




Creating Successful Mealtimes
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"There is no love sincerer than the love of food."
George Bernard Shaw


Intro

- What is required for oral intake to be successful?
 - Ability to swallow effectively and safely
 - Recognition of food preferences
 - Attention and memory
 - Self-feeding
 - Environmental support




Effects of aging on the swallow

- Reduced saliva
- Reduced thirst
- Reduced sensation for sweet and salty
- Reduced tongue strength
- Reduced cough reflex




Changes associated with aging

- Usual physiological changes of aging include:
 - Decrease in lean body tissue
 - Loss of bone density
 - Decline in immune function
 - Reduced taste and smell
 - Dental problems and dry mouth
 - Decline in kidney function and thirst
 - Changes in digestion



Why isn't the person eating?

- Who is having the eating problem?
- When are the difficulties occurring?
- What is being served?
- What is going on in the environment?
- Where does the person sit?



Disease

- Disease can interfere with the body's ability to absorb and make use of nutrients.
- Seniors with illnesses such as heart disease, hypertension, and diabetes may find it difficult to switch or stick to low-cholesterol, low-sodium and other prescribed diets.
- Neurological diseases, particularly, affect a person's ability to chew and swallow.

Loss of appetite

- An aging digestive system may not be able to tolerate certain foods and spices. This may cause seniors to stop eating a balanced diet and limit themselves to only a few foods.
- Illness and medication can also adversely affect appetite.
- Chewing problems may also cause a person to shy away from eating solid foods.

Physical activity changes

- Elderly people may have decreased physical activity – either due to changes in physical condition related to disease or due to other limitations – and therefore decreased protein and calorie needs.
- Moderate activity and exercise help stimulate appetite.

Social isolation

- Eating is a social activity. Many people do not like to eat alone and will not make the effort to cook for one.
- The loss of a spouse or close friend may bring on feelings of isolation that could escalate to depression.
- A person who is depressed may lose interest in eating.

Medications

- Medications can interfere with the body's ability to absorb nutrients from food, and impair the body's ability to excrete minerals.

Medications and Treatments Impacting Appetite

- Lipid-lowering drugs
- Antimicrobials
- Antineoplastics
- Anti-inflammatory drugs
- Bronchodilators and other asthma medications
- Antihypertensives and cardiac medications
- Muscle relaxants and drugs for the treatment of Parkinson's Disease
- Antidepressants and anticonvulsants
- Radiation therapy
- Vasodilators

Medications Impacting Taste

- Change in taste
 - Clarithromycin
 - ACE inhibitors
 - Lithium
 - Allopurinol
 - Antihistamines



Medications with Nausea as a Side Effect

- Nausea
 - Cholinesterase inhibitors
 - Donepezil (Aricept)
 - Rivastigmine (Exelon)
 - Galantamine (Razadyne)
 - NSAIDs
 - Quinidine
 - Amiodarone (Pacerone)
 - Digoxin
 - Metformin (Glucophage)



Medications Causing Constipation

- Constipation
 - Opioids
 - Iron
 - Calcium channel blockers
 - Verapamil (Calan)
 - Diltiazem (Cardizem)
 - Nifedipine (Procardia)
 - Amlodipine (Norvasc)



Appetite Stimulants (Orexigenic Medications)

- Megace (Megestrol)
- Marinol (Dronabinol)
- Periactin (Cyproheptadine)
- Oxandrin (Oxandrolone)
- Remeron (Mirtazapine)
- Eldertonic
- Each drug has specific dose recommendations and contraindications



- Detailed information on appetite stimulants that are commonly used is available at

• http://www.findarticles.com/p/articles/mi_m3225/is_4_65/ai_82897229/print



Megestrol acetate (Megace)

- Adverse effects:
 - Phlebitis
 - Pulmonary embolus
 - Exacerbation of diabetes
 - Adrenal suppression
 - Can cause nausea and vomiting
 - Edema
- Optimal dose not known
- Some patients gain and some lose
- No data on whether weight gain improves outcomes



Oxandrolone (Oxandrin)

- Anabolic steroids
- Not extensively studied in the elderly
- Common side effects:
 - Nausea
 - Fluid retention
 - Diarrhea



Dronabinol (Marinol)

- Insufficiently studied in the frail elderly population
- Common side effects:
 - Difficulty concentrating
 - Mood disturbance
 - Dry mouth
 - Nausea/vomiting
 - Drowsiness
 - Ataxia
 - Hallucinations



Mirtazapine (Remeron)

- Antidepressant
- Side effects
 - Sleepiness
 - Dizziness
 - Increase in appetite
 - Weight gain
 - Increased cholesterol
 - Dry mouth



Effective Cognitive Performance

- Older adults:
 - Cannot do several things at once
 - Are more distractible
 - Are less able to filter out irrelevant stimuli
 - Need to focus on one thing at a time



Memory

- Short Term Memory
 - Retained temporarily
- Immediate Memory
 - Focus of current attention and thought
- Working Memory
 - Can be retained for many minutes
- Long Term Memory
 - In storage for later use



Declarative Memory

- Episodic memory
 - past events, autobiographical information
 - hippocampus area
 - repetitive questioning
- Semantic memory
 - world knowledge, concepts, vocabulary
 - cortical association areas



Nondeclarative Memory

- Habits
- Motor learning
- Classical condition
- Repetition priming



Mealtime Challenges

- What kinds of challenges are YOUR clients experiencing that impact their performance during meals?



Do you know?

- How many times you swallow each day?
- You stop breathing when you swallow?
- How many pounds of food you eat in one year?
- How many gallons of saliva you produce during your life?



MEAL TIME Matters
A training program that builds nursing assistants' skills related to dining, swallowing disorders, and safe feeding assistance.

Normal Swallowing
Signs and Symptoms of Disordered Swallowing
Diets and Liquid Consistencies
Assistive Eating Devices
Safe Meal Time Guidelines
Solutions to Common Problems
Interactive Exercises

Author: Jennifer A. Brush, MA, CCC/SLP

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MEAL TIME Matters AT HOME
A training program that builds professional home caregivers' skills related to dining, swallowing disorders, and safe feeding assistance.

Author: Jennifer A. Brush, MA, CCC/SLP

Normal Swallowing in Older Adults
Signs and Symptoms of Disordered Swallowing
Altered Diets and Liquid Consistencies Including Meal Preparation
Assistive Eating Devices
Safe Meal Time Guidelines
Home Health Aide Supervision

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New Roles-Get Involved

- Staff asks residents
 - What are your favorite foods?
 - Would you family bring in your favorite recipes?
 - What can I do to make your meals more enjoyable?
 - With whom would you like to sit?
 - How would you like your food served?



Staff Involvement

- Cookout
- Staff, family, community members, and resident "pot luck"
- Cooking demonstrations, classes, or guest chef night
- Fine dining night
- Eat breakfast at dinner night
- Eat dessert first night



Role of SLP

- "Reduce impairments of body functions and structures, activity limitations, participation restrictions, and **environmental barriers** of the individuals..." (ASHA, Scope of Practice)
- Work in collaboration with older adults to fill in the gaps of their abilities
 - Use preserved abilities
 - Modify the environment
 - Continually educate and support staff
 - Involve families



Environmental Cues

- Help clients know what to expect
- Put the client in the situation that will trigger the right pattern
- Use colors and textures to provide information
- Reduce distracting stimulation



Atmosphere is everything!

- | | |
|--------------|-----------------|
| • Room size | • Walls |
| • Décor | • Ceilings |
| • Color | • Lighting |
| • Pattern | • Table setting |
| • Chairs | • Utensils |
| • Table tops | • Dishes |
| • Flooring | • Signage |



Dining Room Lighting

- Ambient
 - indirect, nonglaring, uniform
- Person at age 60 needs 2-3 x more light than a 20 year old
- Intensity of at least 50 foot candles
- Reduce glare
 - direct: light bulbs, sunlight
 - indirect: reflected from a shiny surface



Color Contrast

- Helps to distinguish between different types of objects
- Healthy older person requires 3x as much contrast as younger person
- Increase contrast to help see better
 - light floor, dark table, light plate
 - contrasting colored edge on surfaces





Using the Environment to Improve Intake (Brush, 2001)

- Examined the impact of increased lighting and table setting contrast on intake for people with dementia.
 - 25 residents (1 nursing home, 1 assisted living facility)
 - All with a physician diagnosis of dementia

How can we make meals more Person Centered?

- Introduce the meal
- Transition from other activities
- Use environmental cues
 - What makes mealtime different?
- Reduce time waiting to be served
- Reduce or eliminate food arriving on covered trays

Serving Methods

- Tray
- Steam table
- Family style
- Buffet
- Trolley
- Open dining times

Rehab Dining - Outcomes

- Improved quality of life for residents
- Improved health status
- Management / tracking of residents' nutritional status and progress or lack of progress toward stated goals
- Fewer nutritional concerns from residents and families
- Fewer falls related to low muscle mass and decreased strength
- Less staff involvement with managing nutrition and related medical complications

Alternative Strategies

- Quality Indicator Report in the SNF
 - "Residents who lose too much weight"
- CQI methodology
 - Brainstorm all possible root causes
 - Choose one to intervene
- Successful intervention
 - Interdisciplinary



Alternative Strategies

- Silver Spoons
 - Volunteer caregivers trained to feed clients in acute care and long-term care
- Paid Feeding Assistants
 - SNF setting
 - Non-certified individuals trained to assist with feeding
 - Not responsible for patients with dysphagia



Impact of the Interdisciplinary Team

- Feeding approaches
- In the "landmark" 1998 study, Langmore and colleagues found the best predictors of aspiration, in elderly outpatients, were:
 - dependent for feeding
 - dependent for oral care
 - number of decayed teeth
 - tube feeding
 - more than one medical diagnosis
 - number of medications
 - smoking



Impact of the Interdisciplinary Team

- According to Pelletier (2004), CNAs may not feed patients as we tell them to because
 - They are not knowledgeable about dysphagia
 - They are poorly trained
 - They feel pressured to feed in a short time frame
 - They have inaccurate beliefs and techniques



Impact of the Interdisciplinary Team

- Oral health may be a low priority in nursing homes.
- Individuals who are dependent on others for oral hygiene are 2.8 times more likely to develop pneumonia
- Prospective, 2 year SNF study showed incidence of pneumonia reduced given mouth care at every meal.
 - Main problem is access to the oral cavity
 - No specific routines established for oral care
 - Inadequate training



Impact of the Interdisciplinary Team

- Acknowledging the importance of cognition on eating and swallowing
- Role of the dietitian



The Breakfast Club (Boczko & Santo Pietro)

- Small group of clients
 - Prepares
 - Serves
 - Eats
 - And cleans up breakfast together
- 45 minute meetings 5 mornings a week
- Homelike quiet setting



Group Discussion

What will your dining situation ideally be like in one year?

- Develop an action plan listing the items that must be accomplished in the next year in order to achieve the overall vision.
- Next, find your list of the anticipated barriers (made this morning).
- Third, list one way that you can begin to tackle each obstacle.



"They say that time changes things, but you actually have to change them yourself."

Andy Warhol