Improving Mealtimes for People with Dementia

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Factors for successful oral intake

• Ability to:
  – Swallow effectively and safely
  – Recognize food being served
  – Acknowledge and communicate food preferences
  – Maintain adequate persistence of action necessary to eat (from both a cognitive and motor standpoint)
Dementia and mealtimes

“When you deal with a person who's experiencing dementia, you can see where they're struggling with knowledge. You can see what they forget completely, what they forget but they know what they once knew. You can tell how they're trying to remember.”

Walter Mosley, caregiver
Effects of Dementia on Eating

- Swallowing problems (known as oropharyngeal dysphagia)
- Negative reaction to food textures and consistencies
- Poor sensory integration and awareness
- Loss of taste and smell
- Forgetfulness and disorientation
- Impaired communication
Successful Mealtime in Nursing Home

Let’s not forget about the environment...
Morning
Afternoon
Evening
Typical meal tray set up

Industrial
Overwhelming
Way too much!
Importance of environmental and social influences on Mealtimes
In other words...

“Those with dementia are still people and they still have stories and they still have character and they're all individuals and they're all unique. And they just need to be interacted with on a human level. “

Carey Mulligan, caregiver.
Lunch Bell Group

• Mission Statement:
  – Facilitate transition between daily activities and mealtimes by preparing the person with Dementia in mind, body and own personal connection to food/eating
  – Residents involved will be more engaged during mealtime, preventing learned helplessness and promoting independence, as well as a more enjoyable eating experience
Structure of Group

• **Target population:**
  - Decline in self-feeding, and/or swallowing skills whether it be from cognitive impairments, anxiety, depression, behaviors and/or physical impairments
  - 4-6 residents in the group

• **Group Structure:**
  - Meet 2x a week
  - Length: 30 minutes prior to mealtime until 15 min after mealtime
Interdisciplinary Team Roles

- SLP: Responsible for addressing safe swallowing and communication
- OT: Positioning, UE strengthening, use of adaptive equipment
- REC: Run pre and post meal activities
- C.N.As: facilitate and assist in set-up and helping residents with daily role of feeding/eating.
Group Format

• Introduction
  – Same song playing each day as residents enter lunch room
  – Board with lunch menu setup at the entrance of the room
  – Each resident and staff to be introduced and presented with role of the day
Body, Mind, Spirit Preparation

• **Body**
  – Breathing and/or upper body exercises

• **Mind**
  – Conversation activities directly relating to food and eating

• **Spirit**
  – Involved with the meal as they actively participate in preparation for the meal
Environmental Manipulations

• Use of smaller room
  – Home or restaurant atmosphere
• Adequate lighting
• Routine seating
• Contrast color to plate
• Dishes
• Aroma
In Summary

Foster social interaction among residents
(before, during and after meal)

Cognitively prepare residents to transition into
mealtime by promoting early life memories
connected to food and socialization
Breathing Exercises
Upper Extremity Exercises
(Body)
Cognitive Communication task (Mind)
Enjoyable Mealtime
(Spirit)
References


