STRATEGIES TO PROMOTE NUTRITIONAL INTAKE FOR PERSONS WITH DEMENTIA:

TIPS FOR CAREGIVERS

Goals

 Describe why nutrition is still important for older persons with Dementia

Describe common reasons why persons with Dementia
 may not eat and/or drink enough on their own

 Describe techniques and strategies to encourage someone to eat and drink more

Importance of Good Nutrition

- Older adults often require extra foods and fluids due to:
 - Multiple chronic illnesses
 - Skin health (e.g., risk for pressure ulcers, skin breakdown)
 - Muscle weakness and fatigue
 - Higher risk for acute illness
- An acute illness (infection, stomach virus, flu) can quickly lead to weight loss, dehydration and hospitalization
- As a general rule, older adults benefit from having some 'extra' weight to protect them against rapid decline

Warning Signs of Malnutrition

- What might you notice?
 - Poor appetite (change in appetite)
 - Low food intake (less than half of meal, refusal of snacks)
 - Increased tiredness, weakness
 - Swelling
- A person's size is not a good indicator a larger person can still become malnourished and/or dehydrated and unplanned weight loss is still a bad sign, regardless of someone's size
- Notify the person's doctor of any changes or concerns

Warning Signs of Malnutrition

- □ If you don't live with the person,
- A person's 'executive functioning' tends to be among the first abilities to become impaired, with even mild Dementia. This includes their ability to: plan a menu, grocery shop and prepare meals.
- Visit during mealtime and/or offer to share a meal.
- Check fridge/cupboards for expired items.
- Closely monitor changes in weight.

Risk Factors: Physical

- Physiological changes with advancing age
 - Reduced hunger/thirst sensations
 - Poor dentition (few teeth, ill-fitting dentures, mouth sores)

- Physical Impairment
 - Inability to feed self (e.g., stroke, dementia)
 - Difficulty holding utensils (e.g., tremors, contractures, limited movement)
 - Difficulty chewing, swallowing

Risk Factors: Sensory

- Medications
 - Some common medications can reduce appetite or change sense of taste
- Dietary Restrictions
 - May make food less appealing in taste, texture and/or appearance

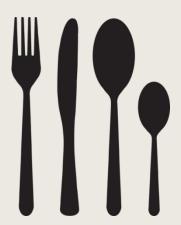
- Sensory Impairment
 - Reduced Taste
 - Impaired Sight
 - Reduced Smell
 - Impaired Hearing (interferes with assistance)

Risk Factors: Cognitive Impairment

- Memory &Perception of Time
 - Forget that they have (or haven't) eaten
 - May not remember how to use silverware

- Perception of Food
 - May not recognize certain foods or what is edible vs inedible





The Environment

SURROUNDINGS

 Reduce Noise (lower volume on radio, TV) and remove clutter from table – distracting, confusing

Avoid or Minimize Interruptions

Ensure Proper Positioning – reduce choking risk

Focus on Social Aspect – mealtime should be enjoyable

The Environment

SURROUNDINGS

- Familiarity and Routine sit in 'breakfast nook', 'kitchen bar' or 'dining room' for meals and/or snacks
- Offer favorite foods/fluids
- Offer choices (2 options at a time)
- A 'well-balanced' meal versus <u>calories</u> Add calories, when ever possible (whole milk, butter, jam/honey, protein powder, smoothies, milkshakes)

PRESENTATION AND SET-UP

Serve one item at a time or "mini-meals"

- Offer snacks frequently throughout the day
- Prepare foods to allow independence (finger foods, meat cut into bites, easily scooped with fork/spoon)
- Use straw for drinks some people can drink independently but need help with eating

REMINDERS

 Orient person to time of day and meal: "Good morning. It's time for breakfast."

Intermittently re-orient / re-direct: "It's time to eat right now." "How does your breakfast taste?"

Encouragement: "You seem to really like that soup."
"Try the soup and let me know what you think."

SOCIALIZATION

 People, in general, eat/drink more in the company of other people and this doesn't change with aging or dementia.

- Make meals as pleasant as possible.
- If it's too distracting to talk about other things, keep conversation focused on food (favorite dishes, family recipes, family memories that involve food)

INSTRUCTIONS AND GUIDANCE

- Place bite of food onto spoon or fork, then say "Try a bite of your..." May also need to guide the person's hand to the utensil to get the motion started.
- More severely impaired people may need frequent reminders to "chew" and "swallow" or even "open your mouth"
- For most people, it is easier to hold a cup with a straw than it is to manipulate utensils to eat.

COMPLETE PHYSICAL ASSISTANCE

- If person is completely unable to feed themselves, ask them what they would like a bite/drink of next.
- Tell them what you are offering them.
- Offer small bites and allow time to chew/swallow
- Offer fluids between bites (to encourage swallowing)
- If person keeps food in mouth, gently stroke check and remind to chew and swallow
- Sit directly across from person, if helping them to eat

SUPPORTIVE DINING TO ENHANCE INDEPENDENCE

- Weighted insulated mugs and/or cups with lids
- Special utensils (angled or weighted) for people with limited movement or tremors
- Divided plates with sides that can be used to maneuver food onto utensil more easily
- Non-skid placemats

IF FAMILY MEMBER RESIDES IN A NURSING HOME OR ASSISTED-LIVING CARE SETTING

- Visit during mealtimes to offer assistance
- Bring favorite foods/fluids as snacks anytime
- Notify staff of changes that you notice in person's appetite, (dis)likes, ability to eat independently
- Talk to Primary Care Physician about necessity of dietary restrictions or any medications that could be reducing appetite or altering taste of foods
- Ensure routine dental care and proper dentition, along with hearing and visual aides

Other Resources

- Center for Quality Aging website (VanderbiltCQA.org)
- 'Feeding Assistant Training' Series
- 'Weight Loss Prevention' Training Module

 Melissa Batchelor Murphy, Assistant Professor of Nursing, Duke University: YouTube Video "Hand Under Hand Feeding Technique" (3 minutes)