Dining with Dementia: A Strategic Approach

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**Learning Objectives**

- Understand the obstacles causing nutritional challenges in the population with dementia
- Identify limitations within current dining atmospheres
- Describe techniques to maximize nutritional consumption during meal time

**Dementia – the Basics**

- Behaviors
  - Aggression
  - Resistance
  - Anxiety
  - Restless
  - Suspicious
- Cognitive & Physical Decline
  - Motivation
  - Judgement
  - Visual perception
  - Memory loss
  - Dexterity
Prevalence of Dementia

- Dementia affects ~5 million people within the US
- Forms include:
  - Alzheimer’s
  - Lewy Body
  - Frontotemporal Lobe
  - Parkinson’s Dementia

Malnutrition and Dementia

- Up to 85% of LTC residents are malnourished
- 60% suffer from dehydration
- 50.4% LTC residents have a form of Dementia
  - 52% of those are malnourished
  - More prevalent in women
- $214 billion spent in Healthcare costs 2014

Nutritional Intake Challenges

- Elderly
  - Decrease in sense of taste
  - Decline in olfactory senses
  - Digestive troubles
  - Dysphagia
- Elderly with Dementia
  - Inability to recognize food
  - Easily distracted
  - Difficulty with utensils
  - Decrease in hunger cues
Consequences of Poor Intake

- Malnutrition/Dehydration

- Unintended Weight Loss
  - Increased risk/occurrences of pressure ulcers
    - Slower healing

- Decline in overall Health Status

- Decreased Quality of Life

Research – Meal Consumption

- Residents within LTC & Assisted Living with Dementia reviewed for meal intake:
  - 54% consumed <75% meals
  - 51% consumed <8 oz fluid at meals
  - LTC intake was less than ALF

- LTC residents monitored for 6 weeks:
  - 78% lost average 4#
  - Average consumption 29% of meals

Challenges in Group Dining Rooms

- Dining Environment
  - Distractions
  - Noise
  - Hurried Atmosphere

- Poor Food Quality

- Lack of Understanding Residents’ Needs

- Lack of Assistance
Research – Meal Assistance

- Lower intake associated with lack of assistance
  - Sub-optimal staffing
  - Insufficient time devoted to meals

How Can We Help?

Re-Engage at Mealtime
- Opportunity to do something “familiar”
- Make meals special –
  - Interacting with others
  - Socializing
  - Gathering with family & friends
- Emphasize quality time spent at meals

How Can We Help?

Empower Caregivers
- Adequate training
- Pair same caregiver with resident on daily basis
- ADL Sheets with specific resident information
- Involve Administration
- Staff dine with Residents
- Empower Residents
  - Do not overly assist
It is the position of the American Dietetic Association that the quality of life and nutritional status of older adults residing in health care communities can be enhanced by individualization to less-restrictive diets.

Journal of the American Dietetic Association, October 2010

Diet Liberalization

- Finger Foods
  - Easy to pick up items
- Fortified Foods
  - Enhance favorite meal items
- Non-selective Menus
  - Continue to serve from preferences
  - Serve 1 course at a time
- Family Style Dining
- Snacks
  - Finger Food Cart

Diet & Menu Options

- Smaller Dining Rooms
- More Homestyle appearance
- Residents of similar function dine together
- Limit Distractions
  - Close doors to hallway
  - Minimize Staff to Staff interaction
  - Reduce movement throughout dining room
- Assigned & consistent seating
- Adequate lighting
- Soothing or familiar music

Dining Room Atmosphere
Dining Room Settings

- Minimize items on tables
- Contrasting surface and plate colors
- Bold colors for dishware
- Basic table settings
- Aromas of baked bread or desserts

Dining Room Interactions

- Address resident by name
- Do not rush residents
- Provide one direction at a time
- Visual prompts
- Make eye contact

They may forget what you fed them, but they will not forget how you made them feel.
References