Culinary Medicine and the Promotion of Plant-Based Diets: Is Caution Needed for Older Adults?

The premise of CM is individualized FOOD prescription, but in practice, will prescriptions be general and routine? Will most patients, young or old, be prescribed and educated to adopt a plant-based diet without the nuances needed to ensure nutrient intakes are not negatively affected?

Consider a physician prescribing a plant-based, whole-food diet to a patient at high risk of cardiovascular disease. The research evidence supports positive health outcomes for the dietary pattern, at least for those middle-aged; however, the patient is older, 75 years of age. Will the CM prescription result in overall benefit? If this older adult adopts a whole food, plant-based diet, will it lead to disease reduction and improved wellness? Here is where caution is needed. How will strict adherence to the Mediterranean dietary pattern, for example, affect the overall essential nutrient intake of a woman in her 70s? Considering her lower energy requirement due to advancing age, will she be able to consume the recommended amount of olive oil and an abundance of plant-based foods while also consuming sufficient protein to maintain muscle mass at high risk of depletion?

Protein needs of older adults, necessary to offset risks of frailty and disability, exceed those of younger adults. A dietary pattern that achieves adequate protein may differ from the plant-based diet prescription suitable for younger adults. We must not lose sight of the potential negative effects of broad recommendations of plant-based diets and, at the very least, commit to emphasizing the need for adequate protein, plant- or animal-sourced, for older adults. Caution is needed to ensure that a one-size-fits-all approach is not taken. An essential CM program outcome measure is physicians prescribing FOOD with caveats to protect nutritionally vulnerable older adults.

REFERENCES


