Dignified Dining:  
A guide to enhance dining experience for residents with dementia

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Morrison Senior Living
Doorbell rings

Lord Jesus

Television set

FEATHER PILLOWS

scissors
toenails

hungry

Sauerkraut smells bad

Ginsu knives
Dignified Dining

- Identify challenges at dining time
- Reconnect food memory
- Use dining approach to enhance quality of life

**FOOD**
Nutritional guidelines, menus & meal textures

**TEAM APPROACH**
Care training and team assessment

**DINING ENVIRONMENT**
Tableware, dining areas, light, noise
Challenges at Mealtime

- Why is Mealtime Management important?

- Challenges will change as dementia progresses

- There are distinct and separate challenges that are associated with early, middle and late stage dementia
Early Stages of Dementia – Challenges

- Forgetfulness & difficulty communicating thoughts
- Loss of concentration
- Changes in food preferences may occur
- Unable to hold attention through a meal
- May be distracted by the environment at mealtime
Early Stages of Dementia – Solutions

- Know the residents well
- Cue and encourage at meals
- Plan menus to include comfort foods - food memories
- Serve promptly after seating
- Offer simple choice
- Serve courses one at a time
- Avoid noisy large dining areas
Middle Stages of Dementia – Challenges

- Confusion and unawareness of surroundings, place and time
- Potential for appetite increase and weight gain
- Failure to understand proper use of utensils
- Refusal to sit during meal times - pacing, wandering
- Increased difficulty with word finding and decision making
- Unable to recognize food temperatures
- Unable to see food as food (may think food is poisoned)
- Hiding of food
Middle Stages of Dementia – Solutions

- Constant re-direction to meals and snacks
- Continue to serve one course at a time with only the appropriate utensil
- Provide menu with finger foods or foods to eat “on-the-go”
- Provide foods that are well accepted, do NOT offer choice, as it increases confusion
- Maintain a calm, unhurried environment
- Adaptive utensils or equipment may be helpful in maintaining independence
Late Stages of Dementia – Challenges

- Preference for liquids over solids
- Aggressive behaviors – particularly when feeling threatened
- Often restless and tendency to want to search for someone or something
- Refusal to eat
- Inability to self feed
- Swallowing impairments
- Weight loss despite high caloric intake
Late Stages of Dementia – Solutions

- Continue any previous interventions that are working
- Modify food textures to promote intake (ground, puree); May need to consider liquefied puree meals
- Introduce yourself before providing care; smile; hold their hand
- Provide fortified foods to provide additional calories and protein
- Utilize food aromas to stimulate meal memories
- Change positioning and utilize clinical feeding techniques (per speech therapy)
Key Points in Successful Dining

- Not to assume that a person who does not eat, does not want to eat.
- Not to assume that a person has finished if they stop eating.
- Understand that aggressive feeding behaviors are not a deliberate attempt to be “difficult”, or a personal attach.
- Try not to rush them to eat and help them maintain as much independence as possible.
- Look for non-verbal clues such as body language and eye contact as a means of communication.
- Not to put pressure on them to eat or drink when the person is agitated or distressed. Wait until the person is calm and less anxious before offering food and drink.
Dining Environment
Dining Environment

What is wrong with this picture?
Dining Environment

Distracting!
Dining Environment

What is wrong with this picture?
Dining Environment

Too many choices!
Dining Environment
Dining Environment
Dining Environment

Lighting

- Natural lighting is ideal
- Avoid high gloss floors
- Use diffuse or coated light bulbs to reduce glare from lamps
Dining Environment

Noise

- Evaluate noise level from everywhere
- Avoid seating near high traffic pathways
- Avoid noisy equipment (i.e. ice machines, dishwasher, juice dispenser)
- Evaluate noise absorbing materials
- Conversations with other staff should be minimized
Dining Environment

Tableware Contrast

White china on white linen
Dining Environment

**Tableware Contrast**

White china on white linen with diminished contrast sensitivity
Dining Environment

Tableware Contrast

Color plate with contrasting table top
Dining Environment

Tableware Contrast

Color plates on contrasting table top with diminished contrast sensitivity
Dining Environment

Table Designs & Tableware

- Table top styles and color contrast with floor
- Table shape and height
- Chair with arms
- Adaptive Equipment
- Avoid table cloth with patterns
Dining Environment

**Personalized Space**

- Simplified dining room
- Single course service
- Respect each Resident’s unique preferences and life-long pattern
  - Food memory
  - Daily pleasure
Dining Environment

**Consistency**

- **Dining Environment** - identify dining space
- **Table Setting**
- **Seating**
- **Staffing**
Menu Enhancements
Menu Enhancements

- Texture modified
  - Puree
  - liquefied puree
  - ground foods

- Presentation modified
  - Finger Foods

- Nutrient modified
  - Fortified Foods
Sample Puree Plates
Finger Foods

- Foods that can be picked up with fingers
- Beneficial for individuals in early and middle stages of dementia
- Allows for longer independence, quality of life and sense of dignity/occupation
- Bite-sizes, Strips, Miniatures
  - Examples - Sandwiches, Wraps, Flat breads, crackers, cupcake format
Fortified Foods: Food First Principle

- **Soups** - dry milk, heavy cream, beaten eggs, quinoa
- **Potatoes** - sour cream, heavy cream, dry milk, butter, mayonnaise
- **Cereals** - heavy cream, dry milk, butter, peanut butter
- **Milk** - dry milk, cocoa powder
- **Pudding** - dry milk, heavy cream, peanut butter
- **Gravies/Sauces** - butter, heavy cream, dry milk, mayonnaise
- **Baked goods** - butter, heavy cream, dry milk, peanut butter, eggs
- **Juice** - Corn syrup, sherbet

Best way to provide calories for liquefied puree diet
Team Assessment & Intervention Strategy
Team Assessment

- Assessment and Care Plans are a Team Sport!
- Set goals and prioritize - know the resident as a person
- Identify resources needed
- Identify behavioral and nutrition interventions
- Observe and modify to meet the changes
Intervention Strategy in Dining

**Communication**

- Keep communication to simple sentences
- Speak slow and low
- Offer simple choices
- Pay attention to facial expressions and body language
- Always use the resident’s name to get their attention
- Avoid conversations that do not include the resident during mealtimes
What Should or Shouldn’t I Say?

**Do’s**

- How about some beef stew?
- You look pretty today, Mrs. Smith.
- Will you eat some of this dessert for me?
- Your son/ husband/ friend will be coming later. Let’s try a snack first.

**Don’ts**

- What would you like to eat?
- Of course you live here. Don’t be silly.
- I don’t have time to talk right now. You have to eat. Stop asking so many questions.
- Stop eating off Mrs. Smith’s plate.
- Hurry up and finish that dinner so we can get you to bingo on time.
What Should or Shouldn’t I Say?

Do’s

♦ I see this is upsetting you. I will take it away/stop asking you.
♦ Dinner is at 6:00.
♦ You seem hungry/like you need to go to the bathroom/seem tired.
♦ Let’s get cleaned up so you feel more comfortable.
♦ If the eggs taste funny, I will get you oatmeal instead.

Don’ts

♦ You have to stay here until you are done.
♦ You just asked me that.
♦ Just tell me what you want I can’t read your mind.
♦ I can’t believe you had another accident.
♦ The food is the same it has always been – just eat it – it’s good for you.
Intervention Strategy in Dining Service

- Residents may need prompting throughout the meal:
  - Start, chew, swallow, take sips of beverage between bites
- Do not mix foods together
- Serve one course at a time
- Offer drinks regularly
- Tell the resident what is on each forkful
- Medication pass, treatments and accu-checks must never be done at mealtime
- Tables should hold only food service items
Intervention Strategy in Dining

**Approach**

- Focus on what the resident can do
  - Alzheimer’s Association - Habilitation Therapy
    - Focus on their strengths
    - Minimize their limitations

- Encourage the resident to self feed

- Introduce yourself every time - make eye contact

- Some residents may benefit from modeling others’ feeding behaviors

- Avoid rushing - use a calm approach
Best Practices

- A Touch of Warmth
- Virtual Dementia Training
- Made-to-order Breakfast Anytime
- Seat Identifiers
- Certified Dining Partner Class
- Food Sensations Program
Take Away Points

- What works today may not work tomorrow
- Behavior is triggered - recognize the triggers
- Get support from others
- The environment makes a big difference for the person with dementia - make dining environment meaningful and purposeful for them

Understand and accommodate the behavior, not control the behavior
Change our behavior or the physical environment
Resources

- MSL Dignified Dining Guide to Providing Cognitive Support
  http://www.alz.org/alzheimers_disease_4719.asp
- Mayo Clinic Newsletter -
  http://www.mayoclinic.com/health/dementia/DS01131
- John Hopkins Newsletter -
  http://www.johnshopkinshealthalerts.com/register_home/
- Alzheimer Resource Center of Connecticut, INC
  https://www.arc-ct.org
- Eating and Feeding Issues in Older Adults with Dementia:
- www.hartfordign.org and /or www.consultgerim.org  Issue number
  D11.1, 2007
- Katz Index of Independence in ADL scale
- The Influence of Consistent Assignment on Nursing Home
  Deficiency Citations, Nicholas G. Castle, PhD, The Gerontologist,
  November 2011
Questions?