

Learning Outcomes

- Have a better understanding of how to support the nutritional needs of a resident with dementia.
- Feel confident in using the information provided with residents with the aim of improving quality of life and reducing malnutrition risk.
- Spotting and troubleshooting barriers to good nutrition and hydration.
- To know when to seek more specialist nutrition support from the dietetic team.

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Introduction: What is Dementia?

- It is a progressive condition that gets worse over time and currently there is no cure.
- Loss of physical ability, decreased appetite, behavioural changes, depression and dysphagia are all symptoms of dementia and can impact a residents nutrition and hydration status.
- There are different type of dementia such as Alzheimer's disease, vascular dementia and lewy body dementia.
- There are 3 stages of dementia:
 1. Early stage dementia
 2. Middle stage dementia
 3. Late Stage dementia

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Stages of Dementia: Early Stage

- Early stage dementia is usually the time when a person initially gets diagnosed.
- Symptoms of mild memory loss, behavioural changes, loss of interest in things they used to enjoy are common and often noticed by the individual or family.
- Nutrition and hydration are often minimally, if at all, effected at this stage, unless there is an underlying condition.

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Stages of Dementia: Middle Stage

- The early stage symptoms will start to intensify and the person may require additional support from family/carer.
- They can start to experience more periods of anxiety and depression as they may feel a loss of control over themselves.
- Their memory loss and reduction in physical ability can put them at risk.
- Nutrition and Hydration needs may become compromised as the person becomes less able to prepare food for themselves and their appetite may be affected due to physical and behavioural changes.
- As carers of residents at this stage of dementia, it is important to implement MUST and associated care plans to prevent malnutrition
 - **Residents are more at risk of falls and illness – see MUST training on our website**

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Stages of Dementia: Late Stage

- At this stage a resident will likely be fully dependent on their carer.
- They may be increasingly frail and have difficulty mobilising.
- They may experience weight loss:
 - Poor appetite
 - Difficulty swallowing (dysphagia)
 - Unable to feed themselves and not wanting to be fed.
 - Taste changes
 - Unable to recognise hunger cues



Resident centred Nutrition & Hydration Care

- The Ageing and Dementia research centre at Bournemouth University have developed an evidence based guide and toolkit to support carers taking care of people with dementia.
- It is a person centred approach that aims to target 6 key areas shown to improve nutrition and hydration status in people with dementia.
- Link: [Eating and Drinking well with Dementia](#)

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Eating and Drinking well with Dementia: ADRC Bournemouth University



ADRC Bournemouth University, 2018

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Why is Nutrition and Hydration Important



- Good Nutrition and Hydration is the right of every person.
- It improves quality of life by providing energy, enjoyment, social interaction, reducing risk of serious illness and resultant hospital stays.
- Weight loss and poor nutrition can cause dementia to progress quicker.
- Poor hydration can worsen confusion, cause fluctuations in blood pressure which can result in falls and constipation.



Difficulties with eating and drinking

- A resident may no longer be able to feed themselves
- They may therefore struggle to eat enough calories throughout the day.
- Taste changes are common and can reduce appetite.
- Swallowing difficulties can also affect eating and drinking
 - Consider referring to speech and language therapy.
- In late stage dementia, they might be more tired and sleep more resulting in reduced oral intake.
- If you suspect reduced intake is due to another problem then you should speak to the residents GP.

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Overcoming Barriers – unable to feed themselves

- Try offering finger foods – these are foods that are easy to hold. See our finger food leaflet on our website.
- Encourage a resident to use their hands to support independence.
- Ensure food is within reach. If a resident wishes to use utensils then you can offer gentle encouragement and support with this.
- Ensure fluids are in easy to hold cups and assist as needed.
- Brightly coloured utensils and plates can help

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Finger Food Examples - Breakfast

- Buttered toast fingers with additional spreads/jams if desired.
- Sausages
- Halved hard boiled eggs
- Buttered crumpet pieces
- Pancakes rolled with filling inside
- Firm omelette strips with additional cheese for added calories.

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Finger Food Examples: Lunch

- Sandwiches cut into fingers or triangles – use high calorie fillings such as cheese, egg mayo tuna mayo, chicken mayo. Add butter to bread.
- Peanut butter, pate, cream cheese and premade sandwich spreads can also be added to sandwiches, crackers or wraps for example.
- Serve along side a sweet option e.g banana, cakes, biscuits.
- Always offer a drink and fortify if able

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Finger Food Examples: Dinner

- Small bitesize pieces of meats or Quorn with a dip on the side e.g. gravy, mayo, ketchup
- Fish fingers/veggie fingers/chicken nuggets
- Buffet style food e.g. pizza slices, quiche, cocktail sausages, pork pies, pasties, samosas.
- Bread rolls with butter, sliced bread with butter, chapatis, rotis, potato wedges, chips, potato waffles, bread sticks with dips
- Steamed vegetable sticks e.g. carrots, green beans, sweet potato wedges, cherry tomatoes, cucumber sticks.



Finger Food Examples: Snacks and Puddings

- Any of the foods mentioned previously can be provided as snacks between meals.
 - Aim for at least 2 additional snacks per day
- Cakes, biscuits, pancakes, sweet waffles, dried fruit, fresh fruit, iced buns, mini tarts (custard, jam), teacakes, cereal bars.
- Offer a pudding as a second course with lunch and dinner.



Overcoming Barriers: Adequate calories

- As a resident with dementia is at risk of malnutrition, it is important to ensure they are having enough calories.
- Additional calories can be added to food and drink using the food first methods – see link at the end of this webinar.
- Adding things like additional cream, sugar, honey, butter and cheese are easy ways to do this.
- Ensure food is presented well to encourage an appetite.
- Using a food first approach and food fortification can provide both enjoyment and the additional nutrition a resident needs.



Example of a fortified menu

- Breakfast: Porridge made with fortified milk with the addition of honey, cream or toast fingers with butter and jam. – approx. additional 200kcal
- Lunch: Fortified soup (fortify with cream/cheese/fortified milk) with cheese on toast dippers/ finger sandwiches with butter/mayo and filling. Approx 100-150kcal additional calories
- Dinner: Chicken and gravy with fortified mash (additional butter and cream) and fortified vegetables (additional butter and grated cheese) – approx. 120kcal additional calories

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Overcoming barriers - Dysphagia

- If you suspect a resident has swallowing difficulties it is important to refer them to a speech and language therapist for assessment.
- They will recommend an appropriate texture modification for both food and fluid.
- If a resident requires texture modification for fluids then please speak to a dietitian about whether a referral is required.



Overcoming Barriers - Fatigue

- Residents with late stage dementia and in some cases middle stage dementia, can experience increasing fatigue which negatively impacts oral intake.
- In some cases a reduced oral intake with decreased periods of awake time with no underlying causes, can be a sign that a resident is approaching end of life. If you have these concerns, it should be discussed with their GP.
- Its important to encourage them to eat during awake periods as this is the safest option.

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If a patient is End of Life

- When a resident reaches this stage of their journey, it can be a very emotional and stressful time for all involved, particularly their family.
- During this transition, many residents will reduce their oral intake of food and fluids significantly but it is important to offer small amounts for comfort.
- We have a resource on our website which is useful but please feel free to also speak with us on the phone if you have concerns.



Hydration

- Like with eating, residents with dementia may find it difficult to drink adequate amounts of fluid.
- You can support them by ensuring they have access to fluids throughout the day.
- All fluids count, including tea and coffee and soups.
- If a resident is also at risk of malnutrition, fluids can be fortified to provide additional calories.

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Hydration – fluid charts

- If you have concerns about a residents hydration status, ensure you keep a record of their intake using fluid charts, as well as monitoring their urine output if possible.
- Always discuss fluid concerns with your residents GP.
- Signs of dehydration can include: nausea, vomiting, lethargy, reduced urine output, confusion, dry mouth and skin, strong smelling urine and dark coloured urine. They may also be constipated.
- Aim to provide between 6-8 cups of fluid per day.
- A link to our hydration resources, including a video is listed at the end of this webinar.

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Seeking further support

- Sometimes a resident with dementia will need additional dietetic support.
- This is usually if they have a MUST of 2 or more and are not responding to the nutrition care plans.
- I recommend familiarising yourself with our MUST care plans and corresponding flow charts which is explained in our MUST training.
- This will allow you to make an informed clinical decision about whether dietetic intervention would be beneficial for them.



Useful Resources

- Malnutrition Webinar
- Food first information leaflets
- Hydration leaflets and video
- Guide to nutrition in the end of life
- Finger food leaflet
- Care Home MUST management guidelines

You can find all these resources on our [Community dietitians web page](#).



Contact Details

Thank you for attending!

If you have any questions or queries, you can contact us on:

Tel: 01296 831990

Email: bht.communitydietitians@nhs.net

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