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Nota di contenuto	Contents; Preface; Acknowledgements; Abbreviations; SECTION I: Nutrition and Ageing; 1 The challenge of stroke; 1.1 Definition; 1.2 Epidemiology; 1.3 The burden of stroke; 1.4 Risk factors for stroke; 1.5 Nutrition and risk of stroke; 1.6 Post-stroke nutrition; 2 Ageing changes relevant to nutrition in elderly people; 2.1 Introduction; 2.2 Gastrointestinal tract; 2.3 Body mass and composition; 2.3.1 Assessment of body composition in elderly people; 2.4 Physical activity; 2.5 Social and medical conditions related to ageing; 2.6 Summary; 3 Macro- and micronutrients in elderly people Macronutrients3.1 Energy requirement; 3.2 Energy expenditure; 3.2.1 Basal metabolic rate (BMR); 3.2.2 Physical activity; 3.2.3 Thermogenesis; 3.3 Protein requirement; Micronutrients; 3.4 Vitamins; 3.4.1 Vitamins B12 and folate; 3.4.2 Fruit and vegetables

(antioxidants); 3.5 Minerals; 3.5.1 Sodium (Na) and potassium (K); 3.5.2 Calcium (Ca) and vitamin D; 3.5.3 Magnesium (Mg); 3.5.4 Iron(Fe); 3.5.5 Zinc(Zn); 3.6 Trace elements; 3.7 Summary; 4 Diagnosing protein-energy undernutrition (PEU) in elderly people; 4.1 Introduction; 4.2 Methods used to assess nutritional status; 4.2.1 Dietary surveys
4.2.2 Anthropometric measurements4.2.3 Clinical laboratory tests; 4.2.4 General assessment; 4.3 PEU, ill-health and outcome; 4.4 Specific markers of PEU and outcome; 4.4.1 Body weight; 4.4.2 Serum albumin; 4.4.3 Total lymphocyte count (TLC); 4.5 Summary; SECTION II: Nutritional Factors and Risk of Stroke; 5 The role of dietary and nutritional factors in stroke prevention; 5.1 Introduction; 5.2 Role of nutritional factors in stroke incidence and outcome; 5.2.1 Fruit and vegetables (antioxidants); 5.2.2 Potassium; 5.3 Serum albumin; 5.4 Hyperhomocysteinaemia
5.5 Deitary salt, calcium, magnesium and fibre5.6 Dietary fat and serum lipids; 5.7 Fish consumption; 5.8 Milk consumption; 5.9 Obesity; 5.10 Physical activity; 5.11 Alcohol use; 5.12 Maternal and fetal nutrition; 5.13 Genetic and racial factors; 5.14 Summary; 6 Antioxidants and risk of ischaemic stroke; 6.1 Introduction; 6.2 Intake of antioxidant vitamins and risk of cardiovascular disease; 6.3 Intake of antioxidant vitamins and risk of stroke; 6.4 Interpretation of results; 6.5 Summary; 7 Homocysteine and stroke; 7.1 Introduction; 7.2 Homocysteine metabolism; 7.2.1 Remethylation
7.2.2 Trans-sulphuration7.3 Factors influencing homocysteine metabolism; 7.3.1 Genetic defects; 7.3.2 Nutritional deficiencies; 7.3.3 Other causes; 7.4 Measurement of plasma homocysteine; 7.5 Prevalence of hyperhomocysteinaemia; 7.6 Association between hyperhomocysteinaemia and vascular damage; 7.7 Homocysteine and atherothrombotic vascular disease; 7.8 Homocysteine and stroke; 7.9 Intake of folic acid and other B group vitamins and risk of cardiovascular disease; 7.10 B vitamins as a therapy for lowering homocysteine; 7.11 Hyperhomocysteinaemia and cardiovascular disease: cause or effect?
7.12 Summary

Sommario/riassunto

Stroke is a common and devasting event, which often results in death or major loss of independence, with immense human and financial costs. In the developed world stroke accounts for around 10 per cent of all deaths and is the most important single cause of severe disability among western people living in their own homes. Futhermore, in the next 30 years, the burden of stroke will grow substantially in most developing nations. There is now substantial evidence that dietary habits not only influence the prevalence of stroke, but also its course and outcome once it has occurred. The author, Sala