

A Collaborative Approach to Dining Well with Dementia

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Learning Objectives

1. Differentiate the impact of typical vs. atypical aging on feeding and eating.
2. Describe 4 progressive brain changes related to dementia that impact the feeding, eating, and swallowing process.
3. Demonstrate 4 strategies for safe and effective feeding, eating, and swallowing across the progression of dementia.

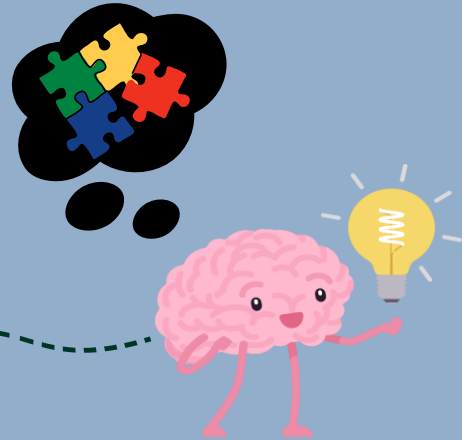


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Dementia Basics



PUTTING THE PIECES TOGETHER



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DEMENTIA



ALZHEIMER'S DISEASE



"MEMORY PROBLEMS"



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The Dementia Impact

It changes **EVERYTHING** over time

It is **NOT** ...

It **IS** ...



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Progressive Brain Changes

Sometimes the PLwD can and sometimes they can't

Things are fluid

Let the PLwD do what they can ...

And then do **WITH** them, not to or for them

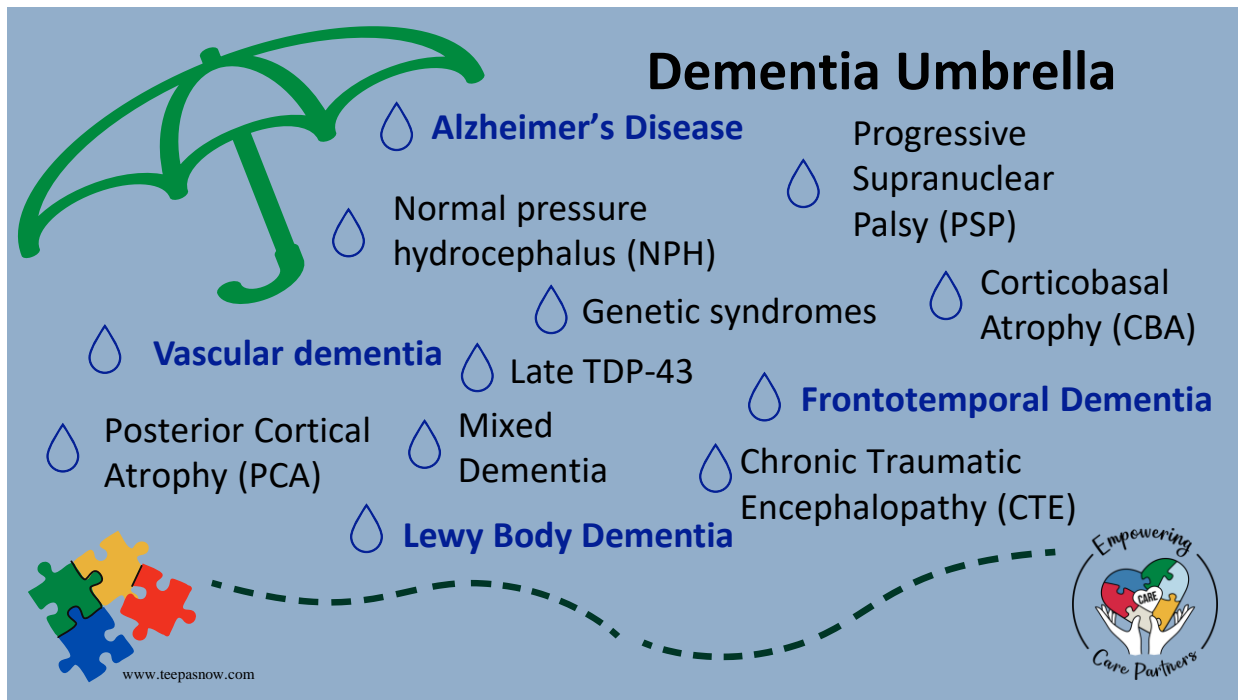
PLwD → Person Living with Dementia



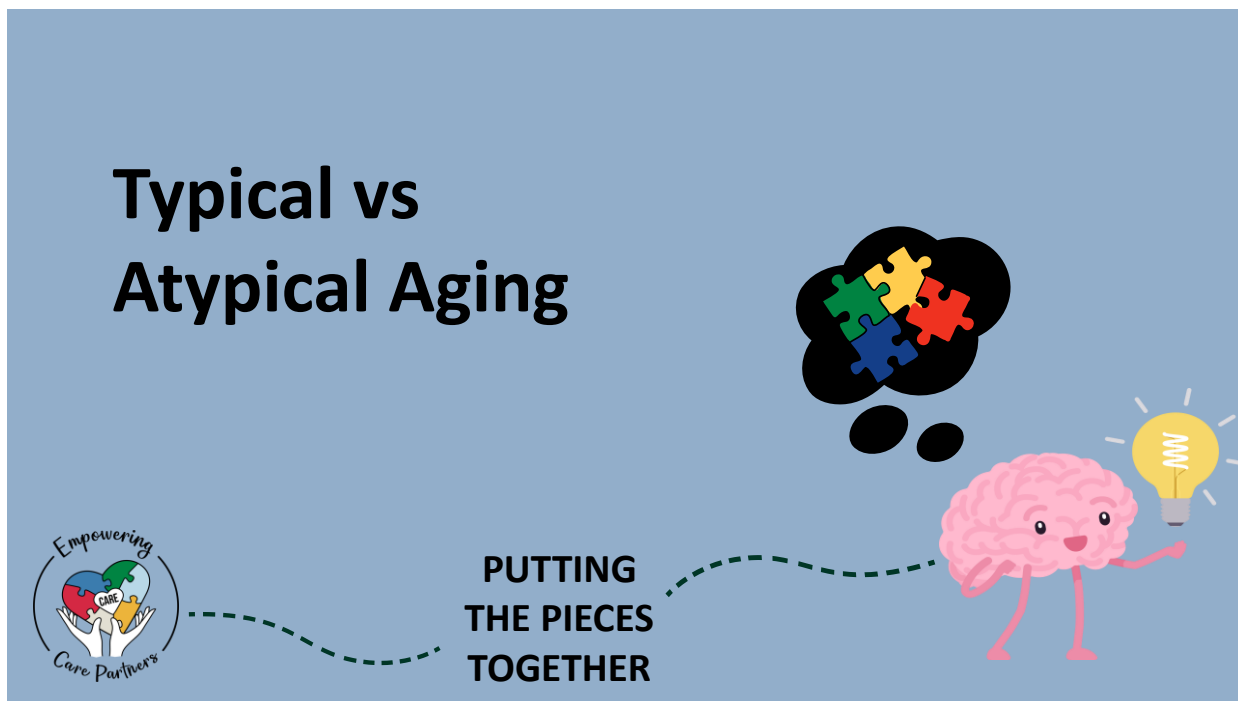
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Typical Aging as it Relates to Eating and Drinking



- Feeds self
- Follows routines
- Makes choices
- Good appetite
- Adequate nutrition and hydration
- Social environment and intake
- Intact swallow function

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Atypical Aging as it Relates to Eating and Drinking

- May lose ability to feed self
- Trouble recalling the steps for feeding
- Changes are happening
- Unable to communicate wants and needs
- Reduced intake
- Social environment reduces intake
- Changes in swallow function



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Typical vs Atypical Aging and Swallowing and the Connection to Dementia Related Issues

- Changing eating habits, preferences, and ability
- Swallowing
- Choking
- Drooling
- Spitting
- Leaving food in mouth
- Turning away/Difficulty with feeding



Feasibility of Implementing a Web-Based Dementia Feeding Skills Training Module for Nursing Home Staff



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Changes in Eating

Due to ...

- Physiological
- Psychological
- Social
- Behavioral

Modifications occur in ...

- Food Choices
- Eating Habits
- Dietary Intake



Eating Behavior in Aging and Dementia: The Need for a Comprehensive Assessment
How do we provide good mealtime care for people with dementia living in care homes? A systematic review of carer-resident interactions.



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Impact of Progressive Brain Changes

- Five Senses
- Language
- Self Care Tasks
- Sequencing
- Initiation / Termination
- Object Identification and Use
- Cognition



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Progressive Brain Changes Communication

- Misses $\frac{1}{4}$ of spoken words
- Start to miss more but catches only some words or phrases, but out of context
- Responds to social chit chat, rhythm, and tone of voice
- May makes sounds, single words in response to strong emotions



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Progressive Brain Changes Feeding and Eating

- Maximize self-feeding for as long as possible
- Help to initiate feeding
- Adaptive Equipment
- Finger foods
- Physical support only as needed



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Progressive Changes Motor Components

- Difficulty using both hands for fine-motor tasks (i.e., buttons)
- Difficulty sequencing tasks
- Strong grasp, but decreased skill with hands
- Uses whole hand
- Difficulty letting go
- Strong grasp; limited release



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Progressive Brain Changes Vision



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Progressive Brain Changes Vision



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Progressive Brain Changes Vision



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Progressive Brain Changes Gustatory

- Sweet and Salty
- Still keep bitter and sour
- Things may taste wrong
- Add sweeteners



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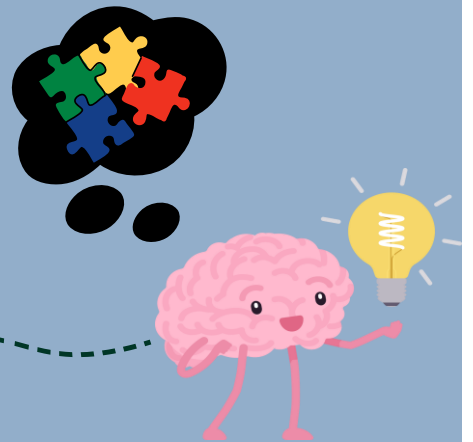
Progressive Brain Changes Tactile

- Temperature
- Texture
- Food Aversion



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It's All in the Approach



**PUTTING
THE PIECES
TOGETHER**



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Adaptive Equipment and Techniques

- Individual Bowls
- Scoop Bowls
- Plate Guard/Divided/Scoop Plates
- Built Up Utensils
- Weighted Utensils
- Curved Utensils
- Universal Cuff
- Maroon Spoon
- Cups - Nosey, Provale, etc.
- One item at a time
- Finger Foods
- Altering food and liquid textures



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Feeding Impact

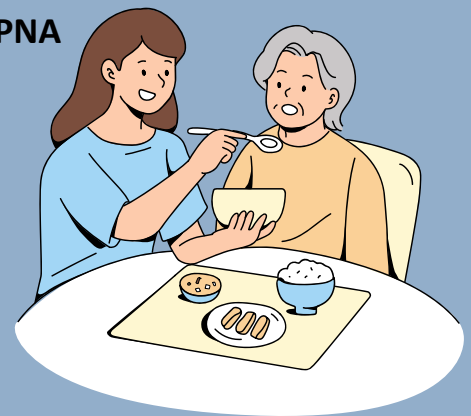
By the numbers

- **Up to 50% ... need assistance**
- **20 times more likely ... to get aspiration PNA**

Those dependent for feeding ... “force fed”

Knowledge is power ...

- **Who do you want doing the training?**

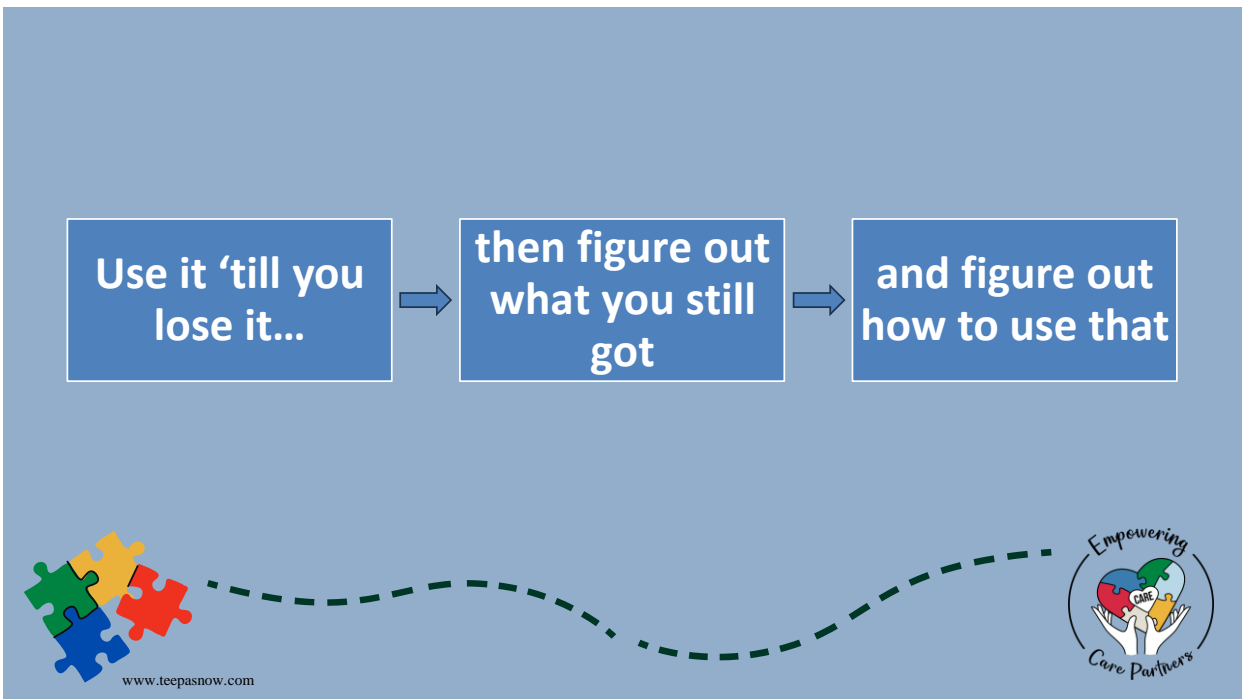


What do Certified Nursing Assistants Actually Know About Dysphagia and Feeding Nursing Home Residents

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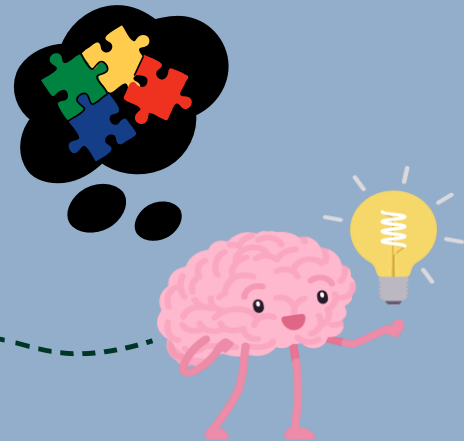


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Get Your Detective Hats On



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Change in Status

Quick ID = possible quick fix

- Change in health status
- Change in pain or discomfort
- Denture or mouth problem
- Drug changes/interactions



Or....

Is it fluidity or advancing dementia that is changing abilities?



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Resources Related to Dysphagia and Drugs and Dementia

- [The Role of Polypharmacy in Swallowing — Its Implications for Clinicians - Today's Geriatric Medicine \(todaysgeriatricmedicine.com\)](http://todaysgeriatricmedicine.com)
- [CrouseEL,AlastanosJN,BozymiskiKM,ToscanoRA.Dysphagiawithsecond-generationantipsychotics:Acasereportandreviewoftheliterature.MentHealth Clin\[Internet\]2017;7\(2\):56-64.DOI:10.9740/mhc.2017.03.056.](https://doi.org/10.9740/mhc.2017.03.056)
- [Antihypertensive and Statin Medication Use and Motor Function in Community-Dwelling Older Adults](#)



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Change in Status ~ Get Curious!



- Appetite
- Chewing/Teeth/Dentures
- Amount eaten
- Taste
- Hand use and ability
- “Behaviors”
- Environmental Distractions
- UTI or infection
- Patterns
- Bathroom habits
- Social
- Communication
- Pre/post meal hygiene
- Swallowing
- Spitting
- Weight



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Realize... It takes Two to Tango Or Two to Tangle.

-Teepa Snow.

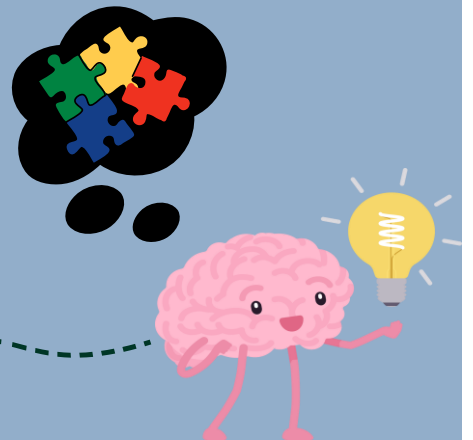


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How Do We Know if it's Enough



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Dehydration

Physiological Impact

- Loss of strength/stamina
- Exhaustion/Fatigue
- Unable to focus/increased confusion
- Dizziness
- Less frequent urination
- Dark-colored urine
- Dry mouth
- Muscle cramps
- Difficulty walking
- Rapid heart rate



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Dehydration

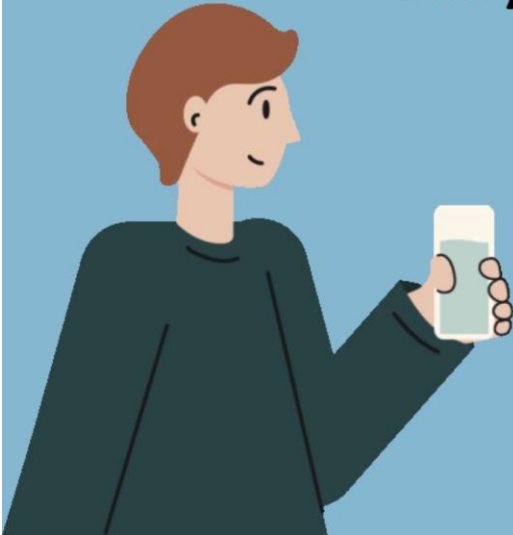
Causes

- Lack of thirst
- Lack of skills
- Lack of awareness
- Limited opportunities
- Medications
- Fear of incontinence
- Reduced variety
- Thickened liquids



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Dehydration ~ Helpful Hints



- Add fruit to water
- Offer decaf
- Serve flavored and colored water
- Offer soups, Jello, ice cream
- Carbonation
- Creative/mixed drinks

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Malnutrition Physiological Impact

- Social
- Weight loss
- Wounds/illness
- Immune system
- Muscle mass
- Weakness
- Oral Health and Dentures
- Cognition
- Surgery or hospitalizations



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Malnutrition Causes

- Medical Problems
- Mental Health
- Dental
- Cognitive/Mood
- Hunger
- Feeding skills
- Limited opportunities
- Food choices
- Medications
- Sensory



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Malnutrition ~ Helpful Hints

- Social
- Spice it up
- New foods vs familiar
- Vitamins or supplements
- Appetite stimulant
- Snacks or frequent meals



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Significant Weight Loss

- Unintentional weight loss
- 5% in 30 days
- 10% over six months
- Why wait if we see a trend?
- Vicious cycle



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Measurements As It Relates To Eating Well



Feasibility of Implementing a Web-Based Dementia Feeding Skills Training Module for Nursing Home Staff

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Common Medical Causes of Weight Loss in the Elderly

- Cancer
- Stomach or Intestinal Issues
- Depression
- **Dementia**
- Diabetes
- Heart Disease
- Kidney Disease
- Side effects of Medications
- Difficulty getting nutritious foods
- Not getting enough food
- Financial Constraints to afford food
- Late-Life Paranoia
- Dental Issues
- Thyroid Issues

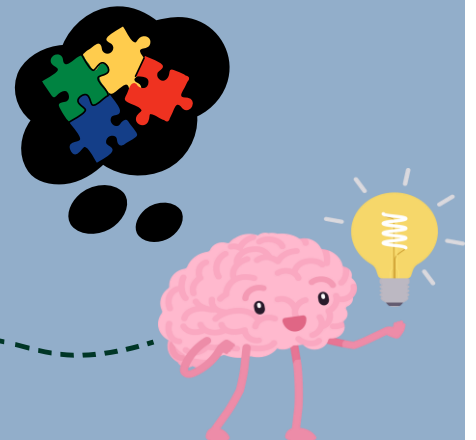


<https://elderlyguides.com/elderly-losing-weight>



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Building Your Toolkit



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Strategies/Care Partner Basics

- Be a Detective, not a Judge
- Look, listen, offer, think
- Permission
- Agenda
- Keep it simple



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Carer-Resident/Patient Interaction

- Social Connection
- Individual's Characteristics
- Trial and Error
- Quality of Care



How do we provide good mealtime care for people with dementia living in care homes? A systematic review of carer-resident interactions
Promoting mealtime function in people with dementia: A systematic review of studies undertaken in residential aged care

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Strategies Comfort



- Visual
- Seating
- Auditory
- Chewing
- Digestion
- Incontinence Care
- Mealtimes
- Temperature



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Strategies Environment



- Talking
- TV
- Excess distractions/noises
- Lighting
- Space
- Table Height
- Temperature of room



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Strategies Sensory and Meaning

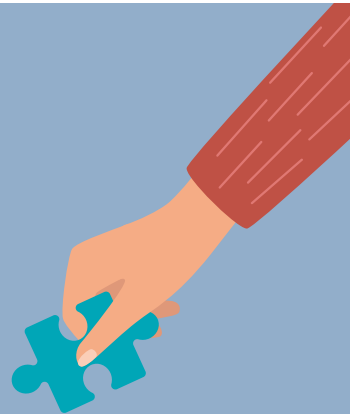
- Sensory Presentation
- Carbonation
- Familiarity
- Fine Dining
- Choices/Preferences
- Alternates



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Strategies Medical

- Supplements
- Protein Powders
- Appetite Stimulant
- Oral Cavity
- Stay active
- IDT team approach
- Get creative!



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Strategies Color Contrast


- **Red**
 - Warmth
 - Appetite stimulant
- **Blue**
 - Peace, can lower anxiety
 - Appetite suppression
- **Green**
 - Calm/rest
 - Lime green is vibrant and draws attention
- **Black**
 - Scary or intimidating

<https://adrccares.org/color-theory-and-dementia/#:~:text=Try%20serving%20dinner%20from%20a,lower%20blood%20pressure%20and%20anxiety.>



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Strategies Music



Quiet relaxing music at dinner across 4 days resulted in...

- 17.9% decrease in physical behaviors
- 6% decrease in verbal agitation
- 56% decrease in restlessness
- 25% decrease in physical aggression
- 8-20% increase in caloric intake

Fetherstonhaugh, D. Haeslera,b,c E., Bauera, M. (2019). Promoting mealtime function in people with dementia: A systematic review of studies undertaken in residential aged care, International Journal of Nursing Studies Volume 96, August 2019, Pages 99-118. Retrieved July 16, 2023, from, https://openresearch-repository.anu.edu.au/bitstream/1885/213163/1/01_Fetherstonhaugh_Promoting_mealtime_function_in_2019.pdf



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30-minute initial consultation

Complete the training event
feedback form on our website
for a FREE resource

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Follow Empowering Care Partners
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Resource Page

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