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Dementia and Nutritional Challenges

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As cognitive functioning declines during the progressive stages of the various forms of Dementia, caregivers find that meal time and maintaining adequate nutrition and hydration pose very difficult challenges. In addition to nutritional concerns related to aging in general, Dementia and diminished cognition can be a dangerous mix for the health of the resident.

The following are issues that can cause nutritional deficits in the general elderly population:

- Unidentified painful sores in the mouth related to poorly fitting dentures
- Missing teeth
- Decline in sense of thirst
- Decline in taste sensation
- Decline in sense of smell
- Visual impairment
- Decreased appetite due to depression
- Decreased appetite due to inactivity
- Decreased appetite due to lack of socialization
- Constipation leading to decreased appetite
- Fatigue
- Swallowing issues related to medical problems, such as stroke or Parkinson's disease
- Medication side effects, such as dry mouth
- Cultural/religious beliefs, such as no pork or vegetarian diets
- Medical diagnoses requiring specialized diets—diabetic, low salt, diverticulosis, lactose intolerance, etc.

Those concerns are compounded by physical and cognitive concerns of the resident with Dementia:

- Inability to recognize feelings of hunger
- Inability to express needs, such as thirst or hunger
- Chewing issues---forgetting how to chew and/or pocketing food
- Swallowing issues---forgetting how to swallow
- Too much stimulation during mealtime, causing decreased ability to concentrate
- Depth perception/contrast issues
- Too many food choices; becoming overwhelmed
- Untoward reactions to certain odors

- Inability to recognize hot and cold
- In ability to express food preferences
- Inability to express change in food preferences
- Incessant need for sweet foods
- Inability to use utensils; forgetting how
- Inability to remain seated long enough to eat
- Behaviors such as outbursts of violence, incessant talking, etc.
- Inability to express pain
- Hiding food, rather than eating it
- Slow eating/chewing/swallowing
- Inability to identify foods in certain forms, such as more 'recent/modern' food types, such as tortilla wrap sandwiches or tacos
- Increased caloric needs

Nutritional Team Approach

Caring for the nutritional needs of a resident with Dementia will most often be an evolving process. The caregiver may find that a strategy that worked today may well not work tomorrow. In order to successfully address the resident's nutritional and hydration requirements, a team approach must be utilized, which would include input and participation by the resident's family members, the caregivers and the dietary department.

Family Involvement

A thorough assessment should be completed, incorporating family input to learn the individual resident's personal preferences as a baseline for the development of a nutritional plan. This assessment should include the resident's food and fluid likes and dislikes foods that should be avoided for cultural or religious purposes, special dietary needs based upon medical conditions, recent changes in food preferences, recent changes in behavior, things that have been identified as disrupting concentration during mealtime, etc.

After this assessment is complete, the care staff can utilize the information to begin an individualized nutritional plan of care.

Care Staff Involvement

The following interventions can be employed in order to improve the dining experience with the goal of adequate nutrition: (Note, an intervention that works today, may not work tomorrow, but may work next week!)

- Encourage physical activity throughout the day in order to work up an appetite
- If a resident says he/she is hungry between meals, provide them with a snack!
- Make sure residents have glasses on and hearing aides in during mealtime. If the resident has dentures and will wear them, be sure that they are in.
- Allow residents to make meal choices if able, but limit the number of choices offered.
- Limit the number of types of foods served at one time. (Two; no more than three should be presented at a time.)
- Offer hydration and healthy snacks between meals. Do not offer snacks or fluids, (unless asked for) one hour prior to meals so that they are not too full to eat a nourishing meal.
- Maintain a routine: meals at the same time, at the same place, with the same people, when possible.

- Do not seat the resident at the dining table with fluids in front of them without their meal being present. The resident may drink the entire fluid first and become full, not eating their meal.
- Offer a sip of fluids before the first bite of food to prompt the swallowing and digestion response.
- Provide a calm, non-distracting environment.
- Keep items on the table to a minimum to avoid distraction. If a resident appears to be distracted by a table arrangement, placement or other item in front of them, remove it.
- Offer foods that contrast with the color of the plate or bowl. Serve coffee in light colored or white cups. Make sure dishes are not the same color as the table. If a dark dish on a dark table, use a plain placemat or tablecloth underneath to assist with depth perception.
- Ensure that lighting is adequate and there is no glare on the table or dishes.
- Be flexible. The resident who would only eat oatmeal for the past six months for breakfast and lunch may all of sudden dislike it and want hot dogs!
- Check food temperatures. Often, the dementia resident can't tell if the food or beverage is too hot. If the food is not warm enough, they may decline to eat it, although they may not be able to you why.
- Give the resident plenty of time to eat.
- If a resident requires assistance with eating, do not stand next to them to assist. Always sit next to them so that they do not feel intimidated or rushed.
- Enhance foods with spices such as Mrs. Dash, if the resident does not seem to like it. Taste sensation does decline and the food may not seem flavorful to the resident.
- Consider serving soup in handled cups to avoid frustration with difficulty in using a spoon.
- Consider an Occupational Therapist's input for adaptive equipment if the use of standard utensils is difficult
- Cut resident's food into bite sized pieces before serving. Do not cut food in front of resident as this may trigger a shameful emotion or demeaning feeling in the resident.
- Serve finger foods if utensils become difficult to use.
- Use aprons, rather than bibs, if the resident has a difficult time keeping their clothing clean during meals.
- Cue residents with the use of utensils if needed. Place their hand around a utensil and get them started. It may be easier to feed the resident, but encourage independence as often as possible.
- Consider utilizing a different type dish than might be standard. A resident might not be able to eat mixed vegetables from a plate using a fork or a spoon, but they might be able to eat them with a spoon from a bowl.
- Consider no-spill glasses or cups with a lip, built in or bendable straw, if drinking from a cup is difficult.
- If a resident seems intimidated by the amount of food on their plate, provide a smaller amount of food on the same size plate and add to it as the resident eats the original amount.
- Provide frequent, nutritious, calorie-dense foods, such as sandwiches cut in quarters to residents who wander and cannot stay seated during meals. Frequently offer these residents small plastic cups of fluid; preferably with a lid and straw.
- For those residents who develop a strong need for sweet foods, add sugar-free substitute to fruits, puddings, Jell-O, oatmeal, etc. Offer milkshakes or smoothies with sugar-free substitute added. Do not allow residents to see upcoming desserts until the meal if finished and they are ready to be served.
- Closely observe food and fluid intake and report changes as soon as identified.

Dietary Department Involvement

The Dietary Department plays an integral role in maintaining adequate nutrition in residents with Dementia. The following are suggestions that can be employed for the third tier of the Nutritional Team:

- Dementia residents can typically eat the same food as non-dementia residents; however, the food may need to be in a different ‘format.’ For example, the general population is being served chicken patty sandwiches on a Kaiser roll with mayonnaise, lettuce and tomato. This type of sandwich may be daunting to the resident with Dementia, based upon size and because biting into it could cause the lettuce and tomato to fall out, causing confusion and distraction. The Dietary Department may consider serving individual small sandwiches, or ‘sliders’ to these residents---a smaller chicken patty on smaller buns or dinner rolls with mayonnaise, only. Sliced tomatoes, cut into bite size pieces could be given on the side in salad form. Cheese could be added to the sandwich to melt and act like ‘glue’ to hold the sandwich together. Two small ‘sliders’ would equal the same portion size as the other resident’s larger sandwich. Instead of serving grits in a bowl or on a plate, consider baking them and serving them as ‘bars.’ Add cheese to act as ‘glue’ and add extra calories and Calcium.
- Add sauces and gravies to meats. This facilitates easier swallowing abilities.
- Remember to include condiments to residents with Dementia, just like those provided to the general population. These residents are especially prone to decreased taste sensation and can benefit from added condiments.
- Serve all residents seated at the same time. Do not allow meals to be served incrementally. Residents can become agitated while they wait to be served if they see another resident eating.
- Puree chunky soups so that they can be drunk from a handled cup.
- Provide salt-substitute and sugar-free substitute to residents with hypertension and diabetes.
- Offer softer types of food; foods that can be easily chewed and swallowed.
- Cut meats into bite sized pieces before serving.
- Do not serve meat on bones, such as chicken, ribs, pork chops, etc.
- Identify foods that are particularly difficult for Dementia residents to eat and avoid these when possible, such as rice, long spaghetti, orzo, couscous, sandwiches with ingredients that fall out, etc.
- Keep foods in simple fashion. Remember that residents may not identify with food in a “new” or complicated format, such as a wrap sandwich, a “Dagwood” sandwich, modern-style plating, etc. Provide foods that would be familiar with the resident in a time when they were cognitively intact and cooking and serving food for their families. (1940’s, 1950’s, 1960’s)
- Avoid garnishes when plating. These can be distracting and cause confusion.
- Attempt to provide foods in finger-food fashion when possible.
- When possible, provide foods that are bright in color.
- When possible, serve food items of different colors on the plate.
- Be alert to food temperatures. Residents with Dementia may not be able to identify when foods are too hot. They may also not find food palatable if not at a warm enough temperature, but will be unable to explain this. They may simply refuse to eat.
- Consider more nutrient and calorie-rich foods for residents with Dementia. Fortifying foods with extra butter, cream, mashed potato flakes, added pureed vegetables and fruits may be necessary. Consider adding cheese to grits or mashed potatoes. Provide cream-based, rather than broth-based soups.
- Residents who need higher calories, protein, vitamins and minerals can benefit by having their foods made with Protein supplements, such as Ensure or Boost as a liquid added for cooking. Protein powders can be added. Non-sugar based fruit juices can be exchanged for water in recipes.

- Provide nutritious snacks, such as peanut butter crackers, cheese and crackers, finger sandwiches, cookie bars made from applesauce or zucchini, graham crackers spread with fruit flavored cream cheese and sliced fruit on top
- Be patient! For example, a resident may decide after a month of only eating hamburgers, that hamburgers are off limits and only grilled cheese sandwiches will do!
- Consider baking cookies and other desserts with a sugar substitute so that diabetics and non-diabetics can eat the same thing.
- Consider using whole grain and wheat products rather than white flours and white items, such as rice, potatoes, bread, etc., so that diabetics and non-diabetics can eat the same thing
- When serving fruits, peel them and/or cut them in bite sized pieces
- When serving fruit pieces or vegetable pieces, (lightly steamed vegetables may be preferable to raw for chewing and swallowing purposes) provide yogurt or a sauce for dipping.
- If serving kabobs, do not serve with skewer in place.
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Categories of and Finger Food Suggestions

Breads and Cereals

- Toast, bread rolls, biscuits, scones or muffins with butter and/or jam
- Crackers with soft cheese, pate or spread
- Waffle sticks
- Pancake rolled around sausage link
- Soft cereal bars
- Sandwiches with soft fillings such as pimento cheese, tuna salad, egg salad, ham salad, peanut butter and jelly, grilled cheese. (Add a tomato to grilled cheese for added nutrients.) Cut sandwiches into quarters
- Serve sandwich fillings in a hot dog bun for easier handling and change-up of presentation

Meats, fish and Alternatives

- Red meat or chicken meat, cut into pieces, chicken fingers, chicken nuggets, meatballs, sliced sausages, meatloaf, small burgers, hotdogs
- Fish---firm, fleshed fish that doesn’t fall apart if grilled, baked or broiled. Fried fish, small fish cakes or seafood cakes. Include tarter or seafood sauce.
- Quiche or pizza
- Hard-boiled eggs, deviled eggs
- Cheese cubes
- Kebabs, skewers removed, or edible skewer, such as a carrot stick.

Fruit

- Slices of apple or pear
- Melon pieces---remove rind
- Pineapple chunks
- Orange segments, remove pith
- Slices of kiwi
- Strawberries, sliced
- Halved apricots
- Seedless grapes, halved
- Peaches, nectarine, cut into chunks
- Bananas, whole or sliced

- Dried fruit

Vegetables

- Broccoli florets
- Cauliflower florets
- Carrots sticks or coins
- Brussel sprouts, halved
- Cucumber slices
- Green beans
- Cherry tomatoes, halved or tomato slices or chunks
- Sliced peppers
- Mushrooms
- Potato wedges
- French Fries
- Small roasted or boiled potatoes
- Tater tots

The Importance of the Dining Experience in Residents with Dementia

Residents with Dementia require specialized attention, as previously stated, as it relates to nutrition, hydration and general well-being. A facility that specializes in Dementia and Memory Care should consider the development of a specialized Dementia Dining Program that embraces the Team approach. This program should include Dementia-Friendly menus, an Individualized Dining Assessment and Service Plan, a supportive environment, consistent seating arrangements and individualized, resident-specific approaches for their changing needs.

Embracing the **DINE ™** approach to managing the nutritional needs of Dementia residents will enhance and improve quality of life:

- **DIGNITY**
- **INDEPENDENCE**
- **NUTRITION**
- **ENVIRONMENT**

These four elements, combined with loving and supportive family members and caregivers who are specifically trained to understand the needs and requirements of residents with Dementia, will ensure that while vulnerable to malnutrition and dehydration, they will live life to the fullest, in the most nutritionally sound and healthy way possible.