

Nutrition and Hydration – Eating well to prevent falls

Why is nutrition an issue?

- Clients/patients with Dementia and confusion are at the highest risk of falls, and are also more at risk of being malnourished due to issues arising from their Dementia.
- 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 energy and protein is important for maintain muscle mass and muscle strength to reduce the risk of sarcopaenia (muscle wasting), frailty and falls-related injury.
- Dehydration can lead to falls, particularly those with cognitive impairment.

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 malnourished.
- A validated screening tool such as the Malnutrition Screening Tool (MST) should be used to identify individuals who are at risk of undernutrition. In the community, this should be done at least annually or more frequently if there is a clinical concern. In institutionalised care, follow your local nutrition care policy.
- Referral to appropriate services, and health professionals such as a Dietitian, General Practitioner, Speech Pathologist or Dentist should be made to address relevant issues in discussion with client/patient and family/carers.
- Basic nutrition information/advice should be provided as appropriate to address nutrition concerns, including consideration of meal service options (e.g. Meals on Wheels).

Practical Nutrition Hints and Tips for Caring for Clients with Dementia

Problem	Possible Interventions
Unable to prepare meals	Freeze meals in bulk (Ensure client can use microwave or stove safely) Use pre-prepared, frozen or convenient meal products from the supermarket Consider meal delivery services i.e. Meals on Wheels Consider using care workers to assist with cooking and meal preparation Ask family and friends to help prepare meals and eat together with the client
Forgets to eat	Use phone prompts, alarm clock or put signs/reminders around the house Use clear containers and label foods with description and/or date Leave out snacks and food that is easy to eat, that do not need refrigeration and are in visible places e.g. dried fruit, biscuits Consider Dementia Monitoring and other services to visit during lunch time Encourage attendance at a Day Centre or community luncheon club
Distraction at mealtimes	Make eating the focus of meal times and talk through each stage Use simple, white plates/bowls stick to one or two utensils (eg fork or spoon). Turn off distractions such as the radio or television.
Cannot manage a full meal	Make finger foods, such as small sandwiches, cheese and crackers or chopped fruit and vegetables available throughout the day. These are better suited to people who are unable to finish a large meal, have difficulty using utensils or who may wander and prefer to 'graze'.
Difficulty with utensils or cooking equipment	Provide finger foods e.g. mini sandwiches, potato wedges, cheese cubes Consider type of packaging when shopping e.g. foil packs vs. ring pulls Verbal prompting and simple written instructions Sit with client to show client the process of eating (modelling) Refer to Occupational Therapist for modified cutlery/equipment
Underweight or losing weight	Encourage small, regular meals and snacks that are easy to eat Offer high protein/high energy foods e.g. cheese & biscuits, dairy desserts Go for full fat choices in desserts and dairy for extra energy. Offer nutrient dense fluids e.g. milk, milky coffee, milkshakes Consider a nutrition supplement drink, refer to a community dietitian for advice
Challenging or sudden changes in behaviour	Discuss with GP to exclude medical reasons such as infections, delirium, bowel or dental problems which can affect someone's intake. Dementia Behaviour Advisory Service (1800 699 799) are also a good resource
Difficulty chewing	Serve softer foods that require less chewing e.g. fish, mashed vegetables Refer to a speech pathologist if your client is choking or coughing on food or fluids or having frequent chest infections or ask a dentist to review dentition

Oral Health— An unusual Suspect in Dementia

The usual suspect for increased confusion in people with dementia is urinary tract infections. However, we often overlook the mouth as a source of discomfort and infection.

Gum infections, ulcers, oral thrush, tooth abscesses, decay and poorly fitted dentures can cause distress. Sometimes, clients with dementia are unable to associate this discomfort with their mouth.

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

Best Practice Tips:

- Encourage a dentist in early stages of dementia, this can prevent complicated treatments in later stages
- Encourage 'Swish and Swallow' with water after both meals and sugary drinks, especially nutritional supplement drinks
- Suggest 1/2 teaspoon of bicarbonate soda into a glass of water to swab mouth
- Consider talking about an electric tooth brush

For more dental care tips, go to Alzheimer's Australia:

<https://www.alz.org/au/dementia-alzheimers-australia.asp>

Recommended Resource

Eating Well: A food & nutrition resource for frail older people and their Carers.

<https://www.cclhd.health.nsw.gov.au/wp-content/uploads/EatingWellANutritionResourceforOlderPeople.pdf>

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