



Dementia: How it affects eating & drinking

Some people with dementia may experience difficulties in eating and drinking. These difficulties could be due to the physical and mental issues associated with dementia and not because they are stubborn or uncooperative. Food is a very important part of our lives and culture and it may sadden us to see our loved ones struggling with it. Here are some tips to help people with dementia continue to get the nutrition they need.

The person with dementia may...	Possible solutions
<ul style="list-style-type: none"> • Take a long time to eat • Fall asleep or feel tired during a meal 	<ul style="list-style-type: none"> • Sit the person with dementia upright during meal times • Engage the person in conversation during a meal to keep him/her alert • Provide softer or cut up food
<ul style="list-style-type: none"> • Reject or spit out food, even food that used to be favoured. This may be due to: <ul style="list-style-type: none"> ○ Changes in taste buds (e.g. side effects from medication) ○ Inability to recognise the food (a common problem for people with dementia) and he/she may become suspicious of the food given 	<ul style="list-style-type: none"> • Use different tastes, colours and smells to make food look or smell appealing • Try different foods and add sauces to increase flavour • Offer food at different temperatures – hotter or colder food may increase sensory awareness • Flavour water with honey, lemon or other preferred flavours • Offer familiar food and eat together with the person so that he/she feels reassured about the food given 
<ul style="list-style-type: none"> • Hold food in his/her mouth • Be easily distracted and not complete meals • Forget if he/she has already eaten 	<ul style="list-style-type: none"> • Remind person to swallow (verbal or written/visual prompts) • Provide visual/written schedules that show meals taken. Don't make unnecessary changes to meal times and environment • Turn off TV/radio and ensure environment is not distracting
<ul style="list-style-type: none"> • Have reduced appetite from discomfort (e.g. constipation), pain or other medical problems 	<ul style="list-style-type: none"> • Offer fibre-rich food or more water to reduce discomfort from constipation • Provide smaller portions at each meal (a person with dementia may not need to finish a full meal as his/her nutrition needs are reduced due to reduced activity) • Provide easy access to suitable snacks throughout the day (put in clear containers or cupboards so he/she can see them) • Consult doctor for suggestions to alleviate pain or changes to medication affecting appetite

<ul style="list-style-type: none"> • Have difficulty chewing because of loose dentures or lack of teeth • Choke or cough when eating or drinking. This may result in food/water entering the lungs, resulting in a chest infection (also known as aspiration pneumonia) 	<ul style="list-style-type: none"> • Use denture glue (e.g. Polident) to secure dentures. Remove dentures if they are too uncomfortable • Provide softer or chopped up food  <ul style="list-style-type: none"> • Consult a speech therapist for diet/fluid modifications • Help to clean dentures, mouth and tongue after meals to reduce the risk of chest infection
<ul style="list-style-type: none"> • Be impulsive and take very big mouthfuls of food/water • Have difficulty using cutlery or to bring food or water to their mouth 	<ul style="list-style-type: none"> • Supervise person when eating/drinking (you can assist by holding the person's hand) • Help to cut up food or provide finger food • Consult an occupational therapist for special cutlery 

Q: My loved one with dementia doesn't want to eat. Will he/she starve?

A: In the advanced stages of dementia, some people eat very little. Their energy needs may be very low and they may not feel hungry or thirsty. Force feeding a person with advanced dementia may be very distressing for him/her. This is the time to consider what will maximise the person's quality of life and comfort (e.g. providing sips of water or small meals when the person wishes) and ensure the person lives or dies with dignity.



Q: My loved one with dementia hates blended food and thickened fluids. What should I do?

A: Modifications of food textures and fluid consistencies are some suggestions that speech therapists may make to reduce the risk of aspiration pneumonia and choking. However, people with dementia often have taste and behaviour changes and may not comply with the recommendations. Family members can think of how to make blended food or thickened drinks taste better or more natural (e.g. pumpkin soup, durian puree, avocado shakes, thick barley juice). There should also be a discussion about whether the risk can be balanced out with quality of life, and what is more important to the person.

Q: Is tube-feeding recommended for a person with advanced dementia?

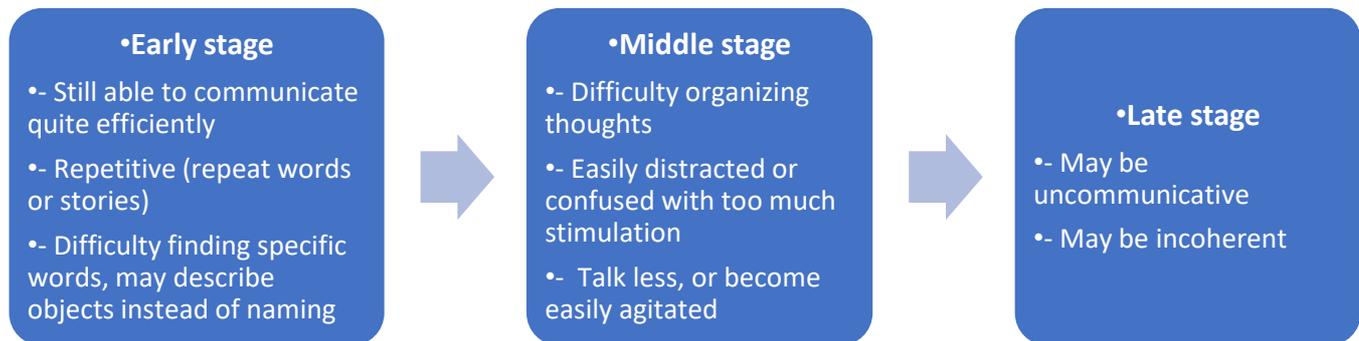
A: There are 2 kinds of feeding tubes – a nasogastric tube (NGT) and a percutaneous endoscopic gastrostomy tube (PEG). In Singapore, NGT is more common. NGT is a tube which is inserted through the nose down to the stomach. Supplement feeds are given through the tube for nutrition. The tube usually does not cause pain but may be uncomfortable. Tube feeding is often recommended for two reasons: to maintain nutrition, and to reduce the risk of aspiration pneumonia. However, research has shown that tube feeding does not significantly reduce aspiration pneumonia in people with advanced dementia. Some people with advanced dementia may be agitated and try to pull out the NGT, while others may not feel any discomfort from it and may feel less distressed being fed via the tube rather than by mouth. The decision for tube-feeding needs to be made together with the doctor, speech therapist and family members.



Dementia: How it affects communication

Dementia is an illness that will gradually affect how people carry out everyday activities. The way a person with dementia communicates will also change as he/she starts having difficulty remembering facts and conversations and lose their ability to link ideas rationally.

Dementia is a progressive illness. A person with dementia will have more communication difficulties as the illness worsens:



The acronym MESSAGE helps us to remember some useful strategies to communicate with a person with dementia:

Strategy	What to do	What not to do
<u>M</u>AXIMIZE attention	<ul style="list-style-type: none"> • Gather the person’s attention before talking • Engage in conversation in a quiet place 	<ul style="list-style-type: none"> • Do not engage in conversations in a distracting environment (e.g. when the TV or radio is turned on)
Watch your <u>E</u>XPRESSION and body language	<ul style="list-style-type: none"> • Maintain eye contact and show interest in the person (e.g. nod & smile) • Speak in a reassuring and relaxed tone – even if the person doesn’t understand you, he can feel the emotions 	<ul style="list-style-type: none"> • Do not talk down to the person – he is still a person with needs and opinions 
Keep it <u>S</u>IMPLE	<ul style="list-style-type: none"> • Speak in short sentences • Ask yes/no questions • Use familiar words and make reference to familiar things 	<ul style="list-style-type: none"> • Do not talk continuously. Give the person time to listen and process.
<u>S</u>UPPORT the conversation	<ul style="list-style-type: none"> • Give time for person to find words and ideas • Repeat and rephrase when necessary 	<ul style="list-style-type: none"> • Do not criticise or correct the person • Avoid asking “Do you remember?” – the person

	<ul style="list-style-type: none"> • Remind person of topic of conversation • Use touch as means of communication, especially in later stages (e.g. holding person's hand) 	<p>is likely To have difficulty remembering</p>
<p><u>A</u>SSIST with visual aids</p>	<ul style="list-style-type: none"> • Give cues using gestures, objects and pictures 	
<p><u>G</u>ET their message</p> 	<ul style="list-style-type: none"> • Ask questions and clarify their message • If you do not understand what the person is trying to communicate, try to make reference to past experiences or memories (e.g. repetitive questions about a jacket may be because it was a wedding gift given by his spouse) 	<ul style="list-style-type: none"> • Avoid making assumptions if the message does not make sense – the person may have used the wrong words or gotten the facts wrong • Do not assume the person is trying to be difficult if he gets agitated or angry; he may just be having difficulty understanding or expressing himself
<p><u>E</u>NCOURAGE and <u>E</u>NGAGE in communication</p>	<ul style="list-style-type: none"> • Find topics that are of interest to the person (e.g. their childhood, past travel experiences) • Use things that are familiar to spark interest (e.g. pillow, food) • Put together a memory book with pictures of his/her important events and memories and start conversations around these 	<ul style="list-style-type: none"> • As long as the person is still able to speak for himself/herself, let him/her do so. Do not speak on his/her behalf. • Be patient even if the person repeats the same topics or forgets the fact – this is a symptom of his illness 

(*Adapted from MESSAGE strategies developed by the University of Queensland)

For more information, please contact the following:

- Alzheimer's Disease Association (ADA): <http://alz.org.sg/>
- Dementia Friendly Singapore: <https://dementiafriendly.sg> or 1800 650 6060
- Dementia Helpline (ADA): 6377 0700
- Caregiver Support (ADA): <http://alz.org.sg/csc/>
- Dementia Day Care (AIC): <https://www.aic.sg/care-services/Day%20Care>

I've learned that people
will forget what you *said*
people will forget what you *did*
but people will never *forget*
how you made them feel.

— MAYA ANGELOU —

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