

Dining & Dementia

Alzheimer's disease and related dementias can cause a decline in everyday activities including dining. Many individuals still maintain strengths or overlearned behaviors and eating can be one of those. As the disease progresses some may need help getting started eating, but may be able to continue once they begin the activity. Here are some tips to maintain independence or assist as needed with dining.

- As the disease progresses, an individual may have more difficulty with too many choices. Provide a choice between two foods instead of several.
- The individual may have more difficulty in using condiments; supervise when salting foods.
- Keep in mind the person's preferences. At some point, they may become choosy and request only certain foods. This is okay and by providing those foods, you will decrease problematic behaviors.
- Individuals may have more difficulty with wrappers or foods with skin to be peeled. Unwrap or peel items before serving.
- Individuals may have more difficulty with multiple utensils. To maximize independence, provide only one utensil and cut up foods prior to serving.
- Some individuals may become impatient demanding food. Serve meals in small courses.
- Some individuals may forget that they have recently eaten. Serve several small meals a day and have a favorite activity in mind to redirect.
- Although dining is often a social activity, a person with Alzheimer's could become easily distracted. Limit conversation.
- At times, individuals will continue eating independently if they have someone to follow. Try to eat with your loved one and they may mimic your actions.
- Some individuals may need more prompting; even for things like chewing and swallowing.
- At some point, utensils may not be used. Start to serve finger foods to continue with independent eating.
- Social skills can be lost during the stages of dementia. An individual may need to eat alone or with one caregiver.
- Large plates of food can be overwhelming. Serve a smaller plate of food on a salad plate.
- Spills will be more difficult to prevent or ignored when they happen. Do not bring attention to them. If hot liquids are being served, use a spill-proof cup or provide more supervision.
- Contrast will be important. Do not use plates or table clothes that are the same color or that have multiple patterns. Red on white or dark blue on white...something with contrast so the individual can see the plate and the food.
- At some point, independent eating may no longer be possible. You can still feed someone with dignity and with attempts to maximize independence. Using a guiding method if you can, rather than direct feeding.

Resource ideas:

Book – Bon Appetite

Video – Dining with Friends

With most behaviors, there is a reason it is happening; we just need to find the trigger or identify the loss. When someone is having difficulty eating, ask yourself the following:

1. Is there a medical or physical reason this person is having difficulty?
 - a. Are they having issues with swallowing and need a swallowing study?
 - b. Are they having issues with vision and difficulty seeing foods on the plate? Use contrasting colors and stay away from patterns.
 - c. Are they taking medications that cause dry mouth? Provide liquids during the meal.
 - d. Do they have a chronic condition that may reduce their appetite? Depression? Consult with your physician.
 - e. Hunger sensations may be reduced. Start the dining experience with brewing coffee or baking to stimulate smells and appetite.

2. What is going on in the environment that could be causing difficulty?
 - a. Is there too much stimulation? Too much conversation or loud noises nearby?
 - b. Are they in a new environment and could be transitioning?
 - c. Is the lighting poor causing vision problems?
 - d. Does the food look appetizing?
 - e. Is there too much food on the plate? Is it overwhelming?
 - f. Are there other odors not associated with eating such as bleach or cleaning supplies?

3. What is the task? Is it too difficult?
 - a. Are they progressing in the stages where utensils are too much?
 - b. Are they being rushed by a caregiver? Watch body language.
 - c. Do you need to serve in small courses, using finger foods?

4. How am I communicating what I would like them to do?
 - a. Am I being patient and allowing enough time?
 - b. Am I watching my verbal and non-verbal communication?
 - c. Am I providing adequate instruction? Step by step?
 - d. Am I leaving my loved one alone with no instruction?
 - e. Am I talking too fast, too low or with complicated sentences?

More ideas for improving the dining experience:

- Have an annual dental exam to ensure there is no pain associated with eating.
- Have an annual vision exam.
- Consult with a physician on swallowing issues or under eating.
- Reduce odors not associated with eating and increase odors associated with eating such as baking.
- Reduce distractions.
- Provide contrasting colors in table settings; avoid patterns.
- Serve courses for the impatient individual.
- Serve small meals throughout the day for the overeater.
- Place a damp washcloth underneath plate to prevent slipping.
- Find appropriate silverware or plates at the Elder Store.com or the Alzheimer's Store.
- Start serving foods using just one utensil or serve finger foods.
- Be patient. Your demeanor will be noticed.
- If feeding becomes needed, help someone eat with dignity and keep what faculties they have intact.