

The background of the slide is a collage of autumn-themed images. It features various pumpkins and gourds in shades of orange, yellow, and green. There are also baskets filled with produce, including what appears to be strawberries in a woven basket and other vegetables. The overall color palette is warm and seasonal, with a grid pattern overlaid on the background.

# **DEMENTIA -**

**The challenges it presents for  
providing food services.**

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# Today's Presentation

- Understanding dementia
- Functional change as a result of dementia
- Potential problems for Meal providers
- What can the Service Provider do?



# Understanding Dementia?

## Neuropathological Impairment

Dementia is the term used to describe the symptoms of a large group of illnesses which cause a progressive decline in a person's mental functioning.

It is a broad term which describes a loss of memory, intellect, reasoning, social skills and normal emotional reactions, that are often reflected in a person's behaviour.

# Diseases of the Brain That Cause Dementia.



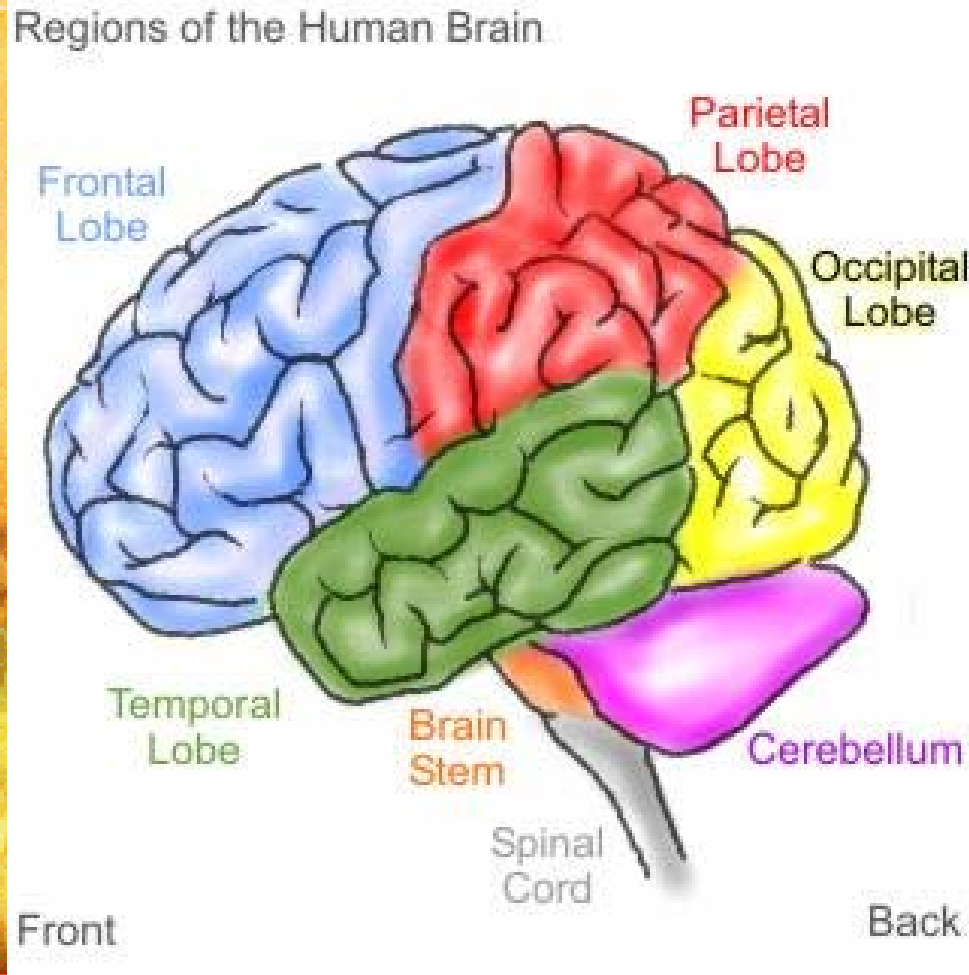
## DEMENTIA

- Alzheimers Disease.
- Vascular Disease
- Korsakoffs Disease
- Creutzfeldt-Jacob Disease
- Fronto-temporal
- Lewy Body Disease
- Aids related illnesses
- Huntington's Chorea

# Imagine the Brain As a Factory

## FRONTAL LOBE

- make plans/decisions
- write
- organise
- decide who does what/when
- make judgements
- respond appropriately
- gives feedback from other centres



## PARIETAL LOBES

- language
- speech
- reading
- calculations
- spatial reasoning
- movement

## TEMPORAL LOBES

- filing system
- memory

## LIMBIC REGION

- Consciousness
- sleep
- appetite
- emotions

# Who will get Dementia ?

- Family history /Genetic
- Advanced age
- Vascular disease and it's risk factor
  - Hypertension / Diabetes/ High cholesterol/ Smoking
- Downs Syndrome
- Other
  - Alcohol
  - HIV
  - Previous head injury

# How Common Is Dementia ?

- The average rate of moderate to severe dementia amongst Australians is about one in fifteen aged 65+
- Among people aged 80 to 84 the rate is one in nine.
- Among those aged 85+ it is one in four
- Dementia can affect younger people, currently over 9600 Australians under the age of 65 have early onset dementia.

# Dementia Nutrition

“There is increasing research linking nutrition and dementia, not only as a preventative factor in the onset of dementia, but also as a strategy to even slow down the progression of the disease and possibly also reverse some symptoms”

# Dementia Nutrition

“Poor nutrition is one of the major reasons older people become frail and dependant on others for care.

Clients with dementia are at particular nutritional risk. They may forget to eat and drink, be unable to recall all the steps required to purchase, prepare and cook food and be confused about how to use cutlery, open a microwave or open food packages.

Dehydration is also a common problem in clients with dementia.”

# Functional Changes in people with dementia

- Poor short term (recent) memory.
- Difficulty following instructions.
- Poor attention span
- Loss of skills e.g. Sequencing difficulties.
- Difficulties recognising hunger.
- Difficulty relating to time
- Misinterpretation of events, objects and situations
- Difficulty recognising objects and/or people
- Lack of insight into lost abilities
- Heightened emotional response to worrying situations
- Impaired judgement

# Remember..

- Dementia doesn't effect everyone the same way
- The progression of dementia varies from person to person
- People remain themselves, but with changed abilities
- People with dementia recognise a patronising manner and respond accordingly
- Avoid confrontation
- Do not rush

# Potential Problems:

- The person with dementia says they do not need anything and refuses to accept the meal
- They accept the meal, then forget to eat it
- The person with dementia may not recognise that the container has food inside
- Leave containers out of the fridge
- Find the container some days later and eat the food
- People do not remember how to use eating utensils

# Nutritional Concerns

- Malnutrition due to not eating
- Dehydration from lack of fluids
- Decline in particular nutrients as only certain foods are eaten e.g. tea and toast
- Increased weakness and inability to prepare food
- Swallowing difficulties
- Some may develop overeating
- Food poisoning

# What can the service provider do?

- Provide Social contact
- Provide assistance with heating meals
- Provide a cue to the person with dementia that it is time to eat
- Prompt to eat
- Notice when meals are not eaten



# What can the service provider do?

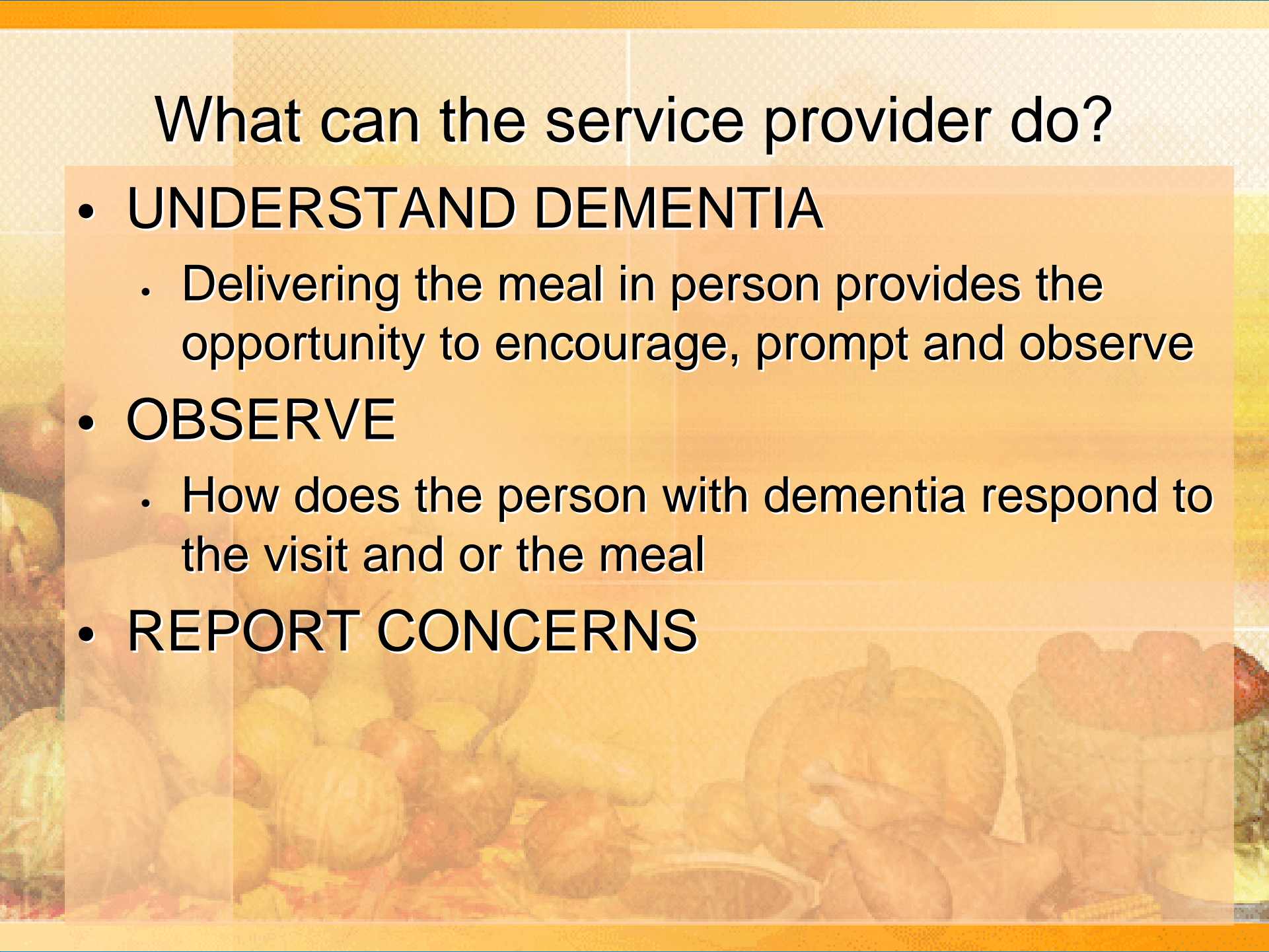
- **UNDERSTAND DEMENTIA**

- Delivering the meal in person provides the opportunity to encourage, prompt and observe

- **OBSERVE**

- How does the person with dementia respond to the visit and or the meal

- **REPORT CONCERNS**



# What can the service provider do?

- **COMMUNICATE**

- Encourage eye contact
- Introduce yourself and why you are there
- Use their name (establish how they like to be addressed)
- Speak slowly and clearly
- DO NOT ARGUE
- Be specific “I have brought your lunch” not “Meals on wheels here”.
- Take the lid off the container
- “The tomato soup smells lovely” rather than “doesn’t the food smell good”
- Use statements rather than questions.
- Use gestures and cues to help communicate
- Be aware of your body language
- Give compliments or genuine praise

# What can the service provider do?

- FOLLOW YOUR POLICIES
  - If possible go inside to encourage eating or proper storage
  - Draw attention to aromas and/or interesting food
- Suggest setting the table or eating the food immediately
- Inform the coordinator if you have any concerns
  - Meals not eaten
  - Person with dementia more confused

# Finger Foods

Finger foods are foods which can be picked up by the fingers. These are useful for clients who find it difficult to use utensils (Parkinson's), forgotten how to use utensils and when to eat (dementia) reduced movement in hand (stroke)

For example:

- Thick cut vegetables
- Fruit
- Cheeses
- Sandwiches / rolls
- Pies / pastry type foods
- Fish pieces
- Breakfast bars

# Grazing Snacks

Grazing packs full of cut up pieces of food that can be left out are good for people with poor appetite



# What can the service provider do?

The BEYOND THE FRONT DOOR Dementia Nutrition Project Report, July 2007 recommended a 'Bag of Tricks' Approach including:

- “Home delivered frozen meals (which a care worker or carer could warm up for the evening meal).
- Hot meal delivery (often needing prompting to eat it)
- Development of a finger foods pack menu
- Phone prompting
- Client nutritional counselling
- Carer nutritional counselling
- Training/education/information to support staff at all levels
- Snack packs and extra items like muesli bars

# What can the service provider do?

- Asking community nurses to prompt breakfast and record intake
- Signs in the house (eg, reminders to drink) or jugs around the house
- Volunteers or staff for mealtime assistance (beginning or all of meal as required)
- Use of non MOW food
- Going to a café / shops
- Centre based meals
- Use of supplements both with the meal and separately
- Asking anybody who goes into the house to prompt two glasses of fluid
- Linking clients together where appropriate (bring another client and volunteer to a clients house)”

# ACKNOWLEDGEMENTS

- Jenny Briggs, Alzheimers Australia South Australia.
- Meals on Wheels Australia National Conference paper “Dementia care in the community, Meals on Wheels”
- “BEYOND THE FRONT DOOR” Dementia Nutrition Project Report, July 2007, Ms Jeni Crump, Mercy Community Care