EATING BEHAVIORS IN PEOPLE WITH DEMENTIA
Alzheimer’s Disease

- Has a chronic course, with an average of 8–10 years.

- During this time, a series of behaviors develop related to food selection and intake.

- This has direct consequences on the nutritional status and the physical health of the patients.

Volunteer at a Large state institution for the elderly (350 beds).

Tension at feeding time. Few staff, with lack of knowledge about steps in deterioration and function in cognitive decline, not knowing what to expect.

Interpreted the patient’s behavior as stubbornness.

Obvious frustration / inadequacy.

Something needed to be done!!!. What?
Other settings; (patients living at home, paid caretaker); private nursing homes.
Profile of most of our carers.
Weight loss of the patient.
Important cause of carers turnover.
In many cases determines the efficiency of care.
Something had to be done!... What?

Acosta D: Presentación en el Congreso de AIB en PR, 2010
Design and Methods

- Literature review.

- We observed and videotaped 65 patients (22 males and 43 females) with moderate to severe dementia, at lunchtime, in three different settings in the Dominican Republic:
  - at their homes (10),
  - state institutions (40)
  - 2 private nursing homes (15).

- We obtained informed consent for participation mostly from family members and those in charge of NH.
METHODS

- Involved the staff/carer, while administering the MMSE/FAST/FDS.
- Categorized the behavior.
- Implemented “corrective measures” for each behavior (trial/error/success), with the participation of all, including other patients not cognitively impaired.
- Weekly weight control.
Observed behaviors (n=65)

- Vocalization (35)
- Close the lips (18)
- Plays with food (10)
- Push the food away (28)
- Accepts it, no swallow (17)
- Close mouth tight (15)
- Bite the spoon (13)
- Mouth movements (32)
- Chocking (4)
- Goes away from table (12)
- Preffers liquids (42)
- Accepts only liquids (9)
- Cover mouth with hands (18)
- Accepts and spits (40)
- Throws food (3)
Selective behaviours – Change in quality
Resistive behaviours _ No threats
Dispraxias /Agnosias _ Physical clues
Tray – chair
Keep the hands bussy
Increase in calories, amount of food, if needed
Eating Behaviors in Patients with Dementia
Eating aversive behaviours are universal.
Relationship to retrogenesis?
Culture influences the interventions.
The education and the actitud of the caretaker will determine the success of the intervention.
Recommendations

- EDUCATE THE STAFF.
- Look for signs of individual satiation.
- Do not assume the need of caloric intake.
- Check the oral health.
- The significance of negative behaviors should be individualized.
- Develop strategies.
- Improve communication and the feeding environment.
Results

- Staff permanence (one year later) (100%)

- Staff satisfaction (questionnaire)

  a) Do you feel better feeding the patients? yes no
  b) – The pte is eating better
     – You are more confident
  c) – The pte. Refuses to eat
Results

- 23 patients failed to gain weight/lost weight.
- 4 died.
- 38 gained weight (2–13 pounds).

- 4 videos with different behaviors/ consent for teaching purposes.

- It is important to know that we did not incurred in any expenses.