

A Stepped Care Approach to prevent malnutrition for people living with dementia

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A stylized illustration of a purple and pink flower on a green hill under a blue sky. The flower has a dark purple stem and a large, multi-layered head with shades of purple and pink. The background consists of rolling green hills in the foreground and a blue sky with light blue wavy bands in the upper portion.

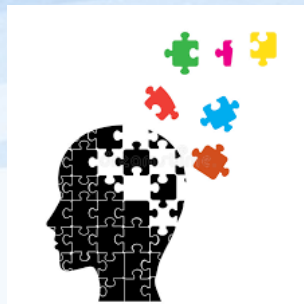
Good nutrition is vital for the health, independence and well-being of people living with dementia.

At each stage of the illness, nutrition remains important to help maintain both physical and psychological wellbeing

How does dementia affect nutritional intake?

- *Symptoms linked to dementia that can affect appetite and intake include:*
 - ❖ *Memory loss*
 - ❖ *Cognitive difficulties*
 - ❖ *Perceptual changes*
 - ❖ *Increased activity*



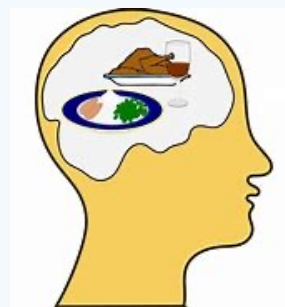


Memory Loss

- ❖ Forgetting to shop, how to prepare & cook food/ meals
- ❖ Forgetting to eat, the importance & enjoyment of eating
- ❖ Forgetting they have already eaten

Cognitive Changes

- ❖ Difficulty with the process of eating & drinking
- ❖ Difficulty with coordination
- ❖ Swallowing difficulties
- ❖ Communication difficulties



Sensory changes

❖ Hearing

❖ Eyesight

❖ Taste changes

❖ Changes in perception



Increased activity

- Difficulty settling at mealtimes
- More active around their home environment
- Disturbed sleep patterns
- Looking for meaningful activities
- Increased nutritional requirements





Practical Tips



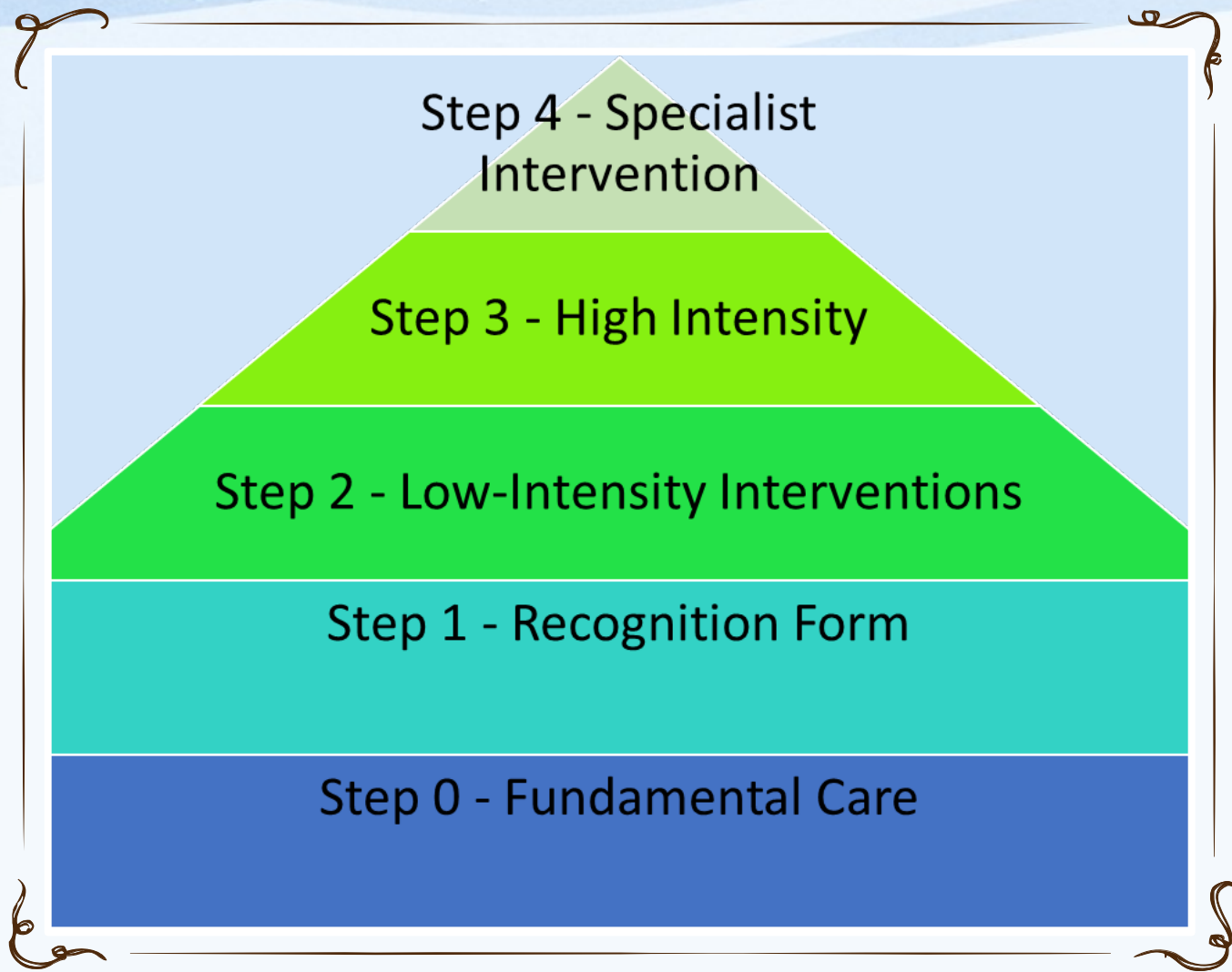
- *Routines, prompts, cues*
- *Involve in mealtimes and mealtime prep*
- *Mealtime environment- lighting, seating, social interaction*
- *Colour contrast*
- *Finger foods*
- *Enhance the taste of meals*
- *Avoid mealtimes becoming a task based exercise*





What are we forgetting?

What if it's not dementia symptoms causing a poor appetite and intake?

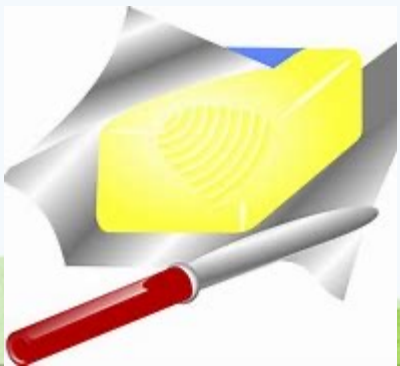


Stepped Care Approach

- Identify the root cause of a reduced appetite and intake*
- Ensure appropriate advice and support provided*

Step 0: Food First

- Fortify meals
- Nourishing drinks at least twice daily
- Nourishing snacks between meals and before bed
- Small and often meals and snacks
- Food availability
- Additional helping of pudding



Step 1: Physical Health Check

- Check for an underlying physical health cause e.g
 - ✓ Pain
 - ✓ Chronic condition e.g. COPD, IBS, diabetes
 - ✓ Infection
 - ✓ Antibiotic usage
 - ✓ Constipation or dehydration
 - ✓ Co-morbidity e.g. cancer



Step 2: Person-centred/ mealtime environment

- *Habits, rituals, routines*
- *Current reality*
- *Personal preferences*
- *Life story*
- *Limit distractions*
- *Social environment*



Step 3 & 4: Referral to Dietetics/ Additional Support

- Support by dietetics, other specialist support*
- Additional advice, information and suggestions*
- Use of oral nutritional supplements*



As Tom Kitwood said:

“See the PERSON
with dementia not
the person with
DEMENTIA”





Any questions

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