

論文タイトル:

ベトナム老人介護施設入居者の健康状態と施設の栄養管理法改善に関する研究

HOW TO IMPROVE VIETNAMESE NURSING HOME DIETARY MANAGEMENT

学籍番号: 22MA501

氏名: NGUYEN PHUONG LINH

グエン フオン リン

日本語要約

要旨：ベトナムでも高齢化が急速に進んでいます。高齢者は複数の合併症を抱え、栄養不良に陥っていることが多く、介護施設での長期ケアサービスが必要です。介護施設のニーズが高まっているにもかかわらず、ベトナムには民間施設しかありません。入所者の栄養管理は重要ですが、食事管理の基準がありません。日本は世界で最も高齢化した社会であり、介護施設での栄養管理も進んでいるため、それを学ぶために日本に留学し、2つの研究を行いました。研究1 摂食能力の評価、研究2 老人ホームにおける高齢者の食事管理。

研究1: 摂食能力の評価

目的：高齢者の摂食能力に基づく現在の食事分類を評価する。

方法：対象はベトナム最大の老人ホームに入所している65歳以上の入居者90名です。栄養状態、日常生活動作、口腔の健康状態、嚥下障害を評価し、日本の食事分類に基づいてベトナムの老人ホームにおける各食事に再分類しました。

結果：栄養不良率は83.0%、要支援・介護率は41.1%、一部介助は18.9%、完全介助は40.0%、口腔衛生不良率は83.3%、嚥下障害は13.3%。日常生活動作、口腔衛生、栄養状態の間には強い相関関係があった ($p < 0.001$) が、嚥下障害と栄養状態の間には相関関係はなかった。高齢者90名のうち、噛みやすい食事は38名、歯ぐきでつぶせる食事は14名、舌でつぶせる食事は22名、噛まなくてもよい食事は16名であった。しかし、しかし、日本の食事分類に基づく、「噛みやすい食事」では36.8%、「歯ぐきで砕ける食事」では57.1%、「舌で砕ける食事」では13.7%に不適切な食事が与えられていた。「噛まなくてもよい食事」では全員が食べることができた。

研究2: 老人ホームにおける高齢者の食事管理

目的：高齢者の食事管理に応じた食事摂取量を調べる

方法：栄養調査は24時間回想法を使用して3日間にわたって実施しました。食事の質も官能検査に基づいて評価しました。

結果：全般的に、不適切分類の人は適切分類の人に比べてエネルギー摂取量が有意に低かった。「噛みやすい食事」では1634kcalが提供された。適切な食事管理の人は1621kcalを摂取したのに対し、不適切な食事の人は1537kcalしか摂取しなかった。

「歯ぐきでつぶせる食事」では 1384kcal が提供された。適切な食事管理の人は 1316kcal を摂取したのに対し、不適切な食事の人は 1190kcal しか摂取しなかった。

「舌でつぶせる食事」では 1424kcal が提供された。適切な食事管理の人は 1403kcal を摂取したのに対し、不適切な食事の人は 1098kcal しか摂取しなかった。噛まなくてもよい食事では 960kcal が提供され、提供されたエネルギーとエネルギー摂取量に差はなかった。官能評価では、彩り、匂い、味、歯ごたえ、受容性を 5 点法で評価した。その結果は、不適切に分類された人達の平均スコアは適切に分類された人たちのスコアよりも低かった ($0.05 < P$)。これらの調査結果は、ベトナムにおいても適切な食事分類が必要であることを強調しており、私は摂食能力と適切な食品の新しい分類法を提案した。

SUMMARY IN ENGLISH

Aging is also occurring rapidly in Vietnam. Elderly people often have multiple comorbidities accompanied by malnutrition, and long-term care services in nursing homes are necessary. Despite the increasing need for nursing homes, there are only private facilities in Vietnam. Nutritional management for residents is important, but there are no dietary management standards. Japan is the world's largest aging society, and nutritional management in nursing homes is also advanced, so I studied in Japan to learn about it and conducted two studies. In study 1, we measured the health status and evaluation of eating ability, and in study 2, we evaluated dietary management for elderly people in a nursing home.

Study 1: Evaluation of eating ability.

Objective: To evaluate the current dietary classification based on the eating ability of elderly people.

Method: Subjects were 90 residents aged 65 years or older in the largest nursing home in Vietnam. We assessed nutritional status, activities of daily living, oral health status, swallowing disorder, and based on Japanese dietary classification to reclassify elderly people into each diet.

Results: Rates of poor nutrition were 83.0%, requiring support or care at 41.1%, partially dependent at 18.9%, totally dependent at 40.0%, poor oral health at 83.3%, and swallowing disorder at 13.3 %. There was a strong correlation between activities of daily living, oral health, and nutritional status ($p < 0.001$), but no correlation between dysphagia and nutritional status. Among 90 elderly people, 38 people took the easy to chew diet, 14 people took the can be crushed with gums diet, 22 people took the can be crushed with tongue diet, and 16 people took the no need to chew diet. However, based on the Japanese classification of diet, 36.8% of the individuals were wrongly categorized as "easy to chew," 57.1% were misclassified as "can be crushed with gums," and 13.7% were misclassified as "can be crushed with tongue."

Study 2: Dietary management for elderly people in a nursing home

Objective: To find Dietary management for elderly people in a nursing home.

Method: The nutritional survey was performed over three days using a 24-hour recall method. The quality of meals was also evaluated based on sensory tests.

Results: In general, people with Improper classification had significantly lower energy intake than those with proper classification. For the "easy to chew diet" 1634 kcal were provided. Those with proper dietary management consumed 1621 kcal, while those with an improper diet only consumed

1537 kcal. For the “can be crushed with gums diet” 1384 kcal were provided. Those with proper dietary management consumed 1316 kcal, while those with an improper diet only consumed 1190 kcal. For the “can be crushed with tongue diet” 1424 kcal were provided. Those with proper dietary management consumed 1403 kcal, but those with an improper diet only consumed 1098 kcal. In the no need to chew diet 960 kcal were provided and there is no difference between the energy provided and the energy intake. The sensory evaluation included color, odor, texture, taste, and acceptability, all assessed on a 5-point scale. The results showed that the mean scores of those who were improperly classified were lower than those who were classified ($P < 0.05$). These findings highlight the need to categorize diets according to specific conditions in Vietnam, and I have proposed new classifications for eating ability and appropriate foods.