

FACILITATOR'S GUIDE

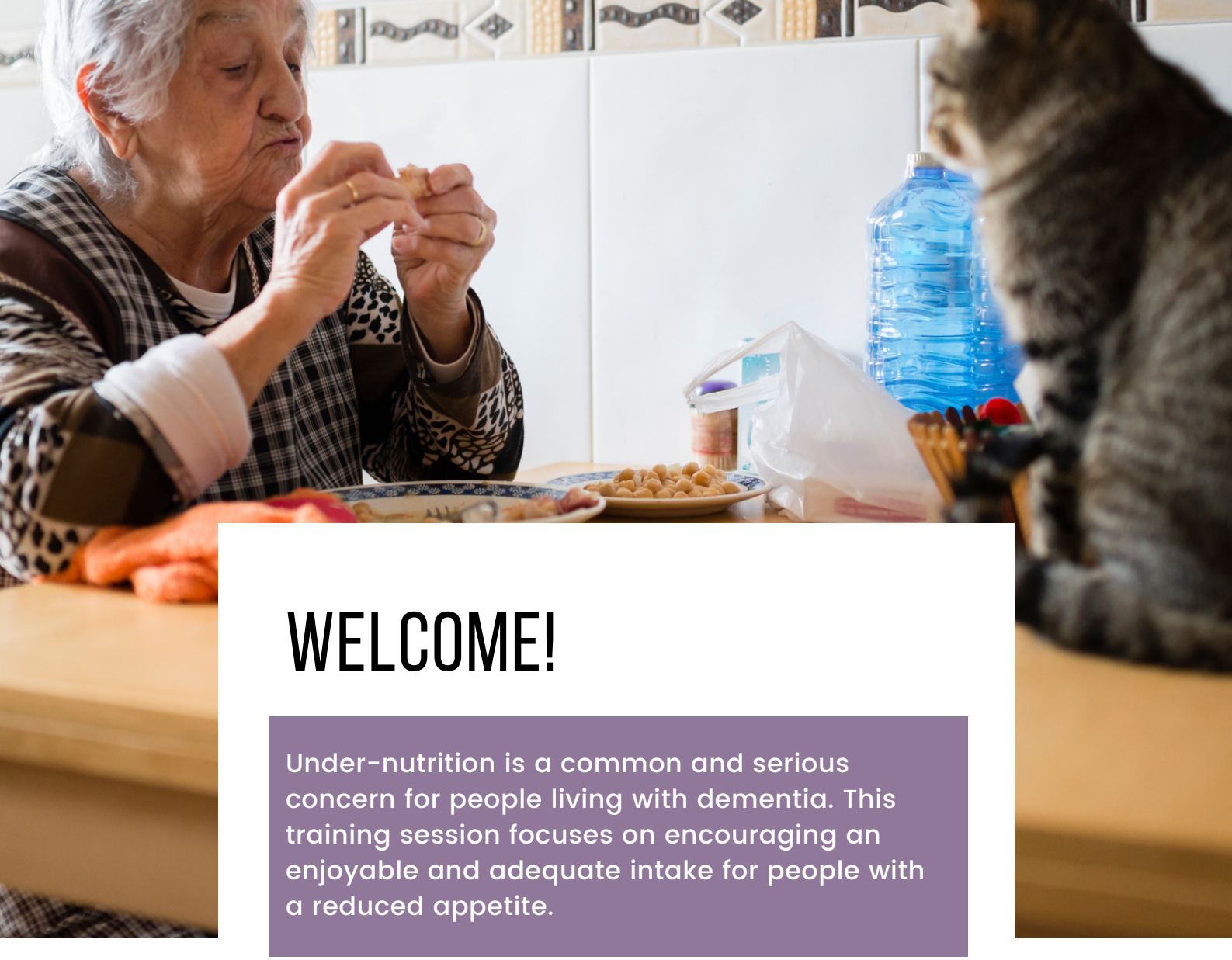
EATING WELL AND DEMENTIA

MODULE 4 IN THE DEMENTIA STARS SERIES

dementia STARs

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund



WELCOME!

Under-nutrition is a common and serious concern for people living with dementia. This training session focuses on encouraging an enjoyable and adequate intake for people with a reduced appetite.

In this kit you will find all the resources you need to run an engaging 45-60 minute introductory staff education session on helping people living with dementia to eat well. The Dementia STARs education is particularly suitable for direct care workers across a range of settings.

This Dementia STARs education kit is a partnership between the New Zealand Dementia Foundation and CHT Aged Care Fund.

You can find our other Dementia STARs kits at nzdementia.org/dementia_STARs

Ngā mihi nui from the Dementia STARs Team

Short Trainings in Awareness and Responsiveness

dementia STARs



TABLE OF CONTENTS

1. GETTING STARTED 4

Culture of care

Tips for using the kit

Meet the experts

2. RUNNING THE SESSION 13

Objectives

Facilitator's notes

At your place

Checklist

3. RESOURCES 33

Summary handout

Going further

Feedback form

Certificate of completion

References

FAQs

Hands under hands™



1. Getting started

Eating well and dementia

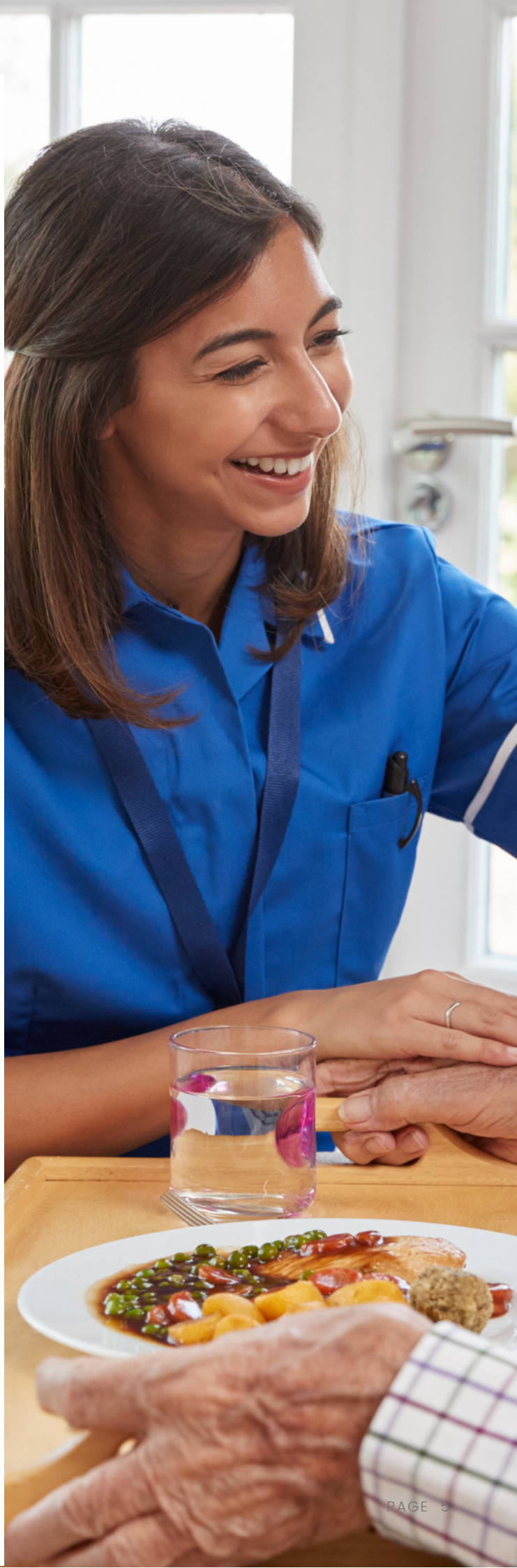
CREATING A SHARED

CULTURE OF CARE

The Dementia STARs programme is an opportunity to effectively enhance the skills of individual learners and to reinforce a shared culture of person-centred dementia care: this is the heart of all we do at our place.

Research shows that face-to-face active learning is more effective for home-based and aged residential care staff than watching videos or reading written material [1,2]. Interactive training in a small group where teaching is interspersed with frequent discussion and opportunities to ask questions is not only more effective[3,4], it is preferred by learners [5,6]. Furthermore, this type of training can also help to strengthen team cohesiveness and shared values [1,2].

Congratulations on joining the Dementia STARs journey with your team to reinforce great person-centred dementia care at your place.



TIPS FOR USING THIS KIT

If this is the first time you've used one of the Dementia STARs kits – welcome!
We're delighted that you are joining the Dementia STARs whānau.
We've put together some tips to help you know what to expect from the kit.

This guide

The facilitator's guide is just that. It's a guide and a starting point. Don't feel that you have to say things exactly the way that we have said them on the page. You can download the resources to print for the session from the Dementia STARs webpage.

The questions and activities

You will notice that we give lots of suggestions for places where you can ask the group for ideas or to engage in an activity, rather than just telling them the information. This is something you may well already do so you'll know that it is a helpful way to keep people engaged. Being interactive is a better way for adults to learn.

Audiovisual resources

We have provided a Powerpoint resource for each kit, which contains a variety of content to help run an engaging session. If you don't have access to audiovisual equipment, don't be put off from running the session. Check out the content provided and adapt.

> RELATIVELY FEW PEOPLE LEARN WELL FROM SITTING AND LISTENING TO LECTURES; IT IS IMPORTANT THAT TRAINING IS ENGAGING
>
> – BUZ LOVEDAY [7]

The PowerPoint slides

The PowerPoint slides generally have only a few key words on them, supported by compelling images. Having what you want to say written out in detail on PowerPoint slides can be reassuring for a presenter, but it is not so great for your audience:

- A lot of text can make it harder for the learners to really listen to what you are saying when they are also paying attention to the words on the slide.
- A lot of text can be off-putting for people who don't read so well.
- A lot of text can be boring, especially if the presenter just reads out the text.

That is why we use images as much as we can and to only have a few words on each slide. The idea is that the PowerPoint slides complement what you say and makes it easier for the learners to understand, rather than just repeating what you say. This facilitator's guide is here for you to help you feel confident and remember what you want to cover. The PowerPoint slides themselves - they are for your audience!

The images in the slides are only licensed for use for Dementia STARs. Please do not use the images for any other purpose as this will violate copyright.

The expert video clips

There are video clips of people with professional and lived experience embedded in the PowerPoints. This is our way of giving you some company as you present. It means you can draw on experts and on different perspectives. It also means that you get to bring in some variety of faces and voices, which can help to give a little boost to engagement and interest. The videos can help to reinforce an aspect of the session.

As the video clips are embedded in the PowerPoint presentation, you do not need access to YouTube or the internet to show them. You can hover and click in the slide.

The animated stories

In some of the kits, there is an animated 'whiteboard' video embedded in the PowerPoint. These are a way of sharing case studies. Because cases studies tell a story, they often much better remembered than 'facts'.

The handout

Each kit has a summary handout to remind your learners about key messages.

The feedback form

You will find a one page feedback form in each kit. Feedback can help you make future education sessions better, and can provide evidence that the training has had an impact.

We may email you as follow-up to seek feedback on the Dementia STARs resources. If we do, we will ask you if you would be willing to share your learners' anonymous evaluation responses.

The going further list

We have included a list of five resources that provides some further detail on the topic for keen learners (or for yourself).

The certificate

We provide a certificate of attendance for you to give learners at the end of the session.

The webinar version

We have a version of each education session available as a video 'webinar'. This does not have exactly the same format as the in-person session you will run (there are no activities in the webinar), but you can use the webinar version to help a staff member 'catch up' if they have missed the in-person session, or to help orientate a new staff member.



MĀ TE HURUHURU, KA RERE TE MANU
FEATHERS ALLOW THE BIRD TO FLY

– MAORI PROVERB

WHAT'S IN THE FACILITATOR'S NOTES?



This is the PowerPoint slide you are showing

Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort. [1]

This is our suggestion about what you might say for this slide

A number in brackets is a reference. You can find the list of references at the end of the guide

What are some of the common aches and pains we see?

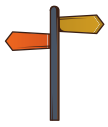
This is a suggestion about a question to ask the learners to increase engagement

Perhaps the most common types of pain they come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list can include almost any part of the body.

We also provide some examples of common responses



This symbol indicates that an audiovisual resource is embedded in the PowerPoint



This symbol indicates a choice



Activity

This symbol indicates a class activity



This symbol prompts you to add information about what happens 'at your place'

MEET THE EXPERTS

Here are some of the faces that you will meet in the Dementia STARs resources.



MATTHEW CROUCHER: MEDICAL

Matthew is the chair of the New Zealand Dementia Foundation. He is a Psychiatrist of Old Age, a Senior Clinical Lecturer, and leads the South Island Regional Dementia Initiative. Matthew is a prominent figure in teaching, training, research and service management advice in the older person's mental health sector.



MACKENZIE EBBETT: REGISTERED NURSE

Mackenzie is the Nurse Manager of a specialist cognitive impairment ward at Burwood Hospital. She is a passionate champion for person-centred care in this environment to optimise the level of functioning of older people with delirium and/or dementia by offering specialist assessment, treatment, care, support, and education.



ASHLEIGH FARR: SPEECH LANGUAGE THERAPY

Ashleigh is a Speech Language Therapist with decade of experience across a wide range of roles. Ashleigh has been active in expanding her skills in dysphagia and communication disorders in patients with more complex presentations including people living with dementia.



SUSAN GEE: ACADEMIC

Susan Gee is a research and is the liasion officer for the New Zealand Dementia Foundation. She has leadership and support roles in relation to dementia education, delirium prevention, and person-centred care



TRACEY HAWKES: OCCUPATIONAL THERAPIST

Tracey is an Occupational Therapist with over two decades of clinical experience. She facilitates the 'Walking in Another's Shoes' dementia education programme for home-based support staff. Her focus is helping care staff to develop the confidence and person-centred tools to support older people to live more independent and fulfilled lives.



LARA HITCHCOCK: NURSE

Lara is a Registered Nurse in a Memory Assessment Clinic. Lara has specialised in the field of dementia care for over 20 years. In her current role she provides assessment, information, and support to those newly diagnosed with dementia and their care partners. She acts as a specialist resource to colleagues and is active in quality improvement to improve the care of those living with dementia.



HONEY MOHAN: CARE WORKER

Honey is a care worker in an aged residential care facility. She is a graduate of the Walking in Another's Shoes dementia education programme. Honey is passionate about getting to know each of the people she supports as a unique person, and she loves her job.



CHERYL NETTLETON: WHĀNAU / FAMILY SUPPORTER

Cheryl's introduction to dementia was when her husband started to display out-of-character behaviours around the age of 50. Cheryl has since founded carers' groups to bring whānau carers together for mutual support. Cheryl also helps to educate people about dementia from her perspective as a wife and family member in the hope that it strengthens an emotional connection to people living with dementia.



NICK UYS: WHĀNAU / FAMILY SUPPORTER

Nick worked in the pharmaceutical industry for many years. He was married to his beloved wife Anne for 44 years and became Anne's full-time carer until Anne entered aged residential care. Nick is committed to sharing his perspective as a carer within dementia education programmes as a way to make a positive impact.



2. Running the session

Eating well and dementia



LEARNING OBJECTIVES: EATING WELL AND DEMENTIA

When supporting a person living with dementia,

01

Learners are able to articulate the risk of under-nutrition.

02

Learners can identify a range of ways to enhance the experience of eating to encourage eating well.

03

Learners are confident in using the hand under hand ™ technique and aware of the role of finger foods and adaptive eating equipment.

04

Learners recognise the importance of reporting possible signs of swallowing problems and adhering to adapted food texture diets.

05

Learners are able to brainstorm possible ways to encourage an individual to eat more.

FACILITATOR'S NOTES FOR EATING WELL AND DEMENTIA

Today we're going to be talking about supporting people living with dementia to eat well. Eating well is important for the health and wellbeing of all of us, and this is certainly true for people living with dementia [8].



Our focus today is on the practical side of how to support people living with dementia to eat enough.
We'll be covering three areas:

- Encouraging
- Enabling and
- Adapting



Encouraging.

Let's start by looking at how we can encourage eating.



From a medical point of view, there are two key needs that the brain has for good nutrition: it needs a decent total number of calories so that it has enough energy to run well, and it also needs some specific micro-nutrients (vitamins and minerals). Some key micronutrients that doctors look out for in people living with dementia are vitamin B1, vitamin B12, and folate.

One of the most common and important risks that people living with dementia face is weight loss and the gradual development of undernutrition due to reduced eating.

As dementia progresses there can be a lot of changes that can impact on whether someone feels like eating.



For example [9, 10]:

- People may lose their sense of smell and taste
- They may be less able to manage food shopping and preparation and so have less control of what they eat
- They may be less active
- They may more confused and less able to concentrate on eating
- They may have difficulties with the physical act of eating (getting the food to their mouth, swallowing)
- Their brain's regulation of appetite may have changed
- This means that many people living with dementia are not eating well, and there are high rates of malnutrition.

Being underweight and undernourished makes a person living with dementia more vulnerable. For example [9, 10];

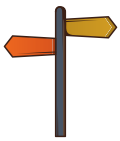
- Malnutrition makes people living with dementia vulnerable to more rapid decline in what they are able to do independently and more vulnerable to delirium
- Because malnutrition weakens the immune system people are more vulnerable to illness and infection
- And wounds that don't heal
- People are vulnerable to losing muscle strength and they feel weak and tired
- This makes them more vulnerable to falls
- Malnourishment can make people vulnerable to low mood. A vicious cycle can be set up because people who are malnourished can lose their appetite (rather than feeling hungry as we might expect).

When we see these kind of changes (falls, low mood, slow healing wounds etc), one of the questions we want to be asking is 'are they eating well'?

We are also keeping an eye out for signs of unintended weight loss, like things becoming loose – rings, clothes, or dentures. Maybe a gentleman needs to start wearing a belt, for example.

In some situations you may be asked to weigh people in order to monitor their weight. Or yu may be asked to keep a record of how much they eat and drink to monitor their intake.

Malnutrition is a great example of why your role is so important: you are a priceless set of 'eyes and ears' as you spend time with the person. If you notice these changes report them.



Optional:
The Pharmac definition of being malnourished highlights these red flags:

-We can take the person's weight and height and put them into an online BMI calculator. If the person's BMI is less than 18.5 then that could indicate a problem with low weight.

-If the person has lost more than 10% of their weight in the past 3-6 months, then that is a concern. Or if there is just a slow but steady decline that isn't deliberate

-If someone was already underweight then we would be concerned by a 5% weight loss (over the last 3-6 months).



For people living with dementia who have small appetites, we want to stimulate that appetite and encourage eating to help prevent under-nourishment. We are going to look at some ways we can do that.

First of all we can make the most of the experience. To help us think about what that might be involved let's think about planning the perfect party.



Activity: Plan the perfect part quiz

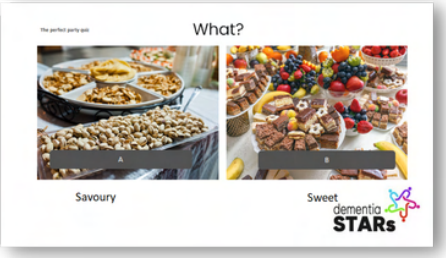
This is a fun quiz, with no "correct" answers: it is a chance to explore choices around food.

Resources: Powerpoint

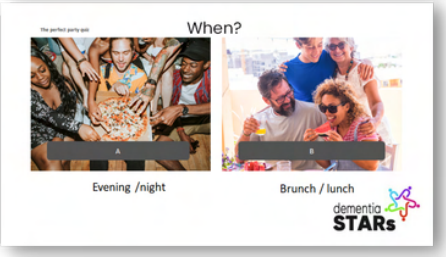
Instructions: Go through quiz slides. Read the questions and two options out loud. Have people share their answers by raising their hands (or calling out).



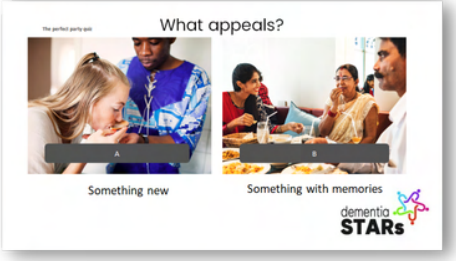
If you were planning your own perfect party dish, what would you choose?
Savoury? or
Sweet?



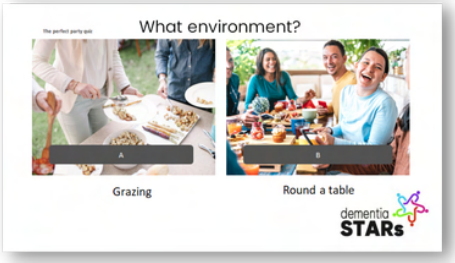
When would your perfect party be?
Evening/night? or at the start of the day for Brunch/lunch?



What appeals for your perfect party?
Something new? or
Something with memories?



How would you organise the food?
Casual/grazing? or
Sitting down around a table?



Who would you invite to your perfect party?
Every one you know? or
Just your nearest and dearest?



One thing that planning our perfect party reminds us is that food can be a highlight of the day [9]. Good food can be a sign of love. It can signal that someone cares about us and values us, or even that we care about ourselves.

Food can be a source of pleasure. Kilojoules and nutrients are important, but food is so much more than that. Did that quiz remind you of how many happy memories of people and events are wrapped up in food? We can use this way of thinking about eating and the eating environment to help encourage eating.

Getting to know the person is important.

There aren't correct answers for the quiz questions. It all depends on the person. We are not going to be planning a party every day, but the quiz helps us to think about the kind of things we might find out about the person to help make the most of meals.



A

What kind of food does the person like? Maybe they don't want 'rabbit food' salads, or maybe they love food from their own cultural background. We all eat more of food that we like. Familiar foods and routines can also help the person to know what to expect and to feel relaxed.



A

When does the person like to eat? Some people are used to eating their main meal at lunch time, others are used to their evening meal being their main meal. If we can, we want to respect routines and use them to provide nutritious food when the person feels most like eating.



A

What memories / opinions/ stories are wrapped up in food?
Making food for their family? Childhood foods? World War II rationing? Growing food? These types of conversation can be great way to encourage reminiscence. This can help make people more interested in mealtimes and food. Talking about food just before a meal can help to make us hungry! [10]. Sometimes we can look for ways to make a meal a special occasion based on the time of the year, a special event, or a special memory like fish and chips wrapped in paper.



A

What kind of an environment says ‘it’s time to eat’ for the person you are supporting?
We can arrange the environment to cue that it is meal time and to provide a pleasant relaxed environment that helps them to focus on the food. We can get to know that individual’s personal habits or routines that signal that it’s time to eat, like washing their hands, saying grace, or thanking the person who made the food.



Q

How do you know when it’s time to eat at your home? What are your rituals around breakfast, lunch and dinner? How could these kinds of ideas be harnessed to assist someone who isn’t eating well?

A

Examples of possible answers might include: call people to the meal; switch devices off; sit round the table, ask about the day; say grace; have a particular bowl or placemat; watch or listen to the news or a particular programme; serve from a central platter; use chopsticks; have a glass of water with every meal; having a lunch box or lunch bag; having breakfast in bed or in pyjamas; fish and chip on a Friday or fish on a Friday; type of breakfast (cereal / cereal and toast / cooked breakfast); having coffee before or with breakfast etc

A

What about people? Eating with others can be a really useful cue to eat. Food is often a social activity throughout life, and so eating with relaxed company who are eating as well is a strong cue to eat.

There is a lot of research evidence that people eat more when they have company and you may have noticed that yourself. However, everyone is different and some people may find eating with others distracting, irritating, or overwhelming.



Another way we can encourage people to eat is to make the most of our senses



People living with dementia can have trouble processing information from their senses, and for people who are older there can be age-related changes as well. Getting less information from senses can make food less appealing and reduce appetite. We can be alert for these changes and help overcome them.

Vision

Have you heard the saying that people eat with their eyes? How food looks is a big part of how appetising food seems.

If you can't really see your food then you are much less likely to eat it. People who are living with dementia can have trouble processing what their eyes see, so they may need more contrast to be able to make sense of what they see.
Think about white fish with white sauce with mashed potato and cauliflower cheese on a white plate. It doesn't only look unappealing, a person with vision problems might not even be able to tell what the food is or even that it is there at all!

A well-known study back in 2004 found that people living with dementia ate 25% more food when the food was served on a red plate [11] .We can use colour contrast by providing a variety of colours of food on a plain bright coloured plate. As people get older their eyes get 'cloudier' and they may need brighter lighting than you do to be able to see their food well. Of course another reason things can look cloudy is not wearing your glasses or having very grubby glasses – it really can make a big difference to clean those glasses.

Taste and smell

We can start to lose our sense of smell and taste when we get older. Dementia can also take away our sense of smell.
This means that for people living with dementia, a meal that was tasty a few years back might taste bland now. We may find that people respond better to more strongly flavoured food. For example in a cheesy dish we might use a stronger cheese, or we might use more of their favourite herb or flavour.

People living with dementia often prefer sweet food more than they used to. The ability to taste sweet things remains even when the ability to detect other tastes declines. So sweet food may be something the person can still really taste and enjoy. You might notice some people can still manage their dessert even if they are not interested in their main course. Some people might enjoy having sweeter tastes like honey or fruit added to savoury dishes. Sometimes people may make their own combinations that seem horrifying to us. If they are enjoying their creation, it's not doing any harm!

A person living with dementia may require increased sensory information for the brain to recognise there is food in their mouth. Room-temperature mashed potato may slodge around the mouth without triggering a swallow once it has warmed up to body temperature. Try to serve hot food reasonably hot, and re-heat if you need to. Hot food and stronger flavours can help trigger the swallow response.

Changes in sense of smell can also mean that the person living with dementia is not be able to smell that food is off, so in some situations we may need to help check the safety of fresh food that they have stored.



Sensory cues can help people recognise that it's mealtime and stimulate their appetite.

We might use visual cues like having the dining table set out nicely with placemats and cutlery. We might draw their attention to the smell of food. We might turn off the TV and having gentle music instead. These small things can make a big difference: they help to focus attention and remove distractions, they help provide a relaxed pleasant environment, they help to cue that it is time to eat, and they help to stimulate appetite.

What about our activities before the meal? Could we involve the person in the food preparation – like washing some veggies, picking herbs, stirring the bowl, or spreading the bread? Could we involve the person in tasks around getting ready for the meal like laying the table or putting teabags in the pot?



It's steak pie and salad for lunch today. How could we make the most of senses to help someone to eat it?



Learners may use the examples you have talked about or come up with new ideas. Possibilities include

- Visual: using a coloured plate, having a range of colour in the salad, having good lighting and clean eyeglasses, having the table set up for lunch.
- Auditory: removing distracting noises, playing relaxing music.
- Taste and smell: tomato sauce is quite sweet and may be appealing, add extra flavour to the pie. Serve it hot.
- Cues: invite them to help set the table, talk about the smell of the pie and memories it invokes before the meal (as fits with the person e.g., pies and car trips, making pies), show pictures, make a special event e.g. rugby and pie theme for a rugby match.

Making the most of each mouthful.

If a person has a small appetite, it can be tricky to try to get all their food needs into three meals a day.



Little and often can be a great way to go.

Small frequent meals can be really work well for a someone with a small appetite. A big meal can be overwhelming, and people may refuse the meal or give up when they know they can't manage it all. We can serve a smaller meal on a smaller plate. We can put the parts of the meal out one after another instead of all together. Remember we can always give seconds!

Snacks.

You might find that some people may prefer to 'graze' and snack throughout the day, especially if they can't remember when they last ate. The idea is to provide lots of snacks and finger food. We can have food available to 'grab', and also offer snacks every couple of hours.

Add energy.

When we find something that the person is eating, we might be able to add energy and protein without increasing the size of the meal. This is sometimes called food fortification. For example, we might add cheese or butter to mashed potatoes, or add cream, custard, or ice cream to dessert. Avocado, nuts, and olive oil can be handy high energy extras. We can even enrich milk by adding milk powder (This involves adding 4-6 tablespoons of milk powder to a litre of milk, and then using the milk as usual to add to cereal and drinks).

To recap, people living with dementia may often need extra encouragement to eat well.

To help people with small appetites we can think about making the most of the experience, making the most of senses, and making the most of the food.



Enable



Our second big idea for supporting people to eat well is to enable them. Enablement is about doing things with people instead of for them. We focus on what the person can do, instead of what they can't.

Sometimes as dementia progresses people may have difficulty getting food from their plate to their mouth. We want to enable them to do as much as possible for as long as possible.

Q *Why is it important to enable independence?*

Imagine that you go out for dinner and your dinner companion says to you that they are concerned that you are going to spill food on your good clothes. They remind you that you are a bit clumsy, so for your own good they say they should spoon feed you your dinner. How would you feel?



A The learners may feel humiliated, angry, embarrassed etc

If we do everything for people we can take away their dignity.

If we keep doing everything for them we can take away their confidence and skills. It is another example of 'use it or lose it'.

Enabling people to maintain their function in eating also helps to promote safety.

Q *Imagine that I have your favourite lolly and I'm unwrapping it in front of you. You can see it and smell it. What might happen with your mouth?*

[*You may want to have some actual wrapped lollies for this example*]

A They may notice that their mouth 'waters'. Explain that the increase in saliva is getting them ready to swallow.

When we are physically involved in the act of eating, our body has cues that the food is coming; for example the movement of our arm and the sight of the food. Our body can get ready. We can control the pace so we finish one mouthful before starting the next. When we don't have these cues and control it is much more likely that the food 'goes down the wrong way' which is known as aspiration. This food can reach the lungs and cause aspiration pneumonia. Being totally assisted to eat dramatically increases the risk of aspiration pneumonia.

Making it easier.

If a person living with dementia is having a difficult time using eating utensils, we may be able to find ways to enable them to continue to eat independently. We want to minimise the use of feeding assistance.



We can think about how to make eating easier. When a toddler first learns to eat they don't start using a knife and fork straight away, because that would be too hard. A toddler progresses to learn to feed themselves as they gain food awareness and fine motor skills:

- They start by eating with their hands
- Then they might use a special nonslip bowl and spoon
- Then they might use a special knife and fork that's easier to hold.

So we have probably all had experience of using adaptive equipment to enable eating early on in life, even if we don't remember it.

We can think of the harder tasks that we learned last as being the first tasks to become challenging as dementia progresses. We can work backwards:

- Can we provide special cutlery that's easier to hold?
- Can we provide special a non slip bowl or plate with edges to help get the food onto the utensil without it running away?
- Can we move to using a single spoon?
- Can we use finger food?

Finger food can be really useful and there is a huge range of possibilities. We often think of taking finger food for our own lunch and snacks when we are working.

Q *What are some of the things that you have eaten recently that didn't need cutlery – you could just use your hands? What are some other examples of food we can eat without cutlery? What about for breakfast? etc*

Some possibilities might include [10, 12]

Breakfast

- Cereal bars
- Toast with spreads, English muffins, sandwiches, bagels, crumpets
- Dried or fresh fruit
- Yoghurt in a tube
- Mini sausages
- Boiled egg (peeled), eggy bread squares, omelette sandwiches
- Tomato quarters
- Whole mushrooms
- Lunch and tea
- Chicken drumsticks, chicken tenders
- Mini sausages, mini burgers, Meatballs, kebabs
- Mini quiches, frittatas, pies
- Mini fishcakes, fish goujons, fish sticks, crab sticks, cold smoked fish pieces
- Boiled egg, scotch eggs
- Pizza slices
- Mini spring rolls, dim sum, sushi
- Fried tofu cubes
- Soup in a cup
- Steamed or raw vegetable sticks, cut up roast vegetables, mini tomatoes, button mushrooms
- Chips, potato wedges, mini new potatoes
- Breads, rolls, chapatis, naan bread, bagels, wraps and other types of breads
- Sandwiches with fillings such as meat and fish pâté, peanut and other nut-butters, cold meats, cream cheese, hummus

Dessert

- Ice cream in a cone
- Mini fruit pies
- Fruit kebabs

Snacks

- Crumpets
- Toast fingers with toppings
- Salad sticks
- Cereal bars
- Small cakes or buns, biscuits
- Fruit wedges
- Dried fruit, snack mixes (scroggin / trail mix)
- Loaf, fruit bread
- Cubes of cheese, crackers

Learners may be aware of finger food styles from a particular culture [13] for example

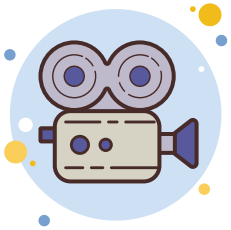
- Italian antipasto
- Chinese yum cha (diǎn xin)
- Mediterranean or middle eastern Meze

Finger food can be useful when you are supporting someone who walks a lot. This can be really tricky because not only it is hard to get the person to sit down and eat, they are also using up lots of calories! Can we put some bowls of finger food options along their indoor route? Can we walk with them and provide some finger food?

We can also enable eating by being patient. We can be relaxed about taking longer to eat. We can reheat meals that get cold. We can prompt to see if the person would like to eat more rather than whipping away their plate because they have stopped eating

Enabling assistance

If a person does require assistance with eating, we still want to enable them to do as much as possible. Occupational therapist Tracey Hawkes is going to talk us through a really helpful technique for enabling people to still have cues and control while we are assisting them to eat.



Play Tracey's video

Activity: The Hand under Hand™ Technique

Resources: spoons, Hand under Hand™ handout

Part 1: Being 'fed'

Have the learners pair up. Provide spoons and handout
The pair choses who will be the helper and who will be the person living with dementia.

Ask the helper to totally assist the person living with dementia – i.e. spoon feed them

Now swap roles (new helper uses a new clean spoon)

Ask the class for feedback about what the experience was like and what they noticed. For example did they see the person receiving help flinch, turn their head etc

Part 2: Trying the Hand under Hand™ technique

Ask the pair to now try the technique to assist with eating

Talk the first helper through the technique using the handout:

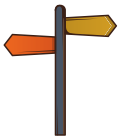
1. Take their dominant hand as if you were going to shake hands.
2. Move your grip to hold their thumb.
3. Rotate your hand so that their hand is on top
4. Move so that you are beside them shoulder to shoulder but still in sight.
4. You hold the utensil.
5. "Listen" to what the person's arm is doing for cues to help get the pace right.

Ask the learners who are acting as the person living with dementia to show that they haven't finished their mouthful yet. Then ask them to show that they can get the spoon to their mouth.

Check in with the helpers about how they could feel these messages by 'listening' to the arm.

Ask the class for feedback about how the hand under hand technique felt different from the fully assisted eating. Generally the learners report that the hand under hand technique felt quite dramatically less aversive.

Ask the pair to swap roles and run through this process again.



If time permits you might ask learners to try the use the technique in other scenarios, for example try acting out face washing or toothbrushing first 'doing it for them' and then doing it with them using the hand under hand technique. Finish by reiterating that the hand under hand technique can be a very useful tool for the leaners to have in their toolkit of skills to help enable independence by doing things with the person rather than for them.



Adapt

So we've looked at encouraging and enabling. Now we are going to explore our third big idea: adapting.

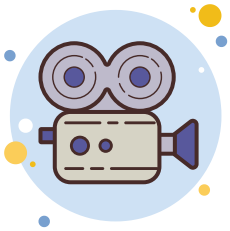


Adapting for problems with swallowing



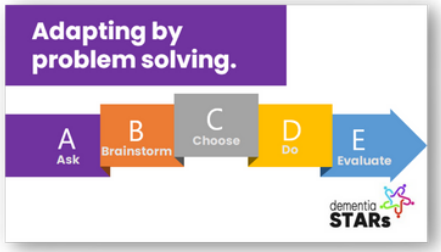
Coughing a lot during or after eating can be a sign of swallowing difficulties. People with swallowing difficulties may also avoid certain foods, or say they don't like them anymore.
If you notice these signs do report them. It may be time for an assessment by a speech language therapist and the introduction of modified textures. Softer foods are easier to swallow.
When someone has been identified as needing to eat a modified texture diet, it is important that we support them to follow the diet consistently.

Speech language therapist Ashleigh Farr is going to explain modified textures to us in this brief video.



Play Ashleigh's video

Adapting by problem solving



What do we do if someone isn't eating enough of the food that we are presented? The solutions are going to be as varied as the people we support. We need to go into problem solving mode [14].

ASK YOURSELF:
What is the problem? Be as specific as you can

BRAINSTORM:
Bring together what you know about the person and the situation. Come up with possible ideas about why this might be happening and possible solutions.

CHOOSE:
Pick the solution/s that you think make the most sense and are most likely to help solve the problem

DO:
Put your chosen solutions into action

EVALUATE:
Check your results: did it work?
This step isn't about giving up when your first try doesn't work. It's about asking yourself, "What can we try next?". Getting it right often involves trial and error as well as building up a toolkit of four or five small ideas that work better together.

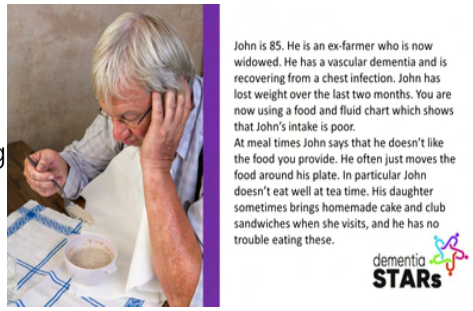
Activity: Brainstorming John case study

Resources: Powerpoint slide of case study

Split into smaller groups if you have a larger class.

Have one of the students read John's story out loud.

Case study: "John is 85. He is an ex-farmer who is now widowed. He has a vascular dementia and is recovering from a chest infection. John has lost weight over the last two months. You are now using a food and fluid chart which shows that John's intake is poor.
At meal times John says that he doesn't like the food you provide. He often just moves the food around his plate. In particular John doesn't eat well at tea time. His daughter brings homemade cake and club sandwiches when she visits sometimes, and he has no trouble eating these."



Ask the students to brainstorm about what might be going on. We want to think of as many possible 'why' ideas as we can.

Examples of possible reasons (encourage the class to make the step of possible solutions for each why they suggest):

- Maybe John doesn't like the food (as he commented)
- Is it the company of his daughter that is encouraging him to eat?
- Eating skills: Finger food is easier than using cutlery . Maybe he needs adaptive equipment. Pushing food round the plate could be a clue
- Maybe as a farmer John was used to having his main meal at lunch time. Does the tea-time meal feel too big for John and this is putting him off?
- Maybe he is depressed
- Pain: Maybe John has sore gums, sore teeth, or badly fitting dentures. If John has lost weight his dentures may well not fit.
- Medication may be reducing his appetite or making the food taste odd
- Swallowing: maybe John is having trouble swallowing the dinner food: has he been coughing, was his chest infection from aspiration pneumonia?
- Vision: Can he see the food on the plate?
- Illness: Is John still feeling unwell after his chest infection and this is affecting his appetite? Maybe the foods that his daughter brings are comfort foods for John
- Activity: maybe John hasn't been able to be as active as usual and outdoors as much as he recovers and hasn't built up his appetite
- Maybe John is tired / unable to concentrate
- Is John constipated, so a sore tummy is putting him off?
- Distrust: John may have a delusion that you are trying to poison him but he trusts his daughter



Congratulate the class on the range of possibilities they come up. Emphasise how useful brainstorming is as an important part of the problem solving process when we are working with people living with dementia, especially as there are often multiple 'whys' involved. Point out that they would then proceed with the need stages: choosing the ideas they think are most likely to make a difference, doing them, and evaluating whether they made a difference. If not, they would go back and think about what to try next.

Reinforce how in this activity they have taken on board the key ideas of encourage, enable, and adapt.



Thank the students for their attention, provide the summary handout, and gather feedback by handing out the feedback form.

AT YOUR PLACE

Here are a few questions to reflect on before you facilitate the session, to help make the session relevant and effective in your organisaton.

EATING WELL RESOURCES

Does your organisation have training or information about eating well that you would like to refer to? How are carewokers inormed about adaptive equipment and special needs of individuals? How should carewokers share information about eating well, such as information about likes and dislikes, etc.

LINE OF COMMUNICATION:

Who should learners talk with if they have concerns about someone's eating?

RESPONDING TO WEIGHT LOSS:

Does your organisation have protocols for monitoring weight or intake when there is a concern that you would like to refer to?

YOUR CHECKLIST FOR THE DAY

Here are some of the things you may want to take with you

- [ ] Audiovisual equipment with PowerPoint presentation loaded
- [ ] Whiteboard pens and either a whiteboard or large paper pad to record learners' responses for activities
- [ ] This facilitator's guide
- [ ] Summary handout
- [ ] Going further handout
- [ ] For activities : Hand under Hand technique handout, spoons, a lolly to unwrap
- [ ] Feedback forms
- [ ] Certificates of completion
- [ ] If applicable, you may wish to bring print-outs of the resources used at your place.



3. Resources

Eating well and dementia

dementia STARs

TOP QUICK TIPS EATING WELL AND DEMENTIA

Eating well

As dementia progresses there can be lots of changes that impact on whether someone feels like eating.

This means that many people living with dementia are not eating well, and there are high rates of malnutrition.

Encourage

- Make the most of the experience: make food a pleasure, get to know the person and what they like.
- Make the most of senses: use contrast and make the food appealing, make up for losses of taste and smell; involve the person.
- Make the most of food: try little and often, snacks, and added energy.

Enable

- Make eating easier: consider adaptive equipment and finger food.
- Make assistance enabling: we want to enable the person to do as much as possible. Consider the Hand under Hand™ technique.

Adapt

- Adapt for swallowing problems: Watch out for coughing around meals as a sign, support modified diets.
- Adapt by problem solving: If a person isn't eating well, brainstorm reasons why and try out a range of ideas.

And remember

Food can be a sign of love and a source of pleasure.

Kilojoules and nutrients are important but food is so much more than that.



NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund

GOING FURTHER...
5 GREAT RESOURCES ON EATING

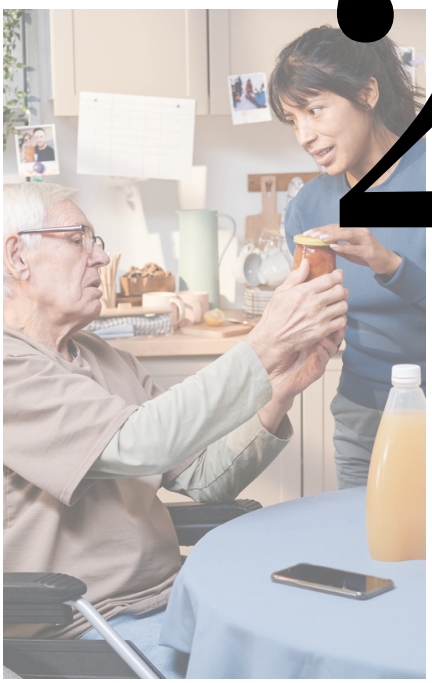
TOOL KIT #1

Bournemouth University has a toolkit of resources. Their booklet Eating and Drinking Well: Supporting People Living with Dementia may be particularly useful if you are interested in finding out more about monitoring weight and intake.

1

https://www.bournemouth.ac.uk/research/centres-institutes/ageing-dementia-research-centre/eating-drinking-well-dementia-toolkit

2



TOOL KIT #2

Malnutrition week is in early October and there are free resources for Aotearoa New Zealand and Australia available from Nutrition Connection e.g.,

https://dietitianconnection.com/app/uploads/2021/07/Malnutrition-Week-2021_Toolkit-v8.pdf

3



ARTICLE

You can find out more about ways to reduce the risk of aspiration through the 5 fundamental M's: MDT involvement; Maximising posture; Mealtime preparation; Mouth care; and Medication management.

https://www.nursingtimes.net/clinical-archive/nutrition/5-fundamental-ms-cutting-aspiration-risk-in-dementia-and-dysphagia-patie

5



BROCHURE

The Social Care Institute for Excellence provides more information on a range of topics related to eating well for people living with dementia.

https://www.scie.org.uk/dementia/living-with-dementia/eating-well/

4

HANDY HINTS

Activity and Nutrition Aotearoa provide a range of useful hints for supporting people living with dementia to eat well.

https://ana.org.nz/nutrition-for-the-person-with-dementia-living-at-home/

dementia STARs

Feedback on EATING & DEMENTIA

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY DISAGREE
I understand more about encouraging eating well	○	○	○	○	○
I feel more motivated to encourage eating well	○	○	○	○	○
I will be able to use what I learnt in my work	○	○	○	○	○
It was worthwhile coming	○	○	○	○	○

WHAT IS THE MOST IMPORANT THING YOU LEARNED TODAY?

WHAT IS YOUR GENERAL FEELING ABOUT THIS EDUCATION SESSION?

WHAT ARE YOU GOING TO DO DIFFERENTLY?

THANK-YOU FOR YOUR FEEDBACK, IT IS APPRECIATED

© DEMENTIA STARS • EATING WELL

dementia STARs

CERTIFICATE

OF COMPLETION

_____

has completed the Dementia STARs
Eating Well Module

EATING WELL

Date _____

Signed _____

Organisation _____

References

[1] Cunningham, N., Cowie, J., Watchman, K., & Methven, K. (2020). Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews. *Dementia, 19*(8), 2780-2803.

[2] Surr, C. A., Gates, C., Irving, D., Oyebode, J., Smith, S. J., Parveen, S., ... & Dennison, A. (2017). Effective dementia education and training for the health and social care workforce: a systematic review of the literature. *Review of Educational Research, 87*(5), 966-1002.

[3] Kuske, B., Hanns, S., Luck, T., Angermeyer, M.C., Behrens, J., & Riedel-Heller, S.G. (2007). Nursing home staff training in dementia care: a systematic review of evaluated programs. *International Psychogeriatrics, 19*(5), 818-841.

[4] Mason, J., & Adeshina, A. (2011). The role of psychiatrists in developing the skills of dementia care workers. *Advances in Psychiatric Treatment, 17*, 372-380.

[5] Beer, C., Horner, B., Almeida, O.P., Scherer, S., Lautensclager, N.T., Bretland, N. et al., (2009). Current experiences and educational preferences of general practitioners and staff caring for people with dementia living in residential facilities. *BMC Geriatrics, 9*(36).

[6] Department of Health and Ageing (2006). *Stocktake of continence and dementia workforce curricula, education and training project*. Canberra, AU: Department of Health and Ageing.

[7] Loveday, B. (2013). *Leadership for person-centered dementia care*. Jessica Kingsley Publishers.

[8] Social Care Institute for Excellence (SCIE) (2020). Why nutrition is important for people with dementia. https://www.scie.org.uk/dementia/living-with-dementia/eating-well/importance-of-nutrition.asp

[9] Murphy, J., Hooper, G., & Holmes, J. (2018). Eating and drinking well with dementia: A guide for care staff. Bournemouth University.

[10] Crawley, H. & Hocking, E. (2011). Eating well: supporting older people and older people with dementia. Practical guide. The Caroline Walker Trust.

[11] Dunne, T. E., Neargarder, S. A., Cipolloni, P. B., & Cronin-Golomb, A. (2004). Visual contrast enhances food and liquid intake in advanced Alzheimer's disease. Clinical Nutrition, 23(4), 533-538.

[12] Kuiper, M. (2021). Dementia and eating issues. The Geriatric Dietician. https://thegeriatricdietitian.com/nutrition-care-a-design-for-dementia/

[13] Burbridge, D. (2013). Food for thought: Facilitating independence with finger foods. Australasian Journal of Dementia Care, 2(2).

[14] Robson, D (2022). The ABCs of problem solving steps. Available from https://www.andnextcomesl.com/2020/09/abcs-of-problem-solving-steps.html

FAQs

In this section we provide some extra information that might help answer questions from learners.

What can I do with someone who won't stay still for a meal?

We can sometimes encounter someone who finds it very hard to stay still, and spends a lot of their time walking. This can be really tricky because not only it is hard to get the person to sit down and eat, they are also using up lots of calories.

- We can make the meal environment by making it very calm and social to try to help them settle.
- We can make the most of the time of the day when they are more settled. For example if they tend to be still first thing in the morning, we could provide lots some really nutritious breakfast options.
- We can make the most of our opportunities while they are walking.
  - Can we put some bowls of finger food options along their indoor route?
  - Can we walk with them and provide some finger food?
  - Can go on a longer walk with them that ends up at the table for the meal? [10]

What about eating and end of life?

Reducing one's food (and drink) intake and 'fading away' can be a natural process of peaceful dying at the end of life with dementia. In this scenario at the very end of life, the lack of eating or drinking is not distressing and the person does not feel hunger or thirst. Because feeding someone is one of the most basic care activities humans can offer each other, not feeding someone, even though they don't want or need to eat, can be very difficult for us as caregivers.

Medical feeding (via nasogastric tubes or "PEG" percutaneous endoscopic gastrostomy tubes) can save lives in some situations. But in New Zealand and internationally, health professionals generally won't use medical feeding to try to delay an inevitable death in the last days of life. There is no evidence that this type of medical feeding actually improves quality of life for people living with dementia at the end of life. Instead the evidence is that medical feeding in this situation increases the risk of aspiration pneumonia and other complications, can cause discomfort, and can lower quality of life [8,12].

This can be a really hard situation for you as you provide support, particularly if the family and the person in their advanced care plan has made a different decision than you would. We do need to respect these decisions, but please look after yourself. Talk to a team member, get a hug, or ask one of our health care professionals to talk you through the best practice guidelines.

HAND UNDER HAND TECHNIQUE™

Developed by Teepa Snow, this simple technique helps us do tasks WITH the patient.

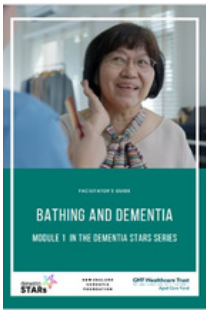
1. **Take their dominant hand** as if you were going to shake hands.
2. **Move your grip to hold their thumb.**
3. **Rotate you hand so that their hand is on top.** (keep chatting meanwhile)
4. **Move so that you are beside them shoulder to shoulder** but still in sight (or if you can't do that, make sure to get down to their eye level).
5. **You hold the utensil.**
6. **"Listen' to what their arm is doing for cues to help get the pace right.**

dementia STARs

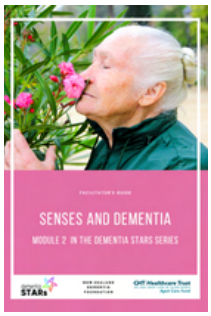
CONTINUE LEARNING WITH THE DEMENTIA STARS SERIES

We are delighted to offer eight Dementia STARs modules in this series. The Dementia STARs programme is an opportunity to reinforce a shared culture of person-centred care. Each kit offers all the tools needed to run an engaging introductory education session for direct care-workers and other staff.

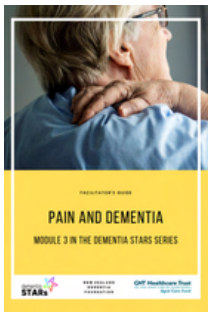
You can find the full series online at nzdementia.org/Dementia_STARs



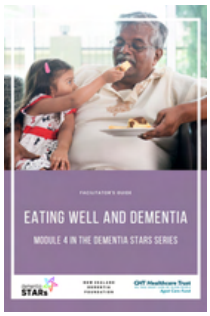
1: Bathing and dementia



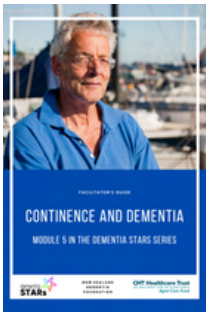
2: Senses and dementia



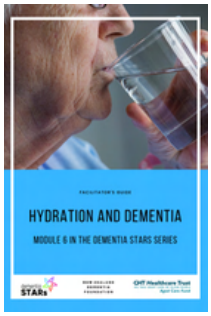
3: Pain and dementia



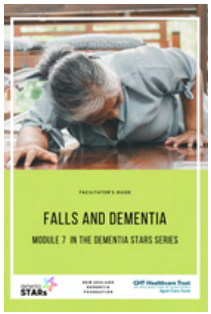
4: Eating well and dementia



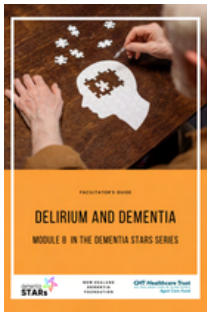
5: Continence and dementia



6: Hydration and dementia



7: Falls and dementia



8: Delirium and dementia

To cite this resource: Gee, S (2022). Bathing and dementia. Module 1 In the Dementia STARs series. New Zealand Dementia Foundation.