

Dementia Gateway: Eating well

This summary highlights key messages from the research about eating well for people with dementia.

Key messages

- Evidence suggests that proper nutrition may help lower the risk of developing dementia.¹
- Malnutrition is common in older people with dementia⁴. They may find it difficult to eat, or not want to eat, for a variety of reasons, including loss of appetite, forgetting to chew or swallow, or being distracted by things around them.⁴
- Not taking in enough important nutrients, weight loss and dehydration can make people with dementia more agitated, confused and show other signs of disturbance.^{4,5}
- Menu picture cards or menus that have visual images of food, rather than traditional written menus, seem to encourage people with dementia to eat.^{1,6}
- Protected mealtimes help people to enjoy their food with minimal interruptions or distractions, and strategies include keeping noise levels down and playing quiet background music before the start of a meal.⁴
- Simple low-cost adjustments to a person's surroundings can improve their mealtime experience.⁷

Introduction

This summary highlights key messages from the research about eating well for people with dementia. It is not intended to be a comprehensive review of the literature on this topic. The material on which the summary is based was identified through focused searching of the literature published from 2008 to 2012. Some material pre-dating 2008 is also referred to where necessary.

The status of research

Most of the research comes from two distinct kinds of study: either small case studies of innovative practice in care homes or medical studies examining the properties of nutrients.

No examples of research describing the experiences of older people with dementia, or the issue of eating well for people living at home, could be found as part of the focused searching for this summary. But major research² took place in 2003 as part of the Alzheimer's Society 'Food for thought' project.³ This project analysed the comments that people wrote on a questionnaire, which was completed by almost 4,000 carers – both family carers and employed carers – and some people with dementia, across a range of settings, including care homes and people's own homes.²

What is the issue?

Encouraging people to eat a healthy diet is important but not always easy.⁴ Malnutrition is common in older people with dementia.⁴ They may find it difficult to

eat, or simply not want to eat, have no appetite, forget to chew or swallow, or be distracted by things around them during mealtimes.⁴ This is a particular problem because people can feel, for example, more agitated and confused because of weight loss, dehydration and not taking in enough important nutrients.^{4,5} Overeating may also be an issue.⁴

Poor nutrition or malnutrition may also increase the risk of delirium,^{8,9} which will interact with the symptoms of dementia and make them worse, so it is clearly important to have a good diet.

Making sure that people with dementia are nourished properly can be a frustrating effort for the people themselves, their family carers and staff.^{1,2} Staff working in dementia care recognise when eating behaviour may be having an effect on a person's nutritional welfare. Signs include people leaving food uneaten, or leaving the table because someone else has finished eating before they have.⁴

Reasons for food avoidance

Malnutrition is a serious concern in people with dementia.^{1,4} A noisy environment can distract the person with dementia at mealtimes.² Many people with dementia have problems remembering whether they have eaten or not.^{2,5,10} Some simply refuse to eat.^{1,4,6} Using cutlery can be an issue, as can managing food on a plate.¹⁰ Physical problems or forgetfulness can cause problems with chewing and swallowing.^{4,6,10} Although pureed food might be a solution,⁵ it is important to be aware that pureed food can cause malnutrition.¹ Reduced eating can be linked to a fall in fluid intake, especially in institutional settings such as care homes, and this can cause

anxiety for family carers if their relative becomes quickly dehydrated.²

The significance of food

Mealtimes are a key part of day-to-day life in care homes, marking the rhythm of the day and providing an opportunity for the greatest contact between residents and care workers.^{7,11} Food can be associated with experiences of the senses that are enjoyable (for example, smell and taste), memories of sharing food with others, and also of certain events and occasions in the past.⁷

Changed body weight

One issue that is rarely discussed in the literature is the natural low body weight of people with dementia. Its cause is not well understood,¹ and may be due to a number of things. People with dementia usually lose weight because they are not eating adequately^{2,5} or may be subject to unskilled and rushed feeding.⁵ The processing of food through the body's digestive system slows down with age and a person may feel full, so they may then have less of an appetite.¹ It can however be forgetfulness, lack of concentration and the tendency to get distracted that can cause food to be left uneaten.⁵ Weight gain as a result of overeating is also an issue^{1,4} and this is sometimes also caused by forgetfulness.²

Changes to the senses of taste and smell

It is not uncommon for older people to have a much reduced sense of taste.¹ For people with Alzheimer's

disease this may be more pronounced because of the change to their sense of smell.¹ As taste buds change with age, people may start to prefer spicy, salty or sweet foods.⁶ Department of Health sponsored research by the Design Council has developed a fragrance-release system ('ode') designed to increase appetite among people with dementia. The next stage of the research is to test how effective ode is on a large scale by making a small batch prototype for formal testing in care homes.¹²

End of life care issues

Swallowing can be a major problem in people with advanced dementia⁵ and presents challenges for end of life care¹³. An assessment by a speech and language therapist can find that a person has 'an unsafe swallow' and should not be fed by mouth because of the risk of aspiration (where swallowed food enters the airway into the lungs instead of the stomach).¹³ Interventions such as a percutaneous endoscopic gastrostomy (PEG) tube are an option⁵, but as well as depriving people of the pleasure of real food, there are ethical issues in applying this relatively invasive process.¹ A Cochrane Review concluded that there is no evidence to suggest that tube feeding is useful for people with advanced dementia.¹⁴

Some ways to increase food intake

Improving information about food

Menu picture cards or menus showing visual images of food, as opposed to traditional written menus, seem to encourage people with dementia to eat.^{1,6} These were tried out in a specialist day care centre for people with dementia.⁴ But, images that showed complete meals were not right for people with tunnel vision and were better broken down into single items of food.⁴

Stimulating interest in food

Ways of stimulating interest in food include taking people out shopping and getting them involved in preparing food.⁴ These are activities in themselves and help people to feel better about themselves.

Using outdoor space

Outdoor space can stimulate an interest in food. This can include simple things such as involving residents in growing and tending herbs in a garden that is specially designed to appeal to people's senses.⁴

Eating out

Going out to eat such as to the local pub for Sunday lunch or a curry evening is a popular activity that care home residents can enjoy, and this increases the variety of food choices that they have.⁴ Finding an eating place that can accommodate the needs of a person with dementia, such as offering a table that is secluded or one near the toilet, can help.²

Making food accessible

Some care homes display various snacks and nibbles in the morning and afternoon, with drinks available throughout the day as well.^{11,15} Offering smaller portion sizes can also encourage eating.⁶ In one example the cook made sure that a choice of a main meal and a snack was provided at both lunch and teatime.¹¹

Slowing down the pace

Paying special attention to helping people with dementia at mealtimes in an unhurried way^{5,15}, especially those in the advanced stages of dementia, can make mealtimes a pleasant experience.¹⁵ On a wider level, bringing calm and tranquillity to a person's immediate surroundings can encourage people to eat well.⁶

Simple environmental adjustments

A review of 13 studies has shown that simple environmental adjustments can make the mealtime experience for people with dementia much better.⁷ Four studies^{16,17,18,19} within the review looked at the dining room environment or the serving of meals and the impact of changes on the amount of food eaten, how people engaged with each other and levels of agitation. The adjustments were: a change from pre-plated meals to self-service meals; a change to a fixed seating plan; the introduction of a clock and wall-mounted notice in the dining room area at mealtimes; better lighting; and a reduction in noise. All four studies reported positive effects on how people participated and communicated, and their food and drink intake. There was also a reduction in repetitive questioning about food at mealtimes.

Protected mealtimes – case examples

In one case example, protected mealtimes allowed people at a specialist day centre to eat their food uninterrupted and with minimal distraction, while a slow eaters table allowed for people who needed a bit more time to enjoy the meal at their own pace to do so⁴. In another example, changes to mealtimes included: keeping noise levels down and playing quiet background music before the start of the meal; a good table shape and layout; the use of plain coloured crockery and tablecloth; no distractions; involving staff in serving and dining with residents; and making sure that staff and family were aware of the system so that they could support it.¹¹ In another case example of a care home, protected mealtimes resulted in a reduction in weight loss in residents, where only one resident had lost weight compared with four previously in the same period.²⁰

Some findings from clinical studies

Cognitive decline (thinking, reasoning, memory) in older people has been the focus of much attention, and more and more evidence suggests that good nutrition may help lower the risk of developing dementia.¹ There is strong evidence that cutting down on calories and maintaining proper nutrition promotes longer life and lowers the risk for many types of disease, including Alzheimer's disease, and improves memory in healthy older adults.^{1,21}

There is increasing evidence on nutritional interventions in the prevention and treatment of Alzheimer's disease. A review of the literature shows a link between intake of foods containing antioxidants and a reduced incidence of Alzheimer's

disease, but more research is needed to confirm this.²¹ There have been many clinical studies on the effect of Vitamin B12 and a connection with Alzheimer's disease, but again the evidence here is not conclusive.²¹

The research also suggests that abnormal levels of cholesterol may increase the risk for developing dementia, although evidence is very limited; eating a Mediterranean diet that is low in saturated fats can help to lower cholesterol.¹ The Mediterranean diet is also rich in virgin olive oil and other antioxidants as well as fish, red wine and cereals²¹. Studies show that in countries where this diet is eaten, there seems to be lower rates of cancer and cardiovascular disease.²¹ Large amounts of antioxidants could potentially reduce the incidence of Alzheimer's disease, but the evidence is not conclusive.²¹

Involving people with dementia in consultation

Offering people the chance to meet with kitchen staff and give their feedback is a key way of making sure that menus reflect preferences and provide choice¹¹. Menu planning is an important area and in one care home the cook spent time with the residents to find out about their food preferences.¹¹ Some people may prefer vegetarian options, while others may prefer less healthy food such as deep-fried chips – the important point is that interest in food is stimulated.⁴

Involving other professions in nutritional care

It is important to involve other professions in nutritional care. In one example a dietician from the local health service worked with care staff from the beginning and supported them to understand the practicalities of eating and swallowing difficulties, malnutrition and nutrition.¹¹ Other key professionals may include occupational therapists, speech therapists or language therapists, especially for managing dysphagia (the medical term for problems in swallowing), and approaches for safe swallowing.⁵

Implications from the research

Nutritional problems and weight loss are common problems in people with dementia, especially as the severity of the illness increases, and this can cause malnutrition and a worsening of the symptoms of dementia.

Simple things like offering pureed food, increasing food choices and removing distractions in a person's surroundings can make a big difference to eating well for people with dementia.⁵

Each person with dementia is unique and what works for one person may not work for another.² So it is essential that interventions are tailored to the needs of individuals.¹ The case studies show that a positive culture of review and innovation in an organisation can promote healthy eating and make eating an enjoyable experience not just for residents, but for staff as well.

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