

Dementia and Dining

Person-Centered Care and Culture Change

- Values and beliefs that return the locus of control to elders and those who work closest with them
- Create a culture of aging that is inclusive, life-affirming, satisfying, humane, and meaningful
- Places where elders can continue to live and, most importantly, make their own choices and have control over their daily lives

Principles of the new culture

- Resident autonomy and control
- Local decision-making
- Increased participation
- Greater individualization
- Meaningful relationships
- Respect for abilities
- Attention to built environment

Process for Mitigating Risk and Honoring Choice (Rothschild Foundation Task Force, 2014)

- Identifying and clarifying the resident's choice
- Discussing the choice and options with the resident
- Determining how to honor the choice (and which choices are not possible to honor)
- Communicating the choice through the care plan
- Monitoring and making revisions to the plan
- Quality Assurance and Performance Improvement

New Dining Practice Standards

Approved by 12 National Clinical Standard Setting Organizations, including ASHA

New Standards Sections

- Diet Liberalization: Diabetic, Low Sodium, Cardiac
- Altered Consistency Diet
- Tube Feeding
- Real Food First
- Honoring Choice
- Shifting Traditional Professional Control to Support Self Directed Living
- New Negative Outcome

Diet determined with the person not exclusively by diagnosis.

Monitor person and condition related to their goals regarding nutritional status, physical, mental and psychosocial well-being.

Although a person may have not been able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining.

When one makes “risky” decisions, plan of care will be adjusted to honor informed choice, provide support to mitigate risks.

Most professional codes of ethics require professional to support the person in making their own decisions.

All decisions default to the person.

Environmental Modifications

It is important to be able to see the connection between dementia and problems that people can experience during daily activities in the long term care setting. Understanding the connection between these problems, the treatment goals, and the environment can reveal how this relationship impacts selection of appropriate environmental interventions for each problem area. This provides a better understanding of what the environmental facilitators are intended to do and why the environmental interventions are recommended.

Capacity can be described as what people “can do” in an optimal setting, while performance is what they actually “do do” outside of a clinical setting. A clinician should assess both capacity and performance while considering the critical role the environment plays.

Environmental Design Guidelines and Strategies

- Optimize Cognitive Aspects of the Environment
 - Maximize Cues
 - Personalize Spaces and Materials
- Optimize Visual Aspects of the Environment
 - Enhance Lighting
 - Enhance Visual Organization
 - Maximize Sightlines
 - Maximize Contrast
 - Minimize Glare
- Optimize Auditory Aspects of the Environment
 - Minimize Background Noise
 - Minimize Reverberation

Maintaining or increasing oral intake in people with dementia is regularly a concern for long term care staff members. Researchers are looking for ways that the environment can encourage those with dementia to spend more time eating and enjoying the food offered. One study examined the effect of improved lighting and enhanced table setting contrast on oral intake and behaviors during meals for individuals with dementia (Brush, Meehan, & Calkins, 2002). A 3-day calorie count, foot-candle measures (light intensity), and measure of functional abilities were administered at baseline and post-intervention four weeks later. After enhancing the lighting and table setting contrast, there were significant improvements in both oral intake and functional abilities during meals.

References and Resources

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