



NUTRITION/EATING/HYDRATION

CHANGES WITH DEMENTIA	APPROACHES	APPROACHES
<p>Over-eating or under-eating. Cravings for carbohydrates or sweets.</p> <p>Reluctance to eat due to depression or apathy or a fear of being poisoned.</p> <p>Inability to express likes/dislikes resulting in refusal of offerings.</p> <p>Visual perceptual deficits resulting in having difficulty recognizing food on a cluttered table or tray or not seeing it if placed on one side of the tray.</p> <p>Loss of ability to chew/swallow safely with choking becoming a problem.</p> <p>Inability to recognize food for what it is and eating inedible objects.</p> <p>Loss of ability to use a knife/fork/spoon.</p> <p>No longer remembering the sequence of steps for eating a meal; e.g. pours beverage over meal.</p> <p>Eating items that are spoiled because of poor judgment or lack of awareness.</p>	<p>Client Centered Strategies:</p> <p>If unable to use cutlery, eat more finger foods, such as sandwiches, fruit chunks, pizza, and vegetables.</p> <p>Use a rubber coated spoon or fork if the person has a strong bite reflex.</p> <p>Try supplements such as Ensure or Boost or fruit juice for added calories.</p> <p>Try other nutrient dense foods such as whole grain breads, fruit smoothies, puddings.</p> <p>For some, starting the meal with a bite of dessert stimulates appetite and interest.</p> <p>Caregiver Centered Strategies:</p> <p>Leave out nutritious snacks, such as carrot sticks and celery on coffee table for person to nibble on through the day.</p> <p>Provide appropriate level of cueing: verbal prompts, non-verbal prompts, demonstration or physical guidance, e.g. demonstrate bringing a spoon to the mouth.</p> <p>If cutting with a knife is a problem, cut up food</p>	<p>Environmental Centered Strategies:</p> <p>Provide a consistent and familiar routine to meal times and serve food that person is familiar with and likes.</p> <p>Maintain a pleasant and social environment providing cues by setting the table and having the food cooking (food aroma stimulates appetite).</p> <p>Reduce excess stimulation that may interfere with concentrating on the meal (e.g. turn off radio or TV).</p> <p>Use plain coloured placemat on table in contrast to colour of plate to help define location of food. Keep the table clutter free.</p> <p>Place silverware in person’s field of vision or their dominant side, e.g., if right side dominant, place cutlery/glass on that side of plate.</p> <p>Outside the home, accommodate when condiments and foods are served in ways that are not easily recognized – eg: a single-serving container with a paper lid may not be recognized as butter.</p>

<p>Inability to register hot or cold temperatures.</p> <p>Inability to sit still during mealtime because of restlessness or short attention span.</p>	<p>on the plate prior to serving it to the person.</p> <p>Have person sit at the table and serve only one item at a time if easily distracted or thinks there is too much food.</p> <p>Offer water, fruit juices and other clear liquids frequently.</p> <p>Use a sip cup for adults if person is not able to drink from glass or mug.</p> <p>Provide covered glass or sip cup to regulate amount of liquid going into mouth and to avoid spills.</p> <p>Consult with a health care professional (Occupational Therapist or Nutritionist) regarding swallowing concerns and explore different textured food items.</p> <p>Serve food at moderate temperatures.</p> <p>Monitor contents of the fridge and throw out items that are no longer edible. Attempt to keep the fridge in an organized manner where food items can easily be seen.</p>	<p>Trial adaptations to dishes such as plates with rims, built-up handle cutlery, covered sippy cups, Dycem non-slip mat under plate. These items are available through medical supply stores.</p> <p>Limit condiments (salt, pepper, ketchup) on table setting as the person may not know how to use properly.</p> <p>Only provide as much assistance as is necessary in order to avoid excess disability.</p>
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