

Food and Nutrition: Understanding a Person's Needs as Dementia Progresses

Care 4 U Conference
October 29, 2016

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What We're Talking About Today...

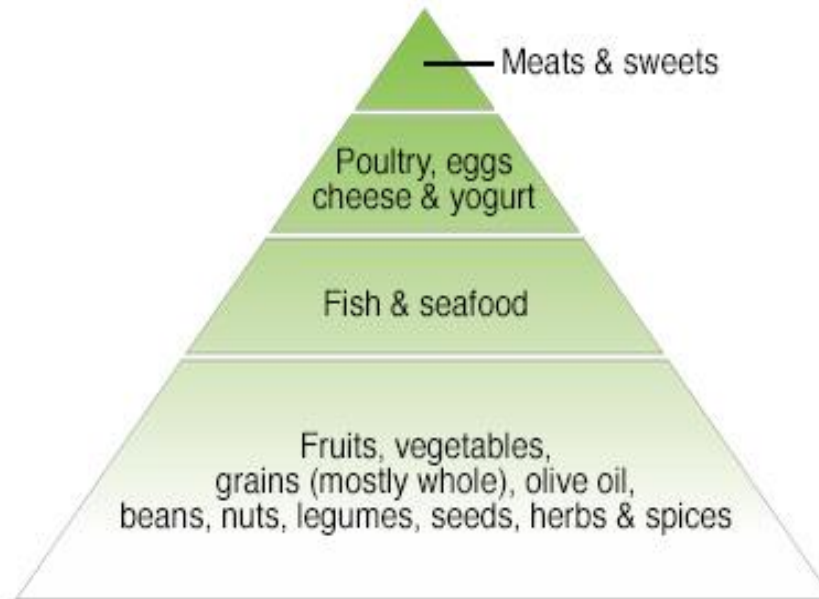
- How food impacts our physical and emotional health
- How nutrition is affected at each stage of dementia:
 - Early stage
 - Mid stage
 - Late stage
 - End of life
- Suggestions and solutions

Diet Impact with Pre-Diagnosis of Dementia

- Diet and lifestyle make up 20%-30% of risk factors that could cause dementia however more studies are needed to support findings.
- Heart health?
- Diabetes management?
- Vitamins and nutrients?

Food for Thought

- The Mediterranean Diet has shown health benefits for both heart health and improved brain function.



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High Blood Sugars and Type 2 Diabetes

- Insulin resistance occurs when cell receptors don't use insulin properly to bring glucose(sugar) into the cell for energy
- Diabetes is controlled with both diet and medication to help control blood sugars
- Maintaining good control of blood sugars can be thought of as preventative medicine for your brain and vascular protection.

Type 3 Diabetes

- Insulin needed in the brain for cells to use sugar
- Lack of insulin can cause amyloid plaque to form, memories to be blocked

Coconut Oil

- In theory, coconut oil contains fat that that may stimulate the liver to produce more ketones.
- Although the brain prefers glucose (sugar) as energy, ketones can act as an alternative source of energy for the brain when it isn't able to use glucose.
- Clinical evidence to support the effectiveness of coconut is still lacking.
- Currently one study is being conducted to determine the efficacy of coconut to subjects with Alzheimer's disease who have been screened for ApoE 4 allele (a genetic risk factor for Alzheimers disease)

Vitamins that May Affect Cognition

- Vitamin B12
- Vitamin D
- Vitamin C
- Vitamin E

Food for Thought

What the research says:

- Malnutrition (under nutrition) is common in dementia
- Liberalization of the diet

BUT... ultimately we want people to eat and enjoy their meals...

We also want to provide foods that help people be as healthy as possible

Early stage - dementia

- Our eating habits and routines develop over a lifetime. Understanding the eating habits of someone with dementia can help you understand changes in behaviour, such as refusing to eat.



Early stage

- Meal times can become stressful and frustrating.
- It is important to work towards having a well-balanced diet and proper hydration.



What you can control?

Environment

- Setting , sounds
- Sights

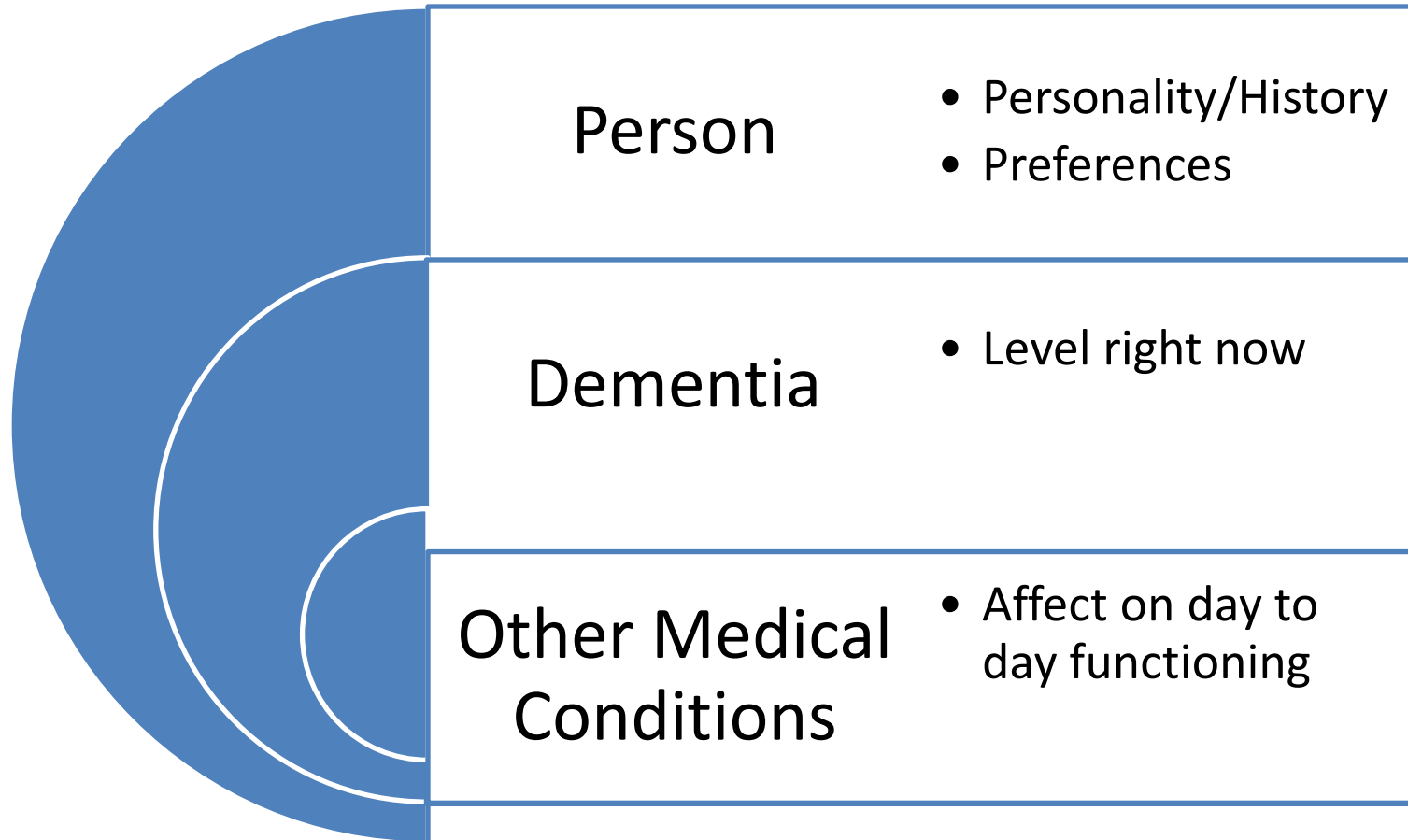
The whole day

- How things fit together
- Schedule and events

Approach

- Words, tone of voice
- Reactions

Not in your Control



Self-Care

Activities that we do to keep our bodies functioning, ourselves clean and neat, our 'adult' independent selves

AM care, bathing, eating, toileting, dressing, taking medicines, Shopping, managing money, paying bills, fixing food, 'tidying up'

Teepa Snow - Safety

- https://www.youtube.com/watch?v=j9FFLaymycg&list=PLeu1xIHHkFCU_k85X1xBwjzayVlzNB12R&index=2



Food safety

People with a higher risk of foodborne illness



Infants



Young children and older adults



Pregnant women

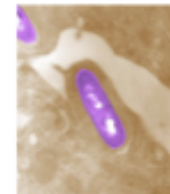
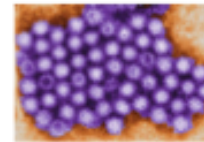


People with weakened immune systems and individuals with certain chronic diseases

The Food that Made You Ill Is Probably Not the Last Food that You Ate

Incubation Period

- Norovirus 12-48 hours
- Salmonella 6 to 72 hours
- E. coli O157:H71 to 10 days
- Listeria 3 to 70 days



Tips for Improving Mealtimes

- The atmosphere
- The table
- The food
- Giving instructions

Possible Causes of Poor Appetite

- Not recognizing food
- Poor fitting dentures
- Medications
- Not enough exercise
- Decreased sense of smell and taste
- Depression
- Pain
- Communication
- Tiredness – Low Physical Activity

Interventions

Regular snacks or small meals may be better than 3 meals a day.

- Make food look and smell appealing. The aroma of cooking can stimulate someone's appetite – bread machine, slow cooker
- Look for opportunities to get the person to eat. If the person with dementia is awake for much of the night then night-time snacking might work.

Interventions cont.

- Provide food the person likes - small and regular portions often work best.
- Try different types of food, eg milkshakes or smoothies.
- Food tastes may change, so experiment with stronger flavours or sweet foods
- Encourage the person to get involved at mealtimes. They could help prepare the food or lay the table.

Teepa Snow

- <https://www.youtube.com/watch?v=EqKnL7V8B0M>



Middle stage

- During the middle and late stages of Alzheimer's, distractions, too many choices, and changes in perception, taste and smell can make eating more difficult.

Middle and Late Stages of Dementia - Interventions

- Limit distractions
- Keep the table setting simple
- Distinguish food from the plate
- Check the food temperature
- Serve only one to two foods at a time
- Be flexible to food preferences



Dining with poor contrast



Dining with good contrast



Nonverbal Communication

- Allowing the individual to determine the amount and type of intake
 - Watch closely for signs that the resident is no longer wanting to eat/drink what you are providing.
- The resident cannot always communicate this through words
 - Look for non-verbal signs of communication:
 - Closing the mouth, turning head away, resisting the meal in any way

Encourage Independence

- Make the most of the person's abilities
- Serve finger foods
- Use a “watch me” technique
- Don't worry about neatness

Eating Together

Meals eaten with others:

- Enhance social interaction
- Improve intake and nutrition status
- Increase participation at meals
- Enhance quality of life and physical performance

“We should look for someone to eat and drink with before looking for something to eat and drink...”

Epicurus





ReVitahealth, Seniors Social Club

Family eating lunch Queensland, 1918
Creative Commons



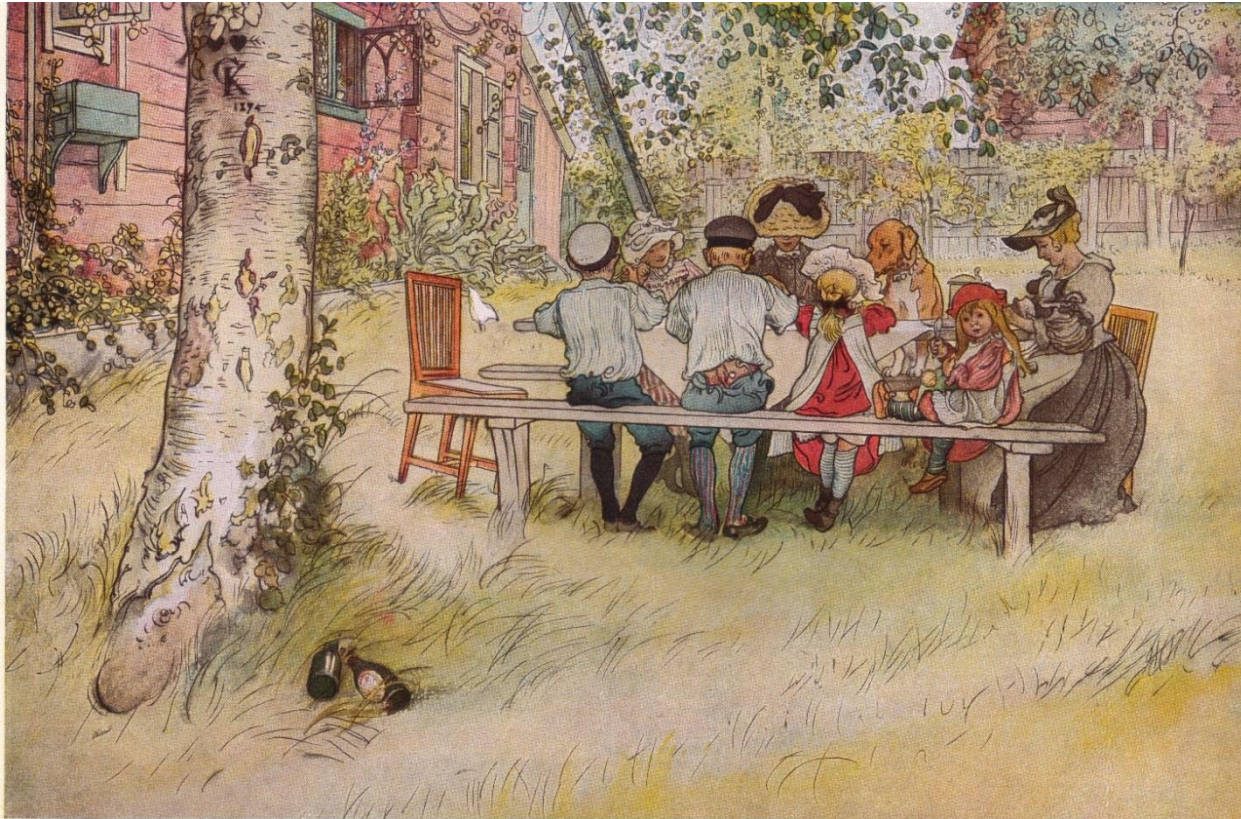


Paradise Valley Folklife Project collection, 1978-1982 (AFC 1991/021),
American Folklife Center, Library of Congress

Christmas Comes But Once A Year' (Victorian depiction of early 19th-century Christmas celebration, with servant carrying pudding to dining table). Charles Green. (1840-1898)



Carl Larssen, 1846
Creative Commons



Culture and Food



“Mealtime is a time when people have the greatest opportunity to do something that is familiar, comfortable and non-invasive, and it should be a chance for them to have real success.”

Anna Ortigara, RN, MS, vice president of the Campaign for Culture Change at Life Services Network

What are your mealtimes like?

- Does the dining room experience look and feel “normal” or institutional?
- Do mealtimes provide an opportunity for resident’s to be successful?
- Are mealtimes pleasantly social?
- How are you approaching the person with dementia at mealtimes?

Is this what I would like mealtimes to look like?

What can be done to improve the meal experience?



When all efforts aren't working

- Eating and drinking are central symbols within most cultures
- Food is included in celebrations and are tangible expressions of love and care
- When people eat less it can be upsetting

Declining Abilities

- Respond to the individual
 - Areas of concern: fatigue, coughing, choking, not swallowing, refusing to eat, change in voice
- Provide the right diet
 - Diet texture and consistency
 - Nutrition composition
- And promote nutrition... until it won't help
 - As end of life approaches nutrition isn't important

Let's Talk

As a person declines:

- he eats less
- She becomes more fatigued
- Food will not help

Talking about the natural changes:

- Increases awareness of how people are doing
- Helps us figure out the best plan

When intake is low: concerns of those caring for people with dementia:

- He is starving to death!
- If only she would eat, she would get stronger/better!
- Neglect/standard of care
- Not eating is a rejection of family
- Guilt – We can't just let him die!
- Not eating or drinking is uncomfortable!

To tube feed or not to tube feed...

- Tube feeding can provide hope
- But are we doing the right thing:
 - People don't live longer
 - People don't become stronger and can't do more
 - There is a risk of a specific type of pneumonia
 - A tube in the nose is uncomfortable,
 - A tube in the stomach requires surgery
 - Pain and confusion about what is happening
 - About one third of people who have surgery have complications
- What are the goals of care?

The Burden of Tube Feeding

TF can lead to **decreased** quality of life in residents:

- Deprived of the pleasure of eating
- Denied social interactions at mealtime
- Denied close contact & touch during meals
- No improvement in comfort or functional status
- Makes care more “instrumental” and “task orientated”

Instead of Tube Feeding... give food as desired and possible

- Allows for possibility of enjoyment received from eating
- Eating food and the ability to take food orally may give comfort, pleasure and a sense of autonomy and dignity.
- The atmosphere surrounding eating and drinking is far more important than the quality of food ingested
- Make mealtimes as enjoyable as possible for everyone

Take home messages

- Food and nutrition does enhance health
- The meaning of food is individual to the person and mealtimes are important
- Changes in ability are expected and we can optimize care to enhance quality of life
- Decreased intake is natural and expected as decline occurs
- There is a benefit to eating less at end of life

“All I really need is love,
but a little chocolate now
and then doesn't hurt!”

~ Charles M. Schulz



THANK YOU



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