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ALZHEIMER'S DISEASE: EATING AND DRINKING CHALLENGES

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This article addresses some of the challenges around eating and drinking for people with Alzheimer's disease and provides practical suggestions to increase food and drink intake and ensure that mealtimes are an enjoyable experience. These suggestions apply equally well to other forms of dementia.

There is often confusion around the terms 'dementia' and 'Alzheimer's disease'. Dementia is an umbrella term describing a set of symptoms that affect cognitive functioning, such as memory loss or confusion, difficulty with communication and a change in mood.

It is estimated that 850,000 people in the UK are living with dementia.[1] Age is the biggest risk factor for dementia and, with an ageing population, this number is expected to rise to one million people by 2025 and two million by 2050.[2]

There are many different forms of dementia. Alzheimer's disease (referred to as Alzheimer's) is the most common cause and, according to Alzheimer's Research UK, it accounts for two-thirds of all cases, i.e. around 500,000 people in the UK.[3] Vascular dementia is the second most common cause of dementia and other forms include frontotemporal dementia and dementia with Lewy bodies. Alzheimer's can also occur with other forms of dementia, such as vascular dementia, and this is known as mixed dementia.

In Alzheimer's, changes occur in the brain, including the build-up of two proteins, amyloid (in the form of plaques) and tau (in neurofibrillary tangles). Both these proteins are involved in driving the disease and build up in the brain 10 to 15 years before the onset of clinical symptoms. Currently, we still do not have a complete understanding of what triggers Alzheimer's and there are no treatments to slow or halt the progression of the disease.

RISK FACTORS

Although age is the greatest risk factor for dementia, about 4% of people with Alzheimer's are under the age of 65. This is known as early-onset or young-onset Alzheimer's and usually affects people in their 40s, 50s and early 60s.[1] However, it is important to remember that dementia is not a natural part of ageing. There are a number of modifiable lifestyle factors that may increase the risk of dementia; these include physical inactivity, hypertension, Type 1 diabetes, obesity, smoking and social isolation.[4] To find out more, please refer to a previous ***NHD*** article *Healthy eating and lifestyle to reduce the risk of dementia* (Issue 145 June/July 2019).

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SYMPTOMS OF ALZHEIMER'S DISEASE

Alzheimer's is a degenerative progressive disease and symptoms will gradually get worse over a number of years. Memory loss is usually the initial sign; this could be forgetting recent events, difficulty finding the right word, or repeatedly asking the same question. As the disease progresses, someone with Alzheimer's may experience mood changes, a change in personality and behaviour, confusion, anxiety and agitation. By the middle stages they are likely to need support with activities of daily living such as eating and drinking or washing and dressing and may experience aphasia (difficulties with language or speech).

These symptoms intensify in the later stages and difficulty chewing and swallowing (dysphagia) is common, with a resulting weight loss and risk of malnutrition. At this stage, someone with Alzheimer's may need assistance with eating and drinking, personal hygiene and functional mobility and eventually full-time care.

It is important to remember, however, that when talking about symptoms of Alzheimer's, dementia affects each person in different ways. Professor Tom Kitwood, a pioneer in the field of dementia care and person-centred care commented, "When you've met one person with dementia, you've met one person with dementia."[5]

CHALLENGES

Challenges around eating and drinking are not exclusive to Alzheimer's and apply equally to other forms of dementia, so the term dementia will be used here.

Eating and drinking can become increasingly challenging as dementia progresses, for a number of reasons. Someone may have difficulty with communication and may be unable to express hunger or thirst; they may communicate their needs through behaviour and refuse to eat or spit food out. Low mood may result in a lack of interest in food and poor concentration, anxiety or agitation can make it difficult for someone to sit down for an entire meal.

Confusion can lead to a lack of recognition of hunger or remembering how to eat. Someone may forget to eat, forget they have eaten, want to eat meals at the 'wrong times' or in the 'wrong' order, or even try to eat non-food items. Food preferences may change, often with a craving for sweet food and changes in personality can lead to a paranoia surrounding food. In the later stages of the disease, there can be a loss of ability to feed oneself and a lack of coordination, difficulty chewing and swallowing and a reduced thirst sensation.

As a result of some of these challenges, losing weight can be common in people with dementia. This can become a vicious cycle as weight loss can cause a more rapid progression of dementia, which can then increase the risk of other problems such as pressure sores, infections and confusion. Dehydration can put people with dementia at risk of other health conditions, such as incontinence, constipation and poor oral health. It can also cause dizziness and confusion leading to an increased risk of falls.

Observation	Suggestions
Food left uneaten or refused	Offer smaller portions. Check texture and consistency of food. Discuss food preferences. Assist with eating if necessary.
Poor fluid intake	Prompting and encouragement – make a drink rather than asking. Offer a variety of different drinks. Offer foods with a high water content – melon, cucumber, jelly, soup.
Walks around during mealtimes	Ensure mealtimes are calm – no distractions. Provide finger or bite-sized food that can be eaten 'on the go'. Take a walk together before a meal and end in the dining room. Eat together to model eating. Offer food on occasions when more likely to sit down.
Difficulty chewing or swallowing	Use verbal cues. Liaise with speech and language therapist.
Difficulty using cutlery or drinking utensils	Use verbal cues as a reminder. Place crockery into hands. Swap cutlery type or provide adapted cutlery and crockery. Offer finger food or cut food into smaller pieces.
Distracted from eating	Ensure mealtimes are calm with no distractions. Make sure they have everything needed for the meal – glasses, dentures, been to the toilet. Use verbal or manual cues – place crockery into hands. Sit together and model eating.
Hoards or hides food or plays with food	Serve small portions of individual foods.
Eats non-food items	Remove non-food items from the table and replace with food or drink.
Eats too fast	Offer food in smaller portions. Use verbal cues and demonstrate slower eating. Reassure that there is plenty of food and it won't run out.
Eats dessert first or mixes food together	As long as the food is eaten this can be ignored.
Holds food in mouth or doesn't open mouth	Use verbal cues to chew or open the mouth. Offer smaller amounts of a variety of foods. Gently massage the cheek or touch the lips with a spoon.

EATING AND DRINKING WELL WITH DEMENTIA

Is there anything we can do to overcome some of these challenges? In 2014, a two-year research project, funded by the Burdett Trust for Nursing, to understand nutritional care for people living with dementia in care homes and identify best practice, was undertaken by researchers at Bournemouth University. This research informed the development of *Nutrition and Dementia Care: A toolkit for health and care staff*, [6] which includes a film, workbook and a guide for care staff: *Eating and Drinking Well with Dementia*.[7]

A further guide *Eating and Drinking Well with Dementia, A guide for family carers and friends* [8] has since been developed informed by the research, with input from carers and people living with dementia. It provides practical tips and ideas to help support carers overcome some of the challenges described above and increase food and drink intake. Again, it is important to remind ourselves that each person with dementia is an individual and these are general suggestions (see Table 1).

The guide provides 'top tips' to encourage eating and drinking, such as meal planning, increasing fluid intake and activity to enhance the appetite. Helpful advice is provided in the form of 'How to….', for instance, how to spot weight loss, ensure good mouth care and spot the signs of swallowing difficulties.

How to increase food and drink intake encourages a food-first approach to adapt meals and snacks to increase energy and nutrient content without increasing portion size. More information on food first can be found in ***NHD*** Issue 144, May 2019, p 42). This advice goes against the usual 'healthy eating' messages and the guide provides useful tips for increasing energy content of food.

A common challenge is dehydration: someone may easily forget to drink enough fluid or may not recognise thirst. Top tips to increase fluid intake include providing foods with a high-water content, such as melon, soup or jellies and taking time to prompt the person with dementia to drink, or making a drink rather than asking if they would like a drink.

Eating is one of the key actions people with dementia can continue with and the guide offers practical advice to ensure a positive mealtime experience and maintain independence for as long as possible. For instance, brightly coloured lightweight plates, bowls and cups can be used to help differentiate food. Imagine serving poached cod, mashed potato and cauliflower on a white plate to someone who has difficulty with visual perception; now serve it on a plain blue, red or yellow plate and the food is clearly visible. Better still, add some carrots and broccoli for instant colour. Plates and bowls with a broad rim and deep sides can help to contain food and maintain independence, eating skills and dignity. Finger food can be provided for someone who is no longer able to coordinate or remember how to use cutlery. If someone finds it difficult sit down for an entire meal, a lunchbox can be provided to eat on the go.

Meaningful activity can improve a sense of wellbeing and independence, which in turn can positively impact on appetite. To find out more about the importance of activity, see a previous ***NHD*** article on *Food-based activity and person-centred care for older people in care homes* (Issue 132, March 2018).

CONCLUSION

More people are living with Alzheimer's and other forms of dementia and, as we have seen, with an ageing population, this number will increase. Eating and drinking can become increasingly difficult as the disease progresses. It is, therefore, important to ensure steps are taken to prevent undernutrition and dehydration and that mealtimes continue to be an enjoyable experience, allowing the individual to maintain their independence and dignity.

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Questions relating to: *Alzheimer's disease: eating and drinking challenges* *Type your answers below, download and save or print for your records, or print and complete by hand.*	
Q.1	What are the most common forms of dementia?
A	
Q.2	Outline the risk factors for dementia.
A	
Q.3	In Alzheimer's, explain the changes that occur in the brain.
A	
Q.4	What are the main symptoms of Alzheimer's disease?
A	
Q.5	In dementia patients, why does confusion lead to difficulties eating?
A	
Q.6	Explain why weight loss can be common in people with dementia.
A	
Q.7	Give four examples of how to encourage food intake for people living with dementia.
A	
Q.8	What can be done to improve fluid intake to prevent dehydration?
A	
Please type additional notes here . . .	