

Disclosure

The speaker has no financial or other conflict of interest to report.

LIFE OPURPOSE Reading Age

Age diana

INALA HOPE

Objectives:

 Show the barriers and difficulties health care facilities face feeding patients with Dementia

 Provide procedures facilities may implement to identify patients that would benefit from meal time interventions

 Discuss how to implement policies of staff training and involvement.

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Our Population



- 5.7 million with Alzheimer's currently
 - •14 million projected by 2050
 - 47% of nursing home residents have some form of Dementia
 - Half of those need dining assistance

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Progressive Negative Nutritional Outcomes

Decreased appetite and Loss of interest in meals Muscle loss and increased lethargy Weight loss Malnutrition and Dehydration Increased risk of infections Hospitalization Palliative care LIFE ON PURPOSE CodingAge

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Meal Time Barriers

- Profound loss of appetite
- Overeating
- Problems communicating
- Inability to recognize hunger
- Inability to recognize thirst
- Inability to recognize foods/fluids
- Poor physical coordination

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Dignity

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- Tires easily
- Taste acuity changes
- Anxiety
- Pain
- Depression
- Concentration
- Difficulty chewing and swallowing
- Increased nutrition needs

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Role of Your Dietitian

- Clinical assessment
- Education of patients and families
- Staff in-servicing
- Assisting with implementation
- Evaluation of effectiveness
- Interdisciplinary team (IDT) member

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Evaluation of Individual

- Address underlying issue, when possible
- Full medication review, including all prescribing physicians

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- Creation of a Personalized Plan
 - Learn their past

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- Dietitian assessment
- Interdisciplinary review as indicated

Strategy Categories



- Environment
- Staffing
- •Food
- Supplements & Snacks

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Environmental Strategies

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- Pre-dining physical activity
- Undisturbed meal times
- Dedicated dining space
- Reduced distractions
- Aromas
- Stimulating music

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Environmental Strategies



Environmental Strategies

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- Pre-dining physical activity
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Staffing Strategies

- Meal time approach
- Consistency of staff
- Staff and patient interaction
- Allow for more time

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- Routine staff in-servicing
- Interdepartmental approach

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Conversation Topics

- Did you have any pets growing up?
- Did you live in a house or an apartment? What was it like? What was your room like?
- Do you know any stories about the history of the family name, or the origins of the family?
- How many brothers and sisters do you have? What are their names? Tell me a story about them from growing up?
- How did you meet your spouse? How old were you when you met/got engaged/got married? What was the wedding like?
- What big world events were the most memorable while you were growing up?
- What did you want to be when you grew up?
- Tell me about your parents? Your grandparents?
- What do you want your children and grandchildren to remember about you?

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- What kinds of clothes, hobbies, slang terms were popular when you were a teenager?
- What life advice would you pass along to someone?
- What was your favorite thing about school? Least favorite? What were your friends like? Who was your favorite teacher, and what was your favorite subject?
- What were your children like when they were growing up?
- What were your favorite games and hobbies? Did you play any sports? What else did you do for fun?
- What was your first job? What was your favorite job?

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- What's your favorite book or movie and why? What was your favorite when you were young?
- Where and when were you born? Did your parents ever share their memories with you about the day you were born?

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• Who were your heroes or role models when you were young?

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Food Strategies

- Meal quality and appearance
- Food and table presentations
- Visual aids to assist choice
- Finger foods
- Dysphagia diets
- Palate and preference changes

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Visual Aid to Assist Choice—Picture Menu



Food Strategies

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Supplement & Snack Strategies

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- Treatment goals
- Prescribing indication
- Taste preferences
- Quantity and dosage timing
- Reevaluation plan

End of Life

- Start the conversation early
- Provide education related to underlying cause (primary diagnosis) versus inadequate nutrition (malnutrition)

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Update often

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Honest conversations about end of life care

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