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December 8, 2021

Katrina L. Piercy, Ph.D., R.D.
Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
HHS
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Reference: Development of the Physical Activity Guidelines Midcourse Report on Older Adults

Dear Dr. Piercy:

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit these comments to the Department of Health and Human Services relative to its November 8, 2021 request for comment on the *Development of the Physical Activity Guidelines Midcourse Report on Older Adults*. Representing more than 112,000 registered dietitian nutritionists (RDNs),[1] nutrition and dietetic technicians, registered (NDTRs), and advanced degree nutritionists, the Academy is the world's largest association of food and nutrition professionals and is committed to a vision of a world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients, including physically active older adults, in a variety of clinical, public health, and other settings across the continuum of care, often via telehealth, with the flexibilities necessary due to the COVID-19 public health emergency.

The Academy supports the agency's collection of input on this important topic. As the proportion of the population over age 65 increases amidst the continuing chronic disease epidemic, the roles of physical activity and supportive nutrition cannot be over-emphasized. The Academy offers the following content suggestions to the upcoming midcourse report.

A practical issue that is not well-addressed in the 2018 Physical Activity Guidelines for Americans report (PAG) is the seasonality of physical activity; physical activity decreases during the colder winter months.[2,3] Therefore, the Academy recommends that the next report highlight this seasonality and methods to specifically increase physical activity in older adults during the winter months. On this note, telehealth or digital platforms offer a method to communicate physical activity information with older adults who are unable to

[1] The Academy approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

[2] Cepeda, M., Koolhaas, C. M., van Rooij, F. J. A., Tiemeier, H., Guxens, M., Franco, O. H., & Schoufour, J. D. (2018). Seasonality of physical activity, sedentary behavior, and sleep in a middle-aged and elderly population: The Rotterdam study. Maturitas, 110, 41–50. https://doi.org/10.1016/j.maturitas.2018.01.016

[3] Dedele, A., Miškinyte, A., Andrušaityte, S., & Nemaniūte-Gužiene, J. (2019). Seasonality of physical activity and its association with socioeconomic and health factors among urban-dwelling adults of Kaunas, Lithuania. BMC Public Health, 19(1), 1–9. https://doi.org/10.1186/s12889-019-7399-4

travel.[4] The Academy also recommends the next report discuss utility of environmental surveys to identify indoor options for aerobic activity and resistance training[5] —especially those that live in isolated, rural areas. The Academy also supports continued inclusion of content toward other beneficial outcomes of exercise, such as agility and coordination, stress management, mental health, improved energy and sleep quality.

Additionally, the Academy recommends updating the section on body weight and stressing the role of nutrition in weight management. Older adults should be aware that physical activity alone typically does not lead to significant changes in body weight for any number of reasons, including a tendency to compensate with increased calorie intake. The Academy recommends that the upcoming report emphasize that professionals should ensure their nutrition and physical activity recommendations are suitably balanced and customized for the client, especially those with overweight or obesity,[6,7,8] including excess abdominal body fat, a primary concern of many older adults. The upcoming report should also discuss the modified healthy BMI range for older adults---that is, that moderate overweight does not increase mortality in this population.[9] Inclusion of content and recommendations regarding the impact of exercise on appetite in this population would also be prudent.[10,11]

The Academy also suggests issuing meaningful recommendations on dietary strategies to decrease energy intake in older adults,[12,13,14] many of whom consume excess convenience,

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[4] Johnson, N., Bradley, A., Klawitter, L., Johnson, J., Johnson, L., Tomkinson, G. R., Hackney, K. J., Stastny, S., Ehlers, D. K., Mcgrath, R. (2021). The Impact of a Telehealth Intervention on Activity Profiles in Older Adults during the COVID-19 Pandemic : A Pilot Study. Geriatrics, 6(3), 68. 1–10.

[5] Kajosaari, A., Laatikainen, T. E. (2020). Adults' leisure-time physical activity and the neighborhood built environment: a contextual perspective. Int J Health Geogr, 19, 35 https://doi.org/10.1186/s12942-020-00227-z

[6] Bray G. A., Heisel W. E., Afshin, A., Jensen, M. D., Dietz, W. H., Long, M., Kushner, R. F., Daniels, S. R., Wadden, T. A., Tsai, A. G., Hu, F. B. (2018). The Science of Obesity Management: An Endocrine Society Scientific Statement. Endocrine Reviews, 39(2):79-132. doi:10.1210/er.2017-00253

[7] Donnelly J. E., Blair S. N., Jakicic J. M., Manore M. M., Rankin J. W., Smith B. K. (2009). Appropriate physical activity intervention strategies for weight loss and prevention of weight regain for adults. Medicine & Science in Sports & Exercise, 41(2):459.

[8] Maillard F., Pereira B., Boisseau N. (2018). Effect of high-intensity interval training on total, abdominal and visceral fat mass: a meta-analysis. Sports Medicine, 48(2):269-288.

[9] Winter, J. E., MacInnis, R. J., Wattanapenpaiboon, N., & Nowson, C. A. (2014). BMI and all-cause mortality in older adults: a meta-analysis. The American Journal of Clinical Nutrition, 99(4), 875-890. https://doi.org/10.3945/ajcn.113.068122

[10] Hansen T. T., Astrup A., Sjödin A. (2021). Are Dietary Proteins the Key to Successful Body Weight Management? A Systematic Review and Meta-Analysis of Studies Assessing Body Weight Outcomes after Interventions with Increased Dietary Protein. Nutrients, 13(9), 3193. doi:10.3390/nu13093193

[11] Tobin, S. Y., Cornier, M. A., White, M. H., Hild, A. K., Simonsen, S. E., Melanson, E. L., & Halliday, T. M. (2021). The effects of acute exercise on appetite and energy intake in men and women. Physiology & Behavior, 241, 113562. doi:10.1016/j.physbeh.2021.113562

[12] Vernarelli J. A., Mitchell D. C., Rolls B. J., Hartman T. J. (2018). Dietary energy density and obesity: how consumption patterns differ by body weight status. European Journal of Nutrition, 57(1):351-361. doi:10.1007/s00394-016-1324-8

[13] Smethers A. D., Rolls B. J. (2018). Dietary Management of Obesity: Cornerstones of Healthy Eating Patterns. The Medical Clinics of North America,102(1):107-124. doi:10.1016/j.mcna.2017.08.009

[14] Rolls B. J. (2017). Dietary energy density: Applying behavioural science to weight management. Nutrition Bulletin, 42(3):246-253. doi:10.1111/nbu.12280

sweet and fast foods. Recommendations should link to the recommendations in the Dietary Guidelines for Americans,[15] specifically increasing intake of whole grains, fruits, vegetables, low fat dairy and lean protein sources.

The Academy also proposes that the upcoming report issue recommendations and guidelines on the timing of meals and snacks after exercise. It is important that older adults know that eating a post-exercise meal or nutritious snack can help refuel, as well as support building and maintaining muscle mass. Recommendations here should also address protein needs of the active older adult, even if only to emphasize distributing protein intake out throughout the day.[16] Clients with chronic disease risks (e.g., cardiovascular disease or type 2 diabetes) may also benefit from knowledge that suitably timed physical activity after meals may provide metabolic benefits.[17] And lastly, the Academy suggests that the upcoming report include recommendations and guidelines for proper use of dietary supplements to maintain health and support physical activity.[18,19]

The Academy appreciates your consideration of our comment for the *Development of the Physical Activity Guidelines Midcourse Report on Older Adults*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,

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[15] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025.

[16] Baum J. I., Kim I-Y, Wolfe R. R. (2016). Protein Consumption and the Elderly: What Is the Optimal Level of Intake? Nutrients, 8(6)doi:10.3390/nu8060359

[17] Witard O. C., McGlory C., Hamilton D. L., Phillips S. M. (2016). Growing older with health and vitality: a nexus of physical activity, exercise and nutrition. Biogerontology, 17(3), 529-546. doi:10.1007/s10522-016-9637-9

[18] McKendry J., Currier B. S., Lim C., McLeod J. C., Thomas A. C. Q., Phillips S. M. (2020). Nutritional Supplements to Support Resistance Exercise in Countering the Sarcopenia of Aging. Nutrients, 12(7). doi:10.3390/nu12072057

[19] Batsis, J. A., Apolzan, J. W., Bagley, P. J., Blunt, H. B., Divan, V., Gill, S., Golden, A., Gundumraj, S., Heymsfield, S. B., Kahan, S., Kopatsis, K. (2021). A systematic review of dietary supplements and alternative therapies for weight loss. Obesity, 29(7), pp.1102-1113. https://doi.org/10.1002/oby.23110