

# An appealing appetite



Amelia Webster takes a look at strategies to overcome the challenges to eating adequately that confront people living with dementia and their carers.

**T**he challenge to maintain the nutrition and hydration status of those living with dementia continues to frustrate those who care for them. We all know that the cognitive impairment experienced by people living with dementia can make many otherwise simple everyday tasks more difficult – including eating and mealtimes. Can we diminish the impact this has on the nutritional status of those living with dementia? Exploring strategies used by the diverse range of health professionals who work with many aspects of daily life for people with dementia can give us some useful ideas.

## The challenges

As behavioural and cognitive abilities to recognize and interpret sensory data related to vision, taste and smell begin to decline, this may mean someone with dementia may not be able to as readily identify that food is present and needs to be eaten. Common utensils like a knife, fork or spoon are suddenly 'foreign' and their use unfamiliar. Their high levels of confusion and anxiety might be expressed in behaviours such as refusing to wear dentures, being disruptive at mealtimes, or it may become difficult for them to communicate when they are hungry. Maintaining nutrition status is sometimes further compounded by increased energy needs resulting from agitation and wandering, or infections.

Ageing itself poses challenges for us all and these become an additional burden for people living with dementia. Dentition issues including a loss of teeth, shrinking gums, reduced saliva production, and decreased muscle tone and jaw strength make the oral phase of eating more difficult. Upper extremity strength and function to transfer food from the plate to mouth can decrease. Depression, swallowing problems, a diminished sense of taste and smell and constipation, are all issues that can arise with ageing – and all can lead to a reduced appetite and an inadequate nutritional intake.

## The 'catch-22'

An ongoing inadequate intake of protein and energy can lead to protein-energy malnutrition resulting in the loss of muscle mass and functional ability leading to greater dependence on assistance for daily activities; impaired immune function and increased risk of infections; impaired wound healing; and, fatigue and depression.

All these outcomes can impact on a person's quality of life making it even more difficult for them to have the interest and functionality to enjoy engaging in mealtimes. For carers of people living with dementia any further reduction in a person's desire to eat is frustrating and the challenge of helping maintain that person's nutritional status becomes even more difficult.

## Problem solving

Malnutrition and dehydration are often considered an inevitable consequence of dementia, but this

does not mean they should be shrugged off and ignored. Implementing problem solving strategies at mealtimes can make weight maintenance and better nutritional status possible. For the sake of a person's quality of life and functionality we need to encourage strategies to maintain a good energy intake for as long as possible. Strategies used need to suit the individual - what works for one, may not work for another (*see panel below*).

## The power of touch – finger foods

With the confusion with 'how to eat' that arises through dementia, encouraging people living with dementia to touch and pick up food with their fingers rather than utensils can relieve a lot of anxiety around mealtimes and encourage independence. Research supports the idea that finger foods can improve nutritional intake.

Finger foods encourage an increased food intake for people living with dementia by reinforcing the motions of self-feeding – promoting independent eating for longer; giving people the freedom to choose their own food from their plate; and, increasing their confidence in their own

decision-making.

They also provide the chance to use behaviours that are still known and to recoup old learning, and increase a person's sense of dignity by providing food options suitable to pick up with their fingers.

Finger foods can provide the nutrients and energy necessary for health and well-being and encourage the independence necessary for well-being and quality of life. For finger food options to be acceptable make sure they look and smell tempting, and taste good. Ideas for finger foods include mini muffins, tarts, quiches, meat or chicken balls, tuna cakes and rice balls.

### A focus on nutrient density

Putting in place mealtime strategies for poor eaters is just the first step to a better nutritional intake. Energy and protein intake can be maximised by giving a greater energy intake in a smaller volume. Energy and nutrient density is essential. Providing high protein and high energy foods at meals and for snacks can help make up for a reduced volume of food. Ensuring an adequate fibre intake is important and can require a little more attention when intake is poor. High energy beverages like milk and juice are also useful between meals for extra energy and fluid. An accredited practising

dietitian can assist in providing individual nutrition advice.

Nutrition Australia Qld is developing a *Finger Food* cookbook and workshop to support cooks and carers in aged care settings to provide nutritious finger foods. For the many challenges that exist, there are many strategies to use to encourage and support those living with dementia to help them maintain both nutrition status and quality of life. ❊

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## Possible strategies to help encourage those living with dementia to increase oral intake

- Maintain a routine and offer meals at regular times each day.
- Make meal times simple and peaceful.
- A good relationship between the person with dementia and their carer encourages a better food intake.
- Minimize noise and distractions – turn the television off; quiet relaxing music can help limit disruptive behaviour.
- Use plain tablecloths, rather than heavily patterned cloths.
- Make sure the plate and tablecloth are easy to distinguish from each other eg white plates on white tablecloths can be confusing for those with poor eyesight.
- Keep the table clear of distracting non-food items, though a small vase of flowers can add to the 'ambience'.
- Remove distracting unnecessary condiments from the table.
- Present only the cutlery for one course at a time to limit confusion.
- Allow enough time for slow eaters to finish meals – allow for "rests" or "breaks" while eating.
- Provide verbal prompts. Remind the person you are caring for to chew and swallow.
- Encourage the person to feed themselves for as long as possible.
- Encourage independence, but provide assistance when necessary. For example, provide physical assistance by placing utensils in their hands and then giving a verbal cue.
- If possible, be a "role model" showing the person with dementia what you want them to do by eating with them or encouraging family to do this too. Encourage family and visitors to visit at mealtimes and share a mealtime with the person they are visiting.
- Provide finger foods as meal and snack options.
- Ensure foods are an appropriate texture. Any resident with signs of dysphagia should be assessed by a speech pathologist.
- Explore and address any issues that may be causing a loss of appetite, e.g. poor dentition, depression or constipation.