

# [Nutritional requirements of individual with dementia essay sample](https://assignbuster.com/nutritional-requirements-of-individual-with-dementia-essay-sample/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Disease](https://assignbuster.com/essay-subjects/health-n-medicine/disease/)

1. Cognitive means the affect that dementia has on thinking skills eg memory, understanding etc. Functional is about the ability to perform actions such as feeding themselves. Emotional is about how they feel and react eg confusion can cause distress and aggression. As dementia progresses, eating and drinking can become difficult for some people. This factsheet looks at some of the difficulties that people with dementia may have with eating and drinking, and suggests ways to help. A person with dementia may no longer recognise the food in front of them. They may struggle to use a knife and fork as co-ordination becomes difficult. The person may not open their mouths as food approaches and may need reminding to do so. Food may be difficult to chew or swallow or they may not want to accept assistance with eating.

2. Dementia can greatly affect a person’s relationship to food and eating. The behavioural, emotional and physical changes that take place as dementia progresses can all have an impact upon a person’s eating habits and on their intake of food and drink. It is important to do what you can to make sure that the person you are caring for enjoys their food and eats a healthy, balanced diet. As dementia progresses eating can become difficult for some people. However, by making a few changes you can help keep mealtimes as enjoyable and stress free as possible.

3. Physical discomfort – The person may be having problems with badly fitting dentures, sore gums or painful teeth, all of which will make eating uncomfortable. Lack of exercise – If the person is not very active during the day, they may not feel hungry. Try to encourage them to move around during the day and take part in physical activities or exercise. Damage to the brain – A person may not recognise the food and drink in front of them due to damage to the brain caused by dementia. Remind them of what the food and drinks are. The person may develop altered patterns of eating, for example, eat at times of the day that are unusual for them. Be flexible as to when food is available and encourage a person to eat whenever their appetite is good. Difficulties with chewing and swallowing – Chewing and swallowing can become difficult as dementia advances.

Changes in food preferences – Some people may develop significant changes in preferences for food. They may start to enjoy tastes that are unusual for them, such as spicy or sweet food. Experiment with seasoning foods and offer a variety of flavours to tempt the appetite. Constipation – This is a common problem and can result in a person feeling bloated or nauseas and can lessen their desire to eat. Try to prevent constipation by encouraging activity, offering fibre-rich foods and plenty of fluids (guidelines recommend at least eight cups a day). Living alone – If the person with dementia is living on their own, they may experience difficulties preparing food, locating food or remembering to eat what is provided. Meals on wheels may no longer be helpful because they forget to eat the meal delivered unless prompted. These are signs that the person needs more help.

4. It’s important to meet these preference as the satisfaction of food comes from personal taste and many times there are rituals and cultural aspects involved in taking food that affects individual’s mind setting. Asking people with dementia about their mealtime preferences, when and where they like to eat and what foods they enjoy is vital to ensure we provide food and options at mealtimes that are familiar to them. Families and carers can be a valuable source of information if the person with dementia is struggling to communicate their eating habits and preferences for food and drinks.

5. A balanced diet is important to maintain health and a sensible body weigh. A healthy balanced diet provides all the nutrients the body needs in the right amounts to stay fit and well. Eating a nutritious balanced diet and maintaining a healthy body weight is just as important for people with dementia as anyone else. Eating healthily does not mean that certain foods have to be avoided. Everything in moderation and a little bit of what you fancy is the key to enjoying food and staying fit and well. However, knowing which foods provide which types of nutrients can be helpful in planning a healthy approach to eating and mealtimes.

Outcome 2 Understand the effect that mealtime environments can have on an individual with dementia.

1. Mealtime cultures such as having strict meal times and meal sizes, certain number of courses and in certain orders such as starter, main, dessert etc may not adhere to the needs of a person with dementia. Their tastes may have changed and may not wish to eat the meals set out for them in a particular ‘ traditional order’. They may not wish to eat at the same time as everybody else or may wish to eat small amounts more often. By trying to stick to normal meal time cultures, this can be a barrier to the nutritional needs of the individual. The care they recieve should be person centred and to fit in with what the individual needs, this should also be true with the meals the person recieves. Environmental factors such as being around lots of other diners, loud noises, music or bustling restaurants etc are not ideal for a dementia patient as they can become easily distacted and overwhelmed by too much information being processed at once. This can be a barrier to them being able to focus on their food.

2. Meals should be relaxed and unhurried. Allow plenty of time and make sure that there are no distractions such as a television or excess noise in the background. Do not feel you need to prepare elaborate meals – it is probably better to devote your energy to ensuring that the person eats and enjoys their food. Preferences and styles of eating may change, try to be flexible. If a person is agitated or distressed, do not pressurise them to eat or drink. Wait until the person is calm and less anxious before offering food and drink. If the person is drowsy or lying down, they may struggle to swallow safely. Ensure that they are alert, comfortable and sitting upright or, if in bed, well-positioned, before offering food and drink. (An occupational therapist can advise on positioning techniques and aids, ask your GP for a referral.)

Take care when offering ‘ just boiled’ hot drinks – some people with dementia may lose the ability to judge temperature. If the person appears to have difficulty using cutlery, you may need to prompt the person and guide their hand to their mouth to remind them of the process involved. Alternatively, if a person is struggling to use cutlery to eat, offer foods that can be eaten without a knife and fork, ie finger foods. Foods that can be picked up with the fingers are often easier to eat when co-ordination becomes difficult. If you have to assist a person to eat and drink, talk about what you are offering them to help remind them of tastes and flavours.

3. Encourage the person to take a positive approach to their health care, explain that healthy food will help their illness. Let the person choose from a range of healthy foods. Treating everyone as an individual and make them informed choices are the best person centered approaches. If we treat everyone as an individual then his or her wishes, preferences can be aware of individually. And it will be much convenient to fulfil being aware of their wishes or preferences to meet service users satisfaction in order to provide quality services. Many people with dementia can make their own choices such as what they like to wear, what they like to eat or drink. If anyone are unable to make so, we can inform them available choices. They may not be able to communicate or tell us anything sometimes so we need to show them the available options. We may also aware of their choices such as what do they like to eat or drink most from their biography or asking service user’s family or friends. Another important thing is observation. By observing, we may make note what they like to eat and drink most or what went well. We always should offer them with options and choices.