

The Nutrition/Dementia Relationship

RESEARCH INTO PRACTICE

May 30, 2016

1:00 – 2:30pm



Learning Objectives:

1. Explore research-relationship:
nutrition & dementia
2. Examine best practices
3. Share knowledge, ideas and
strategies



Nutrition and dementia

A review of available research: Introduction



Research Relationship

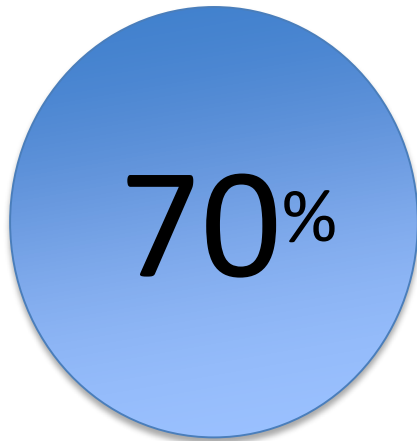
- **Over 46 million people worldwide live with dementia**
- **By 2050 this number is estimated to increase to over 130 million**
- **In 2013 Compass Group and Alzheimer's Disease International (ADI) commissioned a joint report on the link between Nutrition and Dementia**
- **Prof Martin Prince**
The Global Observatory for Ageing & Dementia Care, King's College, London, UK

Research Relationship

- **ADI's vision is prevention, care and inclusion today, and cure tomorrow**
- **Working with policy makers in UN, WHO, G7, G20**
- **Nutrition key component of general well-being of those who have dementia**
- **Link between dementia and other chronic diseases**
- **www.alz.co.uk**

Research Relationship

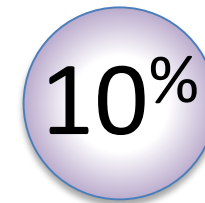
Under-nutrition is the commonest nutritional problem



HOSPITALIZED OLDER
PEOPLE



LIVING IN CARE
HOMES



OLDER PEOPLE
LIVING AT HOME

Research Relationship



- **Particular problem among people with dementia**
 - **20-45% have significant weight loss over one year**
 - **inadequate intake of food and fluids**
- **Consequences of under-nutrition**
- **Risk factors**

Research Recommendations

- **Nutritional standards**
- **Regular monitoring of weight and nutritional status**
- **Assessment of diet, feeding behaviours, feeding assistance**
- **Plan of Care**
- **Staff training**



Best Practices: Dignified Dining

An approach is being developed incorporating a set of tools and guidelines to support our teams:



FOOD

Nutritional guidelines,
menus & diet



SERVICE

Dining, housekeeping,
laundry and care
assistants training



ENVIRONMENT

Tableware, dining areas
& background noise

Best Practices: Dignified Dining



To deliver the best quality nutrition care and dining experience, through a person-centred approach, no matter what stage of the disease.

This includes supporting residents, families and our associates to the fullest.

Food

Service

Environment

Best Practices: Environment



Best Practices: Environment

Program includes resources in the following areas:

- Environment review based on service journey; how, where, when
- Lighting
- Tableware, dishes and cutlery type and proposed colour
- Table design
- Signage
- Location and style of dining area
- Ambient noise & lighting

Environment: Lighting

Lighting

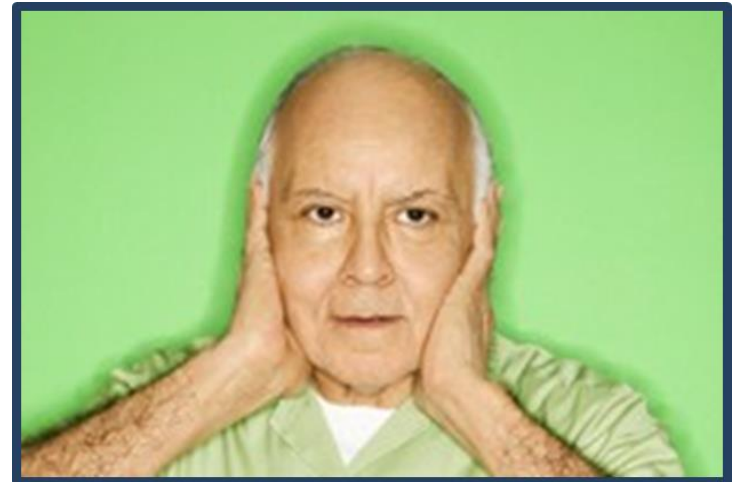
- Natural is ideal
- Avoid high gloss floors
- Reduce glare from lamps



Environment: Noise

Noise

- Evaluate noise level from everywhere
- Traffic
- Noisy equipment
- Noise absorbing materials



Environment: Tableware

Tableware

- White china on white linen?
- Color plate with contrasting table top
- Adaptive equipment



Environment: Tables and Chairs

- Table top styles and color contrast with floor
- Table shape and height
- Chair with arms
- Chair seat contrasting to floor
- Avoid table cloth with patterns



Environment: Personalized Space

- **Simplified dining room**
- **Single course service**
- **Respect each Resident's unique preferences and life-long patterns**



Environment: Consistency

- Dining Environment
- Table Setting
- Seating
- Staffing



Best Practices: Food



- **Menu Development Principles**
- **Texture of Food and Liquids Modification**
- **Food Fortification**
- **Finger Foods**
- **Hydration Programs**

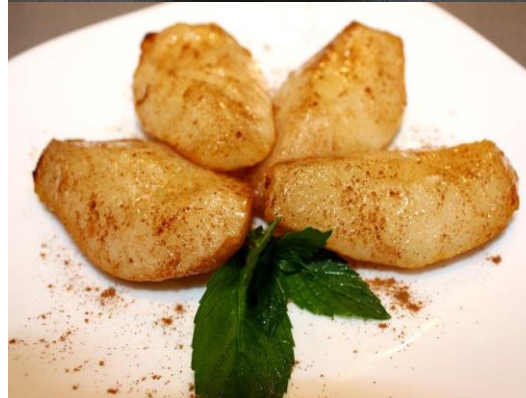
Fortified Foods

- **Soups - dry milk, cream, beaten eggs, quinoa**
- **Potatoes - sour cream, cream, dry milk, butter, mayonnaise**
- **Cereals - cream, dry milk, butter, peanut butter**
- **Milk - dry milk**
- **Pudding - dry milk, cream, peanut butter**
- **Gravies/Sauces - butter, cream, dry milk, mayonnaise**
- **Baked goods – butter, cream, dry milk, peanut butter, eggs**
- **Juice - corn syrup, sherbet**



Finger Foods

- Sandwiches
- Wraps
- Flat breads
- Bite-sizes
- Strips
- Miniatures



Hydration: quench and invigorate

- Training: signs of dehydration
- Catch the Wave
- Hydration Cart
- Hydration Station



Best Practices: Service

Why is meal-time management so important?

- Nutrition
- Hydration
- Health
- Quality of Life

Challenges?



Best Practices: Service



Person centred approach to team working in the care home community:

- **Communication for all staff**
- **Flexible Mealtimes**
- **Protected Mealtimes**
- **Service Times**
- **Presentation and Service**

Service

- Encourage the resident to self feed
- Introduce yourself every time-
make eye contact
- Some residents may benefit
from modeling others' feeding
behaviors
- Focus on what the resident *can*
do
- Avoid rushing-use a calm
approach



Service

- Residents may need prompting throughout the meal:
 - Start, chew, swallow, take sips of beverage between bites
- Offer simple choices
- Do not mix foods together
- Serve one course at a time
- Offer drinks regularly
- Tell the resident what is on each bite



Best Practices - Successful Dining Tips

- Don't assume a person who does not eat, doesn't want to eat.
- Don't assume that a person has finished if they stop eating.
- Understand aggressive feeding behaviors are not deliberate attempt to be "difficult" or personal attack.
- Try not to rush, help maintain as much independence as possible.
- Look for non-verbal clues, body language and eye contact as means of communication.
- When a person is agitated or distressed do not pressure to eat or drink.

Setting the Stage with Training

- **Challenges will change as dementia progresses**
- **Early, middle, late stages each have own challenges**
- **Know the Resident**
- **Person Centred Care**
- **Consistency is key; staff, spaces, objects**



Specific Service Training

SAY

- ◆ **Would you like beef or chicken?**
- ◆ **You look pretty today, Mrs. Smith.**
- ◆ **Will you eat some of this dessert for me?**
- ◆ **Your son/ husband/ friend will be coming later. Let's try a snack first.**

DON'T SAY

- ◆ **What would you like to eat?**
- ◆ **Of course you live here. Don't be silly.**
- ◆ **I don't have time to talk right now. You have to eat. Stop asking so many questions.**
- ◆ **Stop eating off Mrs. Smith's plate. Hurry up and finish that dinner so we can get you to bingo on time.**

Share Knowledge, Ideas & Strategies



Wrapping Up



- Refreshed understanding of importance of research and prominent relationship between nutrition & dementia
- Shared and received knowledge and best practices
- Take away hope, energy, new ideas and strategies to help make the lives of those you know living with dementia (and those who care for them) better

Thank you!
Connect with us:



Bryn Barnes: bryn.barnes@compass-canada.com

Thomas Atkinson: thomas.atkinson@compass-canada.com