Nutrition Best Practices in Dementia Care
Objectives

- Identify risk factors of dementia affecting nutrition status
- Review the process of assessment, care planning and care for dementia as related to nutrition best practices
- Review specific feeding strategies to reduce maladaptive behaviors
Registered Dietitian –

- Performs an annual assessment which includes estimation of nutrition and fluid needs
- Develops person-specific nutrition related goals
Identification of risk factors related to dementia

Physical Limitations -
- Weakness
- Poor co-ordination
- Wandering
- Repetitive movements
- Chewing and swallowing problems
- Poor appetite, etc.
Identification of risk factors associated with dementia

Cognitive Impairments -

- Memory Loss
- Confusion
- Combativeness
- Paranoia
- Decreased Attention
- Maladaptive behaviors, etc.
Medication side effects with nutrition implications – i.e. antipsychotics and medications to treat Alzheimer’s disease

- Altered taste
- Dry mouth
- Drooling
- Decreased appetite
- GI distress
- Constipation
- Decreased alertness, etc.

Assessment
Assessment

Correlation of risk factors to nutrition focus areas

Weight Loss -

• What are the underlying factors?
• Is it part of the disease process?
Risk Factors for Weight Loss

- M-medications
- E-emotional problems
- A-anorexia
- L-late-life paranoia
- S-swallowing disorders
- O-oral Problems
- N-nosocomial infections
- W-wandering
- H-hyperthyroidism
- E-enteric problems
- E-eating problems
- L-low salt, low cholesterol diets
- S-social problems
Assessment

Correlation of risk factors to nutrition focus areas

Dehydration -

• Is hydration adequate?
• Does resident require cueing?
• Does resident require thickened liquids?
Risk Factors for Dehydration

- Dementia
- Depression
- Fever/Infection
- Vomiting/Diarrhea
- Medications
- Dysphagia
- Fluid Restriction
- Multiple Chronic Diseases
Associated With Many Conditions

- Urinary tract infections (UTI)
- Pneumonia
- Pressure ulcers
- Hypotension
- Constipation
- Depression
- Confusion/Disorientation
- Functional Decline
- Falls
- Gastroenteritis
- End-stage diseases
- Medications
- Dysphagia
Assessment

Correlation of risk factors to nutrition focus areas

**Dental Hygiene -**

- Is daily care occurring?
- Are dental/oral problems affecting meal intake?
Assessment

Correlation of risk factors to nutrition focus areas

Dining -

- Are behaviors interfering with meal intake?
- Is feeding assistance needed?
- Are food textures appropriate?
- Is the environment calm and quiet?
Assessment

Correlation of risk factors to nutrition focus areas

**Advance Directives** -

- Is palliative care indicated?
- Are enteral nutrition wishes stated?
End of Life

Palliative Nutrition Therapy

- Focus on quality of life and relief of symptoms

- Goals: WL & DHN are expected outcomes at the end of life

- Palliative Care Form:
  www.dads.state.tx.us/providers/forms/palliativecareform.pdf
Assessment

Correlation of risk factors to nutrition focus areas

Enteral Nutrition -

• Have risks, benefits, and alternatives been reviewed?
• Enteral Nutrition Education Form
Enteral Nutrition/Tube feeding vs. careful hand feeding

- Before PEG feeding tube (mid 1980's): Extensive assisted oral feeding
- 1994: Guidelines for the Treatment of Patients w/ Advanced Dementia
- 1997: Ethical Considerations: Issues in Death and Dying
- 2000: Ethics Advisory Panel
Key Elements for Care Plans –

- Identification of predisposing factors
- Person-centered measurable goals
- Individualized intervention
- Utilization of the dietitian’s assessments, nutrition goals and recommendations
- Interdisciplinary team involvement
Sample Care Plans

Sample care plans for each of the nutrition focus areas can be found on the following website:

www.TexasQualityMatters.org
Care

Care is based on implementing evidence based best practices in all of the nutrition focus areas:

- Weight Loss
- Dehydration
- Dining
- Enteral Nutrition
- Advance Directives
Best practice handouts for each of the nutrition focus areas can be found on the following website:

www.TexasQualityMatters.org
Nutrition Interventions

Prevent or treat Oral problems
- Broken Teeth, Dental Caries, Poor fitting dentures:
  - Regular dental exams
  - Daily Oral Care

Swallowing problems:
- Small bites / Bite-size pieces of food
- Fluids between each bite
- Allow time between bites
- Soft mechanical / blended foods
- Sit at 90 degree angle
Increased energy requirements


- Higher energy demands caused by pacing, cognitive factors, depression, institutionalization
- Patients with Alzheimer’s disease can maintain their weight with adequate energy:

35 kcal/kg of body weight
Individual Interventions

- Facilitate increased food consumption
- Provide feeding assistance
- Finger Foods
  - Simplify food items to encourage eating
  - Enables person to eat independently
Nutrition Interventions: Prevent Weight Loss

Liberalized diets:

- Alzheimer's disease may impair self-feeding and alter appetite while increasing energy needs.
- Diet restrictions make food less appetizing, resulting in

A DIET CANNOT BE EFFECTIVE IF IT IS NOT EATEN
Nutrition Intervention: Hydration

- Honor individual preferences and habits regarding fluid consumption
- Document person’s fluid preferences in care plans
- Provide a variety of beverages with meals and snacks
- Provide beverage stations with easy access or hydration carts
- Soups, smoothies, lemonade, popsicles, watermelon
- Room pitchers within reach
Nutrition Interventions: Dining

- Access to food like at home
- Create pleasant dining experience
- Increase choices
- Provide social contacts
- Improve dignity
- Improve outcomes
Nutrition Interventions: Dining

Enhance the dining experience

• Favorite food, comfort food, ethnic food
• Accessibility: when hungry or longing for specific foods
• Food first, then supplements
Nutrition Interventions: Dining

• Food Preparation and Meal Service
  • Respect individual preferences and habits regarding meal consumption
  • Train staff on cooking methods that enhance appearance and palatability
  • Observe meal service:
    o Environment
    o Assistance
    o Meal Frequency
Feeding Strategies for Maladaptive Behaviors

Recommended Publications –

Available from the Academy of Nutrition and Dietetics-
DPG: Consultant Dietitians in Health Care Facilities

1. Nutrition Management & Restorative Dining for Older Adults
2. Dining Skills Manual: Practical Interventions for the Caregivers of Older Adults with Eating Problems

Available from Pioneer Network Food & Dining Clinical Standards Task Force

1. New Dining Practice Standards
Forgetting to eat, chew, or swallow –

- Supervise closely and give verbal prompts to eat, chew, and swallow
- Provide physical prompts: hand over hand assistance
- Consider food consistency changes
Feeding Strategies

Excessive chewing –

- Observe swallow for possible difficulty or pain
- Request speech/dental assessment for oral problems
- Give verbal prompts to swallow
- Offer small bites of food
Feeding Strategies

Eating too quickly/slowly –

• Provide eating companions who eat at normal pace and encourage conversation
• Serve courses one at a time
• Do not rush the meal time
Feeding Strategies

Eating non-edible items –

• Remove inedible skins, pits, seeds, and shells from food items
• Remove toothpicks from sandwiches
• Remove nonedible objects from the table
• Provide finger foods
Feeding Strategies

Refusal to go to the dining room

- Identify reasons for refusal and offer solutions
- Provide favorite foods, small servings
Refusal to eat enough

- Offer small, frequent feedings
- Offer nutrition-dense foods
- Offer high-calorie supplements
Feeding Strategies

Wandering/pacing during meals –

- Direct gently and firmly back to their table and to remain seated
- Schedule physical exercise a half hour before dining
- Provide nutritionally dense foods to ensure adequate energy
Feeding Strategies

Combativeness –

- Modify the environment to eliminate possible triggers
- Approach with calm, steady demeanor
- Sit on non-dominant side
- Use unbreakable dishes
- Give one food at a time
Feeding Strategies

**Spitting** –

- Evaluate the oral cavity to assess for chewing ability
- Provide tissues to spit into and verbally cue for their use
- Place in separate dining area out of consideration for others
Feeding Strategies

Hoarding food –

- Make sure food and drink is readily available for snacks
- Monitor type and amount of food hoarded
Feeding Strategies

Taking food from others –

• Supervise closely at mealtimes
• Request reevaluation of restricted diet
Feeding Strategies

Para[noid fears about foods –

• Acknowledge fears and attempt to calm them
• Consistent, structured eating routine
• Do not mix medications in food
• Serve food in sealed packages or wrapped up
Late Stage Dementia

Enteral Nutrition disadvantages

- Physical discomfort
- Physical restraints
- Diarrhea
- Does not prevent aspiration
- Does not improve nutritional status
- Does not reduce skin breakdown
- Denies gratification of tasting food
- Contrary to personal wishes
End of Life

Palliative Nutrition Therapy

- Interventions:
  - Provide favorite foods
  - Discontinue therapeutic diets, unless controlling symptoms
  - Small frequent meals are better tolerated
  - Monitor food preferences frequently
  - Do not push food
  - Fluids to alleviate constipation and drug toxicity
  - Let individual be in control
  - In last hours, dehydration acts as a natural anesthetic which increases comfort and decreases anxiety
Community Resource

Book -
Title: The 36-Hour Day

Author: Nancy L. Mace, M.A.
       Peter V. Rabins, M.D.

Publisher: John Hopkins University Press

Copyright: 2006
Resources

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. Pioneer Network Food & Dining Clinical Standards Task Force: New Dining Practice Standards