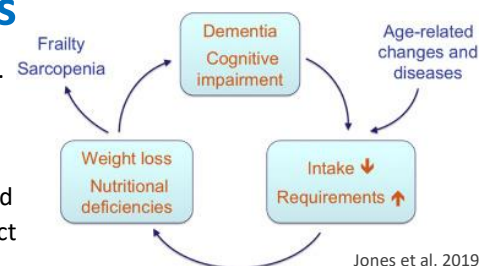


Optimising Nutrition for Dementia Patients

There's a strong link between dementia and malnutrition amongst care home patients. 60% of all patients in care homes may have a diagnosis of dementia with up to 40% of them at high risk of malnutrition requiring higher nursing and care needs.

This leaflet aims to provide ideas on how to optimise nutrition in dementia patients and to prevent/manage their risk of malnutrition. There are several factors which may affect nutrition which are listed below:



Dentition and swallowing

These are two common problems which often occur with age and dementia. They may affect the amount a patient is able to eat and drink and can be really distressing for both the patient and carers. Signs include coughing and choking on food, as well as being unable to chew and swallow hard textured foods. Swallowing difficulties can also lead to weight loss, malnutrition and dehydration.

Management:

- Referral to Dentist (if dental issues identified)
- If the patient wears dentures, they should be comfortable and fitted properly. People with dementia can get tired easily (eating soft, moist food that needs minimal chewing can help).
- Include more sauces/gravies to soften foods.
- Referral to SALT (if swallow difficulties suspected or persistent coughing while eating)
- If the patient is holding food in their mouth, chewing continuously, leaving foods that are harder to chew (e.g. hard vegetables) on the plate, **try softer/pureed/smooth textured foods and refer to SALT for an assessment.**

Change in taste and smell

Dementias, such as Alzheimer's, can impair the areas of the brain that enable the sense of smell and taste and the ability of the individual to process them. When this occurs, eating and drinking can become less pleasurable.

Management:

- Ask the patient's family for food preferences including cultural diets
- Try strong flavours (herbs and spices) and smells, sweeter foods maybe preferred.
- Serve familiar and traditional foods and smells
- Everyone is different, some may opt for sugary foods others for salty; be observant on the person's preferences and provide more of what they seem to enjoy.
- If a patient has a preference for sweet foods, **adding small amounts of honey or sugar / sweet sauces and chutneys to savoury foods may be helpful** Offering fruits /fruit compotes or naturally sweet vegetables (such as carrots or sweet potato) may be a healthier option.

Forgetfulness and behaviour

A patient with dementia may refuse to eat food or may spit it out. This may be because they dislike the food, are trying to communicate something such as the food being too hot, or they are not sure what to do with the food. The patient may become angry, agitated or behave differently during mealtimes in a way that can be challenging. They may be forgetful with the process of using cutlery, chewing, swallowing or even what the food is.

Management:

- Colour contrasting plates, tablecloths and placemats may be helpful. For liquids it may be better to use clear glass/cup in order for the patient to see what's inside.
- If the patient is struggling with dexterity, adapted cutlery and glasses/cups with handles may be useful.
- Offer encouragement talk and feeding assistance.
- If they refuse assistance, may be helpful to offer **finger foods such as mini sandwiches, mini pizzas, mini burgers, chips/sweet potato chips, cut up vegetables/fruits, cheese, crackers, cocktail sausages, falafels, meatballs, toast soldiers with dips, cakes, biscuits** for the patient to help themselves.

Environment and social eating

Eating is a social activity and for some being amongst others may be what they need to eat better. For others it may be too chaotic and stressful. Please consider the individual patient and what their preference may be. It may also be that they do not want to settle in one place for too long (pacing), in which case having **small meals often and finger foods**, may be useful

Management:

- Comfortable environment, creating a mealtime experience, napkins, plates and trays
- Involving patients in meal preparation or setting the table
- Social eating - studies have shown improved results in shared meals between caregivers and patients
- Serve familiar and traditional foods and smells
- Consider distraction free environment, if the patient is getting agitated/overwhelmed.
- **Evidence suggest that relaxing music during mealtimes can improve eating in dementia patients.**