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

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Dignified Dining

- Dining Challenges
- Dining Environment
- Menu Enhancements
- Team Assessments/Intervention Strategies
- Best Practices
Why is Mealtime Management Important?

- Nutrition
- Hydration
- Health
- Quality of Life

Challenges at Mealtime

- 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
- Loss of concentration
- Changes in food preferences
- Unable to hold attention through a meal
- May be distracted by the environment at mealtime

Early Stages of Dementia – Solutions

- Cue and encourage at meals
- Plan menus to include comfort foods
- Serve promptly after seating
- Serve courses one at a time
- Avoid noisy 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
- Serve each course 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
  - Continue to serve meals one course at a time
Late Stages of Dementia – Challenges

- Preference for liquids over solids
- Aggressive behaviors – particularly when feeling threatened
- Clenches jaw closed when attempting to feed
- 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)
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

- Avoid seating near high traffic pathways
- Avoid noisy equipment (i.e. ice machines)
- Evaluate noise absorbing materials
Dining Environment

**Tableware Contrast**

White china on white linen

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Dining Environment

**Tableware Contrast**

White china on white linen with diminished contrast sensitivity
**Dining Environment**

**Tableware Contrast**

Color plate with contrasting table top

![Color plate with contrasting table top](image1)

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**Dining Environment**

**Tableware Contrast**

Color plates on contrasting table top with diminished contrast sensitivity

![Color plates on contrasting table top with diminished contrast sensitivity](image2)
Dining Environment

**Table Setting**

Distracting Dining Environment

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**Meal Service**

Full meal, confusion on where to start
Dining Environment

**Table Designs & Tableware**

- Table top styles
- Table shape and height
- Chair styles
- Adaptive Equipment
- Avoid table cloth with patterns

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**Dining Environment**

**Consistency**

- Table Setting
- Seating
- Staffing
Dining Environment

Personalized Space

- Simplified dining room
- Single course service
- Respect each Resident’s unique preferences and life-long patterns

Menu Enhancements

- Texture modified
  - Puree or liquefied puree
  - ground foods
- Presentation modified
  - Finger Foods
- Nutrient modified
  - Fortified Foods
Finger Foods

- Sandwiches
- Wraps
- Flat breads
- Bite-sizes
- Strips
- Miniatures
Fortified Foods

- **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
- **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

Team Assessment

- Set goals and prioritize
- Identify resources needed
- Identify behavioral and nutrition interventions
- Specify the time and frequency of the intervention
Intervention Strategy

Communication

- Keep communication to simple sentences
- Speak slow and low
- Pay attention to facial expressions and body language
- Always use the resident’s name to get their attention
- Communicate updated care plans regularly
- Avoid conversations that do not include the resident during mealtimes

What Should or Shouldn’t I Say?

Do’s
- Would you like beef or chicken?
- 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.

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**Intervention Strategy**

**Service**

- Residents may need prompting throughout the meal:
  - Start, chew, swallow, take sips of beverage between bites
- Offer simple choices
- Do not mix foods together
- Serve one course at a time
- Offer drinks regularly
- Tell the resident what is on each forkful
Intervention Strategy

Approach

- Encourage the resident to self feed
- Introduce yourself every time - make eye contact
- Some residents may benefit from modeling others’ feeding behaviors
- Focus on what the resident can do
- 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
Resident Case: Mrs. Z

- Late stage dementia
- Difficulty chewing
- Forgetfulness with how to feed herself with utensils
- Significant communication difficulties
- Some aggressive behaviors

Resident Case: Mrs. Z

- Soft diet with ground meats
- Finger foods
- Seating change
Resident Case: Mr. M

- Moved from middle stage to late stage dementia
- Fixation on the color red
- Texture sensitivities
- Weight loss

The Plan
- Goal: stabilize weight, increase intake at meals
- Interventions: puree meal available for lunch and dinner
- Cracker sandwiches
- Red garnishes

Puree Beef Stew
Take Away Points

• What works today may not work tomorrow
• Behavior is triggered – recognize the triggers
• Get support from others
• We can not change the person

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
- Eating and Feeding Issues in Older Adults with Dementia:
- 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