dementia series

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Best Practices in Nursing Care to Older Adults with dementia

alzheimer's association

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Eating and Feeding Issues in Older Adults with Dementia: Part II: Interventions

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WHY: Inadequate food and fluid intake can result in malnutrition, dehydration, skin breakdown, delirium, and increased morbidity and mortality (Mitchell et al, 2009). In the nursing home, residents with frailty (including inability to perform activities of daily living) and cognitive impairments are more likely than other older residents to die within a year (Matusik et al., 2012). Consequently, providing interventions that are tailored to the individual's cognitive and related communication abilities may dramatically impact both immediate as well as long-term health and function.

BEST PRACTICE: Best practice requires an individualized plan of care with the dual objectives of providing adequate food and fluid intake and maintaining the individual's self-feeding ability, to the extent possible (Batchelor-Murphy et al., 2016). Since care may be provided in part by unlicensed staff in the institution or family caregivers at home upon discharge, the nurse must communicate the plan to all members of the care team including the patient and family, and oversee and monitor its implementation in the institution. An individual's eating and feeding behaviors often change based on physical, emotional and contextual issues, requiring the nurse to reassess regularly and adjust the plan as needed. This *Try This:*® provides general guidelines that can be person-centered to the individual's needs.

TARGET POPULATION: Older adults with diagnosed or suspected dementia.

MORE ON THE TOPIC:

Best practice information on care of older adults: https://consultgeri.org.

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TIPS FOR AVOIDING AND REDUCING EATING AND FEEDING DIFFICULTIES
(Matusik et al., 2012; Liu, Cheon, && Thomas, 2013):
Although individuals with dementia differ greatly in their specific eating and feeding behaviors, the following general tips can help to avoid or reduce common problems.

Resident Ability

- Whenever possible assist the person with dementia to eat out of bed, seated in chair that promotes good posture and comfort.
- Assess and palliate pain (see *Try This:*® Assessing Pain in Persons with Dementia).
- Provide oral hygiene and allow the person to wash his/her hands.
- Allow time for blessing of food if this is the person's preference or habit.
- Assure that the person has his/her dentures and glasses, is properly positioned, and can see and reach the tray.
- Arrange the tray to facilitate self-feeding; rearrange items for easy access; remove plate and cup covers; unwrap utensils; open packets; cut up food; butter bread.
- Simplify the meal presentation; serve one food at a time; remove unnecessary utensils.
- Provide nutritional supplementation (calorie dense beverages) to assist in weight maintenance.
- Remove items that should not be eaten and hot items that could be spilled.

Caregiver Interaction

- Use verbal cueing and prompting to encourage self-feeding (for example, say 'pick up your spoon,' 'take a bite,' 'chew,' 'swallow').
- Demonstrate eating motions so the person can imitate.
- Provide additional sensorimotor cues using the Over Hand or Under Hand techniques to initiate and guide self-feeding (Batchelor-Murphy et al., 2016).
- If physical assistance is necessary, provide it and continue verbal cueing and encouragement.
- Physical assistance should be provided on the person with dementia's dominant hand, assisting through the midline of the body, and ensuring food offered is within the visual field of the person being assisted.
- Watch for cues that would indicate that the individual is being rushed or is having trouble swallowing to include turning the head, pushing away, spitting, pocketing food, coughing, throat-clearing, gagging or choking. Slow down, modify technique or stop and notify the licensed nurse.

Environment

- Reduce distractions; turn off the TV; avoid interruptions and people entering the room.

Other

- Consider the following referrals: Nutritionist/dietitian for appropriate consistency and types of calorie dense foods and fluids; Speech-Language Pathologist for persons experiencing difficulties with eating; Occupational Therapist for adaptive eating equipment and positioning devices; and Dental professional for oral health issues that may affect eating.

Social Interaction: Eating is generally a social activity, and the social and environmental context of meals provides critical cues for recognition of food and appropriate eating behaviors in people with dementia (Matusik et al., 2012). While it is difficult to create a normal mealtime environment for institutionalized individuals, staff who assist people with eating and feeding should be at eye level and interact socially with each person keeping the focus of the conversation and the meal.

Involving Families: Many family members are willing and able to assist at mealtimes. If they have assisted with eating and feeding at home, their involvement can help avoid eating problems and can provide a more familiar social context for the individual. Mealtimes provide an opportunity for families to learn more about nutritional issues and management of eating and feeding problems. Available resources include:
Food, Eating and Alzheimer's. Available online at https://www.alz.org/help-support/caregiving/daily-care/food-eating
Assisted Feeding and Tube Feeding: Common Questions. Available online at: https://www.nebraskamed.com/sites/default/files/documents/nursing/Alzheimer's-Disease-Postion-Paper.pdf

Training and Mentoring Certified Nursing Assistants (CNAs): In a recent review of the best studies regarding mealtimes, training CNAs and other staff who assist individuals with eating and feeding produced some of the best outcomes (Liu, Cheon, && Thomas, 2013). However, these staff who are often under pressure to assist many people in a short time may resort to physical assistance too soon, feed too fast, or abandon the process. CNAs should be mentored by licensed staff to provide the level of physical assistance that is needed based on the individual's day to day changes, to continue using verbal cueing and prompting even if they are providing physical assistance, and to assist at a rate that is safe and comfortable for the individual (Matusik et al., 2012). These approaches take time. Nurses need to advocate with management for policies and resources to achieve the dual objectives of adequate food and fluid intake and maintenance of individual self-feeding abilities (e.g., sufficient staff and time between tray delivery and pick up). Quality improvement projects could be devised around this issue.

Tube Feeding: While percutaneous gastrostomy tubes (PEG) are essential in the care of certain individuals, for example, those with head and neck cancer, or some persons with stroke, those with late-stage dementia who have a declining intake are not recommended for this procedure. Two groups – the American Geriatrics Society (AGS Choosing Wisely Workgroup, 2013) and the Hospice and Palliative Medicine (Fischberg et al., 2013) - in their *Choosing Wisely Statements*, both stated that PEG tubes should be avoided in persons with late stage dementia. Instead, supportive hand feeding methods should be used. Personal choices and religious/cultural values should be respected.

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