

Is there a need for dietary consultation in elderly non-European migrants?

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Ethnic minority populations in the Netherlands visit their general practitioner more often than the indigenous population.¹ But does that mean that they are less healthy? Mackenbach et al. showed that despite the fact that most migrants originate from countries with a substantially higher mortality rate than the Netherlands, most groups had similar or more favourable total mortality rates than native Dutch people. Apparently, they are healthier.² Yet, Brederveld et al., in the current issue of the journal, suggest that health in this elderly migrant group can be further improved.³ In a case-control design they investigated the difference in prevalence of low serum ferritin and of iron deficiency anaemia between a first-generation Turkish and Moroccan geriatric migrant population on the one hand and an equal number of Dutch controls on the other. Both low ferritin level and iron deficiency anaemia were significantly more prevalent among migrants. Unfortunately, due to small numbers they were not able to establish the reason for this difference. Differences in dietary intake were mentioned as a possible explanation.

Apart from the lower iron levels in migrants there were two other striking differences between the two populations; migrants were significantly more often overweight and there was a significantly lower mean vitamin B₁₂ level. Whether they also had a higher prevalence of overt vitamin B₁₂ deficiency was not mentioned. Not mentioned in the article either, but already well established, is that non-European migrants also have lower levels of vitamin D. This is probably due to other factors besides diet.⁴ The combination of a high BMI, low ferritin and lower

vitamin B₁₂ in my opinion suggests that there is indeed an alimentary issue.

Supplementation is an effective way to correct low levels of iron, vitamin D and vitamin B₁₂ but obviously has no effect on obesity. Dietary consultation, providing information on healthy food, is probably the most effective way to tackle both nutrient deficiencies and weight problems combined. Biesbroek et al. showed that adhering to the WHO and Dutch dietary guidelines will lower the risk of all-cause mortality.⁵ Whether this will also lead to better survival in this elderly population is a matter of debate but at least worth investigating.

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