**Dementia and Nutrition Resources and Advice**

**Resources**

Eating and Drinking Well with Dementia - Bournemouth University

<https://www.bournemouth.ac.uk/research/projects/optimising-food-nutritional-care-people-dementia>

Inc leaflet and workbook and guides for carers (attached)

Dignified Dinning Toolkit (attached) – Compass Healthcare

<https://www.compass-healthcare.co.uk/case-studies/dignified-dining-the-toolkit/>

Nutrition and dementia - British Dietetic Association (BDA) <https://www.bda.uk.com/resource/nutrition-and-dementia.html>

Eating and drinking – Alzheimer’s Society

<https://www.alzheimers.org.uk/get-support/daily-living/eating-drinking#content-start>

<https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet_eating_and_drinking.pdf>

**Advice**

**Vittoria Romano**; Team Lead Dietitian: Nutrition & Dietetic Service, Dunstable Health Centre

In terms of interest in food this can relate to many different thing: loss of appetite, loss of taste/smell, not recognising hunger signs, forgetting it’s a mealtime, forgetting how to eat, swallowing difficulty, consent at mealtimes (sometimes people with dementia may respond no when they mean yes), not recognising food/meal, not being assisted properly, loss of independence, distraction (the list goes on).

 Some useful tactics include (not exhaustive):

1.       Preventing background noise (TV, Hoover) and creating a relaxed environment

2.       Offer contrasting tastes to tickle the taste buds (alternate sweet and sour, or some may prefer sweeter foods- sprinkling sugar on a savoury meal can be effective)

3.       Sit the person near the kitchen so that they can smell the food, this can whet the appetite and support memory that it’s time to eat

4.       Thinking about cutlery- bright coloured plates can help as people notice the food, but patterns can be confusing

5.       Effective communication strategies talking the person through how to eat

6.       Not using a verbal no as declining a meal, sometimes placing a fork of food by the persons lips and asking them to open their mouth is effective and is also consent

7.       Small portions if appetite is poor or the person is slow to eat. Then a second small portion can be given but remains warm and more pleasing to eat

8.       Food based approaches and a nutrient dense diet (sometimes referred to as the food first approach

Advanced dementia and eating is really quite complex and needs to be individualised.

Even with palliative care and end of life planning it is important to try and maximise someone’s intake with a nutrient dense diet and addressing the underlying reasons for a poor intake.

Towards the final few weeks/days, food and fluid for pleasure and comfort is more important.

**Sarah Burt:**

·         For the patient you are caring for:

o   Looking into swallowing difficulties / SALT

o   Have you assessed the patient for depression, bearing in mind this is very common in dementia patients and it can cause loss of appetite… potentially anti-depressant medication could help if this was the case, although to note how long it can take for this type of medication to take effect

o   You could look at strategies for what might tempt them to eat, e.g. tiny amounts (larger portions will usually put people off); things they used to love; sweet treats; for people who have not really east for some time this may affect their sense of taste and sharp (e.g. lemony) or cold (e.g. ice cream) things may help.

o   How close to end of life are they? What capacity do they have? Are they making a conscious choice not to eat? Maria, Sarah aske di you and your team feel supported in making difficult decisions with the family if this is needed?

o   Could an option be short term peg feeding / gastro nutrition, just to get some nutrition in/hydrate them – but bearing in mind this is not an option to take lightly esp during covid and as it’s not very pleasant etc

o   GPs can access Geriatrician advice (on-call at STH, via SPA –e.g. Rob Ghosh and team)

**From a psychologist who specialises in dementia care (via Penny Kirk)**

The first would be to get an assessment / understanding of why the person is not eating;

* Do they no longer recognise food – in which case food with a strong smell /taste might help, people need to eat with them and give no verbal cues
* Are they choosing not to eat – is the person refusing to eat are they depressed / have they given up
* Is there a physical reason why the person isn’t eating- constipation, oral thrush, dental problem
* Is it that the person is not sitting still long enough to eat- can finger foods be provided for the person to eat on the move
* Is it a problem with the environment – too noisy, not wanting to eat alone, no cues that its mealtime, feeling unsafe
* Is the person being given medication covertly and so worried about eating / doesn’t feel safe to eat.
* Can the person no longer swallow / chew- do they put the food to their mouth but then not know what to do? A SALT assessment would be important here
* Is it the wrong foods- a good account from family of what the person liked, what did they eat as comfort foods, what does the family eat and drink when they are not feeling well?

Who can help;

* SALT – if mechanical problem is suspected
* Dieticians – urgent referral if ideas are needed about food and supplements
* Hospice- local hospice to us has been able to share some really high calorie options / ideas some puddings are 800 cals each!
* Dementia mental health inpatient unit – a common problem seen on units staff and chefs will have experience of foods to try and suggestions seek specialist advice. We fortify foods with cream and have used high calorie milkshakes etc

**From a physio who specialises in dementia care: (via Penny Kirk)**

From a clinical perspective – of course it needs to be individualised, but the common things (which I am sure have already been considered) would be checking for causes such as mouth pain/dental problems, constipation, delirium. Then for the food - likes/dislikes, finger food, food fortification, trying a coloured plate, giving lots of time, describe the food, eating with them (although tricky in current climate), small regular portions.