

CONVERSATIONS IN LONG TERM CARE

Difficulties with meals for people with dementia

Dementia affects all areas of the brain, including the parts that control desires and needs. This may affect a person's participation in, or enjoyment, of daily activities, such as mealtimes. Changes in a person's ability to eat may occur slowly but will likely become worse over time.

Early stage of dementia

In the early stages, a person's eating habits usually do not change a lot. There may be some memory loss, which may result in skipping meals, forgetting to eat, or forgetting that a meal has been eaten. People may need cueing and reminders but often are able to feed themselves.

Middle stage of dementia

This stage further changes the person's memory and other abilities. If an individual is not eating enough, support persons may encourage eating by offering favourite food and drinks the person can consume. Offering food often serves to increase caloric intake which might be lower if food is offered mainly at meal times. Between meal snacks are important to enhance intake.

Often people are more easily distracted at this stage. Activity in the dining room can often make it difficult for a person to pay attention to their meal. To reduce distraction, offer one food item at a time to let the person focus on the task of eating. Cues that may be helpful at this stage include verbal (e.g. "Have another sip of juice.") and visual (e.g. making sure the resident can see the food/ drink in front of them). Finally, a calm and relaxing space helps makes mealtimes go smoothly.

Be aware that eating quickly may also occur. If this happens, keep an eye on the person to ensure they do not eat too quickly to avoid choking. Foods should be cut into small (thumbnail) pieces and cues to chew, swallow and slow down as the person may eat very quickly and not chew properly. (see resource: "When a Person has Trouble at Meals")

Late stage of dementia

At this point, there is a greater focus on quality of life and enjoyment of favourite foods and drinks than there is on eating to maintain a healthy diet. The person will likely experience a loss of appetite, may have trouble using utensils and will likely not be able to eat on their own.. It is important not to rush the meal as the person may start and stop eating many times. Cues that may be helpful at this stage, in addition to verbal and visual cues are tactile (e.g. lightly touching the bottom lip with the spoon to cue the resident to open their mouth). More than one cue at a time is often helpful to encourage eating.

End of life

The focus changes at end of life to comfort rather than focusing on how much or what foods the individual consumes.

Follow the person's lead and use general feeding and swallowing guidelines to ensure pacing and provide cues to encourage safe swallowing and good intake.

Be aware that a team is available to help. Let your nurse know if you have questions. The dietitian and speech language pathologist can also help and are available if desired.

References:

Alzheimer's Society of Canada, Mealtimes