

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>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 If a person is withdrawn or under stress during meals, it can lead to weight loss, depression and malnutrition.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>