

What is Alzheimer's disease and other dementias?

Dementias are a large class of brain disorders. Some dementias are reversible¹ and some are not. Alzheimer's disease is a common form of irreversible dementia. Others include vascular dementia, frontotemporal dementia, Creutzfeldt-Jakob disease and Lewy body dementia.

Alzheimer's disease is characterized by deterioration of thinking ability and memory, caused by the progressive degeneration of brain cells. The disease also affects a person's mood, emotions, behaviour and the ability to perform activities of daily living. There is no cure for the disease at present nor can its progression be reversed. Treatment options and lifestyle choices, however, can often significantly slow the progression of the disease.

Alzheimer's disease typically follows certain stages that bring changes in the lives of the person with dementia and his family. Because the disease affects each individual differently, the symptoms, the order in which they appear and the duration of each stage vary from person to person. In most cases, the disease progresses slowly, and the symptoms of each stage may overlap, often making the move from one stage to another quite subtle. The duration of the disease is usually seven to ten years but may be much longer in some people.

What is a person-centred approach to meal time?

The person-centred philosophy focuses on the person rather than on the condition. It recognizes that people have unique values, personal history and personality. Each person has a right to dignity and respect and to participate fully in his environment.

Person-centred care is interactive. People with dementia participate in their own care throughout the stages of the disease and family members play a vital role in ensuring the health and well-being of their relative.

A successful person-centred approach to meal time is based on:

- Learning about dementia, its progression, and how changes in the brain may affect the person's ability to perform everyday tasks
- Believing that communication is possible throughout the course of the disease
- Focusing on the person's abilities and skills rather than on those that have been lost
- Giving the person choices and putting her preferences first, wherever possible
- Promoting the person's independence and self-sufficiency
- Being as attentive and flexible as possible
- Making sure that the environment meets the needs of the person with dementia
- Maintaining safety.

¹For more information on reversible dementias, please visit our website (alzheimer.ca).

How does dementia affect the ability to eat?

The brain is made up of several distinct parts, each with its own function. While these parts are separate, they must work together to complete the simplest task. As Alzheimer's disease affects each area of the brain, certain functions or abilities can be lost. One link in the chain of events may be missing and the person will need help to complete the task. For example, as dementia progresses, the brain might not be receiving triggers from the stomach to encourage eating or drinking.

A person with dementia will need help with eating and drinking as the disease progresses because of difficulties that may arise with:

- Remembering how to use cutlery
- Not knowing what to do with food that is placed in front of her
- Putting too much food in her mouth at once
- Eating too quickly
- Trying to swallow without chewing
- Trying to eat inedible items.

Maintaining a healthy, balanced diet is important for all of us. This may become difficult for a person with dementia because, due to changes in the brain resulting from dementia, he may:

- Lose interest in eating and drinking
- Have a poor appetite
- Forget to eat or drink
- Forget he has already eaten
- Have difficulties swallowing
- Overeat
- Crave certain foods more than usual.

The good news is the person with dementia can continue to enjoy food and take pleasure in spending time with others over a meal. Keeping her involved in meal times is key. By caring, prompting, and adapting some meal time rituals, the person with dementia can be encouraged to eat independently.

What should I try?

This section suggests strategies and tips that people with dementia, families, and caregivers can use to respond to the person's changing eating and drinking abilities and meal time challenges.

Strategies for the person with dementia

At the early stage of the disease, you will likely retain many of your abilities and need little help. You are still the same person you have always been, with strengths and abilities. Focus on what you can do well when it comes to eating and drinking. During the very early stages of the disease, you may be fairly independent. As the disease progresses, however, you will need more help with meal time.

Learning about the disease

Learn as much as you can about dementia, its effects on your cognitive and functional abilities, personality, mood and behaviours. Lifestyle choices such as stress management and physical and mental activity can improve quality of life, may help to slow the progression of the disease and improve your ability to manage the changes that you are experiencing.

Being open

You may have insight into your changing abilities and be able to tell others of your experience of living with the disease. Discuss with them how to plan and direct your care now and in the future. Start talking about your preferences and wishes and make them known.²

You may also be feeling overwhelmed and apprehensive about the future. It is normal for both you and your family to have feelings of grief and sadness. Be open about your feelings and experiences if you feel comfortable.

Accepting help

Do not hesitate to ask for help and accept it when you need it the most. You might have difficulty carrying out the steps required to eat or drink. For example, you may not know how to start eating food on your plate, but if you observe the action of your dining companion, you may be able to copy what he does and eat independently. By accepting specific help with specific tasks, you will be able to be more independent overall.

If you are no longer able to prepare a meal for yourself, you may want to:

- Use a service such as Meals on Wheels, which brings meals directly to your home
- Contact a local community support agency that offers help with meal preparation
- Buy homemade food at farmers' markets, community events, bakeries and deli counters in your neighbourhood.
- If you want to invite people over, consider ordering food in or making it a pot-luck event.

Making a contribution

Continuing to perform routine tasks around meal time based on your abilities, such as peeling vegetables or setting the table, can make you feel that you are still contributing and have a sense of purpose.

Telling your story

Meal times are opportunities for you to tell others about who you are. The more you tell your family and caregivers about your food and dining preferences, the better the experience of care will be as the disease progresses and you are less able to speak for yourself.

Nutrition

There is no special diet required for people with Alzheimer's disease, but a healthy lifestyle is as important to brain health as it is to the rest of your body. Diabetes, hypertension, high cholesterol and obesity are all risk factors for dementia. Many healthy food choices will improve your brain health. Eat a varied diet rich in dark-coloured fruits and vegetables, including foods rich in anti-oxidants such as blueberries and spinach, and omega 3 oils found in fish and canola oils.³ If you need help planning, discuss with a registered dietitian or your physician.

²See the Alzheimer Society's booklet *All about me* for help with this.

³For more information, read the Alzheimer Society's "Heads Up for Healthier Brains" brochure.

Strategies for caregivers

Meal time is an opportunity

Meal time is more than just about eating food. It physically brings people together and gives everyone a chance to relate socially and emotionally as they talk about the day, reminisce about the past and learn from each other. Dining with others can give the person with dementia something to look forward to in his day and reduce the potential for isolation.

If the person with dementia cannot communicate verbally, he can still listen to conversation, which is another way of being involved. You can also communicate through laughter. Laughter is social and infectious, and it joins people together. It also helps people respond to difficult or embarrassing situations.

Gatherings with extended family and friends, holiday dinners, and birthdays allow family members and caregivers to stay connected to the person with dementia because they might be participating in fewer activities together. Where possible, however, keep dining groups small, so the person with dementia does not become overwhelmed by the noise and intensity. Although these are happy occasions, they can be extremely stressful for the person with dementia.

**“Do not get frustrated or upset as the person will sense this.
Keep it light and add humour if possible.” - Caregiver**

Meal planning

Be aware of and address potential safety issues, such as the person with dementia getting lost in the grocery store, or forgetting to turn off the stove after cooking. Poor physical coordination can also lead to burns and cuts in the kitchen. Consider arranging for an Occupational Therapist to assess the kitchen and other household safety matters.⁴

Promoting independence and self-sufficiency

Caregivers can use a variety of strategies to promote independence during meal times. For example, you might:

- Telephone the person with dementia to remind her to eat
- Prepare nutritious finger foods
- Use bowls, spoons, no-spill glasses on a non-skid surface to encourage the person to eat independently
- Write down simple step-by-step instructions about how to prepare a particular meal
- Use labels or pictures on cupboards and drawers to make it easier to find kitchen tools and food items
- Organize the kitchen so that items needed to make a meal are in clear sight
- Store food, utensils, pots, and pans on lower shelves (storing them on higher ones could pose a falling hazard due to balance problems).

If the person with dementia is having difficulty remembering how to eat, offer her visual and verbal cues. Avoid stepping in to feed her too soon because it will diminish the person's independence. Remember to be encouraging.

⁴To find an occupational therapist near you, visit the Canadian Association of Occupational Therapists' website (www.caot.ca) or talk to a doctor.

Even though meals can be delivered to the home through a service like Meals on Wheels, don't assume they are always eaten. They may be forgotten in the refrigerator. Cue the person when it is time to take the meal out of the fridge and warm it up.

Keeping the person involved

Adapt meal time activities to make the most of the person's remaining abilities. This can include simplifying tasks, providing detailed instructions (one at a time), choosing tasks that match his abilities, providing help when needed, and altering a task so he can be involved.

Focus on what he can do instead of what he cannot do. Encourage him to help prepare the food, set the table, and put the dishes away. Offer praise for successes.

Honouring the person's identity

Preparing food that the person with dementia prefers is a way of honouring his identity. Don't be surprised, however, if one day you serve him his favourite meal or dessert and he tells you he doesn't like it and never has.

"It is not what is important to you and what you believe the person should be eating or doing, it is about keeping the person with the disease content and happy." - Caregiver

Shifting roles

You may be unprepared to take on meal preparation, perhaps because you have not done it in the past. The person with dementia, meanwhile, may be unwilling to give up the food preparation role because she fears a loss of identity or because she doesn't realize she is having difficulty with it.

To honour the identity of the person with dementia and allow her to stay connected, give yourselves time to transition into your new roles. This may mean that the person with dementia will move from doing most of the food preparation to doing less, while you do progressively more. The person with dementia can still be involved by helping out based on her abilities. If she has forgotten how to perform some tasks, you can guide and direct her.

Taking care of yourself

Meal time can be stressful for caregivers, so make sure you take care of yourself and ask other family or friends for help. You can give yourself a break by using a service such as Meals on Wheels, which brings meals right to your home, ordering food in or dining out. You might also consider making several meals on the weekend and freezing them so you have food ready to eat for the next week or two.

"Don't become too distressed if not every meal is nutritionally balanced. You can only do so much, so try not to be perfectionistic." - Caregiver

What should I expect?

Early stage

In the early stages of Alzheimer’s disease, the person’s eating habits usually don’t change. Here are some issues for people with dementia that may occur, and tips and strategies that could help:

Challenges you may experience	Helpful strategies to try
<p>Memory loss Skipping meals, forgetting to eat or forgetting that he has eaten.</p>	<ul style="list-style-type: none"> • If you support someone living with dementia, you might call the person to remind him to eat, or cue him when it is time to take a pre-cooked meal out of the fridge and warm it up. • If you live alone with dementia, try posting reminders for meal time or setting an alarm.
<p>Decreased judgement Unknowingly leaving the stove (or other kitchen appliances) on.</p>	<ul style="list-style-type: none"> • If you support someone living with dementia, remind her to set the timer when using the stove or oven. • If you live alone with dementia: <ul style="list-style-type: none"> o Leave written reminders to turn off the stove and make sure they are placed where they can be seen often. o If you set a timer for something, use a sticky note to remind yourself what the timer is for. o Purchase appliances with automatic shut-off switches (such as electric kettles). o Have an occupational therapist come in to assess your kitchen for safety concerns. o Consider ordering meals and fresh fruit and vegetables from your local community support agency, such as Meals on Wheels.

Middle stage

The ability to follow the many steps required in both preparing and eating meals may diminish during the middle stage. Here are some issues related to eating and drinking for people with dementia that may occur, and tips and strategies that could help:

Challenges you may experience	Helpful strategies to try
<p>Constipation Constipation is a common complication of some neurological disorders that affect the nerves involved in digestion. Constipation is also caused by not drinking enough fluids or low fibre intake. A person with dementia might choose not to drink because she has difficulty getting to the washroom in time or because of incontinence issues. Constipation can be a side effect of medication.</p>	<ul style="list-style-type: none"> • Remind the person with dementia to drink liquids throughout the day to avoid dehydration and thus constipation. • If the person tends to be restless and less likely to sit down and eat, offer juice boxes, water bottles and portable snacks such as a fruits so he can stay hydrated and nourished while he is walking. • Try to position the person’s bed so that she can clearly see the toilet. • To ensure she can find the bathroom quickly, consider putting signs in the home to direct her or putting a picture of a toilet on the bathroom door. • Consider a bedside urinal or bedpan, or renting a commode and placing it near the bed.

Challenges you may experience	Helpful strategies to try
<p>Dehydration</p> <p>The person may forget to drink or may not get enough fluids because he may not realize he is thirsty.</p>	<ul style="list-style-type: none"> • Be sure to offer regular drinks of water, juice or other fluids to avoid dehydration. • During the day, liquids should not be limited.
<p>Decreased appetite/Weight loss</p> <p>Medications or other conditions (such as heart condition, diabetes, constipation or depression) may lead to loss of appetite.</p> <p>Oral health issues such as cavities or gum diseases (gingivitis) can cause pain and affect the person's appetite. This can lead to unintentional weight loss or responsive behaviour.</p> <p>Dentures not fitting properly or dry mouth can also contribute to decreased appetite.</p> <p>Pacing and wandering sometimes occur in the middle stages of Alzheimer's disease. If the person is walking regularly, he will need more calories to maintain his weight.</p>	<ul style="list-style-type: none"> • Prepare appetizing meals and try to eat together. • Prepare the person's favourite meals to encourage eating. Consider talking to your doctor about using vitamin and meal supplements. • While extra carbohydrates and fats are not necessarily healthy, they do help maintain a person's weight. • Small, frequent meals or nutritious snacks may be more tempting and easier to eat than three main meals a day, particularly if the person's appetite is small. • Daily oral health and regular dental appointments are essential to keep the mouth and teeth healthy. • Schedule regular dental checkups and make sure the dentist has experience working with people with dementia. If your dentist is challenged to provide care to the person with dementia, suggest the additional resources listed at the end of this information sheet. • Consider using information from the person's life history to incorporate previous social roles to encourage eating (e.g. having tea with friends, eating snacks with a movie, religious observances involving food, baking).
<p>Overeating</p> <p>A person with dementia may overeat if she forgets she has already eaten, have a craving for certain foods or be hoarding her food to eat later.</p> <p>Frontotemporal dementia, which affects the areas of the brain generally associated with personality, behaviour, emotions, language, speech, abstract thinking and movement may also lead to overeating because it may cause people to compulsively put things in their mouth, even inedible items.</p>	<ul style="list-style-type: none"> • Monitor the person with dementia to discourage overstuffing. To prevent choking, cut food into small portions. Also remind him to chew, swallow, and slow down. • Overeating could be due to boredom or depression, so make sure he is occupied with meaningful activities throughout the day. • Overeating may be due to a preference for specific foods. If the person is diabetic, do blood sugar checks prior to meals. Make healthy snacks easily available, such as pieces of fruit, yogurt, and applesauce. • Stagger food items so that only one is visible to be eaten at a time (i.e. present one food item, take that away, present another food item, take that away). • Limit food intake to avoid becoming overweight, and if you can't, provide as much healthy food as possible (fruits, yogurt).

Challenges you may experience	Helpful strategies to try
<p>Decreased judgement</p> <p>A person with dementia may not recognize the cutlery on the table or the food items on the plate. He may use a knife to pick up food instead of a fork, or put food on his fork and not know what to do with it. He may try to drink from a plate rather than a cup.</p>	<ul style="list-style-type: none"> • Cue the person with words or actions. The person might be able to mimic your motions for eating, such as putting food on a fork and bringing it to his mouth. • Use simple, easy-to-understand instructions. For example, “Pick up your fork. Put some food on it. Raise it to your mouth.” • If necessary, place the spoon in the person’s hand, put your hand over his and guide the food to the mouth. He may be able to continue independently after a few assists. • If he is obviously struggling with a task, be respectful and ask if he would like assistance, rather than making this assumption.
<p>Lack of concentration</p> <p>Eating involves carrying out a series of complex skills, such as cutting up food, moving it to the fork, placing it in the mouth, chewing, and swallowing. This requires a level of concentration someone with dementia may not be able to maintain. Having distractions around may also cause the person to lose her concentration.</p>	<ul style="list-style-type: none"> • Limit distractions: Serve meals in a quiet place so that the person can focus on eating. Turn off the television, radio and telephone ringer. • Simplify the table and the setting. Consider removing flowers, centerpieces and condiments. Use only the utensils needed for the meal. • Serve the meal one course at a time with only the necessary cutlery. This provides a clear objective and prevents the person from getting overwhelmed. • Try to keep the atmosphere as calm and relaxing as possible. • Try to be flexible. If the person with dementia does not want to be with other people while eating, don’t force her to eat at the table. If she wants to stay in the living room where she is comfortable, allow this. It may be difficult for her to change routines. You can always use TV trays in the living room.
<p>Refusing food/Spitting food out</p> <p>A person with dementia may refuse or spit out food if he:</p> <ul style="list-style-type: none"> • Has forgotten how to eat, chew, or swallow • Needs help to eat • Dislikes the taste or texture • Doesn’t know it’s time to eat. • Is trying to express something, such as the food is too hot or cold. <p>Conversely, he might keep food in his mouth because he doesn’t know what to do with it after it is chewed. He might also not be feeling well.</p>	<ul style="list-style-type: none"> • Check the temperature of the food to ensure it is neither too hot nor too cold. • Offer the person’s favourite foods. • Remind him to swallow if he doesn’t know what to do with the food after it is chewed. • Check with a doctor or speech language pathologist if there are concerns with his ability to swallow. • Maintain regular dental and physical check-ups. To ensure the maximum sensory experience, schedule visual and hearing check-ups as well.

Challenges you may experience	Helpful strategies to try
<p>Declining visual and motor abilities</p> <p>A person's vision and ability to understand where objects are in relation to each other change as the disease progresses. This may make it difficult to distinguish items on the table. It can also affect movement and co-ordination.</p>	<ul style="list-style-type: none"> • Provide a sharp colour contrast between the table or placemat and the plate. • Avoid patterned dishes, tablecloths and placemats because they might confuse or distract the person. • Provide food that is colourful and easily distinguishable on the plate. • Avoid using Styrofoam cups and paper napkins, which might be eaten by mistake. • Choose cutlery and dishes that are easy to hold. • Serve food in large bowls instead of plates or use plates with rims or protective edges that are easy to hold onto. • Cups and mugs with larger handles may be easier to use than standard cups with small handles; ones with lids can prevent spilling. • Offer the person only one utensil. Spoons are the easiest to use. Use ones with large handles or ones with a different texture or colour to make it easier to identify and handle. • Ensure plates are stable; use mats or even a wet cloth underneath to prevent slipping. • Since independence is encouraged for as long as possible, meal time can get messy. Consider using a large table napkin so that the mess can be caught and the napkin can be taken away without too much distress for the person with dementia. You might also consider using a clothing protector. • Avoid using sharp knives or fragile china. • Cut food carefully into bite-size pieces (about the size of a quarter). Remove all bones, garnishes, and non-edible items from the plate. • Provide finger foods, i.e. everyday foods that are prepared in a way that makes them easy to pick up and be eaten with the hands. These foods help maintain independence if she is unable to use utensils because she does not have to rely on help from someone else to eat. Some finger food ideas are: cheese cubes, small sandwiches, small pieces of chicken, fresh, sliced fruits and vegetables, potato wedges, chicken strips, and fish sticks. Fruit can be peeled if preferred, but the peel may make it easier for the person to grip the fruit, especially if it's slippery.

Challenges you may experience	Helpful strategies to try
<p>Responsive behaviour, such as agitation and anger</p> <p>Behaviour that is challenging for others (such as hitting or pushing food away) can be triggered by:</p> <ul style="list-style-type: none"> • The environment the person is eating in • Frustration because of lack of skills, co-ordination and memory loss • Being rushed • Needing help to eat • Being fed • Inability to sit through an entire meal • Recognition of caregiver frustration. <p>Other reasons for responsive behaviour include side effects of medications, communication challenges, the type of dementia the person has or the stage that he is in, depression, or another diagnosis.</p>	<ul style="list-style-type: none"> • Present only one food item at a time. • Don't rush the meal. The person may start and stop eating many times. • If the person doesn't want to eat, take a break, involve him in another activity, and return to eating later. • Avoid introducing unfamiliar routines, such as serving breakfast to a person who has never routinely eaten breakfast. • Avoid nagging and criticism. • Consider having nutritious foods on hand that the person can eat "on the go," such as yogurt cups, fruits, cereal bars, etc. • Consult a health-care professional if you suspect medication or depression may be causing responsive behaviour.

"People with dementia or Alzheimer's disease progress at different rates – you will have to do what is best for your family member at each stage of the disease." - Caregiver

Late stage

In the late stage of the disease (also referred to as “severe” or advanced Alzheimer’s disease), individuals experience increased mental and physical deterioration. Here are some issues related to eating and drinking for people with dementia that may occur, and tips and strategies that could help:

Challenges you may experience	Helpful strategies to try
<p>People in this stage will often lose their appetite, be unable to feed themselves and have difficulty swallowing, which can cause choking.</p>	<ul style="list-style-type: none">• Vegetables can be cooked so they are soft to eat. Remove any hard elements or skins.• Serve soft foods such as applesauce, pudding, yogurt, cottage cheese, gelatin, oatmeal, and scrambled eggs.• Breakfast cereals soaked in milk will soften the texture.• Fresh fruit can be peeled and mashed. Canned fruit is often softer.• In the later stages of dementia, there is more of a concern about the person’s quality of life than there is about eating a healthy, balanced diet. If someone wants three desserts, but no vegetables, you may want to accommodate this. You might consider serving fruit as desserts, which has most of the same nutrients as vegetables.• Provide nutritious foods that can be taken from a cup or a mug. The ability to hold a mug and to drink is often retained until late in the disease. Protein milkshakes or liquid food supplements can sometimes take the place of a full-course meal. You can also mix healthy foods in a blender and let the person drink her meal.• If the person seems to choke or cough when drinking thin liquids, try offering thickened fluids, smoothies and shakes (made of nutritious foods), puddings, yogurt, or pureed fruits to maintain hydration.• Use nutritional supplements if the person is not getting enough calories. Speak to her doctor about what kinds of supplements are best.• Make sure you cut food into small pieces and make it soft enough to eat. Chop meat into thin slices, and mash canned fish.• Don’t use a straw; it may cause more swallowing problems. Instead, have the person drink small sips from a cup.• Give the person more cold drinks than hot drinks. Cold drinks are easier to swallow.

Dining out

Dining out can relieve the stress of planning, shopping, and preparing a meal. It brings family and friends together and strengthens bonds between them. It also offers a welcome change of scenery for both the person with dementia and his caregiver, who can feel socially isolated being at home every day. Going out to eat allows the person with dementia to dress up and continue to be part of his community.

While dining out with a person with dementia can be a positive change, it can also present challenges. Planning ahead can help. Here are some tips:

- Going out earlier in the day may be best, so the person is not too tired. Service may be faster and there may be fewer people. By going at non-peak times you also won't feel as rushed and overwhelmed.
- The person with dementia can show the staff a card saying she has memory loss or let the server know.
- Eat out in familiar places where the person with dementia already knows the menu, and where serving staff are familiar with your needs.
- If the menu is long and complex, narrow the choices for the person with dementia. Menus with pictures can help with selections.
- The person with dementia can write down a list of their favourite foods and drinks beforehand, so he remembers his preferences or can show the server.
- Consider previewing the menu online and deciding what to eat before going to the restaurant so the person doesn't feel rushed or pressured to make a decision when he is there.
- Ask the wait staff for a written copy of the specials instead of having them listed verbally, because the person with dementia might not remember them all.
- Order finger foods.
- Be selective about where you sit. If a quiet corner is best, ask for a table there.
- Try to find restaurants with family washrooms so that there is enough space if the person with dementia uses a walker or wheelchair.
- Manoeuvring with a cane, walker or wheelchair can be a challenge. Consider the type of dining (e.g. buffet) or type of restaurant and seating (fixed seats such as booths) that might work best.
- Consider going to family restaurants or coffee shops; they are less formal and have more finger food items on the menu.
- Some people with dementia lose their inhibitions and judgment and may conduct themselves inappropriately at the table. If this happens, help guide their behaviour.
- Paying the bill: offer assistance if the person with dementia needs help to calculate the tip or make change, use gift certificates, or allow the restaurant to keep a tab (if possible) so you can dine there regularly without having to pay right away.



Meal time tips for caregivers

Cut this section out and put it on your fridge to have useful tips available for meal time.

- ✓ **Remember** the person's personal preferences when preparing food.
- ✓ **Reduce distractions:** Serve meals in a quiet place so that the person can focus on eating. Turn off the television, radio and telephone ringer.
- ✓ **Be patient:** Don't rush the meal. The person may start and stop eating many times. Cue or encourage him if he is having difficulties.
- ✓ **Keep it simple:** Simplify the table by removing centerpieces and condiments. Avoid patterned tablecloths, plates, and placemats. Consider offering only one food item at a time and give the person only one utensil to use.
- ✓ **Serve finger foods:** Cut food up into small pieces so it can be picked up and eaten with the hands. Finger foods allow people to feed themselves and maintain a level of independence.
- ✓ **Show and talk:** Cue the person with words or actions. She might be able to mimic your motions for eating.
- ✓ **Take time** to relax, talk, laugh and enjoy your meal together!

1-800-616-8816

www.alzheimer.ca



Dining out tips for caregivers

Cut this section out and put it in your wallet or purse so you have useful tips available for dining out.

- ✓ Go out during non-peak times so the person with dementia won't feel rushed.
- ✓ Dine at a restaurant with family washrooms if the person with dementia uses a walker or wheelchair.
- ✓ Request a table in a quiet corner to avoid noise and distractions.
- ✓ Inform the server: The person with dementia can show staff a card saying she has memory loss or let the server know.
- ✓ Ask for it in writing: Ask the server for a written copy of the specials instead of having them listed verbally.

1-800-616-8816

www.alzheimer.ca

The Alzheimer Society is Canada's leading nationwide health charity for people living with Alzheimer's disease and other dementias. Active in communities right across Canada, the Society:

- Offers information, support and education programs for people with dementia, their families and caregivers
- Funds research to find a cure and improve the care of people with dementia
- Promotes public education and awareness of Alzheimer's disease and other dementias to ensure people know where to turn for help
- Influences policy and decision-making to address the needs of people with dementia and their caregivers.

For more information, contact your local Alzheimer Society or visit our website at www.alzheimer.ca.

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Summary

Remember, the person with dementia is in essence still the same person he has always been and meal times can continue to be an enjoyable time for everyone. The Alzheimer Society is here to help, regardless of the stage of the disease or type of dementia. Please call us at 1-800-616-8816 or visit our website www.alzheimer.ca.

Sources

In addition to the sources below, we are grateful to the researcher, nutritionist, occupational therapists, counsellors, and caregivers of people with dementia for contributing their expertise to this Meal Times sheet.

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Where can i get further information?

Please refer to the following resources or contact your local Alzheimer Society: www.alzheimer.ca.

Progression series:

Overview
Early stage
Middle stage
Late stage
End of life

Day to day series:

Communication
Personal care

Other dementias:

Creutzfeldt-Jakob disease
Lewy body dementia and Pick's disease
Frontotemporal dementia
Vascular dementia
Down syndrome

Tough issues:

Decision-making: Respecting individual choice
Quality of life

Guidelines for care:

Person-centred care of people with dementia living in care homes

Additional resources

Canadian Association of Occupational Therapists

Are you looking for an occupational therapist?
Check the OT Finder Tool at www.caot.ca.
Phone: 613-523-CAOT (2268) Toll-free: 800-434-2268

Alzheimer Society



Alzheimer Society of Canada

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