

Dementia Tip Sheet

Dementia is cognitive decline that affects the brain's ability to think, process new information, and remember events. It is generally diagnosed when the decline interferes with a person's job and/or social life.¹

Causes of Dementia

- Age is the strongest risk factor for dementia.
- Genetics seem to play a large role in developing dementia: having a close relative with dementia, having the Apo E4 genotype, or having Down syndrome are strong predictors².
- Other issues that are strongly correlated with the development of dementia include cardiovascular disease including hypertension and atherosclerosis, diabetes, strokes, chemical imbalances caused by drugs or toxins, serious trauma or concussions, and serious viral, bacterial, or parasitic infections³.

Types of Dementia

- Alzheimer's dementia (AD) is the most common form of dementia and accounts for over half of all dementia cases.
- Vascular dementia (VaD) which accounts for about 20% of all cases. VaD is generally caused by a loss of blood to the brain which could be from stroke or cardiac issues that leads to tissue death and ensuing cognitive issues. These can be large or small events that occur and cause a continuing decline, or they can be isolated events that cause mild cognitive impairment (MCI) that either does not progress or reverses itself after time and healing. The unpredictability of the vascular events makes it difficult to determine the progression of vascular dementia.
- Other dementias include frontotemporal dementia which seems to be more common in middle age adults, dementia with Lewy bodies, and Pick's disease⁴. These dementias can be concurrent so that even after much testing, it is difficult to determine which dementia a patient has. Until more research has been done and possible solutions are found, identifying the type of dementia is less important than treating the patient.

Stages of Dementia

The FAST scale (Functional Assessment Staging Test) is a scale used to describe the stages of dementia based on ability to carry out activities of daily living.⁵ Although this scale gives a general time period for each stage, you will find that this can vary greatly when working with

individuals. Most people are not diagnosed until they are in at least stage 4 on the scale and half of all dementia cases are undiagnosed.⁶

- Stage 1- Normal Adult - no functional decline
- Stage 2- Normal Older Adult - personal awareness of some functional decline
- Stage 3- Early dementia - noticeable deficits in demanding job situations
- Stage 4- Mild dementia - requires help with complicated tasks like finances, travelling, and planning events
- Stage 5- Moderate dementia - requires help choosing clothing
- Stage 6- Moderately severe dementia - requires help bathing, dressing, and toileting. May experience fecal and urinary incontinence
- Stage 7- Severe dementia - speech ability declines to about 6 intelligible words. Progressive loss of ability to walk, to sit up, to smile, and to hold head up.

Working with those with Dementia

It is important to speak with respect and clarity to all elderly people, but also to those with dementia, even if you feel their behavior is childlike. The use of Elderspeak, which can include infantilizing speech and calling them sweetie, dear, or referring to them as “we”, can not only cause depression, but in those with mild to moderate dementia, it can provoke aggressive or uncooperative behavior.⁷

- When you meet, address them with the name they prefer to be called.
- It is appropriate to casually mention that you have an appointment or that you’ve met before. Depending on their stage, they may or may not have some understanding that they are forgetting things. Do not make a big deal of it
- It is not your place to tell them that they have dementia, that they are not going back home, or that the person they are waiting for is dead. This may seem obvious, but it has happened.
- Speak clearly and slowly making sure you are at eye level.
- Be friendly and positive in your words and tone.
- Allow them time to respond between questions. Those with dementia may take longer to process and answer questions.
- Allow them to finish what they are saying so that they do not forget their train of thought.
- Allow them to interrupt you so that they don’t forget what they were going to say and remember to be kind, patient, and understanding.
- Increase the use of gestures and non-verbal communication.
- Limit distractions in the environment when talking with each other.
- When meeting with a patient with dementia, it is important to limit distractions.
- Understand that the patient may also have hearing or vision loss that can further complicate communication.
- Work to build a relationship with family members or caregivers.⁸

Nutritional issues of Note

- Dehydration can be a concern for people with dementia because they may forget to drink water or think that they already have. In early stages if they are still self-sufficient or do not have constant supervision, setting up a reminder system or a way for them to see the water they need to drink throughout the day may be helpful.
- Weight loss is one of the early hallmarks of dementia. It is important to chart weight at every visit with this population. Weight loss may be attributed to different issues.
 - Loss of mobility within the community which can limit their ability to get groceries, loss of mobility around the house can make it difficult to prepare meals.
 - Clients may forget to eat, thinking that they already have, and mental decline may affect the ability to plan and choose nutritious options. If this is the case, helping them set up grocery delivery through family or a delivery service, helping them to organize their kitchen, plan and label meals or help schedule Meals on Wheels or another meal delivery option can allow them to keep their autonomy for longer.
 - Loss of olfactory senses (one of the earliest signs of dementia, usually happening years before any noticeable cognitive impairment¹⁰) which may affect taste and pleasure while eating, or other triggers in the brain which control hunger sensations.
- If clients have difficulty maintaining weight or eating an adequate diet, oral nutrition supplements can be a good option to help them reach caloric goals. Adequate caloric intake is important because low BMI is associated with increased risk of mortality during the progression of dementia, specifically a BMI of 23 or higher has been shown to have better outcomes.
- Nutrient deficiencies due to poor nutritional choices or lack of intake can worsen the effects of dementia, so it may be important to test for deficiencies of thiamin, vitamin B¹², and folate if one is suspected.

Challenges of Dementia Progression

- As patients' dementia progress, they are not in a place to care for themselves and their eating difficulties often intensify. This is due to neurological decline and can manifest as the inability to recognize and use utensils, difficulty recognizing food, dysphagia, and swallowing and feeding apraxia. Aspiration pneumonia is a common cause of death among those with dementia.
- Coordinating with other professionals such as occupational therapists and speech language pathologists is a crucial part of managing feeding and swallowing issues.
- Meal times may be interrupted by behavioral issues, hyperactive behavior may lead to the need for more calories, conversely, hypoactive behavior may necessitate decreased calories. Behavioral issues may make it difficult to understand if the patient is refusing food because they are no longer hungry, or simply unable to deal with the situation at the time, which can lead to underfeeding.

- These challenges may be compounded by the eating impairments that are more common in advanced age such as a variety of other chronic illnesses, loss of teeth, difficulty chewing, disabilities, depression, and anorexia of aging.

Caregiver Abilities

- Another concern that was pointed out in the ESPEN Guidelines is that male caregivers often have poor cooking skills and nutritional knowledge that puts females with dementia at higher risk for malnutrition and weight loss.
- If you are working with an elderly patient with dementia who is aging at home, it can be important to do what is possible to support the caregiver and encourage them to care for their own health, because caregivers tend to be at high risk for malnutrition and chronic disease.

Tips for a smoother mealtime

- If a patient continues refusing a particular food, offer a different food instead.
- Eating can be a slow process and offering several smaller meals in place of three large meals may make it easier to meet the patient's energy needs more easily.¹¹
- Studies have shown that mealtimes with those with dementia may go much more smoothly if meals are presented in a comfortable and homey environment and the same caregiver is present as much as possible and eats with the patient.
- Calorie dense snacks and oral nutritional supplements can be a good way to boost caloric intake.
- Finger foods can be a good alternative for someone who tends to be distracted at mealtimes.¹²
- Use caution with clients who do use their hands to feed themselves.
- Warm color plates like red and yellow have been shown to stimulate appetite.¹³
- Use progressive diet and texture modifications as dictated by the client's status and the SLP recommendations.
- A healthy, well-balanced diet like the Mediterranean diet can be beneficial in providing adequate nutrition and if started earlier in life, some studies show it may delay the onset or progression of dementia. As the disease progresses, weight maintenance is key in improving mortality outcomes and it is suggested that the patients' preferences be indulged, and special care be taken to prepare appetizing and energy dense meals and maintain a pleasant eating environment. Restrictive diets may be avoided as much as possible.
- Activities of daily living will decline and lead to the necessitate patients to be fed at mealtimes.
- Adaptive eating utensils are available to make self-feeding and hand-feeding easier.

Over all, working with patients with dementia can be a challenging, but rewarding job.

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- 3 What are the Risk Factors and Causes of Alzheimer's and Other Dementias. (2018, September 01). Retrieved from Dementia Care Central: <https://www.dementiacarecentral.com/aboutdementia/facts/causes/#cdr>
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- 7 Pfitzinger, Julia. (2019, January 19) The Negative Effects of Elderspeak. Retrieved from Next Avenue. <https://www.nextavenue.org/negative-effects-elderspeak/>
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- 8 Gould, E. T. (2009). Dementia Care Practice Recommendations for Professionals Working in a Home Care Setting. Retrieved from The Alzheimer's Association: https://www.alz.org/national/documents/phase_4_home_care_recs.pdf
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Other resources

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