

Dietary Changes with People Diagnosed with Dementia, Part 1 of 2

Hello, this is Dr. Sonia Harden, program director for the geriatric workforce enhancement program grant at East Carolina University. Podcasts are being developed for primary care providers with topics in neurology. Today, this is going to be a short podcast that's focused on dietary changes with people diagnosed with dementia. The podcast is going to be broken into two parts. Today, we're going to do part one. Let's begin.

Individuals with dementia frequently develop serious seeing difficulties and changes in eating and dietary propensities. The progressions might be secondary to cognitive impairment or apraxia or the outcome of insufficient care giving or the consequence of metabolic or neuro-chemical abnormalities occurring as part of the dementing process. Any behavior among older adults can be seen as a complex individualistic phenomenon that is determined by physiological, pathological, and psychological components. As we currently are aware of, malnutrition or under nourishment resulting from insufficient food intake has been reported in up to 85% of our nursing home residents. Dehydration has been documented in as many as 51% of the residents.

Changes in dietary or eating behavior may not be evident on initial presentation of patients with dementia. Whereas, patients with advanced illness may resist or be indifferent to food, fail to manage the food bowl as properly once it is in the mouth or aspirate when swallowing. It's important for us to keep in mind that a good dietary assessment is crucial to a holistic care of our patients. Behavioral troubles are perceived as a heavy burden by family caregivers, who may be stressed, depressed and socially isolated.

When we think about assessing the patient, we need to think about appetite versus eating abnormalities. Appetite and eating abnormalities are assessed as one of the 12 categories in the neuropsychiatric inventory scale. This is the NPI scale. It's important for us to think about how we can integrate that scale into the clinics, as we see our patients. This concludes the end of part one of our podcast today. Thank you.