. Care before and after FORWARD's implementation was evaluated using a time-series analysis of 305 'EDAR patients' (19 in 6 months pre-FORWARD; 42 in a 12-month 'pilot'; 244 patients in the subsequent 27 months).

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- Sequentially co-designed and embedded using 'plan-do-study-act' to systematise best practice
- 19 patients 6 months pre; 42 in 12 month pilot; 244 in 27 month implementation phase
- Median (IQR) NBM days: pre 2 (1–4); pilot 0 (0–2); 0 (0) implementation.
- Documentation of capacity (42%→98%); discussions with family (47%→98%); communication of feeding plan (67%→81%).

- Aspiration pneumonia increased at half the rate of dysphagia (0.8%/year versus 1.6%/year).
- FORWARD supported complex decision-making in patients with persistent dysphagia; benefits were sustained over time and in a wide in-patient context.

Age and Ageing 2019; 48: 553-558

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Age and Ageing 2019; **48:** 178–184
doi: 10.1093/ageing/afy175
Published electronically 5 November 2018

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REVIEW

Age and Ageing to introduce a new category of paper: healthcare improvement science

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Abstract

Age and Ageing is now inviting papers on healthcare improvement for older people. In this article we outline the nature and scope of healthcare improvement and reference improvement models and the tools and methods of improvement science. We

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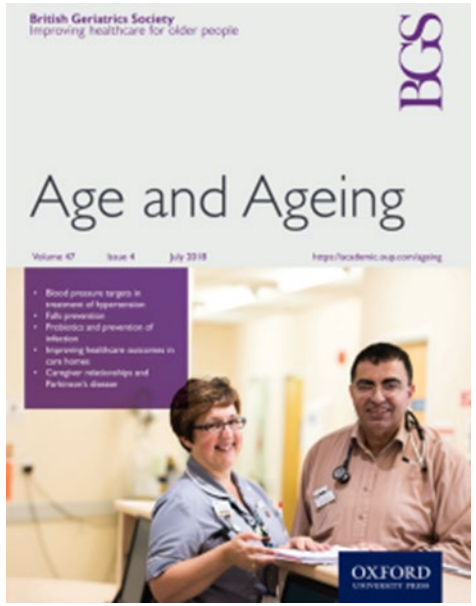

Age and Ageing 2019; 48: 178-184

And another commentary

Age and Ageing 2019; **48:** 478–481
doi: 10.1093/ageing/afz027
Published electronically 2 April 2019

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COMMENTARY

The perils of 'risk feeding'

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Abstract

'Risk feeding' policies, for when people continue to eat and drink despite a perceived risk of choking or aspiration have become common in recent years. We argue that 'feeding' is demeaning language if referring to a person who is eating and drinking rather than to a healthcare technique and that 'risk-anything' is not how decisions are reached. It is true that patients with dysphagia are often unnecessarily designated nil-by-mouth (NBM), especially after a decision has been made that tube feeding is not indicated or is unwanted. However, risk-feeding policies may perpetuate common misperceptions that there is a straightforward relationship between aspiration and pneumonia and that interventions like NBM or tube feed-

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- 'Risk feeding' policies are becoming more popular.
- 'Feeding' is demeaning language; 'risk-anything' is not how decisions are made
- Perpetuates myths about aspiration being reduced by NBM or tube feeding.
- Potential delays in providing food, fluid and medications.
- Reduces individualised and flexible decision-making
- If tube feeding is not appropriate for those with dysphagia, oral food and fluid must be provided.

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Age and Ageing 2019; 48: 478-80

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