

Diet and Nutrition Care Manual

Individualized/Liberalized Diet for Older Adults

Older adults living in long term care settings may eat better on liberalized diets due to conditions that reduce desire to eat. Rather than ordering strict therapeutic diets, practitioners should offer choices, honor food preferences and monitor outcomes (5). Amounts and types of foods may be altered to fit needs of people who are unable or unwilling to consume the full diet. There are no restrictions on this diet. Portions may be reduced if the volume of food presented is overwhelming. This diet may be higher in fat, salt and simple sugars, with a goal of making food appealing to encourage food intake while being as nutritionally adequate as possible. Provide adequate nutrients as recommended by the Dietary Guidelines and National Research Council by using these guidelines to provide three meals and up to three snacks daily:

Food	Amount Each Day*
Vegetables (include more dark green, leafy, red/ orange vegetables; dry beans/peas/lentils)	≥ 2 ½ cups or equivalent
Fruits (include a variety; with more whole fruit than juice as appropriate)	≥ 2 cups or equivalent
Grains (include as much whole grain/enriched as possible; at least half of grains should be whole)	5-6 oz or equivalent
Dairy (fortified with vitamins A and D) Encourage fat free or low fat as appropriate.	3 cups or equivalent
Protein Foods (i.e. fish, seafood, lean meat, poultry, eggs, dry beans/peas/lentils, soy products, nuts)	5-6 oz or equivalent Encourage 8 oz of cooked seafood per week.
Sodium, Saturated Fat, Added Sugars Limit added sugars/saturated fats, reduce sodium. Less than 10% of calories from sugar daily**. Most fat should come from healthy oils. Note: Alcohol in moderation if appropriate (Women: up to 1 drink/day, Men: up to 2 drinks/day).	Added fats, salt and sugar can enhance flavor for those with poor appetites and should be used if appropriate to encourage food/fluid intake and meet nutritional needs. Use to round out the menu for a pleasing appearance and satisfying meals.
Fluids (especially water)	Fluids based on individual needs. ≥ 1500 mL unless otherwise indicated.

*These amounts are recommended based on a 2000 calorie meal plan by ChooseMyPlate.gov.
See page 1-8 for specific food amounts. Follow menus and recipes approved by your RDN.

Recommended Nutritional Composition	
Calories¹ Approximately 2000	Fiber 25-35 gm
Carbohydrates 45-65% of calories	Sodium³ 2300 mg**
Protein² 10-35% of calories	Calcium⁴ ≥1000-1200 mg Vitamin D⁵ 600-800 IU
Fat 20-35% of calories <10% of calories from saturated fat**	Vitamin A F 700/M 900 mg RAE Vitamin C 90 mg Potassium 4700 mg
Nutrients may vary day to day, but should average to the above estimates. Added sodium, saturated fats, sugars and alcohol will alter nutritional composition.	

- ◆ Older adults may need individualized or less restrictive diets especially if intake is poor. Honor food preferences and cultural norms.
- ◆ Use a wide variety of nutrient-dense foods (fruits, vegetables, whole grains, dairy products, cooked dry beans/peas/lentils) rich in vitamins, minerals and dietary fiber.
- ◆ Supplementation in this population may be needed due to poor intake. Supplement based on individual need: multivitamin or multivitamin with minerals, calcium, vitamin D, and B₁₂ in older adults.

¹Depending on activity level, based on reference heights/weights adults aged 61+: Males (5'10", 154#) need 2000-2400 calories; Females (5'4", 126#) need 1600–2200 calories (2). For specific calorie level patterns, see Appendix.

²Based on individual needs.

³Sodium intake will be higher with processed foods/added salt. For individuals with prehypertension and hypertension further reduction to 1,500 mg sodium per day can result in even greater blood pressure reduction.

⁴Calcium: 1200 mg for females 51+, 1000 mg for males 51+ and 1200 mg for males 71+.

⁵Vitamin D: 600 IU for 51+ and 800 IU for 71+

**These parameters may not be achieved as the diet is liberalized

Note: Nutritional composition will change with diet liberalization.

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Breakfast	Lunch	Dinner
¾ c Orange Juice ½ c Oatmeal ¼ c Scrambled Egg 1 Slice Whole Wheat Toast 1 Tbs Jelly or Fruit Spread 1 tsp Margarine* 1 c Milk** and/or Yogurt Condiments as Desired+ Beverage of Choice	2 oz Roast Beef w/Gravy* ½ c Seasoned Rice ½ c Seasoned Peas w/Mushrooms 1 c. Green Salad with 1 Tbsp Salad Dressing 1 Whole Wheat Roll w/Margarine* ½ c Fruit Sorbet with ¼ cup Strawberries 1 c Milk** Condiments as Desired+ Beverage of Choice	6 oz Vegetable Soup 3 oz Baked Fish w/Tartar Sauce* ½ c Mashed Potato w/Margarine* ½ c Green Beans Almondine 1 Slice Whole Wheat Bread w/Margarine* 1 Baked Apple 1 c Milk** Condiments as Desired+ Beverage of Choice
P.M. Snack		
2 Squares Graham Crackers Beverage of Choice		

*Low in saturated and *trans* fats

**Provide whole, reduced-fat, or skim dairy foods depending on patient's calorie needs and personal preferences.

+Condiments may include pepper or other spices, sugar, sugar substitute, salt, coffee creamer, etc. based on nutrition goals. Additional condiments and garnishes (i.e. margarine, gravy, sauces, ketchup, etc.) may round out the menu and make it more appealing and palatable. These add additional calories, added sugars, micro- and macronutrients (i.e. calories, fat, carbohydrates, sodium, etc.) and may not be appropriate for some individuals.

Note: It is ideal to offer each individual choices of foods at each meal and snack.

(References for Individualized/Liberalized Diet: 1-5,7)

For more information on individualized/less restrictive nutrition approaches for older adults in health care communities, please see the following resources:

- Position of the American Dietetic Association: Individualized Nutrition Approaches for Older Adults in Health Care Communities, *J Am Diet Assoc.* 2010;110:1549-1553.
- Practice Paper of the American Dietetic Association: Individualized Nutrition Approaches for Older Adults in Health Care Communities, *J Am Diet Assoc.* 2010;110:1554-1563.
- Pioneer Network Food and Dining Clinical Standards Task Force. *New Dining Practice Standards.* 2011. Available at <http://www.pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>.