Dementia, Confusion & Behavioural problems with eating and drinking

How carers, nurses and family can help

What is the issue?

People living with **dementia** can experience **changes** in how they **eat, drink and swallow**.
This can lead to:

- Poor attention at mealtimes;
- Inability to recognise food and cutlery and understand what they are for;
- Inability to coordinate movement including: food from the plate to their mouths; effective chewing; and timely swallowing;
- Altered sensation, taste and awareness of food in their mouth;
- Poor recognition of hunger or thirst;
- Reduced appetite.

What happens?

Some patients may:

- Become distracted during mealtimes, for example, play with food or wander off;
- Refuse food or refuse help with eating and drinking;
- Eat or drink too quickly;
- Be unable to manage to self-feed;
- Hold food in their mouth;
- Spit food out;
- Try to eat non-food items.

What to do when these behaviours occur:

Patients with dementia or confusion often need extra support to eat safely and comfortably:

- Start by looking at *Leaflet 1 for Good practice supporting patients at mealtimes;*
- Give verbal and non-verbal prompts for each situation below.

Wandering or not sitting down for meals:

- Let them wander until the food arrives and then bring patient to the table;
- Show them the meal and explain simply, “Dinner time”, “Lunch is ready”;
- Give meals during periods when patient is settled and sitting down;
- Consider if finger foods might be needed – which can be eaten “on the move”;
- See if the patient will settle at a table to eat with other patients, staff or visiting family.

Plays with food:

- Offer “finger foods” – sandwiches, chips, little slices of meat or fish fingers, cake etc;
- Try guided or “hand on hand” feeding to get the process of eating started. Staff put spoon in the patients’ hand and then guide it to their mouth for several mouthfuls.

Refusing meals or eating small amounts only:

- Check information on *Leaflet 7: Chewing Difficulties;*
- Offer smaller meals and snacks in between meals;
- Offer favourite food items (ask family);
- Accept that completion of ½ or ¾ of meal is ok;
- Ignore traditional order of meal and start with pudding. Or offer 2 puddings if they don’t like the main course;
- Enhance flavours with salt and pepper, spices, herbs, citrus, sauces etc;
- Try assisting/ giving them the first mouthful so the food is tasted;

- See if they will smell the food and prompt with “That smells tasty. Let’s eat”;
- If refusing thickened drinks, try naturally thick drinks such as smoothies, milkshakes, thick fruit juices, hot chocolate and frothy coffee made with full fat milk;
- If patient needs a modified diet, then try to include flavours they prefer e.g. Try a chocolate mousse instead of a chocolate bar;
- If patient needs a puree diet, consider what foods fit naturally into this category e.g. mashed potatoes, thick soups, custard, ice-cream etc.

Eating too quickly / cramming/ or eating too large mouthfuls:

- Cut food into small pieces;
- Give only small amount at a time e.g. each course is given in a number or smaller portions;
- Try giving patient a teaspoon or smaller fork which cannot be piled up;
- Verbal reminders to “Slow down”;
- Physical cues with gentle touch on arm or hand to slow them down and stop the next mouthful occurring;
- Avoid difficult foods such as hard or dry, tough or fibrous, chewy, crispy, crunchy, sharp, pips, seeds, bone or gristle, sticky or gummy, and stringy food;
- Some patients may need feeding so the carer can control the speed of eating. S*ee Leaflet 1: Good practice supporting patients at mealtimes- side 2.*

Unable to self feed:

- Put cutlery directly into their hand;
- Try a plate-guard and large handed cutlery. Use a non-slip mat under plate;
- Try finger foods;
- Try guided or” hand on hand” feeding;
- Or patient may need feeding.

Not opening mouth or holding food in mouth:

- See ideas above in *Refusing meals;*
- Patient may not be hungry. Try again later;
- Touch spoon or cup to lower lip to help trigger mouth opening and/ or the movement of food in the mouth;
- Try giving them a first sip or taste of the food by placing a small amount on the lips. This can trigger a “lick the lips” response and start the process of eating;
- If food is being “held” in the mouth, try gently putting a small amount of pressure on the tongue with an empty spoon. This can help trigger the movement of the food in the mouth and start the swallow;
- Experiment with strong tastes (e.g. citrus flavour) and try ice-cold drinks;
- Ensure mouth is clear at the end of the meal and do mouth care to remove any food residue.

Spitting out food / spitting out lumps:

- Are they ok with cake but not their main meals? Ensure they have favourite food items;
- Keep a note of which foods are spat out and then avoid these. E.g. It might be something with skins such as tomatoes or grapes;
- Experiment and see if they do better with modified food consistencies for their main meals. Start with *Soft and Bite-sized (IDDSI level 6).* If this still causes a problem, then try *Minced and Moist (IDDSI Level 5)*.;
- Sometimes patients prefer smooth *Puree* consistency for their main meals *(IDDSI level 4)*.

Eating non-food items:

- Ensure all staff are aware that this is a risk;
- Remove/ lock away any harmful substances e.g. Thickening powder;
- Avoid using paper napkins or tissues at mealtimes;
- Use shatterproof / unbreakable plastic plates and cutlery for patients with a strong bite reflex.

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