

MEAL TIME

Eating plays an important role in our lives and is often a social event that allows us to spend time with our family and friends. When caring for someone with dementia, meal time can sometimes become stressful and frustrating for both the person with the disease and the caregiver. Due to the impact of Alzheimer's disease and other dementias on the brain, the person may experience changes in:

- appetite
- sense of taste
- sense of smell
- sensation of being full
- sensation of thirst

The person may no longer like their favourite foods, may develop a craving for sweets, or may become obsessive about eating or specific food items. They might become less able to discern colour and contrast, causing the food items on their plate to blend and appear indistinguishable from each other.

As the illness progresses, the swallowing reflex often becomes less responsive, making eating less enjoyable and increasing the risk of choking. The person might even try to eat things that could be dangerous to them.

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Where to begin

Usually we don't stop to assess our eating habits and routines, which have developed over a lifetime. The following suggestions may help reduce problems and make meal times more pleasant for both of you.

Consider the person and the setting

- Is the person's mouth free from sores?
- Do dentures fit properly or are teeth worn down or missing?
- Are there medications or other conditions (such as heart condition, diabetes, constipation or depression) that may lead to loss of appetite?
- Can the person visually distinguish food, plates, etc.?
- Can the person recognize food as something to eat?
- Does the person know how to use items such as utensils or condiments?
- Is the person agitated or restless?
- Is there confusion about meal times or whether a meal has been eaten?
- Is food less appealing because the person's sense of taste and smell has lessened?

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What to try

Ensure that there are no physical obstacles to eating. Have a dentist check the person's teeth, gums, and dentures. Have vision and glasses checked. Consult a physician about physical causes or medications that might interfere with eating. Check for signs of depression. Make sure the person is comfortable.

Prepare the environment. Gently remind the person of the steps involved in meal time and use your own actions as cues. Observe whether the person appears anxious or fearful around a particular aspect of meal time. Ensure the area is well lit. Provide a calm, uncluttered, and relaxed setting with few distractions. Simplify the table and place settings with cutlery and dishes that are easy to hold.

Keep the food simple. Offer bite-sized pieces or finger foods. Consider giving only one food item at a time. Colourful food is more easily distinguished on the plate. Offer food in a mug: soup, milkshakes, smoothies, liquid food supplements. Prepare the person's favorite foods and serve them in familiar ways.

Anticipate problems. Check the temperature of food before serving. Avoid foods that are hard to swallow, such as popcorn, nuts, hot dogs, and raw vegetables. Serve soft, chopped food. Offer small bites. Moisten food with gravy or sauces. Be up-to-date with First Aid techniques in case of choking.

Use creative solutions. If the person has a fondness for sweets, offer dessert at the end of a balanced meal. Distract the person with an activity, exercise, or gum if overeating is a problem. Lock food up if necessary. Have frequent small meals and snacks throughout the day. Try to make meals enjoyable and social events.

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Consult a physician. Weight gain or loss can be an indication that the person is experiencing problems with food and nutrition, but it may also be a symptom of depression or a side effect of medication. If weight gain or loss persists, or if choking is a problem, consult your physician.

Be patient. Both you and the person with dementia stand a better chance of having an appetite and enjoying a meal if the atmosphere is calm and relaxed.

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