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Singapore's silent crisis: Is grandpa eating well and enough?

Many of our seniors are at risk of malnourishment. Sometimes, the problem starts at the cafe.

Teo Yik Ying

Addressing malnutrition among the elderly requires coordinated efforts across health, social care and community networks, and the solutions must be practical, affordable and sustainable, says the writer. ST FILE PHOTO

We could be seeing a worrying rise in malnutrition among older adults in Singapore, recent data from NHG Health suggests. Some four in 10 hospital patients aged 65 and above were found to be at risk in 2024, up from three in 10 just two years earlier.

Among patients seen by dietitians at the point of hospital discharge, two-thirds were identified as malnourished or at risk, compared with just over half of such patients in 2023. This trend extends beyond hospital wards, and findings from the community-based Diet and Healthy Aging Cohort Study showed that 22 per cent of adults aged 60 and above were at moderate to high risk of malnutrition.

Taken together, these figures paint a troubling picture of a deep-seated problem that reaches far beyond hospitals and into homes. In a nation celebrated for its food culture and abundance, the fact that many seniors still go undernourished reveals vulnerabilities that are overlooked and often hidden behind closed doors.

With one in four Singaporeans expected to be aged 65 and above by 2030, and more living longer with chronic conditions, the threat of malnutrition among the elderly will only worsen unless addressed with urgency and sustained commitment.

CONSEQUENCES OF MALNUTRITION

Though less visible than diabetes or hypertension, malnutrition poses an equally serious threat to the health, dignity and independence of our seniors.

One of the earliest warning signs of this appears in hospitals. Undernourished seniors are more likely to fall ill, make repeated emergency visits and stay longer when admitted. With weakened physiological reserves, even a minor infection or routine surgery can exact a heavy toll, delaying recovery and increasing the risk of readmission.

Inadequate intake of protein and calories also accelerates sarcopenia, which is an age-related loss of muscle mass and strength that underpins frailty. As muscles weaken, mobility declines and the risk of falls and fractures rises.

What begins as a small loss of strength can easily spiral into a cycle of hospitalisation, rehabilitation and, ultimately, loss of independence.

Poor nutrition also compromises the body's ability to fight infection and heal. Seniors with weakened immune systems recover more slowly from wounds or illnesses, and are more susceptible to pneumonia and urinary tract infections.

A mild ailment that would otherwise resolve quickly in a healthy individual can become a serious life-altering event when compounded by poor nutrition.

The mind suffers, too. Nutritional deficiencies have been linked to poorer memory, slower thinking and mood disturbances such as depression and anxiety.

Dietitians from Tan Tock Seng Hospital have observed that many older adults consume inadequate amounts of protein, vitamin D and calcium. These nutrients are vital not only for muscle and bone health, but also for maintaining energy levels and emotional well-being.

Over time, declining mood and cognitive function can reduce appetite and self-care, deepening the spiral of malnutrition.

The consequences are not confined to individuals. When seniors lose strength or independence, the impact extends to families, caregivers and society at large.

More instances of hospitalisation and longer stays translate into higher healthcare costs and often greater demand for rehabilitation and long-term care. Patients' families too shoulder heavier emotional and financial burdens, as caregiving responsibilities increase and quality of life diminishes for both the patients and their caregivers.

This reinforces the importance of understanding what the drivers of malnutrition in older adults are, so that we can invest in the right interventions.

When seniors eat less, every bite matters, yet many older adults are unaware of what good nutrition really means in their later years. For instance, it was reported that one in two Singaporeans aged 50 to 69 fails to meet the recommended protein intake of 20g to 30g per meal.

DRIVERS AND ROOT CAUSES

The reasons older adults become malnourished in Singapore are complex and intertwined, involving a web of financial, social, medical, functional and cultural factors that reinforce one another.

For many seniors, the most immediate barrier is financial. Even when food is readily available, those on limited incomes often gravitate towards cheaper, filling options that are heavy on carbohydrates but light on nutrients. Some depend on donated meals or food rations that satisfy hunger, but not health.

A recent CNA Today review of 40 "budget meals" offered under a low-income scheme found that none met the Health Promotion Board's nutritional guidelines. While affordable, these meals were largely carbohydrate-dense with minimal vegetables or protein, which fill the stomach but are not sufficient to sustain health, especially for older adults who need more nutrition.

Social isolation adds another layer to the problem. Eating is by nature a social activity, and food loses its appeal when there's no one to share it with.

Many seniors who live alone eat irregularly, or make do with the simplest of meals. The lack of companionship often goes hand in hand with low mood and declining cognition, both of which further reduce appetite and motivation to cook.

In Singapore, many older adults live apart from their children, and they may lack the incentive to prepare nutritious meals for themselves.

Physical limitations further worsen these challenges. Seniors with frailty, arthritis or mobility issues may find it difficult to shop for groceries, prepare meals or even reheat food. Those who are housebound often rely on convenience or pre-packaged foods, and at times skip meals altogether. When access to fresh produce depends on the ability to leave home, poor nutrition becomes a persistent reality for seniors with limited mobility.

Oral health is another often-overlooked factor. Many older adults have dental problems, ill-fitting dentures or swallowing difficulties that make eating painful or difficult. As a result, they avoid foods that are rich in protein or fibre, such as meat and vegetables that require extended chewing.

Singapore's national Nutrition Guidelines for the Provision of Healthy and Quality Meals emphasise the importance of texture-modified and easy-to-chew options for seniors, but awareness and consistent implementation among meal-delivery and eldercare providers remain uneven.

As we age, appetite decreases, our senses of taste and smell change, and feelings of satiety occur sooner. These physiological changes are compounded by chronic conditions such as diabetes, heart disease and kidney disease which, alongside multiple kinds of medication, further suppress appetite or interfere with nutrient absorption.

When seniors eat less, every bite matters, yet many older adults are unaware of what good nutrition really means in their later years. For instance, it was reported that one in two Singaporeans aged 50 to 69 fails to meet the recommended protein intake of 20g to 30g per meal. Ironically, as we grow older, our body actually requires more protein to preserve muscle mass and independence, not less.

A less-often discussed but significant issue is when well-intentioned food aid does

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Malnutrition screening, access to dieticians

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not match what seniors need. Meal-delivery or donation programmes sometimes distribute food that is culturally inappropriate, too hard to chew or nutritionally imbalanced, including instant noodles, biscuits and canned foods.

Charities and social service agencies report that a large share of donated food consists of non-perishable staples and convenience items which are often high in sodium, sugar or refined carbohydrates, while low in protein, fresh fruit and vegetables. As donors avoid perishable items, this often means good intentions do not always translate into good nutrition for seniors.

WHAT CAN BE DONE?

Addressing malnutrition among the elderly requires coordinated efforts across health, social care and community networks, and the solutions must be practical, affordable and sustainable. Malnutrition screening should become a standard part of care at every touchpoint, in hospitals, general practitioner clinics, polyclinics and community assessments.

This may sound resource intensive, but the tools already exist. For instance, the Mini Nutritional Assessment takes less than five minutes to complete in its short form and can quickly flag those at risk, who can then be followed up with, using more in-depth assessments.

Singapore already applies this principle to screen for diabetes in multiple care settings with a quick-and-easy finger prick test, to identify those who are at risk and need a formal assessment. Similar to diabetes, early detection of malnutrition enables timely intervention before deterioration occurs.

The EatWise SG initiative launched in 2024 is a promising start, training community providers to identify nutritional risk and link seniors to care. Funding for screening can also be built into existing outreach programmes by the Agency for Integrated Care (AIC) and its Silver Generation Office.

Second, meal programmes should move towards a "food-first" approach. For at-risk seniors, the emphasis should be on providing or subsidising meals that are rich in protein, vitamins and minerals, and ensuring texture-appropriateness and accessibility instead of generic meal deliveries.

Financing models could involve the Government subsidising part of the cost of home-delivered meals for eligible seniors, for example through AIC grants or vouchers, or sourced from Silver Support top-ups, philanthropic or corporate social responsibility partnerships, and co-payments by seniors who can afford it.

At-risk seniors should also have access to dietitians and oral nutritional supplements where necessary. Expanding Chas coverage to include dietitian consultations for older adults, and tapping MediFund or hospital-based subsidies for those with clinically significant malnutrition, would make this possible.

Third, community-based engagement can also make a difference. Social dining clubs, community kitchens and peer "meal buddy" programmes can combat isolation, improve appetite and provide informal monitoring.

These are relatively low-cost initiatives that can be supported by grassroots organisations and charities, and which can already be integrated into the active ageing centres that are located across numerous neighbourhoods.

Regardless of the interventions, the key to sustainable financing is targeted support for those at nutritional risk, instead of universal subsidy. In addition, these programmes need to be properly tracked to compare the expenditure against healthcare savings, to determine those with strong evidence of cost-effectiveness for further scaling.

Singapore's social support architecture already offers a solid foundation. Schemes such as Silver Support, Chas subsidies and MediFund can be leveraged to fund better nutrition. The long-term savings from fewer hospital admissions and delayed functional decline would justify the investment.

NOURISHING THOSE WHO BUILT THE NATION

Today's seniors built the Singapore we live in. They worked, contributed and cared for families and communities. While we rightly provide for rainy days and major illness via the Pioneer Generation and Merdeka Generation benefits and various social care schemes, it is just as important to attend to everyday essentials such as nourishing meals that provide adequate nutrition.

Malnutrition in older adults is not just a matter of health. The issue is also about respect, inclusion and the promise of ageing well. A society that takes care to feed its elders well is one that truly values them.

As Singapore moves towards becoming a super-aged society, tackling malnutrition in the elderly must be seen not as a welfare effort but as an integral part of our national health strategy.

• Teo Yik Ying is vice-president for global health and dean of the Saw Swee Hock School of Public Health at the National University of Singapore.