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## Consequences of oral deficiencies on intestinal bioaccessibility of nutrients in elderly

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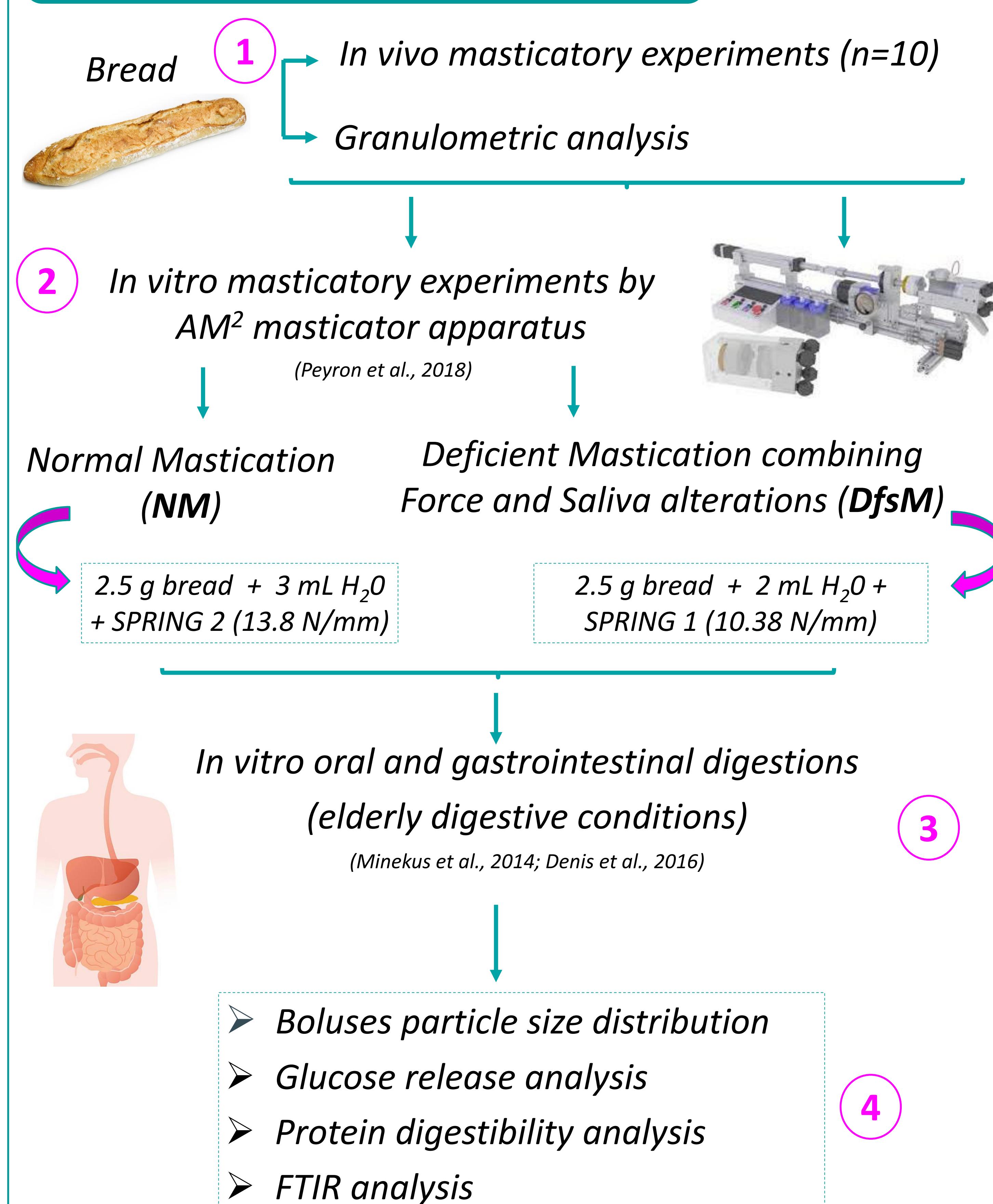
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### 1. BACKGROUND

Food transformation starts during mastication, which combined with salivation, reduces particle size and form swallowable boluses. In elderly, oral functions are modified by changes in muscular force or saliva production, among others, providing an inadequate food fragmentation potentially impacting on oral and gastrointestinal digestions. This work aimed to evaluate the consequences of oral deficiencies on glucose release and protein digestibility of bread.

### 2. MATERIALS AND METHODS



#### Acknowledgements

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### 3. RESULTS

DM boluses showed larger particles than NM boluses, affecting nutrients release and digestion

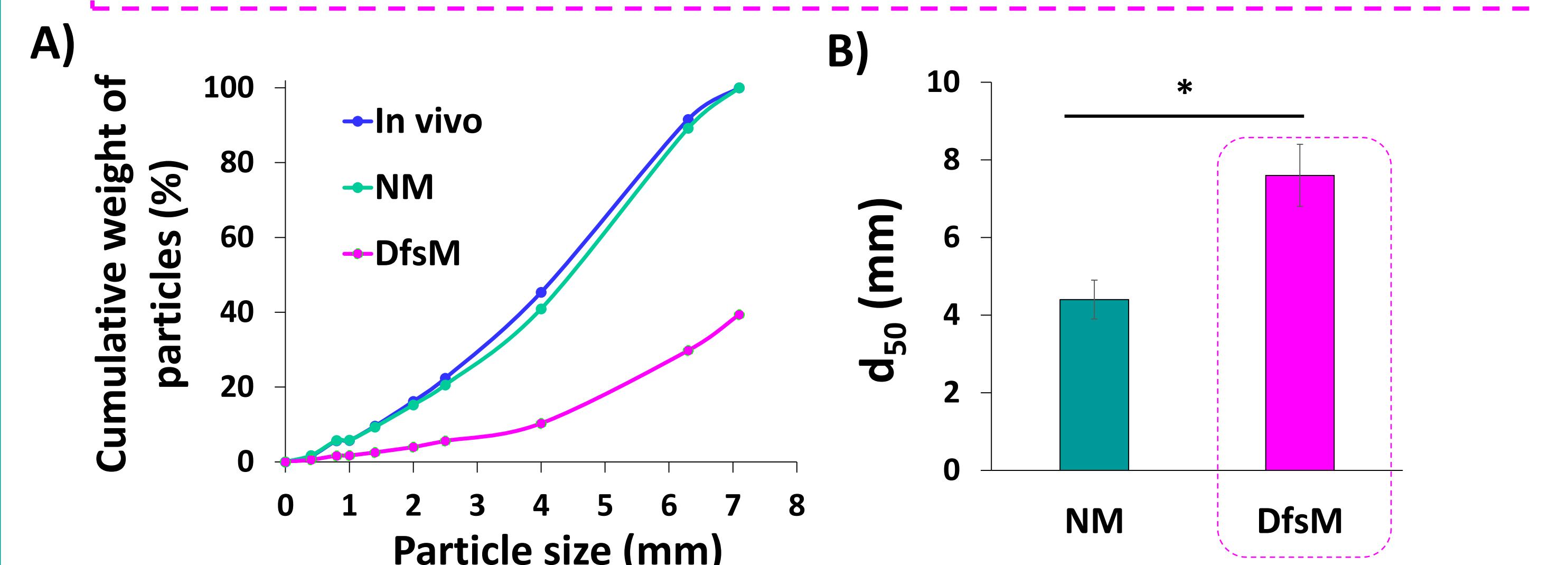


Figure 1. Particle size distribution curves of *in vivo* and *in vitro* boluses (A) and median particle size values expressed as  $d_{50}$  in mm (B).

Digesta from DM boluses exhibited lower protein hydrolysis degree and glucose release

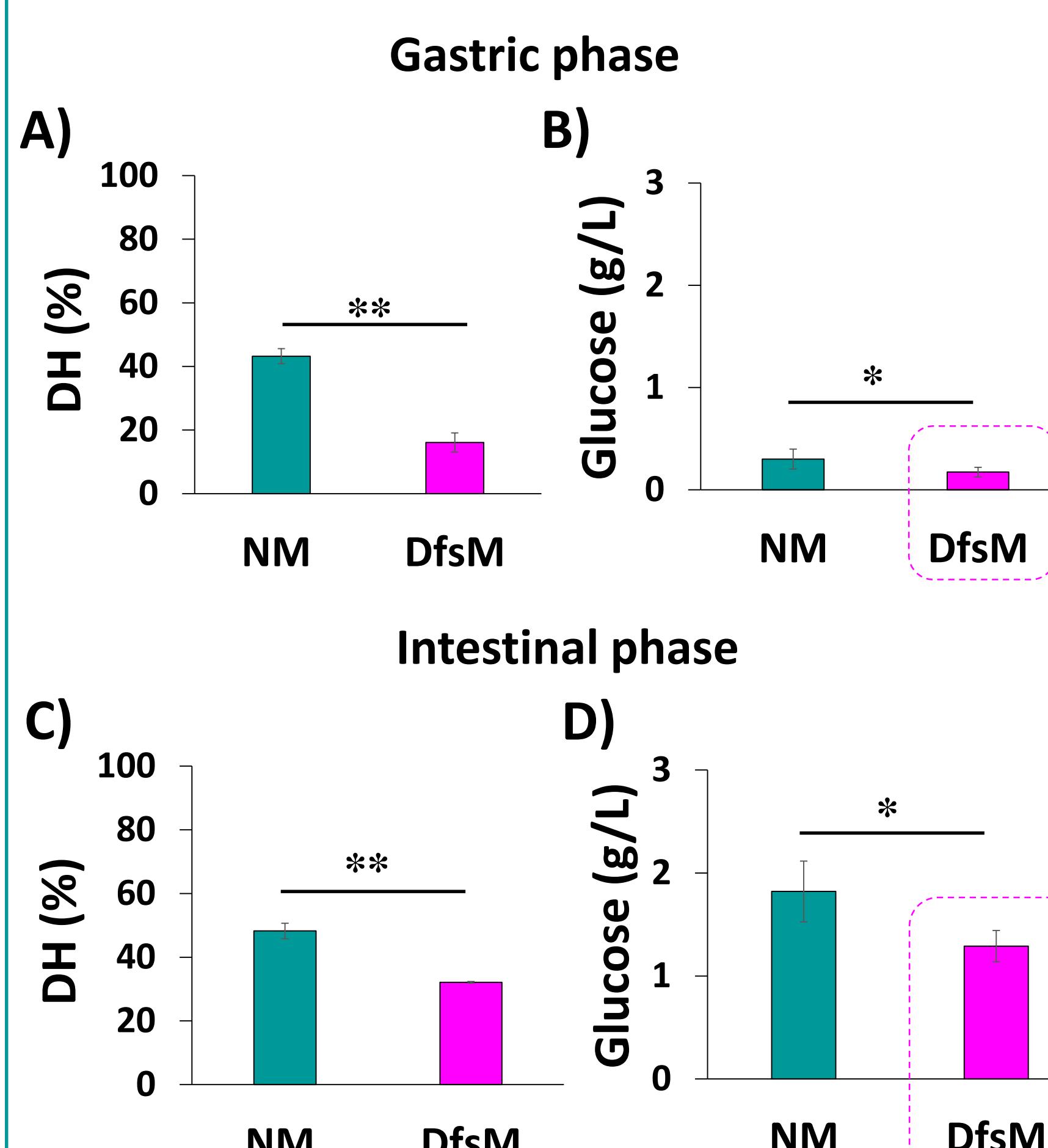


Figure 2. Protein degree of hydrolysis (DH, %)(A and C) and glucose release (g/L)(B and D) in gastric and intestinal phases.

Greater  $\beta$ -sheets at the expense of other conformations

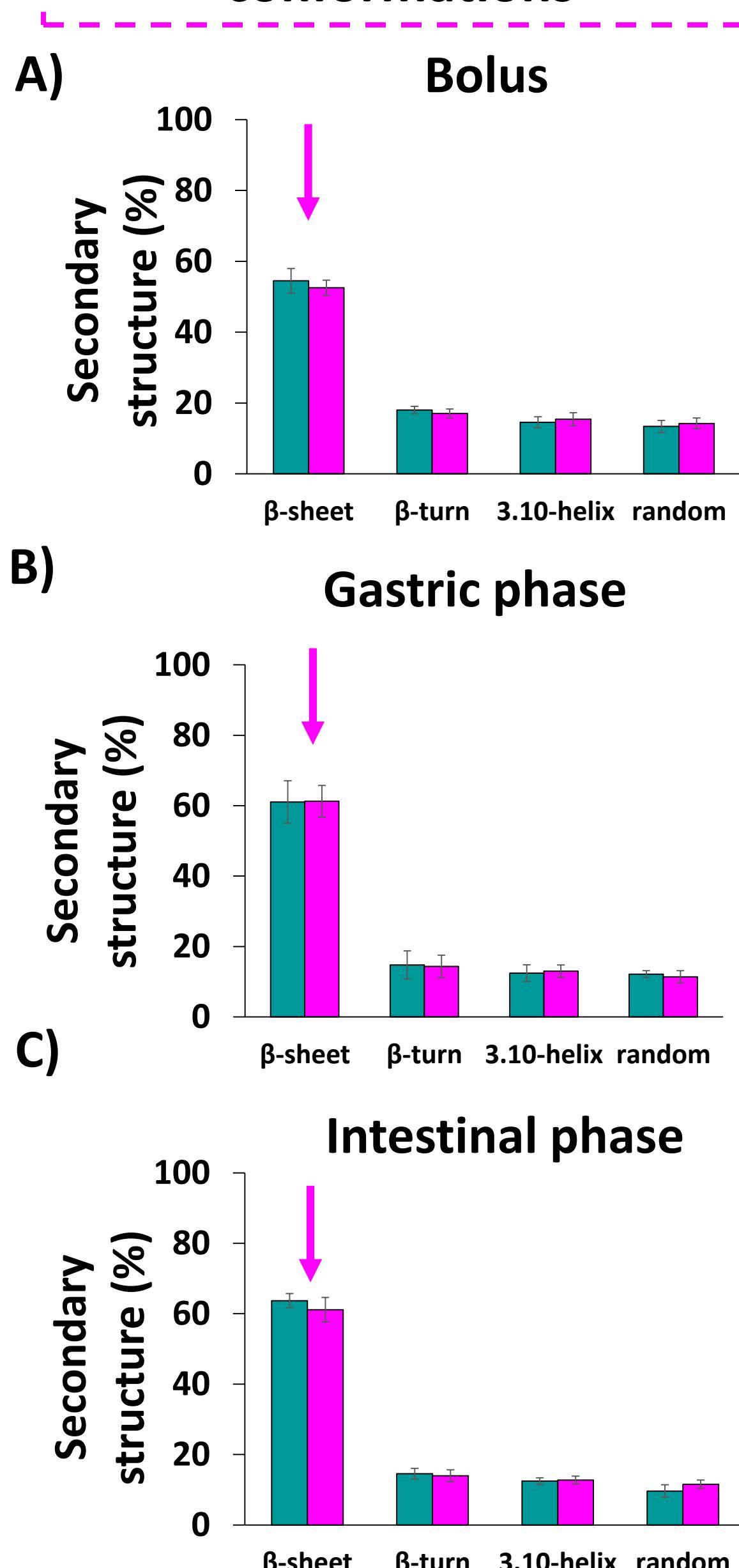


Figure 3. FTIR analysis results of bolus (A) and gastric (B) and intestinal phases (C).

### 4. CONCLUSION

This work demonstrates the impact of oral deficiencies on nutrients bioaccessibility and stresses the importance of designing foods for elderly.

#### References

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