



## **Nutritional Care for Dementia Residents**

### **How to promote meal times with Dementia Resident's**

#### **Objectives:**

- 1. Understand Dementia Resident's**
- 2. Identify reasons why dementia resident's may have a decline in appetite.**
- 3. Discuss interventions at meals or between meals that help dementia resident's nutritional status.**

#### **Introduction:**

Residents with dementia have many hurdles to overcome as their disease progresses. At meal times residents with dementia are at risk for negative nutritional outcomes that may include decline in appetite, decreased ability to self-feed and may have difficulty chewing or swallowing. When we care for residents with dementia it's important to keep in mind that events that seem nominal can be a cause of anxiety for dementia residents. As care givers it's our jobs to identify and assist in helping residents with best nutritional outcomes as well as communicate concerns with the interdisciplinary team.

#### **Dementia Exercise:**

- Think about a meal time/dinner party with family or friends that you really enjoy!
- Think about how much visiting with friends/family revolve around food!

Now picture showing up to a restaurant/house where you don't recognize anyone, you don't remember if you paid for the meal, or someone is discussing their new smartphone. What is that?

If we really put ourselves in the resident's shoes we can understand how these scenarios can cause anxiety and further lead to meal times concerns.

#### **Decreased Intakes may be related to:**

- Anxiety/Agitation- residents may become combative or angry at meal times.
- Dental issues- pain, loss of teeth
- Pain- residents with dementia may have a difficult time expressing pain, pain can influence a person's intakes at meals so its important to report any signs or symptoms of pain.
- Problems chewing or swallowing- as resident's dementia progressive they may have the inability to chew or swallowing correctly.
- Loss of taste- residents may lose their ability to taste with sweet being the last taste to go.
- Loss of feeling of hunger- residents may forget they have just eater or that they have yet to eat.
- Lack of ability to focus- residents may easily be distracted at meals and may have difficulty sitting for a full meal.
- Residents may need more assistance at meals- may need to be fed or cueing frequently to eat but their dignity hinder acceptance.



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### **Interventions:**

- Resident's may need re-approached multiple times during meal, or decreased distractions at meals to help with mood.
- Goal is always food first, encourage full meal when selective meals.
- Presentation- resident's may need pictures or show the resident what food is menued via a demo plate.
- If on a fortified food program or shake at meal, encourage food first then present the fortified food/intervention.
- Finger foods- food residents can pick up with their fingers can assist with independence and overall improve intakes.
- Speak positively about meal times, even if resident on a mechanically altered diet ex: "this has a good flavor", "I had this for lunch and it was delicious, you're really going to like this."
- Residents may need altered diet, make sure to add appropriate condiments example, mustard or ketchup to pureed hamburgers.
- Meal time conversations with residents should be appropriate, ex: discussing their favorite meals they would make for their family, what they enjoyed about family gatherings, or if residents are unable to communicate talk with staff about those things in your life.
- Supplements may be appropriate between meals.
- Appetite stimulants may be an option.

### **Communication:**

- When a care giver identifies a change with a dementia resident, such as a decline in appetite, pain when eating, or overall expression of pain. This should be reported to the nurse or IDT team.
- Some residents are unable to communicate their preferences. Request information from family, when it is possible. If staff note good acceptance of specific, these preferences should be communicated to the IDT and dietitian
- Family's should be involved in plan of care for the resident's and assist with identifying preferences, however open to any changes as tastes may change. Example: people who didn't like sweets before may prefer later in life as their tastes change.



## Nutritional Care for Dementia Residents

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

### Pre Test

1. Reason's for weight loss in residents with Dementia include.
  - a. Poor dentition/defective swallow
  - b. Loss of feeling of hunger
  - c. Change of taste
  - d. All of the Above
2. True or False: If you see a change in intakes you should tell the interdisciplinary team.
3. True or False: When residents are no longer able to communicate it is okay to ignore them and speak to other staff members while providing care.
4. If a resident is struggling with utensils but won't let staff assist them at meals what intervention may help that resident eat better at meals.
  - a. Fortified Foods
  - b. Appetite stimulant
  - c. Finger Foods

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c. Finger Foods

Answer Key

- 1- D
- 2- True
- 3- False
- 4- C