



Short Communication

Averting malnutrition, preventing dietary deficiency diseases, and encouraging optimal functioning are all ways that good nutrition enhances health-related quality of life (HRQOL). But life satisfaction and both physical and mental well-being are also included in definitions of quality of life. Diet and nutrition haven't been a focus of important quality of life domains or of mainstream research on quality of life. In respect to HRQOL metrics and overall wellbeing in older persons, this article examines relationships between food and nutritional status [1].

We begin by defining words like functional impairment, functional status, and health-related quality of life (HRQOL). Second, we outline three popular ways to gauge quality of life. In the third section, we look at some of the connections between nutrition, nutritional therapies, and HRQOL in elderly people. Finally, we offer suggestions for measuring and keeping an eye on older persons' HRQOL and diet. The diet and nutritional status as they relate to HRQOL and functional status are the main topics of this essay. However, it is acknowledged that other sensory, psychological, and social components of food and eating must be evaluated and taken into account.

In order to discover and track the effects of disease and interventions on the physical and mental health of elderly people as they themselves experience these effects, it is important to measure HRQOL and functional status. The importance of health-related quality of life is particularly essential for older people because many of them have chronic health conditions, making traditional metrics like reduced morbidity less relevant to them than subjectively measured symptomatic improvement. Some of the factors that contribute to reduce HRQOL may be avoidable, while others may be treated with the right interventions. Therefore, there is a lot of room for quality of life improvement. Traditional metrics of morbidity and mortality are less relevant to the subjective reality of the individual's daily existence and to life satisfaction than is health-related quality of life [2]. Patient perspectives are particularly crucial in chronic diseases since changes in HRQOL happen as people age and their diseases wax and wane. Because of other pressing activities that interfere, healthcare personnel may forget or neglect to enquire about patients' HRQOL and emotional wellbeing. Clinical staff can be made aware of changes that could otherwise go unnoticed by using short questionnaires that regularly accompany patient visits and ask about these issues. When using measures to measure health-related quality of life, clinicians are more inclined to spend time discussing these issues with patients. Many elderly people have had their lives sustained and extended thanks to medical and scientific technology. Although life extension is a positive development some older people still live but with significant pain and incapacity. Health practitioners are made aware of these issues by HRQOL measurements, which can also lead to actions that can assist solve these issues. Measures of HRQOL may also be used to personalise therapies so that each person's well-being is maximized and to explain the psychological ramifications of various interventions and procedures [3].

Quality of Life

The term "quality of life" is conceptualized and employed differently

by a number of illnesses that are known to be linked to nutrition. The majority of nutritional research has not looked into how nutrition therapies affect quality of life.

Accepted for publication

None

Conflict of interest

None

References

1. Felce D, Perry J (1995) Quality of life: Its definition and measurement. Res Dev Disabil 16: 51-74.
2. etMa2 1 Tf2283 722E5