would have been designated DNAR on the basis of ‘futility’ and little or no discussion with patients or relatives would have been considered necessary [6]. The new guidelines, the Human Rights Act and the GMC advice [7] seem to us to make it clear that this traditional paternalistic approach is unlikely to be sufficient in future.

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Prevention of malnutrition in older people during and after hospitalisation: results from a randomised controlled trial

SIR—I read with interest the recent editorial and paper in Age and Ageing [1, 2]. Olde Rikkert and Rigaud quite rightly suggest that prevention of malnutrition in older people should be a major aim in forthcoming years. However, they imply that the best means of achieving this aim is with studies of nutritional supplementation in older people. I would suggest that studies of nutritional support are chasing the horse after it has bolted. What is needed primarily are studies examining the fundamental processes of ageing that lead to the nutritional deficiencies so commonly seen in older people.

It should not be accepted that sarcopenia and the failure to thrive seen in the elderly are normal findings. Before studies are encouraged predominantly funded by companies eager to promote their favourite supplement [2], studies should be directed towards understanding the physiological and histological changes in the gastrointestinal tract that put older people at risk of malnutrition.

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Reply

SIR—With interest we read the letter of Dr Newton, in which she pleads for fundamental research in malnutrition. We would advocate this too. However, we did not state in our article that nutritional supplementation studies would be the only trials needed. On the contrary, we argued that it is high time to carry out other trials, in which multifaceted interventions are developed, to be able to reach evidence based practice in malnutrition. Being a geriatric syndrome in optima forma, malnutrition is unlikely to have a single cause in the elderly, and therefore we need multiple targets in interventions.

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