Nutrition Best Practices in Dementia Care

Assessment
• Identification of risk factors related to dementia
  - Physical Limitations: weakness, poor co-ordination, wandering, repetitive movements, chewing & swallowing problems, poor appetite, etc.
  - Cognitive Impairments: confusion, agitation, combativeness, paranoia, loss of recognition, decreased attention, maladaptive behaviors, etc.

• Identification of medication side effects - i.e. antipsychotics and anti-Alzheimer’s, etc.
  (altered taste, dry mouth, decreased appetite, GI upset, constipation, decreased alertness, etc)

• Correlation of risk factors to nutrition focus areas
  - Weight Loss - What are the contributing factors?
    Is it part of the disease process?
  - Dehydration - Is hydration adequate? Causing behaviors? UTI?
    Dehydration Risk Assessment done?
  - Dental Hygiene – Is daily care occurring/permittted?
    Are dental/oral problems affecting intake?
  - Meal Service - Are behaviors interfering with meal intake?
    Is feeding assistance needed?
    Is food texture appropriate?
    Is the environment calm and quiet?
  - Advance Directives – Is Palliative Care appropriate?
    Are Enteral Nutrition wishes stated?
  - Enteral Nutrition – Have risks and benefits been reviewed?

• Registered Dietitian’s (RD) annual assessment of nutrition and fluid needs
• RD’s planned person-specific nutrition related goal(s)

Care Plan
• Person-centered measurable goals
• Individualized interventions
• Utilization of the RD’s assessments, nutrition goals, and recommendations
• Utilization of an interdisciplinary approach

Care
• Refer to QMP-RD’s Best Practice Handouts for each Nutrition Focus Area

Feeding Strategies for Behaviors Associated with Dementia
• Forgetting to eat, chew or swallow
  (Provide physical prompts: hand over hand assistance)
• Excessive chewing
  (Give verbal prompts to slow down and swallow)
• Eating to quickly or slowly
  (Provide eating companions who eat at normal pace)
• Eating non-edible items
  (Provide finger foods. See additional handout for ideas)
• Refusal to go to the dining room
  (Identify reasons for refusal; offer solutions)
• Wandering or pacing during meals
  (Redirect gently and firmly back to the table)
• Combativeness
  (Modify the environment to eliminate possible triggers)
• Spitting
  (Provide tissues to spit into and verbally cue for their use)
• Hoarding food
  (Monitor type and amount of food hoarded)
• Taking food from others
  (Supervise closely at mealtimes)
• Paranoid fears about food
  (Provide food in sealed containers or wrapped up)

Resources
(1) www.texasqualitymatters.org
(2) G.E. Robinson, B.J. Leif. Nutrition Management and Restorative Dining for Older Adults. Consulting Dietitians in HCF, AND; Chicago, IL 2001
(3) Carlene Russell; Dining Skills: Practical Intervention for the Caregivers of Older Adults with Eating Problems. Consulting Dietitians in HCF, AND; Chicago, IL 2001
(4) American Medical Directors Association (AMDA): Dementia in the Long Term Care Setting, Clinical Practice Guidelines 2014
(5) New Dining Practice Standards, Pioneer Network Food & Dining Clinical Standards Task Force 2011