Providing Safe and Effective Nutrition for People with Dementia

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Adequate and nutritious meals become a challenge for those with Dementia
There are many factors that conspire to prevent adequate intakes of food and fluids.
These include...

- Being unable to recognize the purpose of eating
- Failing to recognize food as edible
- Forgetting when food has been consumed
- Difficulty using utensils or feeding oneself
- Too many food choices
In addition, the normal aging process also contributes to the challenge
All of the Senses Decline With Age

- This can have an impact on appetite and the ability and desire to eat
The Ability to Taste and Smell is Especially Important

- Taste buds atrophy, reducing the ability to taste foods
- Sense of smell also declines, which further decreases our sense of taste
Functional Status Also Declines in Aging and Dementia

- Hand grip strength declines
- Leads to decreased ability to feed oneself
- Ill-fitting dentures make chewing difficult
- Aging muscles, swallowing function, and neurological function lead to decreased ability to swallow and chew (dysphagia)
Medications Given for Dementia Have Nutrition-related Side Effects

- Weight loss
- Decreased appetite
- Lethargy at meal times
Memories and Memory Loss in Dementia Also Play a Role in Meal Intakes
- Short-term memory is impaired
- Long-term memory may be all that is left
  - Those with Dementia may remember the foods they ate as children and those served at special occasions
  - The family mealtimes as a child may play a much larger role in influencing what they want to eat
Nutritional Risks in Dementia

- Weight Loss and Malnutrition
  - Risk increases with decreased intake
  - Need to find safe and palatable foods that meet nutritional needs and are acceptable
  - Increased protein needs because of loss of lean body mass
  - Adequate calories in a concentrated form
Nutritional Risks in Dementia

- **Dehydration**
  - Reduced thirst sensation
  - Forgetting what thirst is and what fluid is for
  - Swallowing difficulties
  - Need for thickened liquids

- Adequate fluid is essential because of increased risk for dehydration
We have to find ways to increase the aroma and the flavor of food, recreate those lifetime memories, provide adequate food and fluids in a safe manner, and provide the assistance needed.
Making Mealtimes Easier and More Effective

- Focus on the priority of EATING!
  - People with Dementia do not need a restrictive diet (except for texture)
  - Eating a calorie-dense diet high in protein is most important
  - Avoid restrictions that make food less tasty
  - Concentrate on preferred foods
  - Small frequent high calorie/high protein meals/snacks.
However....

- The food does need to be safe for each person
- If pureed or chopped diets are needed, they should be honored if tolerated
- Thickened liquids should also be provided when needed if accepted
Making Mealtimes Easier and More Effective

- Limit distractions by providing a quiet environment
  - Avoid noises such as a TV playing, vacuum cleaner running, or loud conversations
Making Mealtimes Easier and More Effective

▶ Keep the table setting simple
  ▶ Avoid table centerpieces or plastic fruit
  ▶ These items can be distracting or dangerous if eaten
  ▶ Use only the needed utensils

▶ Distinguish the food from the plate
  ▶ Use contrasting colors – a white plate with a colored tablecloth or placemat
  ▶ Avoid busy patterns that can be distracting
Terra cotta plates and dishes stimulate appetite and promote increased intakes. Blues and greens do not!
Making Mealtimes Easier and More Effective

- Check temperatures carefully
  - People with Dementia may not know if something is too hot
- Serve only one food at a time
  - Too many foods may be overwhelming and confusing
Making Mealtimes Easier and More Effective

- Honor food preferences
  - Provide food preferences based on observation
  - New food preferences may develop suddenly
  - Foods liked in the past may be rejected
Making Mealtimes Easier and More Effective

- Allow plenty of time to eat
  - Swallowing or chewing difficulties may cause slow eating
  - Distractions or forgetfulness may also delay eating
  - An hour or more may be required to finish a meal
If Difficulty Eating:

- Assistance
- Cueing
- ST/OT/RDN referral
Making Mealtimes Easier and More Effective

- Make meals a social event if confusion is not too great
- Plan meals around favorite special occasions
- Preferred table mates
Making Mealtimes Easier and More Effective

- Remember that a person with Dementia may not remember when or what they last ate
  - If they ask for breakfast repeatedly, serve them breakfast foods
  - Provide snacks throughout the day
Encourage Independence

- Provide adapted serving dishes and utensils
  - Plates with rims or protective edges
  - Spoons with larger handles
  - Finger eating
Encourage Independence

- Serve Finger Foods
  - Chicken nuggets
  - Fish sticks
  - Easy to chew sandwiches cut into quarters
  - Fruit segments
  - French fries or potato wedges
  - Veggie sticks (as tolerated)
Minimize Eating Problems

- Prepare foods in a form that is easy to chew and swallow
  - Grind foods if needed and accepted
  - Cut into bite-size pieces
  - Serve soft foods such as applesauce, cottage cheese, and scrambled eggs
- Watch for signs of choking
  - Sit person up straight with head slightly forward
  - Check mouth at the end of meal for retained food
Aging Nose Syndrome
Taste, Appetites, and Declines
Improving Poor Appetite and Intakes

- It is important to improve both the taste of food and the nutritional content.
- Serving tasty food that is also high in calories and protein can help prevent malnutrition and weight loss.
Improving the Taste of Foods

- You can improve the taste of many foods by adding flavor enhancers, such as butter, sugar, honey, sauces, and gravies.
- In many cases, enhancers can make foods easier to eat and add additional protein and calories.
Increasing the Nutritional Content of Foods

- A person with Dementia needs to get the most "bang for the bite"
- Every bite they take needs to be nutrient-rich
- Large portions of food at each meal can be overwhelming and prevent them from eating
Fortifying Foods Makes Each Bite Nutrient-Rich

- Anything with extra calories or protein that tastes good can serve as a fortified food
  - Sweets – honey, maple syrup, sugar
  - Fats – butter, sour cream, heavy cream, eggs, cottage cheese
  - Protein – meats, cheeses, whole milk, powdered milk, yogurt
- Many of these are also flavor enhancers
Fortified Foods

- Ice cream, milkshakes, puddings
- Gravies and sauces over foods
- Soups, potatoes and oatmeal fortified with powdered milk, brown sugar, butter
Fortified Oatmeal

Ingredients:
3 1/3 cups oatmeal
5 cups half-and-half
2 1/2 cups water
1 1/4 tsp salt
3 1/3 T margarine
10 T brown sugar

Directions:
Measure half-and-half, water, salt, and margarine into saucepan and bring to a boil. Add oatmeal and cook until thick. Serve with brown sugar on top. Hold at 135°C or higher until service.

Cool any leftovers to less than 41°F within 4 hours for storage. Reheat leftovers to 165°F for a minimum of 15 seconds prior to serving (hold at 135°F or higher for service).

Nutrient Analysis: 1/2 cup portion = 331 calories, 6.6 g protein, 38 g carbohydrate, 18 g total fat, 44 mg cholesterol, 397 mg sodium, 3 g dietary fiber

Serves 10

Note: Oatmeal must be puréed for level 1 puréed diets.
When providing nutrient-dense foods, texture needs must be considered. Some restrictions will likely be required for many people with Dementia.
“Food First” is always the preferred approach. But when foods don’t work, supplements should be considered.
Supplements...
When Food Does Not Work

- When a person with Dementia is not eating, be sure that any underlying issues are identified before adding supplements.
- Supplements can hide underlying problems, such as difficulty with swallowing or feeding difficulties.
Supplements...
When Food Does Not Work

- Supplements should be served between meals to avoid interfering with food intake
- Serve supplements at times when the person is most alert and likely to take them
Hydration is also critical in people with Dementia
Hydration Tips

- Encourage fluid intake throughout the day
- Add flavor enhancers, like Crystal Light or fresh citrus fruit, to water
- Serve a variety of beverages to avoid flavor fatigue
- Remember to honor thickened liquid needs if accepted
QUESTIONS???
Nutrition, Dementia, and Living Alone

Outline:
- What can go wrong?
- Cognitive skills that impact nutrition.
- Meals on Wheels pitfalls.
- Individual choice or red flag?
- What strategies can help?
Southern Maine Agency on Aging

**SMAA area:**

- **Population 65+:** 86,713  
  (Maine: 1,319,192; oldest state by median age, mostly rural)

- **30.8 percent of people with memory problems live alone**  
  (Data from the 2015 Behavioral Risk Surveillance System, Centers for Disease Control And Prevention)
Target: People living alone with dementia without adequate support

Expanded MOW assessment
- Pilot in two areas
- Case finding:
  - Memory impairment needing support
  - Others needing additional services
- YTD: 443 expanded assessments, 26.5% referred for additional services

Community (Dementia) Support Program
- 35 referrals YTD (3/4 internal)
- Case mix: 75% “complex”
- Complex care management and community MDT care planning

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Commonly Identified Client Issues

- Housing needs
- Death of spouse
- Isolation and loneliness

Food shopping, prep, & consumption
- Family caregiver issues
- Comorbid conditions and health problems
- Medication adherence

- Driving safety
- Bill paying
- Filling out applications
- Home safety
- Falls risks
- Keeping appointments
- Transportation
- Pet care
- Avoiding scams
- Decision making

Dementia complicates every issue!
Elements of Thought

Confusion

The world we understand

Thinking or Cognition

- Judgement
- Memory
- Language
- Abstraction
- Organization
- Attention
- Perception
- Reasoning

The world we understand

What Can Go Wrong With Nutrition?

- **Memory**
  - Remembering the referral
  - Remembering the driver and answering the door
  - Remembering to eat

- **Abstraction**
  - Recognizing hunger and what to do about it
  - Visualizing and finding food that is out of sight

- **Perception**
  - Temperature of food
  - Recognizing spoiled food
  - Cellophane on food

- **Language**
  - Understanding instructions

- **Organization**
  - Understanding and sequencing steps to heat meal

- **Attention**
  - Heating meal and getting distracted

- **Judgment**
  - Food safety
  - Safe use of microwave
Is This Food?
What Edges?
How Does This Thing Work?
An Overheated Day-Old Meal: Still Okay to Eat?
Eccentric Choices or Cognitive Red Flags?
“I Just Don’t Like the Meals.”
Summary of Red Flags

- Forgetting meal is coming
- Repeated calls asking for help getting food or for information previously given
- Not being able to find food that is out of sight
- Empty refrigerator and cupboards
- Hoarding food
- Neglected pets
- Uneaten food in microwave or on counters
- Spoiled food; person doesn’t seem to notice
- Garbage in odd places or piling up
- Poor grooming; inappropriate clothing
- Small repairs not being noticed or addressed
- Denying lack of food or ability to warm up food
- “I just don’t like the food.”
Strategies That Can Help Improve Nutrition

- Identify people with memory concerns
- Assess ability to prepare and eat the meal
- Pay attention to other cognitive red flags
- Train staff and volunteers to be dementia-capable “eyes on”
- Provide warm handoffs
- Offer one-on-one support
  - Warming Crew/friendly visitor
  - Phone Pals
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