

APRIL FALLS DAY

Nutrition and falls prevention information for carers of people with Dementia

Why is nutrition an issue?

- People with dementia and confusion are at the highest risk of falls, and are also more at risk of poor nutrition.
- Older people who are undernourished or have unintentionally lost weight are more likely to be admitted to hospital, have increased incidences of falls, hip fractures, poor wound healing and osteoporosis.
- A balanced diet with adequate kilojoules and protein is important to maintain muscle mass and muscle strength to reduce the risk of frailty and falls-related injury.
- Dehydration can also lead to falls.

It is important to identify and address causes of poor nutritional intake or hydration. These may include:

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| • Oral health and dentition problems | • Forgetting to eat and/or drink |
| • Unable to shop, plan or prepare meals | • Easily distracted at mealtimes |
| • Poor appetite or not feeling hungry | • Difficulties with swallowing or chewing |
| • Unable to recognise the food/drink they have been given | • Difficulties with using cutlery |

What can we do about it?

- It is essential to monitor the nutritional status of people with dementia to ensure they do not become poorly nourished.
- Seek referral to appropriate services, and health professionals such as a Dietitian, General Practitioner, Speech Pathologist or Dentist to address relevant issues in discussion with client and family/carers.

Practical Nutrition Hints and Tips for Caring for People with Dementia

Problem	Possible Interventions
Unable to prepare meals	<ul style="list-style-type: none"> • Freeze meals in bulk (ensure person can use microwave or stove safely) • Use pre-prepared, frozen or convenient meal products from the supermarket • Consider meal delivery services i.e. Meals on Wheels or private meal delivery services • Consider using care workers to assist with cooking and meal preparation • Ask family and friends to help prepare meals and eat together with the person
Forgets to eat	<ul style="list-style-type: none"> • Use phone prompts, alarm clock or put signs/reminders around the house • Use clear containers and label foods with description and/or date • Leave out snacks and food that is easy to eat, that do not need refrigeration and are in visible places e.g. dried fruit, cheese & biscuits • Consider hot meals and finger food packs from Meals on Wheels
Distraction at mealtimes	<ul style="list-style-type: none"> • Make eating the focus of meal times, and turn off the radio or television. • Use simple, white plates or bowls and stick to one or two utensils (eg fork and spoon).
Cannot manage a full meal	<ul style="list-style-type: none"> • Make finger foods, such as small sandwiches, cheese and crackers or chopped fruit and vegetables available throughout the day. • These are suited to people who are unable to finish a large meal, have difficulty using utensils or who may wander throughout the day and prefer to 'graze'.
Difficulty with utensils or cooking equipment	<ul style="list-style-type: none"> • Provide finger foods e.g. mini sandwiches, potato wedges, cheese cubes • Consider simplest type of packaging when shopping e.g. foil packs vs. ring pulls • Verbal encouragement and simple written instructions • Seek referral to an Occupational Therapist for advice re modified cutlery/equipment
Underweight or losing weight	<ul style="list-style-type: none"> • Encourage small, regular meals and snacks that are easy to eat • Offer higher kilojoule/full fat foods e.g. cheese & biscuits, dairy desserts. • For drinks -offer milk, milky coffee, milkshakes and consider a nutrition supplement drink, to provide extra energy and protein.
Difficulty chewing	<ul style="list-style-type: none"> • Serve softer foods that require less chewing e.g. fish, mashed potato/vegetables, minced meat. • Ask GP to refer to speech pathologist if the person is choking or coughing on food or fluids or having frequent chest infections, or ask a dentist to review teeth.

Recommended Resource

Eating Well: A food & nutrition resource for Frail Older people and their Carers.
CCLHD Community Nutrition Team.

<http://www.cclhd.health.nsw.gov.au/ourservices/nutrition/Documents/EatingWellResource.pdf>

Oral Health— An unusual Suspect in Dementia

The mouth can be a source of discomfort and infection, and sometimes people with dementia are unable to associate this discomfort with their mouth.

Gum infections, ulcers, oral thrush, tooth abscesses, decay and poorly fitted dentures can cause distress.

Things to look for: holding their face, refusing food or chewing difficulties, obvious bad dentition, bad breath, unused toothbrush

Best Practice Tips:

- Visits with a dentist in early stages of dementia can prevent complicated treatments in later stages
- ‘Swish and Swallow’ with water after both meals and sugary drinks, especially nutritional supplement drinks
- 1/2 teaspoon of bicarbonate soda into a glass of water to swab mouth
- Consider using an electric tooth brush

For more dental care tips, go to Alzheimer’s Australia website)

<https://www.dementia.org.au/about-dementia/resources/help-sheets>



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