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# *Nutrition in Dementia*

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## *Acknowledgement to country*

I would like to acknowledge the custodians and caretakers on all the lands on which we are all meeting on today. I would like to pay my respects to the Elders, past present and emerging and to the future leaders of tomorrow.



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## Overview

- Why is nutrition important in dementia?
- Nutrition recommendations for older adults
- Recommendations from clinical practice guidelines on nutrition in dementia
- Tips for managing common nutrition issues in people with dementia



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# *Why is nutrition important for people with dementia?*

- Optimal nutrition is important for health and quality of life, helps us to recover from illness and injury, and helps protect against sickness
- People with dementia are at greater risk of malnutrition. Factors contributing to this are:
  - Loss of appetite
  - Insatiable appetite
  - Cravings for sweet foods
  - Increased energy requirements due to pacing or agitation
  - Forgetting mealtimes or forgetting they have already eaten





## *Why is nutrition important for people with dementia?*

- Difficulties with shopping for, storing and preparing food
- Dysphagia
- Dry mouth or mouth discomfort
- Inability to recognise foods or drinks
- Not remembering how to use eating utensils
- Spoiling meals by adding too much salt, pepper, sauce etc.
- Spitting out food or pocketing food in cheeks/holding food in mouth
- Difficulty finishing a meal because of fatigue or becoming distracted or agitated
- Not recognising foods (e.g. new foods or foods not of their home culture)



# Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.  
Drink plenty of water.



*Healthy eating for older adults*



# *ESPEN Guidelines on Nutrition in Dementia*

- Recommend **screening for malnutrition** and **close monitoring of body weight** in every person with dementia
  - People with dementia more often have a history of weight loss compared with cognitively healthy people; this becomes more common with disease progression
  - Loss of body weight can imply loss of muscle mass and subsequent functional decline, frailty, increased risk of morbidity and mortality
  - A number of tools for screening of malnutrition exist. MNA-SF is validated in populations with and without dementia and used for older persons
  - Screening at time of diagnosis and regular intervals thereafter and regular monitoring of weight
  - People at risk of malnutrition should have individual assessment and appropriate nutrition interventions





# ESPEN Guidelines on Nutrition in Dementia

- Recommended to provide **adequate, attractive food** in a **pleasant environment, adequate nursing support**, and **elimination of potential causes of malnutrition**
  - Sufficient quantities of energy and nutrients should be provided,. Consider personal likes/dislikes and appeal of meals. Snacks should be available as well as regular meals. Restrictive diets should be avoided.
  - Ambience of mealtimes; consider factors such as eating in company, use of tablecloths/napkins, family-style dining, rituals around meals , music, lighting
  - With progressing disease, food intake should be supervised, encouraged, and supported by relatives/carers/nursing staff
  - Intervene in areas of potential causes of malnutrition e.g. chewing, swallowing, mobility issues



## *ESPEN Guidelines on Nutrition in Dementia*

- **Supplementation of single nutrients is not recommended** unless there is a sign of deficiency
- **Oral nutrition supplements are recommended to improve nutritional status** (but not to correct cognitive impairment or prevent cognitive decline)
- Artificial nutrition is suggested, (for a limited period of time) **to overcome a crisis situation if oral intake is markedly low**, but not for patients with severe dementia or in terminal phase of life



## *Tips around common nutrition issues*

### *Forgetting to eat*

What can help:

- Set reminders for meal times (alarm clock or alerts on mobile phone, 'phone calls around meal times)
- Visual cues, e.g. leave snacks (that don't need to be refrigerated) out on kitchen surfaces where they can be easily seen



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## *Difficulty preparing meals*

What can help:

- Make use of meal delivery services (e.g. Meals on Wheels or from local restaurants) or pre-prepared meals from the supermarket
- Can meals be shared social occasions- cooking together/eating together
- Cooking big amounts of food at one time and freezing portions
- Home support may be needed
- Stock up on snacks that don't require cooking or preparation- e.g. fresh or dried fruit, tubs of yoghurt or custard, cheese and crackers, toast with toppings



# Difficulty eating meals

What can help:

- Finger foods
- Keep some foods in an easily accessible, visible place
- Don't over-complicate table settings with lots of cutlery/crockery. Patterned crockery may cause confusion.
- Serve one course at a time
- Make it easy by removing packaging, lids etc.
- Eat together; model eating if necessary
- Allow plenty of time to eat the meal (some people may need an hour or more)
- Provide support, encouragement, reminders and praise to eat meals
- Difficulties with swallowing should be assessed by a Speech Pathologist



# Loss of appetite

What can help:

- Small, frequent meals
- Talk about favourite/enjoyable foods that the person may enjoy (and remember these may change over time)
- Consider the types of food that the person liked in their past, culturally important foods
- Offer familiar foods
- Have biggest meal at the hungriest time of day
- Unusual food requests (e.g. dessert at breakfast time) should be accommodated, and offer favourite foods any time of day (e.g. ice-cream cones)
- Have something to eat at mid-meal snacks. It may be difficult to meet nutritional needs on just main meals





# Loss of appetite

What can help:

- Eat with others- positive socialisation improves appetite
- Keep foods and snack out where they can easily be reached (e.g. Biscuits, vegemite or jam sandwiches, muesli bars, fruit cake, dried fruit)
- Ensure foods are full of flavour (herbs, spices, lemon juice, pickles, mayonnaise, sauces etc. may help)
- Offer fluids separately from food to maintain appetite, but ensure adequate fluid intake
- Focus on eating the protein part of the meal first
- Referral to a dietitian if intake declines or if the person is losing weight



## References and further reading

- Webpage 'Nutrition' on website 'Dementia Australia™' available from [www.dementia.org.au](http://www.dementia.org.au)
- Barti R, Bunney C. Best practice food and nutrition manual for aged care homes edition 2.2. Gosford: Central Coast Local Health District; 2015. 202 pages.
- Volkert D, Chourdakis M, Faxen-Irving G, Frühwald T, Landi F, Suominen MH, et al. ESPEN guidelines on nutrition in dementia. Clinical Nutrition. 2015; 34: 1052-1073.



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