Section 7

Dementia (Major Neurocognitive Disease)

Topics in this section include:

7.1 What is Dementia?

Dementia (Major Neurocognitive Disease), or cognitive impairment is increasing in the aging population worldwide.[1] Dementia is a common term for a set of symptoms that are caused by disorders affecting the brain.

Symptoms of dementia may include:

- memory loss
- difficulties with thinking, problem-solving, or language that can reduce a person's ability to perform everyday activities
- changes in mood or behaviour

Dementia is progressive. This means:

- symptoms will gradually get worse over time.
- dependence on others to carry out daily activities will increase.
- mealtimes can become stressful as loss of memory and problems with judgement can cause difficulties with eating. This can become challenging for caregivers.

7.2 How Can Dementia Impact Nutrition?[2]

Many residents with dementia may need more assistance with meals. These residents will have a faster rate of mental and physical decline compared to changes that happen during the normal process of aging.[2]

People with dementia may:

- Have taste and smell changes. Food preferences may change. Often a preference for sweet foods may be experienced. Appetite may increase or decrease as disease progresses.

- Forget what objects are and what an object is traditionally used for. For example, the resident may try to use a knife instead of a spoon to eat their soup or the resident may not remember what a specific food is when they see it on a menu or on their plate.

- Have a difficult time making decisions. The inability to make decisions would create a challenge when choosing which food they want to eat, especially when there are many choices.

- Lose the ability to feed themselves independently without the use of adaptive devices. For example, the resident may lose hand-eye coordination which can cause them to spill food, miss their mouth while trying to feed themselves, or make cutting-up food challenging.

    - Consult the dysphagia team or occupational therapist for adaptive devices that can be used.

- Develop problems with chewing or swallowing. When there is difficulty chewing or swallowing, food and drink may obstruct the airway and result in choking or aspiration pneumonia.[2]
    - Changing the texture of the food and having a proper feeding position may help this.
    - Refer to the Texture Modified or Dysphagia (difficulty swallowing) handouts for additional information on texture modified diets and altering fluid consistencies.
    - Consult the dysphagia or swallowing team on site if chewing or swallowing difficulties are suspected or observed.

- Have challenging mealtime behaviors. Some examples are spitting-out, holding food in mouth, throwing food, or the resident my turn their head away from the food or drink. Residents may wander away from the table during a meal or snack. These behaviors may upset family members and caregivers, but awareness is important as mealtime behaviors are common symptoms of dementia.

7.3 How Does Dementia Increase Malnutrition Risk?

The mental and physiological changes associated with dementia increase the risk of malnutrition.[2] For example, possible side-effects of dementia are dysphagia or difficulty swallowing, lack of recognition of hunger or thirst cues, and impaired ability to feed oneself. Understanding why a resident has difficulty eating can help to find the best supports to assist the resident and their family.

As dementia advances, eating and drinking may become more harder for the resident. Decreased food and fluid intake resulting in weight loss is commonly experienced. It may be beneficial to address the focus of nutrition care to quality of life such as enjoyment of food, and the dining experience. Discuss this with your healthcare team.

Refer to the handout: Understanding Eating for Comfort
For more information, see Malnutrition in Section 8.0 of this toolkit.

7.4 Helpful Mealtime Assistance Strategies for Residents with Dementia[3]

- If the resident does not start eating, place a utensil or cup into their hand. If more stimulation is needed, place hand-over-hand with the utensil and guide towards the mouth. You may need to do this several times.
- When eating, have only one food dish at a time.
- Remove each food dish after completion.
- Restart the eating process several times if necessary.
- Encourage swallowing by providing verbal cues.
- Trigger mouth opening by touching the resident's lip with a spoon of food, mime mouth opening or asking the patient to open their mouth.
- Consult the dysphagia team for resident specific suggestions about cueing to swallow.

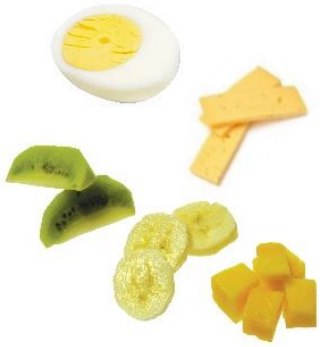
7.5 How to Help Residents with Dementia Eat Better?

If you notice a resident is losing weight, or eating poorly, inform the nurse, case manager, or doctor. You can ask them to make a referral to a dietitian for a nutrition assessment. There are many ways family, friends, and staff can support residents with dementia to encourage intake and enjoyment of their food. Here are some tips that may help:

- Offer familiar foods the resident previously enjoyed. Dementia may cause food preferences to change, so foods offered may need to change regularly as well. Encourage family members and staff to share up-to-date information of which foods and flavors are enjoyed.
- Feed ‘little and often’. If the resident is restless or has a poor appetite, ask staff to provide small, frequent meals or snacks, as they can be easier to eat.
- Avoid rushing mealtime. If the resident is slower to eat meals, ask staff to give them more time to eat.
- Too many utensils or dishes at the table may cause confusion. Ask staff to only provide the dishes and utensils needed for the meal to be set at the table. The staff can bring one course and one beverage at a time.
- If there is a television in the dining room, ask for it to be shut off during meals to reduce distractions.
- The resident’s case manager is encouraged to arrange regular dental checkups for the resident. Cavities, mouth sores, or poorly fitting dentures can make eating difficult and painful.
- Residents with dementia may benefit from finger foods. Finger foods may be considered a type of texture modification if a resident is having difficulty with utensils. Finger foods may help increase intake, and independence through self-feeding.

Some examples of finger foods are:

- sandwiches
- hard-boiled eggs
- cheese or meat slices
- cut-up fruit and vegetables
- muffins, pastries
- toast, waffles
- chicken fingers, chicken nuggets
- pizza slices
- fish sticks
- granola bars



- For residents having difficulty eating enough to meet their nutrition needs and maintaining their weight, include **higher energy foods** such as:
  - Whole or 2% Milk Fat (M.F.)
  - yogurt with 2%–10% M.F. or yogurt drinks
  - eggs, cheese, or avocado
  - muffins, scones, or toast with peanut butter or cheese
  - hummus or guacamole as dips
  - desserts such as pudding, cookies, cake, or ice cream
  - nuts and dried fruit (if can be chewed and swallowed safely)
  - nutrition supplement drinks, puddings, or bars

For more information on High Protein High Calorie foods, refer to Section 4.4 of this toolkit.

- Some sites have limits on the types of food they can provide. Family and friends may be able to bring foods into the site. Ask staff to offer foods provided by family and friends, and encourage the resident to eat them.
- Remember to ensure the fridge, freezer, and cupboards are regularly checked to allow any expired foods to be removed. People with dementia may not realize foods have expired.

- Offer fluids to help prevent dehydration. For more information refer to Hydration in Section 9 of this toolkit.
- When family is visiting during meals, they can talk about the smell and taste of the foods to help the resident experience and enjoy their meal. This may help the resident know what they are eating. If possible, the family can join the resident for the meal as eating together can be enjoyably way to socialize and normalize their mealtime experience.

If you are unsure of what to do, speak with your dietitian, nurse, or doctor.

Resources

Understanding Nutrition and Dementia-Facility Living

Understanding Nutrition and Dementia-Home Living

Understanding Eating for Comfort

Dysphagia/ Texture Modified handouts

Volunteer Mealtime Assistance Training Manual

References

1. AHS Provincial Clinical Knowledge Topic. [Online]. 2017 [cited 2021 March 25] Available from AHS Insite.

2. AHS Understanding Nutrition and Dementia-Facility Living [Online]. 2018. [cited 2021 March 25] Available from: https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-understanding-nutrition-and-dementia.pdf

3. AHS Volunteer Mealtime Assistance Manual [Online]. 2020. [cited 2021 March 25] Available from AHS Insite.