Supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy. The grant was awarded to University of Hawaii Center on Aging for the Alzheimer's Disease Initiative: Specialized Supportive Services Program.
Presented by Dorothy Colby

Certified PAC Trainer & Mentor
Administrator, Hale Ku’ike Nuunau

www.dorothycolby.com
dorothy@dorothycolby.com
The Positive Approach to Care encourages Care Partners to:

• Respond to a person’s change in cognition and abilities in a way that is not hurtful or offensive.

• Understand that, with practice, common *reactions* to the person with dementia can become thoughtful *responses* that improve the quality of life for everyone involved.

• Recognize that the person with dementia is *doing the best they can* and that if something isn’t working, it’s the responsibility of the Care Partner to change their approach and behaviors toward the person with dementia.

• Notice the environment surrounding the person with dementia and make changes as necessary.
Dining with Dementia
Techniques to Bring Joy to the Table
Chocolate!!

• It is clear why chocolate was and is a very special food for me!
What does it take to eat

List out all the factors that affect your ability to eat well...
What Does It Take to Eat?

- Appetite – hunger & thirst
- Ability to process food & drink adequately
- Attention to meal
- Judgment
- Vision
- Sitting balance
- Strength to stay up
- Arm use
- Hand use – fingers
- Tool use
- Lip control
- Mouth control
- Chewing
- Sucking
- Swallowing

• Food & Drink to meet nutritional needs
So What Happens When Someone Has Dementia? How Does It Affect Eating and Nutrition?

What Is Happening to Their Brain?
Building a GREAT Nutrition Program

It’s All About...

Striking a BALANCE

What is required...
What is desired...
What makes sense...
What works...
Striking a Balance...

- What I like versus What’s good for me
- Life long habits versus NEW NEEDS – health
- How “I” fix it versus How “you” fix it
- Ethnically sound versus Nutritionally sound
- What is prepared versus What is eaten
For Brain Health -- What Options?

- Lower salt
- Lower sugar
- Lower calorie
- Less trans fats
- Smaller portions
- More fresh & raw
- More fluids
- More fruits & vegetables
- More whole grains
BE HONEST – What DO You Eat?

- Personal favorites
- What’s familiar
- What matches your ‘taste’ & ‘texture’ preferences
- What looks good
- What SMELLS good
- What’s offered
Aging & Eating
What’s the Latest

• Nutritional needs change in ‘old’ old age
• Calorie needs drop by about 30%
• Vitamin & mineral needs do NOT decrease at the same rate
• Activity levels drop by 30-50%
• Dehydration risks go up with aging
• ‘Beliefs’ and habits RULE
• Almost all have health problems that relate to diet, exercise, appetite, chewing, swallowing, self-feeding
• Most take medications that affect intake & nutrition
• About 35% are overweight
• About 20% are underweight
• About 45% are just right...
Hydration Problematic

- Lack of thirst
- Lack of skill to fix
- Lack of awareness
- Limited opportunity
- Medications
- Fear of incontinence
- Types of drinks
How to Help with Hydration

• Cut fruit juices with ice or water
• Offer decaf coffee & teas
• Serve flavored & colored water
• Know your fruits & vegetables
• Offer soups & gelatins & frozen treats
• Be creative
Fruits

High Fluid – easy to eat
• Watermelon slices
• Applesauce
• Melon bites
• Tomato cubes
• Mandarin oranges
• Kiwi chunks
• Halved grapes
• Sliced strawberries
• Sliced peaches

High fluid – harder to eat
• Apples
• Blueberries & cranberries
• Pineapple
• Oranges
• Apricots
• Peaches & plums
• Whole grapes
• Grapefruit
Vegetables

High fluid – easy to chew
- Vegetable soup
- Stewed vegetables
- Vegetable juices
- Well steamed broccoli, cauliflower, onions
- Cooked spinach
- Vegetable casserole
- Baked/boiled yams sweet potatoes

High fluid - hard to chew
- Carrots
- Squash
- Cucumbers
- Broccoli & cauliflower florets
- Lettuce
- Cabbage
- Eggplant
- Spinach
- Celery & onions
Watch for Changes in Eating...

- Change in health
- Quick ID is best
- Denture or mouth problem
- Drug interactions

OR

- Is it advancing dementia that is changing abilities?
Check Out Changes in ...

- Appetite
- Chewing
- Amount eaten
- Taste
- Hand use
- Behavior at meals
- Weight
- What is eaten

- Bathroom habits
- Social skills
- Communication skills
- Pre-meal Hygiene
- Post-meal hygiene
- Swallowing
- Choking
Eating is an IMPORTANT part of our day...
Help to make it a GREAT part!
Now let’s match up changes in eating & nutrition with progression of dementia
Positive Progression

GEMS...

Sapphires
Diamonds
Emeralds
Ambers
Rubies
Pearls
Now for the GEMS…

Sapphires – True Blue – Slower BUT Fine

Diamonds – Repeats & Routines, Cutting

Emeralds – Going – Time Travel – Where?

Ambers – In the moment - Sensations

Rubies – Stop & Go – No Fine Control

Pearls – Hidden in a Shell - Immobile
Sapphire Issues

Common Concerns
• Eating too much for activity level
• Eating too little due to meds, health, emotional state
• Difficulty with following ‘best health’ eating plan
• $$ limited for food options
• Lack of good food knowledge
• Old habits die hard
• I GET TO CHOOSE!

Possible Changes
• Change portion size & activity level – BABY STEPS
• Address underlying issues
  – Modify meds
  – Change textures, timing, amounts, company
• Partner up
• Get a ‘portion plate’
• Look into local food banks & community coops or gardens
• Consult a geriatric specialist
Diamond Changes

• Use OLD habits and routines r/t meals
• Wants to do what they have always done
• Hard to hold onto ‘new’ easily UNLESS it is emotional then may over focus & over state
• More impulsive OR more indecisive r/t food
• May try to cover losses in ability
• May behave differently in different situations
• Worried about costs
Main Diamond Messages

Go with what they know & like
Introduce NEW as new over and over
Match social preferences at meal times
Expect complaints
“I’m sorry! – You are right”
Diamond Issues

Common Concerns
• Eating too much for activity level
• Eating too little due to meds, health, emotional state
• Can NOT follow ‘best health’ eating plan
• Worried about $ & food
• Lack of good food knowledge
• Habit change – NOT without ACTIVE POSTIVE support
• I GET TO CHOOSE!

Possible Changes
• #1 = do NOT do battle!
• Change portion size & activity level – BABY STEPS
• Address underlying issues
  – Modify meds
  – Change textures, timing, amounts, company
• Partner up - make it about you
• Use a ‘portion plate’
• Limit $ - food or take care of it
• Consult a geriatric specialist
• Its NEW – over & over
Emerald Changes

- Not as aware of internal cues - using more external cues
- May use food to fill or organize the day
- Tries to use old routines - ERRORS
- Some spills and drips/slips - not noticed
- More sensitive to disliked flavors/tastes
- Difficulty with bilateral utensil/hand use
- Old life stories - food related = NOW
- Can’t delay... doesn’t like being ‘bossed’
- Binocular vision
Main Emerald Messages

Is this a ‘So What’ concern?
Be friendly – not bossy
Do With – not to – Role model
SHOW don’t tell – stop talking so much!
Emerald Issues

Common Concerns

• Eating too frequently or rarely
• Eating too much or too little
• Eating too fast or too slow
• Sloppy
• Junk food
• Diet issues
• Food prep - adding condiments or cooking
• Trouble choosing - menus
• Taking others food or drink

Possible Changes

• Limit visual access OR expand it - just set it & point it out
• Use smaller plates, $\frac{1}{2}$ portions at a time
• Eat along side - model
• “Oh this is good... Try a bite, tell me what you think…”
• Change the food
• Let help to make
• Limit choice - use picture menus
• Cue - placemats & more space
Amber Changes

• Sensory need - mouth and fingers
  – like = eat & drink
  – Not like = NOT eat or drink Sensory tolerance - mouth, fingers, body
  – Textures, food & room temperatures, tastes, environment, speed, company, lighting, sound, space - (denture issue)

• Limited utensil use & more spills
• Not aware of food & drink as food & drink
• Not about ‘what’s good for me’
Main Amber Messages

Substitute don’t subtract
Work with LIKES - avoid dislikes
Think about SENSATIONS
Use hand-under-hand to get started & to switch up
Amber Issues

Common Concerns

• Playing with food
• Spilling
• Not using utensils
• Eating too fast or not eating
• Not drinking enough or too much
• Spitting things out
• Eating non-food items
• Taking others' food

Possible Changes

• Limit amount & variety at a time - cue when presenting - hand-under-hand to get started - partner at table
• Use more finger foods
• Limit number of utensils
• Smaller cups - lids & straws
• Go to soft versus dentures
• Limit thicker/denser meats
• Limit 'fall apart' items
• Offer food items - substitute
Ruby Changes

- Using hands - not utensils and fingers
- Dropping & spilling - Less aware of position in space - moves ‘whole’ body or body part
- Communicates needs with ‘behaviors’
- Can be hypersensitive around mouth & fingers
- Can’t stop moving or can’t get going
- Monocular vision - lacks figure-ground & depth perception
- May be burning more calories - limited proteins
- Trouble organizing chewing to swallowing - pocketing - holding but not eating or drinking
Main Ruby Messages

Copy not imitate
SLOW down
Simplify
Hand-under-hand assist
Ask for only one thing at a time
Decrease duration - increase frequency
Ruby Issues

Common Concerns
• Weight loss
• Dehydration
• Limited items liked
• Refusals
• Spillage
• Not sitting down to eat
• Not waking up to eat
• Not able to feed self
• Pocketing
• Sitting

Possible Changes
• Walking snacks
• Super ‘sweeting’
• Limit textures
• Hand under hand assist
• Work on transitions
• Use spoon use ‘thick’ liquids versus ‘solid’ items
• Cups with covers & straws
• 6-8 ‘meals’ a day
• Smaller bites – 5 bites then a drink
Pearl Changes

- Limited intake & drinking
- Problems with swallowing
- Limited ability to fight infections
- Limited interest
- We will have to assist
- It is tempting to try to 'feed'
- It is tempting to put too much in at a time
- Reflexes dominate
Main Pearl Messages

Prepare to - Let It GO!
Peaceful time - smells, sights, sounds
HELP EAT - don’t feed
Alert = can eat       NOT alert = DON’T eat
‘Tastes’ not nourishment or hydration
Pearl Issues

Common Concerns

• Won’t open mouth
• Won’t swallow
• Chokes – doesn’t choke
• Coughs – doesn’t cough
• Gets pneumonia
• Muscle wasting
• Bite reflex, tongue thrust, grinding of teeth
• Contractures
• Sleeping

Possible Changes

• Hand to shoulder & hand under forearm or wrist
• ‘empty bite’ to mouth
• Speech consult
• Limit offerings
• Protein smoothies with fluids
• Consult an OT/PT for seating options & cues
• STOP… love the person… let them know you get it
Final message related to food and drink

With dementia, it is about our relationship, NOT about getting it in & getting it done
Thank you so much for your desire to learn and your commitment to making a positive difference!

Visit these websites to learn more:

• [www.teepasnow.com](http://www.teepasnow.com)
• [www.dorothycolby.com](http://www.dorothycolby.com)
• [www.halekuike.com](http://www.halekuike.com)
Understanding Dementia

WORKSHOPS

Positive Approach to Care™ seminars, developed by dementia advocate Teepa Snow, provide essential information for families and professional care partners on how to have a positive and meaningful relationship with loved ones with Alzheimer’s and other forms of dementia throughout their journey. Presented by Dorothy Colby, Certified Positive Approach to Care™ Trainer with more than 15 years of professional and personal experience caring for people with dementia.

- Normal vs. Not Normal Aging
  Understanding the Difference
- GEMS™, More Than Just Loss
  Dementia Progression Patterns
- It’s All In Your Approach
  Making Positive Connections
- Challenging Behaviors in Dementia Care
  Recognizing Unmet Needs
- Dining with Dementia
  Techniques to Bring Joy to the Table
- End of Life Care & Letting Go
  Providing Care in the Final Stages of Dementia

WHEN: 2nd Saturday of each month 2:00-4:00 pm
WHERE: 15 Craigside, Ground Floor Theater

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