

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

Hello. This is Dr. Sonya Hardin, 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. This podcast is part two of a podcast, which is focused on the dietary intake of patients with dementia. Today, I want to focus on a number of types of dementia and some of the problems that we see with dietary intake. As you well know, the causes of weight loss in the dementia population are multifaceted and include loss of appetite secondary to the deterioration of brain regions associated with feeding behavior and functional behavioral problems associated with dementia that make it very difficult for individuals to consume an adequate amount of food to meet their energy needs.

I'd like to talk a little bit about three different dementias, Alzheimer's disease, frontal dementia, and also vascular dementia today. Let's take the first one, Alzheimer's disease. In regards to dietary intake, Alzheimer's disease patients may have a decrease in dietary intake. That's what we typically see. This is because of apathy, depression, memory loss. They forget to eat, inappropriate feeding, diet simplification, food refusal, and indifference to the food that's placed before them. On a rare occasion, you may have an Alzheimer patient that has an increase in dietary intake. With these individuals, you will actually see a weight gain. It's due to memory loss and hyperphagia. This occurs when your Alzheimer's disease is predominantly located in the frontal lobe.

Keep in mind with Alzheimer's disease that you may have a number of functional problems with this population, as well, things such as difficulty chewing, absence of chewing, or continuously chewing. Sometimes these individuals will have multiple swallows before they can get the food down. They are at risk for silent aspiration, and they also have prolonged eating duration, which may limit the amount of food intake they receive.

Second, I want to talk about frontal dementia. This population may have a decrease in food intake or increase in food intake. You may see a weight loss or a weight gain with this population. A weight loss is due to apathy, a loss of interest and rigidity in eating, which means they're going to want the same food for every meal. That may actually decrease their intake. Also, an increase in intake may be perceived due to hyperphagia, a craving of sweets and carbohydrates, or the obsession with a particular food. They also have been known to snatch food from others. Therefore, these individuals are often placed at tables by themselves in long-term care settings, and they've been known to eat inedible objects. This can be anything that is laying within their reach that they may put into their mouth. This increases the risk, of course, of a foreign body obstruction.

Keep in mind that there are also functional issues associated with the frontal dementias, everything from their rapid eating to prolonged eating duration, as well as dysphagia. They may also have silent aspiration and a decrease in hypolaryngeal elevation.

Our third dementia that we're going to talk about is vascular dementia. A lot of times, these individuals will have experienced a prior stroke. We typically will see a decrease in dietary intake resulting in weight loss. This has to do with problems related to handling food on the plate and getting that food to their mouth. They also can be very slow at eating, which will decrease their dietary intake.

Today, we've talked a little bit about eating problems and dietary changes that occur in association with cognitive dysfunction, typically seeing most often in the later stages of dementia. We know that the

possible mechanisms have been either secondary to cognitive impairment or apraxia or the consequence of autonomic dysregulation, neuropathological, and neurochemical abnormalities occurring as part of the dementing process. I want you to keep in mind that as a provider, it's very important that we weigh our patients each time that they come in, we [trim 00:05:54] those over time, we talk to caregivers about our patient's dietary intake so that we can begin to watch for weight loss or weight gain with this population.

This ends our podcast for today. Thank you very much.