

Long Term Care
Intensive Train the Trainer Series

Managing Difficult Behaviors

Mealtimes and the Person with Dementia

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Mealtimes and the Person with Dementia

Teaching Cues	Content		Resources
<p>Title</p>	<p style="text-align: center;">Mealtimes and the Person with Dementia</p>		<p>Mealtimes and the person with dementia</p>
	<p>Module Overview: Meals are a health promoting activity that we can manage. If a person is withdrawn or under stress during meals, it can lead to weight loss, depression and malnutrition.</p> <p>Activities around dining time can be very stressful. This is a setting where many people with dementia become anxious and challenging situations occur. This module will help us to stop and think about the importance of mealtime. We will look at various factors and learn strategies for caregivers to make mealtime more enjoyable for everyone involved.</p>		
<p>Objectives</p>	<p>The objectives for this module are:</p> <ol style="list-style-type: none"> 1. Recognize the feelings of a person with dementia related to the dining experience. 2. Describe the challenges for a person with dementia at mealtimes. 3. Identify strategies for caregivers to encourage cooperation and enjoyment for the person with dementia. 4. Recognize the importance of the environment where the meals occur. 5. Identify challenges related to the task of eating. 		<p>Objectives</p>
<p>Introductory Comments</p>	<p>Many elderly women were homemakers who spent hours of their day doing activities related to meal preparation. They spent time in the summer preserving food for the winter for their families. They were proud and competent and enjoyed nurturing their family and friends. Let's stop for a moment and think about what it is like for a person with dementia in a dining room.</p>		

Have the group sit back and close their eyes while you read this imagine exercise.

Mealtime has always been important to you. Sitting at the table with friends and family always seemed like a special time. The noisy meals as a child with your six brothers and sisters gathered around the big round table. The dinners with business clients in fancy hotels. The foods in different regions of the country you tried while traveling.

Mostly you remember the meals that Mary used to make. Mary, your wife for almost 50 years. How she loved to cook! And the variety; Italian, Mexican, Cuban and French. You remember her big recipe file with so many favorites. You never knew what Mary would serve next. And it was always delicious.

You spent a lot of time in the kitchen with Mary while she was cooking. She found little ways to get you involved. Putting the toppings on a pizza, cutting a roast into cubes, or chopping the vegetables for chili. Easy, fun, little tasks done while you talked about your day, the children and your future.

After Mary died, you didn't do so well cooking alone. You miss her so much. Nothing really tasted good, since Mary wasn't there to cook it for you. When you became more forgetful and you lost weight, your family became concerned. You came to live at this nursing facility. They make the meals for you, and the food tastes pretty good most of the time. Should you offer to help make some of the food? Don't they know what a good cook you are? You think of how you used to put meat on the grill. You enjoyed mixing spices together and rubbing them on the meat. It smelled delicious. Your friends always asked what your secret was. How did you make everything taste so good?

You were never one for big crowds and noise. Crowds of people always made you nervous and you had a hard time getting your breath. You have to eat your meals in a big, noisy room. People are moving fast, calling out to each other.

You sit down and look around. All the other people at the table are ladies. They don't try to talk to you, thank goodness. One of them is wearing perfume that makes you feel sick. Do you have to buy dinner for all these ladies? Where is your wallet?

A tray is put in front of you and you try to figure out what is on it. Everything looks white, with a brown sauce. There are so many things, where do you start? A person rushing by yells, "Your food is getting cold, John, start eating". You smell the food to see if you can figure out what it is. You can't smell a thing. Sitting back, you think about wonderful aromas, bread baking, bacon frying and garlic sizzling in a pan.

Just as you get some mashed potatoes on your fork, someone bumps the back of your chair. The food spills all over your shirt. Someone comes up, scolding you for being messy. She efficiently cleans up the food, then puts a big bib around your neck. The ladies at the table stare.

Oh, how you long to be back in your own home. To be sitting in your favorite chair, made to fit a big guy like you. Watching a football game, having some pretzels and a beer. Mary working in the kitchen making your favorite meal, lasagna. How could you have taken it all for granted?

They won't give you any pretzels here. Your teeth hurt most of the time anyway. It's hard to chew, so the food they give you is soft, and has a lot of gravy. You always preferred your food dry with just a little bit of sauce. When you try to push some of the gravy away, it spills onto the table. The ladies at the table stare, and they frown.

With your stomach problems, you can't have spicy foods anymore. You

	<p>remember cooking with chili powder, cumin, curry powder and paprika. Mary always had a garden of fresh herbs that made the food taste so great.</p> <p>You pick up a forkful of mashed potatoes and put it in your mouth. Wait, this is cottage cheese! You never liked cottage cheese. You start to choke and reach for a glass of water. All you can find is milk. Why, you quit drinking milk when you were 10 years old! You grab a glass of water from the tray next to you. The lady begins to yell at you for taking her water. She starts to hit you on your arm. A whole crowd of people are rushing up to the table and shouting. You decide it is time to get out of here. When someone grabs your arm, you push her away. You have to get away from this crowd, this noise, that cottage cheese, and these ladies.</p>	
<p>Discussion questions (5 minutes)</p>	<p>With all this happening to you, how do you feel? What did you need? How could the person's life story and preferences be incorporated into his care?</p>	
<p>The person with dementia</p>	<p>When a person has dementia, there is damage to the various parts of the brain. With the brain changes, persons with dementia may have difficulty trying to eat a meal. The person may:</p> <ul style="list-style-type: none"> ▪ Not be able to recognize the food or remember what it is for. ▪ See the food but not be able to pick up the fork and start eating. ▪ Have a short attention span, and be unaware of how long they have been sitting at the table. ▪ Be unable to handle eating utensils ▪ Not be able to tell where the plate is in relation to their body. ▪ Experience fatigue and become agitated. ▪ Become anxious when excluded from helping with those tasks they did for so many years, setting the table, serving the food and helping with the 	<p>The person with dementia</p>

The person	<p>clean up. They become participants only, a role many are unfamiliar with.</p> <ul style="list-style-type: none"> ▪ Worry about having enough money to pay for the food ▪ Worry that they are not dressed properly ▪ Have a dry mouth, or problems with their teeth or dentures ▪ Experience loss of sense of taste and smell as they get older ▪ Be taking a medication that alters the taste of food ▪ Be constipated. ▪ Be depressed, sometimes they are not interested in eating ▪ Not recognize that they are hungry because of the brain changes from dementia. 	The person
Strategies for the person	<p>The teeth or dentures, gums and mouth can be examined for signs of discomfort. Medications can be evaluated for affecting taste or appetite.</p> <p>A physical examination or mental health assessment may provide clues. Make sure the person is seated comfortably. If the person is seated in a wheelchair, transfer them to a regular chair in the dining room.</p> <p>With food, all of us have certain preferences. It is important to know the person likes and dislikes of people as a part of the assessment and care plan. We need to know the times they usually ate their meals.</p>	Strategies for the person
More strategies for the person	<p>Appetite boosters, favorite rituals and holidays are also important.</p> <p>What was the person's traditional role in meal preparation?</p> <p>Did they enjoy cooking?</p> <p>What was their favorite meal?</p> <p>These parts of a person's life story can be incorporated in providing care and cueing the person during mealtimes.</p>	More strategies for the person
Food is social	<p>As private as our personal food preferences are, food is also very social.</p> <p>A person with dementia is willing and able to offer opinions about the food being served, and to enjoy the company of others.</p> <p>Many older adults were taught the importance of offering visitors food or drink.</p>	Food is social

	<p>Meals were a time for gathering together and sharing with family and friends. When a person with dementia is seated at a dining room table, he may not recognize any of his dining partners and feel anxious and eager to leave. Taking a few minutes to introduce the person to the others at the table sets the tone for a more social occasion. Some programs put the person's name on a card in front of their plate.</p> <p>Talking about what is being served will create anticipation that a meal is coming. Offering the people something to drink or a cracker to nibble helps the person to get ready for the rest of the meal and gives them something to do while they wait.</p> <p>The person may need to be reassured that they are invited to eat and there is no need to pay.</p> <p>If a person becomes easily distracted or agitated, they should be the last ones invited to the dining room after everyone else is seated.</p> <p>When the person has the proper cues, challenging behaviors can be prevented.</p>	
<p>Our approach- strategies</p>	<p>It can be stressful to get everyone to the dining room.</p> <p>Caregivers may feel rushed and pressured to do their job, and their body language can show it. A person with dementia is very aware of body language and unexpressed feelings, and can pick up on the anxiety and become agitated. We can take the time to set the mood and tone to promote cooperation. Spending a moment to visit socially, making sure you are smiling and relaxed will help the person feel willing to go with you to the dining room.</p> <p>Encourage the person to use the bathroom before going to eat.</p> <p>Remind the person if they become anxious where they are going.</p> <p>Give the person time to process the information.</p> <p>Offer reassurance if the person is worried that they are not dressed properly, or they don't have enough money to pay for the meal</p>	<p>Our approach- strategies</p>

	<p>We can help to stimulate appetite and create a feeling of anticipation by talking about the menu, and about the aromas you smell as you get close to the dining room.</p>	
<p>Approach strategies</p>	<p>If the person hesitates and does not want to enter the dining room, offer reassurance and encouraging words. Offer the person a sweater if they feel the dining room is cold. Sometimes a person will need assistance with eating. If we are assisting someone, we need to remember to focus on the person. It is easy to talk over the person's head to other staff about our personal lives. This is disorienting for the person with dementia, and caregivers miss the opportunity for important one on one time. Telling the person what they are eating, offering bits of conversation based on their personal life stories can all promote enjoyment. Think about the person's remaining strengths and abilities and encourage them to hold finger foods, or use the proper utensil. Sometimes we just need to help them get started.</p>	<p>Approach strategies</p>
<p>The task of eating</p>	<p>Many times we don't realize how involved eating a meal can be. We have to be able to recognize the food, hold the utensil and find our mouths. These steps can be very challenging for a person with dementia. When a tray is put in front of a person with dementia it may have all of the courses, drinks and condiments. This collection of up to 15 items may be very confusing for a person. There may be no cues of where to start or what to eat first. If the food remains on a tray, it may be difficult for the person who has poor arm strength to hold their arm up over the edge of the tray.</p>	<p>The task of eating</p>
<p>Helping with the task</p>	<p>We can remove the tray, and put the food on a placemat. This promotes a more homelike feeling at the dining table. Avoid clutter on the table, only leave necessary items.</p>	<p>Helping with the task</p>

	<p>Offering one food at a time, and serving the meal in courses may decrease confusion.</p> <p>Make sure that the person is seated upright and comfortable. If possible, help a person in a wheel chair to transfer to a regular chair to eat.</p> <p>Dishes and utensils can be modified to enhance remaining abilities. Bowls, plate guards and built up handles on utensils can promote independence</p>	
<p>Discussion question (5 minutes)</p>	<p>When we go to a restaurant, the atmosphere contributes a great deal to the dining experience. The lighting, noise level, artwork and table settings all add to the overall enjoyment of the meal. Think about your favorite restraint-What do you like about the atmosphere? How does it contribute to your overall dining experience?</p>	
<p>The Dining Room</p>	<p>The environment can affect the mood and appetite of a person with dementia. If the dining room is very elegant, the person may worry that they are not dressed properly or that they don't have enough money to pay.</p> <p>Glare from a highly polished floor, or bright sunlight coming in a window can be disorienting.</p> <p>Older adults need more light to see the food and what is going on around them. Think about all the things that contribute to the noise level in our dining rooms.</p> <p>Caregivers may be rushing around delivering food, calling out to each other or to residents who will not eat or are trying to leave. There may be a TV or radio on for background noise. This can be a distraction for both the staff and the person with dementia. The announcements over the intercom contribute to the noise level as well.</p> <p>When people rush around and bump into people or chairs, it can be very confusing for people with dementia.</p> <p>There may be a lot of clatter as the dishes and silverware is being cleared from the table.</p>	<p>The dining room</p>
<p>Strategies for the</p>	<p>We can help the person with dementia feel comfortable in the dining room.</p>	<p>Strategies for</p>

<p>dining room</p>	<p>Promoting a homelike atmosphere provides cues that they are familiar with. For many older adults, the kitchen and dining room is considered the heart of the home. It reminds them of a place where the best meals were served. Times of sharing and laughter with family and friends. When a person with dementia says that they want to go home, they are expressing a need to feel safe and secure. A homelike atmosphere in our dining rooms can help to invoke feelings of connection and comfort.</p> <p>Tablecloths and placemats of solid colors contribute to the homelike atmosphere. We may want to play soft music in the background.</p> <p>As caregivers, we can pay attention to the level of noise.</p> <p>Turning off the TV or radio can help us focus on the person.</p> <p>We can work on keeping our voices low, and avoid crashing dishes and silverware as we clear the table.</p> <p>Avoid bumping people or their chairs. For a person with dementia, the distraction may be enough to make him forget what he is doing. We can look at the traffic flow in our dining rooms and find ways to make it more efficient.</p>	<p>the dining room</p>
<p>Finishing the meal</p>	<p>When the meal is over, the caregivers are busy clearing up dishes. This is part of the mealtime ritual.</p> <p>A person with dementia may become agitated thinking that they should be helping to clean up.</p> <p>We can involve the person with dementia by giving them a task that they can successfully complete.</p> <p>Clearing the dishes, silverware and removing the tablecloths or placemats can be a meaningful activity.</p>	<p>Finishing the meal</p>
<p>Assisting a person with eating</p>	<p>Sometimes we have to assist a person with eating.</p> <p>When we are assisting a person, we can keep these things in mind.</p> <p>Seat yourself on the side of the person where they pay the best attention.</p> <p>An apron can cover the clothes, and is more dignified than a bib.</p>	<p>Assisting a person with eating</p>

	<p>Tell the person what is on the plate. Ask the person what they would like to eat first. Put a small amount on the spoon and tell them what it is. Give the person time to open their mouth.</p>	
<p>Assisting with eating</p>	<p>Avoid scraping the lips or teeth with the spoon or hovering over the person with the spoon. Wait until the mouth is clear before you offer another bite. Don't mix the food together unless the person likes it that way. Let the person wipe their own mouth with a napkin. Offer fluids frequently. Go at a pace that is comfortable for the person. If we give the person the opportunity, they may be able to lift the spoon to their mouth by themselves.</p>	<p>Assisting with eating</p>
<p>Socially unacceptable behavior</p>	<p>Sometimes we have a situation where the person is spitting out their food, or acting in a socially unacceptable way. The person may not be aware that the behavior is offending because of the damage to the brain from dementia. Our response may escalate the situation. We can avoid arguing with the person and scolding them like a child, or trying to teach them manners. If a person becomes agitated, it may be best to remove them from the dining room to decrease stimulation. This is done in a positive manner, never as punishment.</p>	<p>Socially unacceptable behavior</p>
<p>Feeding Tubes</p>	<p>As the person's dementia progresses, there may come a time when the person is no longer able to eat at all. They may refuse to eat, or have problems with chewing and swallowing. Sometimes a family will decide to insert a feeding tube.</p>	<p>Feeding tubes</p>

	<p>This is a very important and personal decision. People differ on their moral and ethical views of using feeding tubes.</p> <p>This decision should not be made during a crisis. Families can be encouraged to consider all of the factors involved and make a decision beforehand. Discussions with medical professionals can help provide families make an informed decision. The Alzheimer's Association can provide current information on research related to feeding tubes and their use for persons with dementia.</p>	
<p>In conclusion</p>	<p>Even the most delicious food will not be eaten if a person is under stress. Lack of attention to factors related to mealtimes can lead to weight loss, malnutrition and depression.</p>	<p>In conclusion</p>

Resources

- Robinson, A., Enhancing the Mealtime Experience for Persons with Dementia and their Dining Partners, Eastern Michigan University Alzheimer's Education Program, Partnership for Community Caring Video Conference August 1999
- Robinson, A., Spencer, B., White, L., *Understanding Difficult Behaviors* Eastern Michigan University, Ypsilanti, 1989, April 1994 Edition
- Robinson, A., Spencer, B., *Developing Meaningful Connections with People with Dementia, A Training Manual*, Ypsilanti, MI Eastern Michigan University, 2002
- Zgola, J., and Bordillon, G., *Bon Appetit: The Joy of Dining in Long Term Care*, Health Professions Press, Baltimore, 2001

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Objectives:

1. Recognize the feelings of a person with dementia related to the dining experience.
2. Describe the challenges for a person with dementia at mealtimes.
3. Identify strategies for caregivers to encourage cooperation and enjoyment for the person with dementia.
4. Recognize the importance of the environment where the meals occur.
5. Identify challenges related to the task of eating.

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The Person with Dementia

- Not recognize food
- Unable to start eating
- Short attention span
- Unable to handle utensils
- Unable to tell where plate is in space
- Fatigue
- Excluded from helping with familiar tasks

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The Person

- Worry about being able to pay
- Worry not dressed properly
- Dry mouth, problems with teeth
- Loss of sense of taste and smell
- Medications that affect taste
- Be constipated
- Be depressed
- Not recognize signs of hunger

Strategies for the Person

- Examine mouth teeth and gums
- Check medications for side effects
- Physical examination
- Evaluate for depression
- Make sure seated comfortably
- Know the person's preferences
- Times usually ate meals

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More Strategies for the Person

- Appetite boosters
- Favorite rituals and holidays
- Familiar role in meal preparation
- Enjoy cooking?
- Favorite meal
- Incorporate life story

Food is Social

- Person can offer opinion about food
- Enjoy company of others
- Always offered visitors food and drink
- May not recognize people at the table
- Talk about food being served
- Offer drink or snack if waiting
- Reassure no need to pay
- Seat last if agitated

Our Approach-Strategies

- Take time to set the mood and tone
- Encourage person to use bathroom
- Remind the person you are going to eat
- Offer reassurance if worried about money or dress
- Talk about the menu, aromas

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Approach Strategies

- Offer reassurance if hesitate to enter dining room
- Get sweater if person is cold
- Focus on the person when assisting
- Tell them what they are eating
- Use remaining strengths and abilities
- Offer finger foods, help to get started

The Task of Eating

- Recognize food
- Hold utensils
- Find mouth
- Clutter on food trays
- Lack of cues
- Eating on trays

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Helping with the Task

- Remove food from tray
- Avoid clutter
- Offer one course at a time
- Seat person comfortably
- Modify utensils

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The Dining Room

- Elegant atmosphere can create anxiety about dress, money to pay
- Glare from floor or windows
- Need enough light to see food
- People moving quickly
- Intercoms, TV or radio add to noise level
- Chairs and people get bumped
- Clatter of dishes and silverware

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Strategies for the Dining Room

- Homelike atmosphere with familiar cues
- Solid tablecloths and placemats
- Play soft background music
- Keep voices low
- Keep clatter of dishes to minimum
- Avoid bumping into others
- Look at traffic flow

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Finishing the Meal

- Clean up part of mealtime ritual
- Person used to helping can become agitated
- Find task person can do successfully
- Clearing dishes, silverware
- Removing tablecloths or placemats

Assisting a Person with Eating

- Sit where the person can see you
- Use apron not a bib
- Tell the person what is on the plate
- Ask what they would like to eat first
- Small amounts
- Give time to open mouth

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Assisting with Eating

- Don't scrape lips or teeth
- Avoid hovering or standing over person
- Don't mix food unless personal preference
- Have them wipe mouth with napkin
- Offer fluids frequently
- Place that is comfortable
- See if person can use spoon

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Socially Unacceptable Behavior

- Damage to brain affects judgment
- Avoid arguing
- Avoid scolding like child
- Don't try to teach manners
- Remove from area if needed
- Positive action, not a punishment

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Feeding Tubes

- May refuse to eat
- Chewing and swallowing problems
- Moral and ethical issues involved
- Families should not decide during crisis
- Information available from National Alzheimer's Association www.alz.org

In Conclusion

- Most delicious food will not be eaten if person is under stress
- Weight loss
- Malnutrition
- Depression
