Australian version

iSupport For Dementia

Training and support manual for carers of people with dementia

Creating pleasant mealtimes

Why is this unit important?

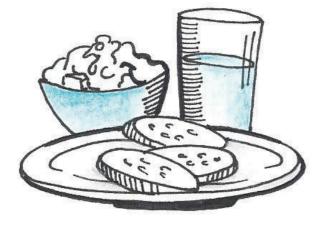
Dementia can affect the ability to eat and drink in various ways. This may be dependent on the stage of dementia and/or other health conditions.

How will this unit help me?

By learning how to help create pleasant mealtimes and to support good hydration and nutrition.

What will I learn?

- How to encourage the person to eat and drink
- How to create a pleasant mealtime for the person
- How to facilitate eating and drinking for the person
- Some health conditions that affect eating and drinking
- How to prevent poor nutrition and dehydration.



Making mealtimes pleasant

Engaging people with dementia in simple tasks around mealtime helps to make the most of people's skills, promotes a feeling of selfworth and provides meaning to mealtimes.

Let's look at an example.

Margaret is a housewife and has cooked every day for her family for many years. Recently, she lost her husband and now lives with one of her sons. Susan, her daughter-in-law, provides all the cooking in the new household. Margaret has been very sad in her new home and says she's not hungry when she is offered food. She does not join the family for dinner.



Check your understanding Making mealtimes more pleasant. How would you advise Margaret's family to deal with this situation? Pick all the responses you think are appropriate.

 \bigcirc

- Bring Margaret's dinner to her room.
- Demand that Margaret joins the family for dinner.
- Margaret's family should let her help with the preparation of meals and cleaning activities.

Check your understanding

 \checkmark

Making mealtimes more pleasant.

× Bring Margaret's dinner to her room.

This is not helpful because it might further isolate Margaret from her family. Margaret may not feel welcome in the new home. She has lost her husband, her own home and now her role as cook and housekeeper.

× Demand that Margaret joins the family for dinner.

This is not such a good response because it may make Margaret angry or withdraw further.

Margaret's family should let her help with the preparation of meals and cleaning activities. This is a good response because her family knows Margaret still enjoys cooking and should therefore support her to continue engaging in the thing she likes and is still able to do.



Examples of mealtime activities

Try to think about the person's involvement in mealtimes. Please click on any activities that you think the person still can engage in and would enjoy.

Activity	
Mealtime activities	Example
Shopping together	Let the person with dementia choose what food and drink he/she likes for breakfast, lunch and dinner.
Meal preparation	Let the person with dementia help chopping, stirring or cooking.
Preparation of the table	Let the person with dementia lay the table for breakfast, lunch and dinner. Don't use complicated table settings and avoid lots of different cutlery, crockery and glasses together.
Eating together	It can help to eat together so that the person with dementia can copy you. Make sure that the food is accessible. Put it on a flat plate with no pattern so that the food can be seen clearly. Make sure the plate is in comfortable reaching distance.
Cleaning the table	Let the person with dementia remove everything from the dining table and wipe the table.
Washing or drying dishes	Let the person with dementia put dishes in the sink or wash and dry the dishes.

If you think that the person you care for can still engage in and would enjoy any of the listed activities, perhaps you could ask or assist them in trying these activities the next time you have a meal.

Promoting a pleasant mealtime atmosphere

Mealtimes are a good opportunity for carers to show their care and support for the person living with dementia. An enjoyable atmosphere at mealtimes may help encourage them to eat and drink.

Spilling food

Ray has Alzheimer's disease and lives with his oldest son since his wife passed away a year ago. The family now has three generations living in the home and they eat together at the table. Ray has always enjoyed mealtimes and looks forward to sharing with his family. Recently, Ray's hands have started to tremble, and he often spills drinks or drops food on the table and the floor.

How would you advise Ray's son to deal with this situation?



Check your understanding

How would you advise Ray's son to deal with this situation?

- Buy special eating and drinking aids for Ray, you may need to find an independent living centre to see the best range.
- Set up a separate table for his father to eat in his own bedroom, because spilling and dropping food may make the family irritated.
- Tell Ray to be more careful as he is making a mess.
- Organise a family meeting to ask all family members to think of some positive and constructive ways to respond to the situation at mealtimes.



Check your understanding

How would you advise Ray's son to deal with this situation?

- Buy special eating and drinking aids for Ray, you may need to find an independent living centre to see the best range. This is a good response because Ray's son recognises that his father is having difficulty using everyday eating and drinking utensils. By providing other utensils he is trying to solve this problem and respect Ray's need for independence.
- Set up a separate table for his father to eat in his own bedroom, because spilling and dropping food may make the family irritated.

This is not helpful because separation will make Ray feel sad or angry, which might prevent him from eating and drinking properly.

- Y Tell Ray to be more careful as he is making a mess. This is not helpful, because Ray cannot help his unsteadiness and telling him "to be more careful" may make Ray feel sad or lose confidence and independence, which might prevent him from eating and drinking properly.
- Organise a family meeting to ask all family members to think of some positive and constructive ways to respond to the situation at mealtimes.

This is a good response because Ray's son is trying to provide a positive mealtime atmosphere for everyone.



Here are some examples of how carers can contribute to a caring, respectful and pleasant atmosphere at mealtimes for people with dementia.

- Help the person to sit down and also to leave the table.
- Make the food and drinks look and smell appealing. Include food and drinks he is familiar with and likes.
- Explain what the food and drinks are.
- Limit the number of items on the plate.
- Enhance lighting and reduce unnecessary noise that might be distracting.
- Use specially designed eating and drinking aids such as different coloured plates with no-spill cups and utensils with easy-grip grip handles.

- Cut food into bite-size pieces or make finger foods that can be easily gripped.
- Provide a straw to drink liquids, make sure liquids are not too hot or too cold.
- Encourage to eat and drink enough for good nutrition.
- Do not rush mealtime.

ntion

Health conditions that affect eating and drinking

Many health conditions can affect eating and drinking. Identifying and treating these conditions will help the person with dementia maintain a healthy diet and enjoy mealtimes.

Artificial dentures

Jack has Alzheimer's disease and is often unable to communicate with family members, but he can still manage to eat without assistance from others. Recently, his wife, Rosie, has noticed that Jack throws his artificial dentures on the floor, is not eating or drinking and is restless.

How would you advise Rosie to deal with this situation?

Check your understanding

How would you advise Rosie to deal with this situation?

Pick all the responses you think are appropriate.

- Tell Jack that throwing his artificial dentures on the floor is not good, and ask him to wear them so that he can eat.
- Take Jack to his general practitioner or dentist.

Check your understanding

 \checkmark

 \bigcirc

Tell Jack that throwing his artificial dentures on the floor is not good, and ask him to wear them so that he can eat.

This answer is not good. The reason that Jack throws his artificial dentures away may be because they do not fit anymore and are uncomfortable, or because of another issue. Rosie needs to find out what the problem is by asking Jack or taking him to the general practitioner or dentist.

Take Jack to his general practitioner or dentist. This is a good response, as Rosie is identifying the reason why Jack is barely eating and drinking. The general practitioner or dentist may identify loose dentures, ulcers or infections in Jack's mouth, which may be caused by the dentures.



Health conditions

These are some examples of common health conditions that can affect eating and drinking and what can be done to improve these conditions.

Does the person ever experience any of the following? Please click on any health condition the person has or conditions you want to learn more about.

Activity			
Health conditions	Changes you may observe	Recommended actions you may need to take	
Poor appetite	Does not want to eat the meal Eats only small amounts of food Takes a long time to eat a small amount of food	 Make food familiar, appealing: use different textures, flavours, smells, tastes and colours that the person enjoys Eat with the family, rather than alone Make the mealtime a pleasant time Play soft music they like during mealtime Increase physical activities during daytime to promote appetite Serve only one plate of food at a time 	
Toothache	Refuses to eat and drink Is restless Has a facial expression or holds side of face indicating pain	 Ask whether they have pain Ask to point out the area of pain Check whether there are loose teeth, mouth ulcers, etc. Seek help from a doctor or dentist 	

Activity			
Health condition	Changes you may observe	Recommended actions you may need to take	
Poorly fitting artificial dentures	Refuses to eat and drink Is restless Has a facial expression indicating pain Refuses to wear dentures Removes dentures	 Check dentures are inserted correctly Ask whether he/she is in pain Ask to point out the area of pain Check whether there are reddened areas , mouth ulcers etc. Seek help from a doctor or dentist 	
Body pain	 Refuses to eat and drink Is restless Unusual body postures Facial expressions of pain (grimacing) Guarding a particular body part or reluctance to move Moaning with movement Limited range of motion or slow movement Crying or distress Increased or decreased vocalisations Withdrawn social behaviour 	 Ask whether he/she is in pain Ask to point out the area of pain Seek help from doctor 	

Activity		
Health conditions	Changes you may observe	Recommended actions you may need to take
Slow or no bowel movement for more than three days	 Hard and dry stools Difficulty passing stools/straining Having a feeling of incomplete bowel movements Becomes anxious/agitated Develops diarrhoea Hard stomach Nausea and vomiting 	 Seek help from GP/medical assistance On the resolution of the problem: Increase fibre in diet Increase drinking of fluids Increase physical activity
Diarrhoea	Liquid faeces Increased number of bowel motions Difficult to control bowel and incontinent of faeces	• Seek urgent help from GP/medical assistance
Side effects from medications	Nausea, vomiting, liquid faeces or has difficulty in passing faeces Does not want to have a meal Eats only small amounts of food	 Check you are giving medications as instructions indicate Seek help from GP/medical assistance

2. Activity		
Health condition	Changes that you may have observed	Recommended actions you may try
Memory loss; forgets to eat or drink	Asks when the next meal is even if it already happened Says he or she is hungry even if they already ate	 Remind the person to eat and drink regularly Model eating and drinking by eating and drinking with the person Have low calorie snacks available, such as apples and carrots
Sadness/Depression	Refuses to eat or says he or she is not hungry Eats only small amounts of food Has no interest in food	• Seek help from GP/medical assistance
Weight loss	Forgets to eat Eats smaller amounts of food Eats regular amounts of food but still loses weight	 Increase the amount of food Provide foods that he or she will like Increase foods with greater flavour as the taste might be impaired Offer nutritious drinks like milkshakes Ask General Practitioner for recommendations for supplements
Weight gain	Eats everything served Eats more snacks than before because he or she forgets if eaten Is obsessed with food	 Model eating and drinking by eating and drinking with the person Serve smaller portions Remove plate when someone indicates it has been enough Provide low calorie snacks

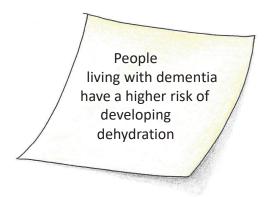
Preventing dehydration

People living with dementia can have a high risk of developing dehydration.

There can be several reasons for this:

- · Inability to explain their needs
- Decreased thirst sensation
- Not offered enough to drink
- Swallowing problems in the late stage of dementia.

The person needs to be encouraged to drink 8-10 glasses (1500-2000 ML) of fluid (water, iced lollies, soup and juice, not including tea or coffee) every day.



Severe dehydration

Ben has Alzheimer's disease, but he is able to eat and drink without assistance from his wife, Mary. Ben likes to walk a lot. One hot afternoon, Mary notices that Ben seems very tired, walks very slowly and then collapses on the floor. Ben is sent to the Emergency Department of the local hospital and is diagnosed with dehydration. After treatment in the hospital, Ben has recovered and is able to go home again.

How would you advise Mary to deal with this situation after Ben is discharged home?

 \bigcirc

Check your understanding

How would you advise Mary to deal with this situation after Ben is discharged home?

Pick the suggestion you think is appropriate.

- Mary needs to let Ben make the decision about when to drink.
- Mary needs to ensure Ben drinks 8-10 glasses of water during the daytime.
- Mary records the time and the amount of fluid Ben actually consumes.

ANSWERS - Eating and drinking - more pleasant mealtimes Unit 1.

Check your understanding

 \checkmark

How would you advise Mary to deal with this situation after Ben is discharged home?

 Mary needs to let Ben make the decision about when to drink.

This answer is not good even though she is respecting Ben's autonomy. Since people with dementia have decreased thirst sensations, it could be dangerous to leave them to decide to drink or not without reminding them. If not, the incident of dehydration and collapsing may happen again.

 \bigcirc

Mary needs to ensure Ben drinks 8-10 glasses of water during the daytime.

This is a good response. Mary notices that Ben may forget to drink, so she is trying to help her husband drink enough water everyday.

Mary records the time and the amount of fluid Ben actually consumes.

This is a good response. It can be helpful to establish a routine and record the number of glasses Ben drinks from breakfast time to dinner time. Drinking after dinner time may potentially increase night time visits to the toilet.



Activity

Timetable for eating and drinking

The timetable below is for you to remind the person to eat and drink. Give them the opportunity to choose what to drink.

Time of day	Type of fluid: water (Example)	The amount of fluid: 3 glasses (Example)
Morning - Noon		
Afternoon till 5 pm		
Dinnertime - Bedtime		

WARNING!

Let's review what you have learned

- The person needs to be encouraged and supported to eat and drink.
- You can engage the person in a variety of mealtime activities to create a pleasant mealtime for the person that helps to improve self-worth and a feeling of achievement.
- Eating and drinking can be better facilitated by modifying food, utensils and the environment.
- You can maintain good eating and drinking for the person by improving the person health condition.
 Seeking assistance from health professionals might be necessary.
- To help prevent dehydration, it is important to prompt the person to drink and to record and monitor the amount of fluid the person has actually taken.

RELATED LEARNING UNITS

- Module 3 Unit 2 Making time for pleasant activities
- Module 4 Unit 2 Eating, drinking and preventing health problems
- Module 5 Unit 5 Delusions and hallucinations

A dietician or doctor can advise you about good nutrition. Your local hospital, community health service or your doctor can put you in touch with a dietician.

For more information contact:

National Dementia Helpline on 1800 100 500. https://www.dementia.org.au/support-and-services/families-and-friends/personal-care/eating

Other Resources:

https://www.betterhealth.vic.gov.au/health/condit ionsandtreatments/dementia-eating

Further Assistance



You finished this unit, well done!