

Finger Foods for Older Adults in Hospital

Heelan M^{1,2,3}

¹University Hospital Southampton Foundation Trust, Southampton, England

²University of Southampton, Southampton, England

³Medirest, Uxbridge, England

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Abstract

Purpose: Identify and evaluate the evidence available to demonstrate whether a finger-food menu will positively influence older adults in institutionalized settings.

Background: Under nutrition, particularly prevalent in older adults, is commonly associated with a negative impact on clinical, social and economic factors. There is limited evidence supporting effective interventions to prevent under nutrition. Finger-foods, (foods eaten without cutlery), are recommended to support older patients to increase feeding independence, dignity and control of mealtimes and enhance wellbeing.

Methods: A systematic review of empirical research studies was undertaken. Searches in the electronic databases MEDLINE, CINHL, EMBASE, PSYCH info, AMED, Cochrane and Web of science were conducted in June 2017. A combination of key words and adapted subject headings for each database were used. Narrative synthesis will be used to summarize and explain findings.

Results: Preliminary results suggest there are limited studies evaluating the use of finger-foods in residential and particularly non-specialist, acute care settings. Largely, study designs are varied and limited in validity, with case control trials and small sample sizes. Studies suggest that inclusion of a finger-food menu for older adults and cognitively impaired patients has potential to increase nutritional intake, stabilize body weight, and increase feeding independence and wellbeing.

Conclusions: There is some evidence that finger-foods have the ability to positively affect patient outcomes. There is no research to describe the feasibility of a finger-food menu in a hospital setting or evaluate economic consequences. High quality randomized control trials are required to prove effectiveness.

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