



# CareTalk

A Publication of Hope Hospice, Inc.

## MEMORY CARE TIP

### Dementia and Appetite Decline

Persons living with dementia commonly exhibit challenges with eating, but the reasons vary. Let's explore a few possible causes.

**Memory trouble.** In the early stages of dementia, when a person may still be caring for himself or functioning with limited assistance, the problem might be simply forgetting to eat. When this problem is discovered, it's a sign that care partners need to provide more frequent living assistance and check-ins.

**Vision decline.** As we age, we naturally experience a narrowing of our field of vision. For a person living with dementia, this process is on overdrive and it may cause him to not see a caregiver approaching from the side, or even a plate of food in front of them if he is not directly looking at it. Additionally, the ability to detect color and contrast becomes impaired; the person may have trouble, for example, seeing light-colored food on a white plate and, thus, think he's finished his meal.

**Lack of physical activity.** Simple activities such as going for a walk and helping with basic household tasks like washing dishes can boost mood and energy, which, in turn, may help increase appetite.

**Communication challenges.** As the disease progresses, formal

(See "Dementia" on page 4)



## Nutrition Concerns for the Elderly

As the body ages, a person has to make more of an effort to eat wisely. Most older people need fewer calories than they did during their active younger years. However, senior bodies absorb fewer nutrients, so it's important to eat high-nutrient food to maintain good health.

Check with the doctor before starting any special diets, especially for the person with a swallowing impairment. Also, check with a doctor, pharmacist, or registered dietitian to know what effect prescription medicines have on nutritional needs or if certain foods (e.g., citrus or dairy) can reduce effectiveness of medications.

### Improving nutrition to combat appetite decline, weight loss

Sometimes a patient is experiencing a loss of appetite due to medication-induced nausea, depression, or other issues. Following are tips to help ensure caloric, nutrient, and hydration needs are met when food intake is reduced.

- Finger foods may increase intake.
- Add non-fat powdered milk to any food with liquid in it, such as desserts, soups, gravy, and cereal.
- Add butter, whipped cream, or sour cream to foods.
- Add cottage cheese or ricotta cheese to casseroles, eggs, and desserts.
- Grate hard cheeses onto bread, meats, vegetables, eggs, and casseroles.
- Use instant breakfast powder in milk drinks and desserts.
- Add nuts, seeds, and wheat germ to breads, cereal, casseroles, and desserts.
- Add beaten eggs to mashed potatoes, sauces, vegetable purees, and cooked puddings.

(See "Nutrition" on page 2)



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### Nutrition *(continued from page 1)*

- Add honey, jam, or sugar, to bread, milk drinks, fruit, and yogurt desserts.
- Add mayonnaise to salads and sandwiches.
- Encourage more fluid intake by flavoring water with fruit or cucumber slices, mint, or a splash of juice.
- Offer watermelon and citrus bites to boost hydration.

### Problem-solve when a patient refuses to eat

Sometimes emotional, physical, or medical conditions cause a person to lose their desire to eat. If the person in your care is having trouble eating, check:

- Is there a new medication that may be affecting her appetite?
- Are bowels regular? Constipation can cause loss of appetite.
- Does she have loose dentures, or sore throat, teeth, or gums?
- Is she suffering from memory loss or mental confusion that makes handling utensils and the eating process confusing?
- Finally, is she depressed and needing medication or therapy to regain interest in life? ➔



### Kitchen Safety

The dirtiest place in your house isn't your bathroom—it's your kitchen sink. Consider these tips to keep your kitchen clean.

- Clear the sink of dishes and pans before washing hands, and use different towels to dry hands and cookware.
- Keep cutting boards free of nicks and grooves where bacteria can grow.
- Keep your refrigerator working properly, and on a cold setting.
- Don't let food linger on counter tops before cooking and serving it.
- Keep pets off counter tops and dining tables. Pet paws carry bacteria.
- Damp dish towels breed bacteria. Keep them clean and dry, or use paper towels. ➔

#### Washing fruits and veggies

Scrub them under running tap water for at least 30 seconds. Plain tap water is best at removing germs and pesticides. To get your produce extra clean, dunk it in a mild vinegar and water solution first (about 1/2 cup vinegar to 5 cups water), then scrub under tap water.

## Dehydration Prevention

As a person ages, he or she feels less thirsty, so a special effort should be made to provide enough fluids. A person's fluid balance can be affected by medication, emotional stress, exercise, nourishment, general health, and the weather. Dehydration, especially in the elderly, can increase confusion and muscle weakness and cause nausea. Nausea, in turn, will prevent the person from wanting to eat and drink, thereby worsening dehydration.

### Seniors and hot weather

Individuals who are over age 65 or who have health problems are particularly susceptible to heat-related illness, as these groups generally do not adjust to major temperature fluctuations as fast as younger people. When a person is experiencing heat stroke, the body is unable to control its rising temperature through sweating. Heat stroke can cause death or permanent disability if emergency treatment is not provided; therefore, it is important to know the warning signs of a life-threatening case of heat stroke:

- Extremely high body temperature (above 103°F)
- Red, hot, dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea or vomiting
- Confusion or unconsciousness

Becoming dehydrated might seem like an obvious concern on hot days. However, the problem can sneak up in ways you might not have considered. For example, some patients who are aware of their incontinence problem may avoid drinking fluids, and their embarrassment of the issue may prevent them from communicating about it with a caregiver. Mention your awareness of the need to urinate more and ensure you account for extra trips to the bathroom or pad changes.

If the patient declines water, another option is to offer water-dense foods such as watermelon and citrus. You could also try alternatives such as mixing a low-sugar sports drink or juice in a 50:50 ratio with water, or offering a blended ice–juice slushie.



**Heat stroke can occur in as few as 10 minutes when a person is exposed to extreme temperatures.**

## QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. Older bodies absorb fewer nutrients than they did in their youth.

True or False

2. Dehydration is a concern in a patient who experiences loss of appetite.

True or False

3. Constipation can cause loss of appetite.

True or False

4. As a person ages, they typically feel thirsty all of the time.

True or False

5. Individuals over age 65 or who have health problems are particularly susceptible to heat stroke.

True or False

6. Heat stroke is usually a mild illness and you shouldn't worry unless air temperatures exceed 100 degrees.

True or False

7. Persons living with dementia commonly experience greater vision troubles than the average senior.

True or False

8. If a patient with dementia is rejecting food, you should leave the plate on the table as long as it takes for him to finish the meal.

True or False

9. *Dysphagia* is a term that means difficulty swallowing food and fluids.

True or False

10. Giving produce a quick spritz of water is all that is needed to ensure the food is free of bacteria and pesticides.

True or False

Find the quiz answers on the bottom of page 4.

language usually disappears, and the person living with dementia is left with little ability to communicate his needs. He may stop talking completely and rely solely on non-verbal cues such as facial expressions and emotional commotions. When it comes to eating, be aware that such behaviors may be his way of telling you that the food temperature is not right or that he's just not a fan of what's being served for dinner.

**Trouble with swallowing.** This condition is called *dysphagia* and, among several causes, it can be linked to damage to parts of the brain that control swallowing. If the case is mild, it may be managed by ensuring the person takes very small bites and takes small sips of water following each bite. Changing meal prep to

focus on soft, pureed items may help. It's also important to provide a calm atmosphere during dining and to have the person sitting fully upright.

### Tips to help make mealtime go smoothly

There's no one-size-fits-all method to combat feeding challenges, so try out a few of these methods to see what might work for your patient.

- Provide a calm environment free of distractions like television and loud conversation. Play relaxing music at a low level.
- Keep the table clutter free. A busy tablecloth design, a centerpiece of fake fruit, and stacks of paper items can confuse a person who already struggles with sight deficits.
- Serve only one or two food items



- per meal and keep portions small.
- Be flexible. Start with known food preferences, but don't be discouraged if the old stand-bys aren't always well received.
- Ensure dentures fit correctly.
- Be patient. It may take up to an hour for him to finish, and that's okay. ➤



### Available Topics

- Dementia care
- Pain in the elderly
- Skin care of the elderly
- Fall prevention
- Senior nutrition
- Medication administration
- Respiratory concerns
- MRSA/C-Diff
- Body mechanics
- Hospice education
- Agitation/terminal restlessness
- Advance healthcare directives

## In-Service Training During COVID-19

As a safety measure during the ongoing pandemic, Hope Hospice has made our **in-service educational seminars available via Zoom teleconference**. We remain a resource to local hospitals, SNFs, board-and-care homes, and assisted living residences for complimentary education about senior-care topics. We want to help you maintain physical distancing at your facility and still offer valuable education to your staff and residents.

Please connect with us to discuss your needs and the logistics of offering these seminars remotely. ➤

### For More Information

Please reach out to Hope Hospice Director of Outreach, Kari Rayford, LVN, at [karir@hopehospice.com](mailto:karir@hopehospice.com) or (925) 829-8770 to discuss your team's needs.