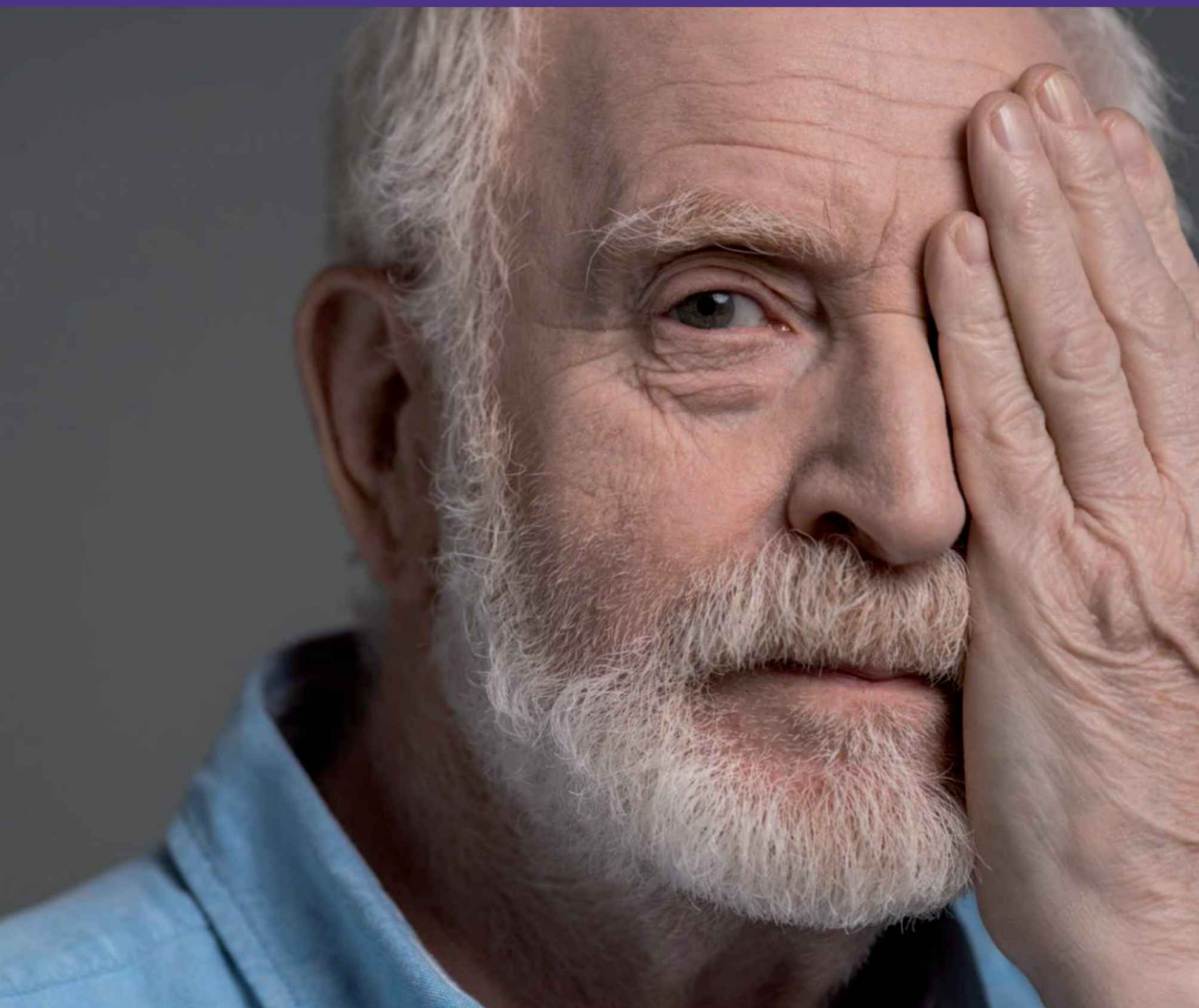


NOVOS PARADIGMAS DO ENVELHECIMENTO



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Os coordenadores

Ricardo Pocinho, Cristovão Margarido, Rui Santos,
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Nutrition level, health, and subjective well-being in elderly

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Abstract: Literature points out the positive association between food, good health, and life satisfaction, mainly in elderly. The purpose of this *ex post facto* quantitative study was to analyse the relationship between nutrition level, health, and subjective well-being, also exploring sociodemographic variables, in a convenience sample of 550 community-dwelling elderly. Participants were between 63 and 94 ($72,85 \pm 6,56$) years-old, mostly female (69,3%), from the inland (79,2%), living accompanied (62,2%) and in rural areas (67,9%). A sociodemographic questionnaire, Mini-Nutritional Assessment, Satisfaction With Life Scale, and Positive and Negative Affect Scales were used in data collection. Data analysis was performed in SPSS 27, assuming a 95% confidence level. Nutritional level was positively correlated with life satisfaction ($r_s = ,165$, $p = ,004$) and inverse associated with negative affect ($r_s = -,308$, $p < ,001$). Those who showed a very bad self-perception of health, were older and lived alone, presented lower nutritional levels ($p < ,05$). Participants with health problems showed higher levels of negative affect ($p < ,001$). Elderly with better health self-perception presented higher results in life satisfaction ($r_s = ,271$, $p < ,001$) and positive affect ($r_s = ,244$, $p < ,001$), contrary to those with worst self-perception of health, who were older ($r_s = -,178$, $p < ,001$), with higher BMI ($r_s = -,173$, $p < ,001$) and also higher scores in negative affect ($r_s =$

-,217, $p < .001$). The results in our sample confirmed the previous relationship between the variables studied. It emphasizes the assessment of nutritional status and health education, as well as creating policies to promote the practice of physical activity in cities.

Keywords: Nutritional level, health, subjective well-being, sociodemographic variables, elderly.

1. Introduction

In previous studies, there are evidence about the positive association between food, good health, and life satisfaction (a measure of subjective well-being), mainly in elderly (Schnettler et al., 2017; Seo et al., 2013). Thus, life satisfaction may be a potential indicator of health and successful aging. Frequently, health is the independent variable in the relationship with life satisfaction (Ghimire et al., 2018; Schnettler et al., 2017). Indeed, food/nutrition is directly associated with life satisfaction (Ghimire et al., 2018; Jung et al., 2010; Kim, 2016; Seo et al., 2013) or mediating its relationship with health. In another way, health mediates the association between nutrition and life satisfaction (Ghimire et al., 2018).

There are many other relevant variables (sociodemographic or anthropometric) in the study of this theme, whose exploration may help to understand the phenomenon such as age (Paskulin & Vianne, 2007), BMI (Schnettler et al., 2017; Wang et al., 2018) and household (Schnettler et al., 2017). Therefore, it is important to identify variables whose intervention/manipulation is possible, and which have a positive impact on global quality of life and successful aging indices, independently of the influence mechanism.

So, we developed a study analysing the relationship between nutrition level, health, and subjective well-being, and exploring some sociodemographic and anthropometric variables. The reflection about results will allow deepening knowledge of the Portuguese reality to support strategies of approach and intervention.

2. Method

An ex post facto quantitative study was developed to explore the relationship between nutritional status, health (diseases and self-perception of health) and subjective well-being (life satisfaction, positive and negative affectivity) in community-dwelling elderly. The relevance of sociodemographic variables in this scope was also analysed.

2.1. Participants

A convenience sample of 550 elderly people, with mean age of 72,85(\pm 6,56), from 63 and 94 years, mostly female (69,3%), from the inland (79,2%), living accompanied (62,2%) and in rural areas (67,9%) participated in this study. Only 18,8% were on a specific diet for health reasons, although 72,7% presented a Body Mass Index (BMI) above normal weight. 59,4% reported illnesses and the average perception of health was 3,13(\pm ,72), in a Likert scale from 1 (very bad) to 5 (very good).

2.2. Instruments

To assess subjective well-being, participants completed the Portuguese adaptation by Simões (1992) of the Satisfaction with Life Scale - SWLS (cognitive dimension) and the Positive Affect and Negative Affect Schedule - PANAS by Simões (1993) (affective dimension). The first is a 5 items scale and the last includes 11 negative affect (NA) items and 11 positive affect (PA) items, both instruments are answered on a Likert scale (1 - strongly disagree to 5 - strongly agree). Better scores in subjective well-being result of higher outcomes in satisfaction with life and positive affect scales, combined with lower scores in negative affect. Adequate Cronbach's alpha coefficients and validity results of these instruments are well documented.

The global score of the reduced version (6 items) of the Mini Nutritional Assessment (Loureiro, 2008) admits values up to 14 points, translating into 3 levels of nutritional status (malnourished, <7; under risk of malnutrition,

from 8 to 11 and normal, 12 to 14). This is a nutritional screening test world-wide applied due to its psychometric qualities and easy usage.

Participants also completed a sociodemographic questionnaire that included questions related to health.

2.3. Procedures

Contacts were established within the researchers' contact network. The participants filled the instruments, for approximately 20 minutes, with the support of the researchers. The necessary ethical standards were ensured, and data analysis was performed with the SPSS-IBM 27, assuming a 95% confidence level in the parametric (ANOVA) and non-parametric (Mann-Whitney and Spearman Rho) analysis.

3. Results

The descriptive results (Table 13) point to worrying nutritional levels, with an average of 10.93 (± 2.26) which is at the level of risk of malnutrition, with 7.3% of the sample in the level of malnutrition and 42,7% at risk, which means that only half of the participants presented a normal nutritional level. These findings are worse than those found by Martins et al. (2018), in a subsample of Portuguese dwelling-community elderly (29.6% undernourished and at risk), approaching to those of the institutionalized subsample (50.9%).

In the subjective well-being, namely in its cognitive dimension of life satisfaction, the elderly showed adequate levels, as well as very adequate scores of negative affectivity, although positive affect was at an inadequate level (Rosi et al., 2019).

Table 13. Descriptive statistics - MNA (total and nutritional level) and subjective well-being scales (SWLS and PANAS)

	Min	Max	M	Sd
Total MNA	3	19	10,93	2,26
SWLS	5	25	17,12	4,76
Positive Affect	13	58	33,17	7,70
Negative Affect	11	58	22,10	7,69
	n	%		
Malnourished	22	7,3		
At risk of malnutrition	128	42,7		
Normal nutrition	150	50,0		

Nutritional level was positively correlated with life satisfaction ($r_s = ,165$, $p = ,004$) and negative correlated with negative affect ($r_s = -,308$, $p < ,001$) (Table 14).

Table 14. Correlations (Spearman Rho) between MNA and subjective well-being scales (SWLS and PANAS)

		MNA	SWLS	PA	NA	Health Self-perception
MNA	R_s	1,000	,165**	,115*	-,319**	,077
	p	.	,004	,046	,000	,179
	N	306	303	302	304	304
SWLS	R_s	,165**	1,000	,389**	-,343**	,271**
	p	,004	.	,000	,000	,000
	N	303	411	404	408	408
PA	R_s	,115*	,389**	1,000	-,029	,244**
	p	,046	,000	.	,560	,000
	N	302	404	406	406	403

		MNA	SWLS	PA	NA	Health Self-perception
NA	R _s	-,319**	-,343**	-,029	1,000	-,217**
	p	,000	,000	,560	.	,000
	N	304	408	406	410	407
Health Self-perception	R _s	,077	,271**	,244**	-,217**	1,000
	p	,179	,000	,000	,000	.
	N	304	408	403	407	543

p≤.05 ** p≤.01

In the same way, there are many evidence that points out this relationship (Ghimire et al., 2018; Jung et al., 2010; Kim, 2016; Seo et al., 2013). Lower nutritional levels were verified in participants who showed a very bad self-perception of health, when compared with those with bad, average and good health self-perception (F=3,481, p=,008). Silva et al. (2012) reached this conclusion. These lower results in MNA were also showed by those who lived alone (U=9321,000, p=,016), such as the results obtained by Schnettler et al. (2017). Age was negatively correlated with total MNA ($r_s = -,168$, p=,003) like Paskulin and Vianna (2007) study.

Participants with health problems showed higher levels of negative affect (U=14184,5, p<,001). Elderly with better health self-perception presented higher results in life satisfaction ($r_s = ,271$, p<,001) and positive affect $r_s = ,244$, p<,001), and less negative affect ($r_s = -,217$, p<,001). Schnettler et al. (2017) conclude the same about the relationship between health self-perception and life satisfaction. Age (negatively correlated with positive affect, $r_s = -,104$, p=,037) and BMI were, only, negatively correlated with self-perception of health ($r_s = -,178$, p<,001 and $r_s = -,173$, p<,001, respectively). Similarly, there were no evidence of relationship between life satisfaction and age (Banhato et al., 2018), and Wang et al. (2018) didn't associate BMI and satisfaction with life in a sample of Australians community-dwelling elderly. Also, Schnettler et al. (2017) concluded for higher BMI index in a group extremely satisfied with their life comparing to the satisfied or moderately satisfied.

4. Conclusions

The results in our sample confirmed the relationship between the variables studied and are supported by the literature. The remaining sociodemographic and anthropometric variables also behaved as predicted by previous scientific evidence. Generally, self-perceptions of health associated with nutritional level and Body Mass Index seem to have an impact on life satisfaction in this group of elderly people. It is, therefore, important to establish an intervention plan, especially through local policies, that favours health promotion environments. Regular assessments of nutritional status and health in general, as well as health education for the elderly and caregivers (private or institutional) should be prioritized. It is also essential to create and reinforce conditions that favour cities that promote active aging. Awareness campaigns by institutions providing elderly care should not be understood as evaluators.

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