



# CONNECTING MINDS

## DEMENTIA CARE NEWSLETTER

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### MANAGING MEALTIME CHALLENGES

Many feeding and swallowing difficulties are due to behavioural issues and not actual physiological conditions. There are three categories of functional skills necessary for eating which can be demonstrated by the acronym of EAT:

- E—the **E**nvironment that the person requires to attend to the eating task
- A—the **A**pproach he requires to move food from the food source to the mouth
- T—the **T**exture, or diet consistency of food or liquid he can tolerate

Malnutrition and dehydration causing an unintended weight loss can lead to a host of medical conditions and a further loss of function and quality of life. To add to the problem, physical changes frequently seen in the aging population, such as decreased sense of smell and taste, and difficulties with digesting food may be more pronounced in a person with ADRD (Alzheimer’s disease and related dementias). It is important to realize that weight loss is commonly seen in people with ADRD even in the earliest stages. Preliminary research is starting to find that weight loss may even precede the onset of cognitive issues seen in ADRD. The following techniques may help decrease the behaviours and improve a person’s intake to maintain the quality of life.

### Quick Reference Guide to Successful Eating

Use this guide to help you create the best eating situation for a person with ADRD. If after implementing these strategies, the person continues to display aversive behaviours, continues or lose weight, or refuses to eat, request a referral to a speech language pathologist.

#### Environment

<p><b>Visual</b></p> <ul style="list-style-type: none"> <li>◇ Looks out window ⇒ Close blinds/curtains ⇒ Seat facing blank wall</li> <li>◇ Watches people ⇒ Seat at a table with fewer people ⇒ Seat at smaller place in room alone</li> </ul>	<p><b>Auditory</b></p> <ul style="list-style-type: none"> <li>◇ Responds to radio, TV, phone, intercom, conversations ⇒ Turn off source of auditory distractions ⇒ Limit conversation</li> <li>◇ Becomes agitated when given lengthy verbal instructions ⇒ Provide short verbal directions and cues</li> </ul>
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#### Approach

<p><b>Utensils</b></p> <ul style="list-style-type: none"> <li>◇ Does not pick up spoon ⇒ Set up with spoon only</li> <li>◇ Picks up spoon by the bowl and scoops food with handle ⇒ Guide arm to pick up spoon ⇒ Say “eat”</li> <li>◇ Uses utensils for activity not related to eating</li> <li>◇ Picks up utensil appropriately but plays with food ⇒ Guide arm or hand to scoop the food</li> <li>◇ Does not use utensils despite modifications ⇒ Introduce finger foods</li> </ul>	<p><b>Finger Foods</b></p> <ul style="list-style-type: none"> <li>◇ Picks up inappropriate foods with fingers ⇒ Provide finger foods</li> <li>◇ Holds finger foods but abandons without eating ⇒ Give verbal directions (e.g., “pick up your sandwich”, “eat”)</li> <li>◇ Touches finger food but does not pick up ⇒ Guide arm or hand to pick up food or place food in hand</li> <li>◇ Does not eat finger food despite intervention ⇒ Introduce dependent feeding</li> </ul>
<p><b>Food Presentation</b></p> <ul style="list-style-type: none"> <li>◇ Mixes inedible items into food ⇒ Remove inedibles from area (e.g., napkins, condiments, flowers)</li> <li>◇ Mixes food inappropriately ⇒ Provide a single food item in a bowl rather than on a plate</li> <li>◇ Puts food items/utensils into drinking glass ⇒ Present foods and liquids alternately</li> <li>◇ Fails to eat adequately despite food presentation ⇒ Introduce dependent feeding</li> </ul>	<p><b>Liquid Presentation</b></p> <ul style="list-style-type: none"> <li>◇ Does not initiate or abandons drinking task ⇒ Offer straw ⇒ Put cup in hand ⇒ Place straw between lips ⇒ Say “drink”</li> <li>◇ Abandons drinking without finishing ⇒ Dependently present cup to lips ⇒ Dependently present straw and hold until person has finished drinking</li> </ul>

<p><b>Dependent Feeding</b></p> <ul style="list-style-type: none"> <li>◇ Does not open mouth to accept food</li> <li>◇ Does not swallow</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Say “open”, “eat”, or “swallow”</li> <li>⇒ Tap a spoon on lower lip or apply slight downward pressure to lip</li> <li>⇒ Add condiments (e.g., sweetener, salt, salt substitute)</li> <li>⇒ Dip tip of spoon into sweet food items such as pudding or applesauce</li> <li>⇒ Chill or reheat food</li> </ul>
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**Texture**

<p><b>If person shows any of the following aversive behaviours:</b></p> <ul style="list-style-type: none"> <li>◇ Makes negative comments inappropriate to nature of food (e.g, “this tastes bad”, “this has rocks in it”, “this is bitter”)</li> <li>◇ Chews food for a prolonged period without attempting to swallow</li> <li>◇ Sorts food and spits out coarser textures</li> <li>◇ Chews food for a prolonged period and spits it out</li> <li>◇ Hold or pockets food in mouth (e.g., holds food on tongue or in cheeks before swallowing)</li> </ul>	<p><b>Provide progressively smoother textures until aversive behaviour eliminated (consult with dietician)</b></p> <ul style="list-style-type: none"> <li>⇒ Mechanical soft with chopped meat</li> <li>⇒ Mechanical soft with ground meat</li> <li>⇒ Puree</li> <li>⇒ Thick liquids</li> <li>⇒ Thin liquids</li> </ul>
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Remember that a referral to a Speech Language Pathologist (SLP) should be made if the person presents with:

- ◇ Coughing
- ◇ Choking
- ◇ History of pneumonia
- ◇ Temperature spikes
- ◇ Wet vocal quality
- ◇ Decreased lung sounds

Other reasons that a person may require a SLP therapy referral include drooling, holding food in the mouth, decreased ability to chew, oral lesions, or a change in oral intake, even after trialing the Successful Eating techniques. If the person has or recently had a tracheostomy tube inserted, or if there has been recent weight loss or oral surgery, a referral to SLP may also be required.

Reference: Boylston, E. & O’Day, Carol (1999). Successful EATING: Dementia Swallow Assessment, Bisbel, AZ: Imaginart International, Inc. Connections, Volume 14, Number 3-4 2006 page 11.”More about Weight Loss and Dementia” Presentation by Alana MacIntyre, SLP North East Community Care Access Centre, “Successful Eating” , 2006.

**UPCOMING EVENTS—EXCELLENCE IN CARE** One day Workshop for Personal Support Workers  
 Hosted by Dementia Network Algoma Education Committee in partnership with Sault College

Choose to attend any one, two or three of the following sessions:

<i>End of Life Care and the Older Adult</i>	<i>Medication Issues</i>	<i>Confusion: Managing Behaviour Issues</i>
<i>Dealing with Difficult Situations</i>	<i>Stroke Mobility</i>	<i>Infection Control for the PSW</i>

Topics were selected based on your responses to the survey circulated with the Fall issue of this newsletter.  
 Contact Sault College for more details: 759-6700 or [www.saultcollege.ca/distance](http://www.saultcollege.ca/distance)

**RESOURCES**

<a href="http://www.piecescanada.com">www.piecescanada.com</a> P.I.E.C.E.S <a href="http://www.u-first.ca">www.u-first.ca</a> U-First <a href="http://www.alzheimer.ca">www.alzheimer.ca</a> Alzheimer Canada	<a href="http://www.alzheimers.nia.nih.gov">www.alzheimers.nia.nih.gov</a> ADEAR Center <a href="http://www.eatright.org">www.eatright.org</a> American Dietetic Association
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**Evaluation and Feedback**

To ensure that this newsletter is an effective source of information for you, your feedback is important to us. Please visit our website [www.dementiaalgoma.org](http://www.dementiaalgoma.org) and fill out the evaluation.