

Nutrition and People with Learning Disabilities and Dementia

It is important to promote Healthy Eating until a person starts to develop problems with eating and drinking.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



The 'eatwell plate' applies whether the person is of normal weight or under or overweight.

As the dementia progresses, problems with eating and drinking may develop.

Some common problems and how to overcome them:

- Preferring not to use cutlery
Try snacks that can be eaten with fingers, e.g. sausage rolls, sandwiches, chips etc.
- Being awake at night and drowsy in the day-time.
Offer meals when the person is alert. If this is during the night then go by their timetable
- Coughing when eating and drinking or becoming reluctant to drink.
This can be a sign that food and drinks are going down the 'wrong way'. Screening and referral to a Speech and Language Therapist should be considered for a dysphagia assessment.

Weight loss

Weight loss can become a problem as dementia progresses. This can be due to a number of reasons including becoming tired and not finishing meals, forgetting to eat and drink and being aware that food is 'going down the wrong way'.

- Soft, moist, easy-chew meals are less tiring to eat. It is always easier to eat foods you like - sweet foods and stronger flavours are often preferred
- Offer small, frequent snacks and drinks. Ensure meals are high in calories. Add extra butter or margarine, use full cream milk. Avoid low fat and 'diet' meals
- People can't always say something is wrong so regular weight monitoring is essential to identify potential problems
- Other medical conditions influence food intake, e.g. constipation, reflux. If you think there is a problem, discuss this with their GP
- Try to prevent loss of weight. Ask for a referral to dietetics if weight loss is still occurring.

The Dietitian will assess present food intake, meal times, drinks and snacks. Advice will be given on changes to be made to ensure an adequate intake of all nutrients and that meals are of a suitable consistency.

Initially they will look at ways of increasing the energy density of meals by adding foods like cream, grated cheese, mayonnaise etc and providing meals and snacks at times to suit the person. If nutrition supplements are required, they are available on prescription from the GP.

It is important to enable someone to remain independent at meal times for as long as possible. Offer support when necessary, i.e. help with feeding when people are not managing a full meal due to the effort involved. Carers need to be willing to offer support with eating for part or all of the meal. OT and physiotherapy involvement may be important to advise on appropriate cutlery and crockery to make things easier for the person and ensure they are in a good position at meal times.

It is important that food of the right consistency is offered. A Speech and Language Therapist will be able to provide advice and it is important that these guidelines are followed.

Fluid intake - It is important to have adequate fluid to prevent UTI's, constipation, confusion, muscle weakness and falls etc.

Obesity - People with dementia are not usually advised to lose weight. They are unlikely to reap the health benefits of weight loss and people with dementia tend to lose weight anyway as the dementia advances

Multi-vitamin supplements - these should not be needed by someone managing a varied diet. Occasionally a general vitamin mineral supplement may be required if people are eating very poorly. It would probably be more appropriate to give vitamins and minerals along with protein and energy in the form of a general nutrition supplement as described above.

Other nutrients

The government recommends a Vitamin D supplement for those who are:

- over 65
- not exposed to much sun e.g. people confined indoors for long periods and those who cover their skin for cultural reasons.
- from ethnic minorities who have darker skin

Calcium intake is likely to be good for this group of people as milk is often included in the diet regularly. Aim for 3 portions of food containing calcium.

- Milk in 6 teas/coffees
- Milk drink/glass of milk
- 2oz hard cheese
- Pot of yoghurt /fromage frais
- Portion milk pudding/custard

Vitamin C - Where someone does not eat many fruits/vegetables, a glass of fresh juice or Vitamin C fortified squash will boost their vitamin C intake.

Folate - This is one of the B group of vitamins important for the formation of red blood cells in the bone marrow. High sources are green vegetables, liver, orange juice.

Iron - Red meats, liver, liver pate, corned beef, oily fish, dark green leafy vegetables and fortified breakfast cereals are good sources. Vitamin C improves the absorption of iron.

Fibre - Ensure the diet contains adequate fibre to prevent constipation. Use wholegrain breakfast cereals, wholemeal bread, fruit and vegetables.

Protein - Most diets give higher intakes of protein than dietary requirements. If protein intake is low, food intake is likely to be low in other nutrients as well.

Albumin - levels are generally not a good indication of nutrition status, only where there is very severe malnutrition. Low levels usually indicate some disease state.

Enteral (Non-Oral) Feeding

Enteral feeding is not usually recommended for people with dementia. Generally enteral feeding is indicated where the person is not able to take enough nutrition orally even with sip feeds or where there is an unsafe swallow (oetzee, 2004), thereby predisposing these individuals to a higher chance of developing