

## **Carer Information – Falls Prevention, Nutrition and Hydration**

### ***For Carers of a person who has Dementia***

### **Why is nutrition an issue?**

- People with dementia and confusion are at the highest risk of falls, and are also more at risk of poor nutrition and hydration.
- Older people who are undernourished or have unintentionally lost weight are more likely to be admitted to hospital, have increased incidences of falls, hip fractures, poor wound healing and osteoporosis.
- A balanced diet with adequate kilojoules and protein is important to maintain muscle mass and muscle strength to reduce the risk of frailty and falls-related injury.
- Dehydration can also lead to falls.

### **It is important to identify and address causes of poor nutritional intake or hydration. These may include:**

- Oral health and dentition problems
- Unable to shop, plan or prepare meals
- Poor appetite or not feeling hungry
- Unable to recognise the food/drink they have been given
- Forgetting to eat and/or drink
- Easily distracted at mealtimes
- Difficulties with swallowing or chewing
- Difficulties with using cutlery

### **What can we do about it?**

- It is essential to monitor the nutritional status of people with dementia to ensure they do not become poorly nourished.
- Seek referral to appropriate services, and health professionals such as a Dietitian, General Practitioner, Speech Pathologist or Dentist to address relevant issues in discussion with client and family/carers.

## Practical Nutrition Hints and Tips for Caring for People with Dementia

Problem	Possible Interventions
<b>Unable to prepare meals</b>	<ul style="list-style-type: none"> <li>• Freeze meals in bulk (ensure person can use microwave or stove safely)</li> <li>• Use pre-prepared, frozen or convenient meal products from the supermarket</li> <li>• Consider meal delivery services i.e. Meals on Wheels or private meal delivery services</li> <li>• Consider using care workers to assist with cooking and meal preparation</li> <li>• Ask family and friends to help prepare meals and eat together with the person</li> </ul>
<b>Forgets to eat</b>	<ul style="list-style-type: none"> <li>• Use phone prompts, alarm clock or put signs/reminders around the house</li> <li>• Use clear containers and label foods with description and/or date</li> <li>• Leave out snacks and food that is easy to eat, that do not need refrigeration and are in visible places e.g. dried fruit, cheese &amp; biscuits</li> <li>• Consider hot meals and finger food packs from Meals on Wheels</li> </ul>
<b>Distraction at mealtimes</b>	<ul style="list-style-type: none"> <li>• Make eating the focus of meal times, and turn off the radio or television.</li> <li>• Use simple, white plates or bowls and stick to one or two utensils (eg fork and spoon).</li> </ul>
<b>Cannot manage a full meal</b>	<ul style="list-style-type: none"> <li>• Make finger foods, such as small sandwiches, cheese and crackers or chopped fruit and vegetables available throughout the day.</li> <li>• These are suited to people who are unable to finish a large meal, have difficulty using utensils or who may wander throughout the day and prefer to 'graze'.</li> </ul>
<b>Difficulty with utensils or cooking equipment</b>	<ul style="list-style-type: none"> <li>• Provide finger foods e.g. mini sandwiches, potato wedges, cheese cubes</li> <li>• Consider simplest type of packaging when shopping e.g. foil packs vs. ring pulls</li> <li>• Verbal encouragement and simple written instructions</li> <li>• Seek referral to an Occupational Therapist for advice re modified cutlery/equipment</li> </ul>
<b>Underweight or losing weight</b>	<ul style="list-style-type: none"> <li>• Encourage small, regular meals and snacks that are easy to eat</li> <li>• Offer higher kilojoule/full fat foods e.g. cheese &amp; biscuits, dairy desserts.</li> <li>• For drinks -offer milk, milky coffee, milkshakes and consider a nutrition supplement drink, to provide extra energy and protein.</li> </ul>
<b>Difficulty chewing</b>	<ul style="list-style-type: none"> <li>• Serve softer foods that require less chewing e.g. fish, mashed potato/vegetables, minced meat.</li> <li>• Ask GP to refer to speech pathologist if the person is choking or coughing on food or fluids or having frequent chest infections, or ask a dentist to review teeth.</li> </ul>

## Oral Health— An unusual Suspect in Dementia

The mouth can be a source of discomfort and infection, and sometimes people with dementia are unable to associate this discomfort with their mouth.

**Gum infections, ulcers, oral thrush, tooth abscesses, decay and poorly fitted dentures** can cause distress.

*Things to look for:* holding their face, refusing food or chewing difficulties, obvious bad dentition, bad breath, unused toothbrush

### Best Practice Tips:

- Visits with a dentist in early stages of dementia can prevent complicated treatments in later stages
- ‘Swish and Swallow’ with water after both meals and sugary drinks, especially nutritional supplement drinks
- 1/2 teaspoon of bicarbonate soda into a glass of water to swab mouth

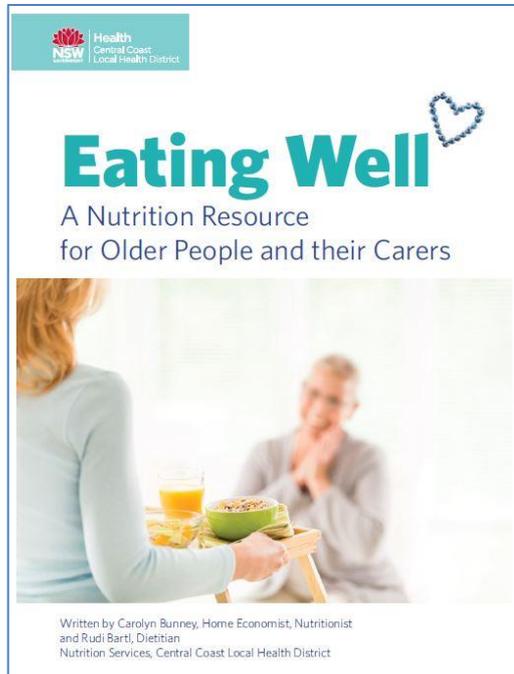
### Recommended Resource

**Eating Well: A food & nutrition resource for Frail Older people and their Carers.**

CCLHD Community Nutrition Team.

To view or download copies go to:

<http://www.cclhd.health.nsw.gov.au/ourservices/nutrition/Documents/EatingWellResource.pdf>



### *Finger foods for an Easier mealtime!*

Meat balls with sauce  
Mini sandwiches  
Potato wedges  
Cheese cubes  
Chicken wings/drumettes



**Falls Prevention**<sup>®</sup>  
is everyone's business