

# Nutrition and dementia

Poor nutrition is an issue for many older people, but for those with dementia there are extra challenges, writes **Narelle Arblaster**.

**P**oor nutritional status, as a result of low food and calorie intake, is common in aged care residents and often leads to unplanned weight loss, a higher risk of morbidity and a lower quality of life. Identifying residents who are at risk of malnutrition as early as possible can have a positive impact on the overall health of the resident and help prevent malnutrition. Coping with the food-related behaviour that may come with dementia often involves common sense and a trial and error approach. Poor nutrition is an issue for many older people, but for those with dementia there are extra challenges.

Residents with dementia may suffer from confusion and not realise its mealtime. They may struggle to find the dining room, not recognise food or drink or cutlery. Some may ruin a meal by adding too much salt, pepper or sauce. They may not recognise foods that are outside their usual cultural cuisine as being food or eat non-food items mistaken for food. Some will be unable to reliably recall what foods they have eaten, judge when a good is too hot, or know when they are thirsty.

Residents with dementia may suffer from physical / psychological issues that can have an impact on how much they eat such as:

- Development of an insatiable appetite or feeling hungry despite being full
- Craving sweet foods
- Increased energy needs because of pacing or other forms of agitation
- A poor appetite / no desire to eat
- Not getting enough to eat because of slow eating
- Difficulty swallowing as dementia progresses
- Exacerbation of dementia symptoms due to dehydration
- Weight loss even when they seem to be eating well
- Loss of interest in food as a result of undiagnosed depression
- Ongoing changes in eating problems as the dementia progresses.

Residents with dementia may have been prescribed medications which cause a dry mouth, making eating more difficult and cause nausea, resulting in loss of appetite

and poor food intake.

Residents with dementia may have difficulties communicating, such as reverting to their first language – leading to a communication barrier for residents from a non-English speaking background. For example, being unable to explain that they are not eating because they have tooth or jaw pain caused by dental problems.

Residents with dementia may suffer from memory problems and:

- Forget how to chew and swallow
- Forget they have eaten
- Not remember how to use cutlery
- Only recognise hunger when food is in sight and so won't tell nurses or carers they are hungry when or if they can't see any food.

Residents with dementia may show signs of behavioural issues resulting in a refusal to eat or wear dentures. They may experience a loss of interest in food, spit out food or allow it to fall out of their mouth. If they have poor attention they may not finish a meal. They may develop inappropriate table manner which can lead to issues interacting with other residents at meal times. They may hoard and hide food, and eat it later when it's spoiled. Some may become embarrassed about eating because of the difficulties experienced with it.

An accredited practising dietitian with experience in aged care nutrition can assist with reducing the impact of dementia on a resident's nutritional status by providing information to medical staff on nutrition-related side effects of medications and possible drug-nutrient interactions.

They can also help with menu planning to ensure residents with dementia are given foods they are more likely to recognise, find easier to eat and which maximise nutritional

intake throughout the day. This means they may eat smaller amounts but still get the nutrients they need.

A dietitian can also provide suggestions on visual, auditory and physical prompts which can be used to initiate and maintain eating during meals in residents with dementia. An example would be playing a radio while meals are served. They can help with the dining room setting to help with reducing confusion relating to eating, maximise fluid intake to prevent worsening of dementia symptoms due to dehydration and helping with maintaining residents' dignity and independence while they are eating.

They can also make specific recommendations for high-calorie supplements for individual residents suffering from weight loss, poor appetite, those requiring a puree diet or being excessively physically active (e.g. continual wandering) as well as vitamin / mineral supplements for individual residents whose poor or very selective food intake results in inadequate intake of particular nutrients. **IN**

**Narelle Arblaster is an accredited practising dietitian and consultant with Narelle Arblaster APD & Associates. Article written on behalf of the Dietitian's Association of Australia (DAA) Rehabilitation and Aged Care Interest Group. To find an accredited practising dietitian (APD), visit the 'Find an APD' section of the DAA website at [www.daa.asn.au](http://www.daa.asn.au) or call 1800 812 942.**



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