

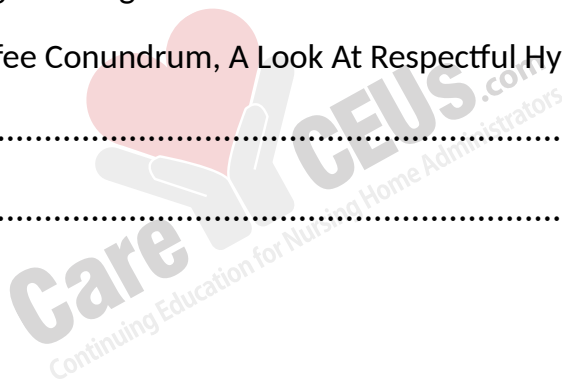


Dementia Care and Nutrition



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Section 1: Introduction

Imagine yourself at a bustling family picnic. The air is alive with laughter, children's squeals, and the sizzling of burgers on the grill. You savor the aroma of freshly baked pies, the tangy bite of potato salad, and the juicy sweetness of watermelon. These simple pleasures, these deeply ingrained memories of taste and smell, are a cornerstone of our human experience.

Now, imagine that these sensations begin to fade. The vibrant flavors of your favorite dishes seem muted, the enticing aromas of freshly brewed coffee barely perceptible. The once-familiar comfort of a home-cooked meal loses its appeal. This, sadly, is a reality for many individuals living with dementia.

As the disease progresses, the brain, the very organ responsible for experiencing and appreciating food, begins to atrophy (Cleveland Clinic, 2022). The intricate neural pathways that connect taste, smell, and memory become frayed, leading to a profound disconnect from the sensory world. The loss of these vital senses not only diminishes the joy of eating but also disrupts the very foundation of human connection. Meals, once a time for shared joy and social interaction, can become a source of frustration and anxiety.

This course will delve into the intricate relationship between dementia and nutrition. We will explore the physiological changes that occur in the brain and how they impact appetite, taste, and swallowing. We will examine practical strategies for addressing these challenges, from adapting mealtimes to utilizing sensory stimulation techniques.

We will focus on providing compassionate and effective care for residents facing nutritional challenges. This includes understanding the impact of cognitive decline on eating habits and implementing strategies to support their nutritional needs.

Understanding Dementia

Dementia is a general term encompassing a range of neurological disorders that progressively impair brain function. Specific types of dementia include Alzheimer's disease, frontotemporal dementia, Lewy body dementia, vascular dementia, and mixed dementia (Mayo Clinic, 2024). Dementia results from damage or loss of brain cells and the connections between them. This damage can affect different brain areas, leading to a variety of symptoms. Dementia types are often categorized based on shared features, such as the presence of specific proteins within the brain or the regions affected by the disease (Mayo Clinic, 2024). Let's now delve deeper into the specific types of dementia, each with its unique characteristics and progression.

Alzheimer's Disease

Alzheimer's disease is a progressive brain disorder that gradually destroys memory and thinking skills. It primarily affects older adults, although early-onset forms can occur (National Institute on Aging [NIA], 2021). The disease is characterized by the presence of abnormal plaques and tangles in the brain, along with the loss of connections between nerve cells (NIA, 2021). These changes initially impact brain regions crucial for memory and gradually spread, affecting areas responsible for language, reasoning, and social behavior. Early symptoms often include memory problems, but can also involve difficulties with language, spatial orientation, and judgment. As the disease progresses, individuals may experience challenges with daily activities, such as driving, cooking, and managing finances. Behavioral changes, such as anxiety, agitation, and aggression, may also occur (NIA, 2021).

Frontotemporal Dementia

Frontotemporal dementia (FTD) is a group of brain disorders that primarily affect the frontal and temporal lobes, leading to the progressive loss of essential abilities

such as thinking, speaking, and socializing. This often manifests as changes in behavior, personality, language, and movement. FTD typically begins between the ages of 40 and 65, impacting individuals during their prime working and family years, significantly affecting both the person with the condition and their loved ones (National Institute of Neurological Disorders and Stroke 2024). While the exact cause remains unknown, genetic factors play a role in some cases. Symptoms vary widely but often include behavioral changes (impulsivity, apathy, decreased empathy), language difficulties (problems with speech production and comprehension), and in some cases, physical symptoms like muscle weakness and coordination problems (National Institute of Neurological Disorders and Stroke 2024).

Lewy Body Dementia

Lewy body dementia (LBD) is a neurodegenerative disorder characterized by the presence of Lewy bodies – abnormal protein deposits – within brain cells (Cleveland Clinic, 2022). These deposits disrupt communication between neurons, leading to impairments in thinking, behavior, movement, and sleep. LBD is progressive, meaning symptoms gradually worsen over time. It is a significant cause of dementia among individuals aged 65 and older, and its symptoms can often overlap with those of Alzheimer's disease and Parkinson's disease (Cleveland Clinic, 2022).

Vascular Dementia

Vascular dementia occurs when blood flow to the brain is reduced, depriving brain cells of the oxygen and nutrients they need to function properly (Cleveland Clinic, 2024). This disruption can be caused by various conditions, including stroke, high blood pressure, and atherosclerosis (hardening of the arteries). As a result, brain cells become damaged, leading to cognitive decline. This decline can manifest in various ways, such as memory problems, difficulties with thinking and problem-solving, changes in mood and behavior, and challenges with performing everyday

tasks (Cleveland Clinic, 2024). It's important to note that vascular dementia often co-exists with Alzheimer's disease, a condition known as mixed dementia.

Mixed Dementia

Mixed dementia occurs when two or more types of dementia, most commonly Alzheimer's disease and vascular dementia, occur simultaneously. This condition is more prevalent among individuals aged 80 and older (Cleveland Clinic, 2022).

Diagnosing mixed dementia can be challenging due to overlapping symptoms and the potential dominance of one type of dementia's symptoms. Importantly, the cognitive decline in individuals with mixed dementia tends to progress more rapidly compared to those with a single type of dementia (Cleveland Clinic, 2022).

Dementia and Other Related Conditions

This information provides a brief overview of various dementia-related conditions. It's crucial to remember that this is not an exhaustive list.

Some dementias, such as those associated with Huntington's disease, Parkinson's disease, and Creutzfeldt-Jakob disease, are progressive and irreversible. These conditions often involve specific genetic mutations or infectious agents (Cleveland Clinic, 2022).

Importantly, some conditions that initially present with dementia-like symptoms may be reversible. These include those caused by vitamin deficiencies, certain infections (such as urinary tract infections), and side effects from medications (Cleveland Clinic, 2022). Conditions like normal pressure hydrocephalus, where excess fluid accumulates in the brain, can also sometimes be treated effectively (Cleveland Clinic, 2022).

Key Takeaways

- Dementia dramatically impacts the experience of food. Loss of taste, smell, and memory diminishes the pleasure and social connection associated with eating.
- Common types of dementia include: Alzheimer's, Frontotemporal Dementia (FTD), Lewy Body Dementia (LBD), Vascular Dementia, and Mixed Dementia. Each type has unique characteristics and progression.
- Addressing the nutritional and emotional needs of individuals with dementia requires a multi-faceted approach.

Section 2: The Importance of Hydration in Dementia Care

Proper nutrition and hydration are cornerstones in providing exceptional care for residents with dementia. As dementia progresses, the body undergoes significant physiological changes, from altered metabolism to impaired swallowing function (Mira et al., 2022). Understanding these changes, along with the serious implications of malnutrition and dehydration, is essential for maintaining residents' health and quality of life. Research has established strong connections between nutrition and cognitive function, suggesting that appropriate dietary support may help preserve brain health and potentially moderate cognitive decline (Townsend et al., 2024). This section provides comprehensive guidance on addressing the complex hydration needs of individuals with dementia.

Water is vital for life, constituting around 60% of an adult's body composition. It performs numerous essential functions, including regulating body temperature, maintaining blood pressure, facilitating biochemical reactions, and transporting nutrients and waste products within the body (Li et al., 2023). The amount of water in our bodies changes gradually over time. Infants and children have the

highest water content, which gradually decreases with age. Older adults are particularly vulnerable to dehydration. This occurs when the body loses more water than it takes in, either due to insufficient fluid intake or excessive fluid loss (Li et al., 2023).

Dehydration poses a growing concern as the global population ages. Studies have shown that a significant proportion of older adults, both living independently and in long-term care, experience dehydration. Prevalence rates vary widely, ranging from 1% to 60% in community settings, depending on how dehydration is assessed. In long-term care facilities, 28-30.5% of residents may be on the verge of dehydration, while 20-38.3% are already dehydrated (Li et al., 2023).

The body maintains water balance through a complex interplay of hormones and thirst mechanisms. The hormone arginine vasopressin (AVP) plays a crucial role, working in conjunction with thirst to regulate the body's water content (Li et al., 2023). When water intake is insufficient or water loss is excessive, the concentration of solutes in the extracellular fluid (ECF) increases. This triggers the "I AM THIRSTY" signal in the brain, primarily through specialized neurons called osmoreceptors located in specific brain regions. These receptors directly monitor changes in blood solute concentration and initiate both thirst and the release of AVP from the pituitary gland (Li et al., 2023).

Thirst serves as a vital defense mechanism to counteract water loss. However, this thirst sensation may diminish in older adults (Li et al., 2023). Studies have shown that older individuals may not experience the same strong thirst response to dehydration as younger individuals. For example, when deprived of water for 24 hours, older adults often report less intense thirst and dryness in the mouth compared to younger adults. This blunted thirst response, combined with age-related changes in fluid intake, significantly increases the risk of dehydration in older individuals (Li et al., 2023).

As we age, our kidneys naturally decline in function (Li et al., 2023). They become less efficient at filtering waste and conserving water. This decline increases the risk

of dehydration. A hormone called AVP helps regulate water balance. However, older adults may not respond effectively to this hormone, even when levels increase. This further contributes to the risk of dehydration in the elderly (Li et al., 2023).

Additional Risk Factors for Dehydration in Older Adults

Older adults are more prone to dehydration than younger people. This increased risk stems from a combination of factors (Li et al., 2023):

Risk Factors for Dehydration	
Physiological Changes	<ul style="list-style-type: none">● Diminished thirst sensation.● Older adults may not feel as thirsty as younger people.● Reduced kidney function.● Aging kidneys become less efficient at conserving water.
Cognitive Decline	<ul style="list-style-type: none">● Memory problems, common in aging and conditions like dementia, can cause older adults to forget to drink enough fluids.
Physical Limitations	<ul style="list-style-type: none">● Reduced mobility makes it difficult to get fluids for oneself● Difficulty eating and drinking can hinder fluid intake, especially for those living independently or in care facilities.

Medical Conditions	<ul style="list-style-type: none"> ● Uncontrolled diabetes can increase urine output, leading to dehydration. ● Urinary incontinence may cause some individuals to restrict their fluid intake. ● Difficulty swallowing (dysphagia) can significantly reduce fluid intake.
Environmental Factors	<ul style="list-style-type: none"> ● Older adults may have difficulty adjusting to changes in temperature and humidity.

These factors can all contribute to dehydration in older individuals, highlighting the importance of proactive measures to ensure adequate hydration in this population.

Putting It All Together

Why are seniors at risk?

- Diminished thirst: As we age, our bodies may not signal thirst as strongly.
- Reduced kidney function: Aging kidneys become less efficient at conserving water.
- Cognitive decline: Conditions like dementia can impair memory, making it difficult to remember to drink.
- Medications: Some medications, especially diuretics, can increase urine output.

Signs of dehydration in seniors:

- Thirst (may be less noticeable than in younger adults)
- Dry mouth
- Infrequent urination

- Dark urine
- Dizziness or lightheadedness
- Confusion

Severe dehydration is a medical emergency. Symptoms include a rapid heart rate, difficulty walking or moving, confusion, fainting, and prolonged vomiting or diarrhea lasting more than 24 hours (Negi, 2021). If you or a resident experience any of these symptoms seek immediate medical attention. Treatment for severe dehydration often involves intravenous fluids and electrolytes administered in a hospital setting (Negi, 2021).

Promoting Hydration

Promoting adequate hydration in residents with dementia presents unique challenges. Their communication difficulties may prevent them from expressing thirst, and their diminished thirst sensation can further complicate matters. This can lead to a situation where residents may be severely dehydrated without realizing it, potentially leading to serious health consequences like confusion, urinary tract infections, and constipation.

To effectively address these challenges, we must take a proactive approach. It is up to us and our care teams to encourage residents to drink plenty of fluids throughout the day. The recommended amount is 10-13 cups per day (Alzheimer's Society, n.d.).

Firstly, ensuring easy access to fluids is crucial. Place water pitchers and glasses within easy reach of residents, and offer a variety of beverages throughout the day, including water, juice, tea, coffee, milk, smoothies, and soups. Utilize clear or brightly colored containers to make drinks more visible and appealing.

Secondly, we must consider the unique needs of each resident. Offer hydrating foods like watermelon, cucumber, and celery. Address any mobility limitations that

may hinder access to fluids. Equally important, create a supportive environment by addressing any anxieties related to toileting, which can sometimes discourage fluid intake.

Finally, staff education and consistent monitoring are essential. Train staff to proactively offer fluids to residents throughout the day and encourage them to observe resident fluid intake closely. By implementing these strategies, we can create a more hydrating environment for our residents, improving their overall health and well-being.

Swallowing Difficulties

Having thoroughly explored the importance of hydration and the unique challenges faced by residents with dementia in maintaining adequate fluid intake, we now turn our attention to another critical aspect of nutritional care: swallowing difficulties.

Dysphagia, or difficulty swallowing, can significantly impact a resident's ability to consume both fluids and adequate nutrition. While we've extensively discussed strategies to promote fluid intake, we will now delve into the complexities of dysphagia and explore practical approaches to ensure safe and effective feeding for our residents.

Many of our residents with Alzheimer's Disease experience difficulty swallowing. This is a significant concern, as it's often overlooked despite its high prevalence (up to 93% in moderate to severe AD) (Mira et al., 2022). Dysphagia arises from a combination of age-related changes and the neurological damage caused by the disease. This difficulty directly impacts their ability to eat and drink adequately, leading to weight loss, malnutrition, and dehydration. These nutritional deficiencies can significantly impact their overall health, and quality of life, and even increase their risk of complications and hospitalizations (Mira et al., 2022). Recognizing and addressing dysphagia proactively in our residents through proper assessments, dietary modifications, and swallowing therapies is an important step

in promoting better nutrition and hydration for residents with dementia. Let's get more technical with the impacts of dysphagia.

As AD progresses, it significantly impacts the brain regions responsible for swallowing, including the insula, frontal gyrus, and cingulate cortex. This neurological damage, combined with age-related changes in sensory and motor functions, disrupts the complex process of swallowing (Mira et al., 2022).

Below are the findings from a systematic review by Mira et al. (2022, "Dysphagia in Alzheimer's Disease"), which highlights the impact on residents and provides helpful guidelines for recognizing and addressing dysphagia.

Impact on Residents:

- **Reduced Food Intake:** Dysphagia directly interferes with the ability to eat and drink safely and effectively.
- Residents may experience difficulties chewing, forming a food bolus, and moving food from the mouth to the stomach. This can lead to a significant reduction in food and fluid intake.
- **Malnutrition and Dehydration:** Insufficient food and fluid intake due to dysphagia can quickly lead to malnutrition and dehydration, which have serious health consequences. These include weight loss, weakness, fatigue, and increased risk of infection.
- **Aspiration Pneumonia:** A major concern with dysphagia is the risk of aspiration. When food or liquids enter the airways instead of the esophagus, it can lead to aspiration pneumonia, a potentially life-threatening lung infection.
- **Reduced Quality of Life:** Dysphagia can significantly impact a resident's quality of life. The fear of choking or coughing can make mealtimes stressful

and unenjoyable. This can lead to social isolation and a decline in overall well-being.

Recognizing and Addressing Dysphagia:

Early identification and management of dysphagia are crucial for maintaining the health and well-being of residents with AD.

- Regular assessments by healthcare professionals, including speech-language pathologists (SLPs), are essential to identify and monitor swallowing difficulties.
- SLPs can recommend appropriate dietary modifications, such as thickening liquids or altering food textures, to improve swallowing safety.
- Various swallowing therapies, such as exercises to improve muscle strength and coordination, can help improve swallowing function.
- Proper positioning during meals, such as sitting upright, can also help reduce the risk of aspiration.

Important Note: While enteral feeding (such as through a feeding tube) might seem like an option in severe cases, it is important to note that in advanced stages of dementia, enteral feeding may not always improve outcomes and may even have negative consequences (Mira et al., 2022).

Dysphagia is a significant challenge for residents with AD. By understanding its impact and implementing appropriate interventions, nursing home administrators can play a crucial role in ensuring that residents with AD receive the nutrition and support they need to maintain their health and quality of life.

The challenge of maintaining proper hydration in residents with dementia requires a comprehensive, person-centered approach that goes beyond simply offering fluids (Li et al., 2023). By understanding the physiological changes that affect thirst sensation, recognizing the early signs of dehydration, and implementing proactive

strategies for fluid intake, we can significantly improve outcomes for our residents (Negi, 2021). Success depends on creating supportive environments, training attentive staff, and addressing individual needs and preferences (Mira et al., 2022). Through these focused efforts, we not only prevent the serious complications of dehydration but also enhance our residents' overall quality of life. Remember, hydration isn't just about preventing illness—it's about promoting wellness, dignity, and comfort for those in our care.

Key Takeaways

- Dehydration is a serious risk for residents with dementia.
- Proactive hydration strategies are essential, including readily available fluids and staff monitoring.
- Address individual needs, including mobility, communication, and swallowing difficulties.
- Staff education and training are crucial for successful hydration interventions.
- Regular assessments by healthcare professionals, including speech-language pathologists, are essential to identify and address swallowing difficulties.
- Prioritize resident comfort and dignity in all hydration efforts.

Section 3: The Importance of Nutrition in Dementia Care

The intersection of dementia and nutrition presents one of the most complex challenges in elder care. As cognitive function declines, maintaining adequate nutrition becomes increasingly crucial yet progressively more difficult to manage.

Dementia affects not just memory and cognitive function, but fundamentally alters an individual's relationship with food and drink through multiple pathways. Understanding these challenges is essential for healthcare providers, as poor nutrition can accelerate cognitive decline, increase the risk of falls, and significantly impact the quality of life (Barrado-Martín et al., 2020). The complexities of nutritional care in dementia require a nuanced, person-centered approach that addresses both the physiological and behavioral aspects of eating and drinking.

Individuals with dementia often face challenges with eating and drinking. In the early stages, they may forget to eat or drink (Barrado-Martín et al., 2020). Changes in taste and smell can also make food less appealing. As the disease progresses, difficulties may arise from problems with coordination, such as struggling to bring food to their mouths. They may also have trouble paying attention while eating, making it difficult to feed themselves. Some individuals may even fail to recognize familiar foods, refuse to eat, or lose their sense of hunger (Barrado-Martín et al., 2020).

Nutritional Intake Needs for Older Adults

Nutritional requirements for older adults represent a complex and dynamic field of healthcare, with ongoing research continuously refining our understanding. The specific nutritional needs of individuals over 60 are influenced by a multifaceted array of factors, including physiological changes, metabolic shifts, and individual health conditions.

Caloric Intake and Metabolic Considerations According to the Dietary Guidelines for Americans (2020-2025), calorie recommendations for adults over 60 are nuanced and personalized. General guidelines suggest:

- Women: 1,600-2,200 calories per day
- Men: 2,000-2,600 calories per day

These recommendations reflect the physiological changes that occur with aging. As metabolism naturally slows, older adults typically require fewer calories compared to younger populations. Men often need slightly more calories due to higher muscle mass and body weight.

Among nutritional components, protein emerges as particularly crucial for older adults. As individuals age, they experience a phenomenon known as sarcopenia—the progressive loss of muscle mass and strength. Adequate protein intake becomes paramount in mitigating this natural decline.

Recommended protein intake for older adults typically ranges from 1.0 to 1.2 grams per kilogram of body weight, compared to 0.8 grams for younger adults. This increased requirement supports:

- Muscle maintenance
- Immune function
- Wound healing
- Overall physical resilience

Protein sources should be diverse and high-quality, including:

- Lean meats
- Fish
- Eggs
- Dairy products
- Legumes
- Plant-based protein alternatives

Determining precise nutritional needs requires a comprehensive approach. The Dietary Reference Intake (DRI) Calculator for Healthcare Professionals, available at

nal.usda.gov/fnic/dri-calculator, provides a valuable tool for personalized nutritional planning. This calculator considers:

- Age
- Sex
- Height
- Weight
- Activity level

Effective nutritional care demands a collaborative approach. Nursing facilities should engage:

- Registered Dietitians
- Primary Care Physicians
- Medical Directors
- Staff Nurses
- Staff Caregivers



These professionals can develop individualized nutritional strategies that balance clinical recommendations with resident preferences.

Residents with conditions like dementia present unique nutritional challenges. Staff must be prepared to:

- Provide adaptive feeding assistance
- Modify food textures
- Ensure adequate nutrition
- Respect individual preferences

While nutritional guidelines are essential, they should not overshadow resident autonomy and quality of life. The Dietary Guidelines for Americans (2020-2025) acknowledge that occasional flexibility in food choices can support emotional well-being, particularly for residents in their later life stages.

To transform theoretical nutritional guidelines into practical understanding, let's explore how these recommendations translate to real-world resident care through illustrative examples that demonstrate personalized nutritional planning.

Nutritional Needs in Practice: Personalized Resident Care Examples

Disclaimer: The following examples are for educational purposes only and should not be interpreted as personalized dietary advice. Nutrition is highly individualized. Always consult a registered dietitian, physician, or qualified healthcare professional for specific nutritional guidance tailored to individual health needs, conditions, and requirements for your residents.

Example #1

Let's calculate the protein needs for a female resident weighing 160 lbs:

1. Convert pounds to kilograms: $160 \text{ lbs} \div 2.2 = 72.7 \text{ kg}$
2. Calculate protein range:
 - Low end (1.0 g/kg): $72.7 \text{ kg} \times 1.0 = 72.7 \text{ grams of protein per day}$
 - High end (1.2 g/kg): $72.7 \text{ kg} \times 1.2 = 87.2 \text{ grams of protein per day}$

Recommended daily protein intake for this resident: 73-87 grams of protein.

Example protein sources to meet this need:

- 3 oz chicken breast: 26 grams

- 1 cup Greek yogurt: 17 grams
- 2 eggs: 12 grams
- 1/2 cup cottage cheese: 14 grams

Total from these items: 69 grams, with room to add additional protein sources like nuts, beans, or protein supplements if needed.

Example #2

Let's calculate the protein needs for a male resident weighing 185 lbs:

1. Convert pounds to kilograms: $185 \text{ lbs} \div 2.2 = 84.1 \text{ kg}$
2. Calculate protein range:
 - Low end (1.0 g/kg): $84.1 \text{ kg} \times 1.0 = 84.1 \text{ grams of protein per day}$
 - High end (1.2 g/kg): $84.1 \text{ kg} \times 1.2 = 100.9 \text{ grams of protein per day}$

Recommended daily protein intake for this resident: 84-101 grams of protein.

Example protein sources to meet this need:

- 4 oz salmon: 29 grams
- 1 cup Greek yogurt: 17 grams
- 2 eggs: 12 grams
- 1/2 cup cottage cheese: 14 grams
- 1 oz almonds: 6 grams

Total from these items: 78 grams, with room to add additional protein sources like beans, lean meats, or protein supplements if needed.

Putting It All Together

Nutritional care for older adults represents a complex landscape where science, individual needs, and compassionate care intersect. For nursing home administrators, understanding these nuances becomes critical to supporting resident health and quality of life.

As individuals age, metabolic processes transform, directly impacting nutritional requirements. While general dietary guidelines suggest women over 60 need 1,600-2,200 calories daily and men 2,000-2,600 calories, these numbers represent mere starting points. Each resident's precise nutritional needs emerge from a sophisticated interplay of factors: physical size, activity level, existing health conditions, and individual metabolic rates.

The most effective approach begins with personalized assessment. Administrators should leverage tools like the DRI Calculator and, critically, collaborate closely with registered dietitians and medical directors. These professionals can translate general guidelines into individualized nutritional strategies that respect both clinical recommendations and personal preferences.

This becomes especially nuanced when addressing residents with complex health profiles, such as those living with dementia. Traditional nutritional approaches must evolve, recognizing that food represents more than calories—it's a connection to personal history, comfort, and dignity. Staff must become skilled not just in nutritional science, but in adaptive feeding techniques that preserve resident autonomy and emotional well-being.

The ethical complexity emerges in balancing strict nutritional guidelines with quality of life considerations. For residents potentially in their final life stages, rigid dietary restrictions may seem counterproductive. Instead, administrators must cultivate an approach that honors individual choice while maintaining a foundation of nutritional support.

Practical implementation requires comprehensive staff training, meticulous documentation, and a holistic view of resident care. Nutritional intake becomes not just a medical metric, but a lens through which we understand each resident's overall health and personal journey.

Ultimately, effective nutritional care in residential settings transcends caloric calculations. It represents a profound commitment to understanding each resident as a unique individual, with distinct preferences, histories, and needs. By embracing this complexity, nursing home administrators can transform nutritional care from a clinical requirement into a meaningful expression of compassionate support.

Key Takeaways

- Older adults require personalized nutritional approaches, with protein intake ranging from 1.0 to 1.2 grams per kilogram of body weight to combat sarcopenia and support overall health.
- Caloric needs decrease with age, with general guidelines of 1,600-2,200 calories for women and 2,000-2,600 calories for men over 60, reflecting metabolic changes.
- Nutritional care demands an interdisciplinary approach involving registered dietitians, physicians, and care staff to develop individualized strategies.
- Protein sources should be diverse, including lean meats, fish, eggs, dairy, legumes, and plant-based alternatives to support muscle maintenance, immune function, and physical resilience.
- For residents with conditions like dementia, nutritional care must balance clinical recommendations with individual preferences, recognizing food as more than mere sustenance.

Section 4: Nutrition and Hydration Management for Individuals with Dementia

Nutrition and hydration play a transformative role in the lives of individuals with dementia, profoundly influencing both their cognitive function and overall well-being. Key nutrients, including antioxidants, vitamins, and omega-3 fatty acids, serve as vital building blocks for maintaining brain health and may help moderate the progression of cognitive decline (Fekete et al., 2023). When nutritional needs go unmet, the consequences can be severe, accelerating cognitive deterioration and opening the door to numerous health complications. Proper hydration stands as equally crucial, acting as a cornerstone of brain function and physical health. Beyond supporting basic physiological needs, optimal nutrition and hydration create a foundation for enhanced quality of life among residents with dementia, strengthening their resilience against infections, elevating mood, and fostering improved health outcomes that contribute to longevity (Fekete et al., 2023).

Supplementation Recommendations

To potentially reduce the risk or speed of cognitive decline, consider incorporating a Mediterranean-style diet rich in fruits, vegetables, whole grains, fish, and olive oil (Fekete et al., 2023). Supplementing with omega-3 fatty acids (EPA and DHA), found in fatty fish, flaxseeds, and chia seeds, may also be beneficial. Vitamin D supplementation may be considered, especially for individuals with low levels. While research on specific supplements is ongoing, focusing on a balanced diet with adequate intake of essential nutrients is crucial for overall brain health.

For individuals experiencing cognitive decline or dementia, supplementation strategies may offer some support, though the evidence is often limited and more research is needed. The focus should be on addressing underlying deficiencies. Vitamin B12 deficiency is a common concern and supplementation may be beneficial. Vitamin D insufficiency is also prevalent and supplementation may

improve cognitive function in some cases. While antioxidant vitamins like E and C have shown mixed results, they may offer some benefits for certain individuals. It's crucial to consult with a healthcare professional to determine appropriate supplementation based on individual needs and medical history.

According to Jatoi et al. (2020), Vitamin B12 is crucial for healthy brain function. It plays a vital role in maintaining the connections between brain cells. When vitamin B12 levels are low, these connections can become damaged, hindering communication between brain cells. This can result in various cognitive issues, including difficulty concentrating, remembering things, and making decisions. Additionally, low B12 levels can contribute to other problems such as numbness, tingling, weakness, and mood changes.

A large UK study found a significant association between low vitamin D levels and increased risks of dementia and stroke in older adults. Participants with vitamin D levels below the recommended level were nearly 55% more likely to develop dementia over 11 years compared to those with sufficient levels (Salamon, 2022). This finding highlights the importance of maintaining adequate vitamin D levels in older adults, as dementia and stroke are major health concerns with significant impacts on quality of life (Salamon, 2022). While this study demonstrates an association, not causation, it suggests that optimizing vitamin D levels through sun exposure, diet, or supplementation may be a potentially modifiable risk factor for these conditions. Further research, including clinical trials, is necessary to determine the causal relationship and the effectiveness of vitamin D supplementation in preventing dementia and stroke.

The preceding section focused on potential supplementation to mitigate dementia risk. However, the focus now shifts to the critical needs of residents who already have dementia. This aspect necessitates significant collaboration and input from the medical director, interdisciplinary team (IDT), pharmacist, and, crucially, the resident's family. A comprehensive assessment should consider factors such as quality of life, the resident's ability to safely ingest oral supplements, the cost-

effectiveness of supplementation, and the potential benefits versus risks. Ultimately, the resident's individual needs and the carefully weighed outcomes of any supplementation strategy must guide decision-making. It's important to acknowledge that in advanced stages of dementia, supplementation may become impractical or even counterproductive due to declining swallowing abilities, unpredictable behavior, and limited potential for significant cognitive improvement.

Poor Nutrition and Hydration

Dehydration is a serious concern for individuals with dementia. Cognitive decline can significantly impact their ability to recognize and respond to thirst. Difficulty communicating their needs, forgetfulness, and changes in the body's thirst sensation all contribute to an increased risk of dehydration. This can lead to a cascade of problems, including headaches, increased confusion, urinary tract infections, and constipation, which can further exacerbate dementia symptoms (Alzheimer's Society, n.d.).

For individuals with Alzheimer's or dementia, inadequate nutrition can significantly impact their overall health and well-being. Poor dietary intake can exacerbate cognitive decline, increase the risk of infections, and contribute to a decline in overall health.

Here's how poor nutrition can negatively impact individuals with dementia:

- **Increased Behavioral Symptoms:** Malnutrition can lead to a range of behavioral issues, including agitation, aggression, anxiety, and depression. These behavioral changes can significantly impact the individual's quality of life and increase caregiver burden.
- **Weight Loss:** Insufficient calorie intake and nutrient deficiencies can result in unintended weight loss. This weight loss can weaken the individual, increase the risk of infections, and further compromise overall health.

- **Compromised Immune System:** A poor diet can weaken the immune system, making individuals with dementia more susceptible to infections such as pneumonia and urinary tract infections.
- **Exacerbated Cognitive Decline:** Some studies suggest that certain dietary deficiencies may contribute to accelerated cognitive decline in individuals with dementia.

Adequate Nutrition and Hydration

Having explored the detrimental effects of poor nutrition and dehydration on individuals with dementia, we now turn to practical strategies for ensuring adequate intake.

As we covered in Section 2, it is recommended that older adults consume approximately 10-13 cups of fluids daily. In a typical nursing home setting with three meals and two snacks, fluid offerings should extend beyond mealtimes. Ideally, caregivers should offer fluids at least nine times throughout the day, including before, during, and after meals and snacks.

It's crucial to remember that a single cup may not be sufficient for each offering. Caregivers should encourage residents to consume adequate amounts of fluids with each meal and snack, potentially offering multiple servings.

Furthermore, diligent observation and documentation of fluid intake are essential. This information will allow care teams to identify residents who may be at risk for dehydration and adjust fluid offerings accordingly. Empowering caregivers to proactively offer fluids and monitor intake is paramount in ensuring the hydration needs of residents with dementia are met.

In contrast to the negative consequences of poor nutrition, adequate nutrition and hydration offer significant potential benefits for individuals with dementia. Proper nutrition can help stabilize mood, reduce the frequency and severity of

behavioral disturbances, and improve overall well-being. Maintaining a healthy weight through adequate calorie intake can strengthen the body's defenses, reduce the risk of infections, and improve overall physical health. A balanced diet can also support cognitive function by providing essential nutrients for brain health. By prioritizing proper nutrition and hydration, caregivers can help individuals with dementia maintain their overall health, improve their quality of life, and potentially slow the progression of their condition.

Key Takeaways

- Proper nutrition and hydration are critical for maintaining cognitive function, mood stability, and overall health in individuals with dementia
- Vitamin B12 and D supplementation may help support brain health but should be carefully evaluated by healthcare professionals
- Dehydration poses significant risks, including increased confusion, infections, and exacerbation of dementia symptoms.
- Caregivers should proactively offer fluids multiple times daily and monitor intake to prevent dehydration
- A balanced diet rich in omega-3 fatty acids, fruits, vegetables, and whole grains can potentially slow cognitive decline and improve quality of life

Section 5: ADL Assistance: Tips and Tricks

Supporting residents with their Activities of Daily Living (ADLs) requires a sophisticated blend of clinical knowledge, operational oversight, and compassionate care delivery. As a Nursing Home Administrator, understanding the nuances of ADL assistance is crucial for creating effective care protocols, allocating appropriate resources, and ensuring your staff are equipped to provide person-centered care. This section explores practical strategies for adapting ADL routines

to meet individual resident needs, maximizing the use of assistive devices and technology to promote independence, and effectively managing challenging behaviors that may arise during care delivery. By mastering these essential aspects of ADL support, you'll be better positioned to lead your team in providing high-quality care while maintaining regulatory compliance and resident dignity. The insights and techniques covered here will help you develop policies and procedures that optimize care delivery, enhance resident satisfaction, and support your staff in delivering exceptional ADL assistance.

Activities of Daily Living (ADLs) are essential self-care tasks that individuals typically perform independently to maintain personal functioning and well-being. ADLs are categorized into two primary types: Basic ADLs (BADLs), which include fundamental self-maintenance skills like bathing, dressing, eating, toileting, and mobility, and Instrumental ADLs (IADLs), which involve more complex higher-order skills such as managing finances, preparing meals, medication management, and using transportation (Desai et al., 2004). In the context of dementia, the progressive loss of ability to perform these activities is a critical marker of functional decline, significantly impacting the individual's independence and ultimately increasing the need for receiving care.

For example, individuals with dementia may forget to brush their teeth, struggle to dress appropriately for the weather or become easily distracted during tasks. Physical limitations, such as coordination problems and vision difficulties, further compound these challenges. Additionally, behavioral changes, such as apathy and aggression, can hinder self-care and increase reliance on caregivers. These challenges progressively worsen as dementia progresses, impacting an individual's independence and overall quality of life.

Tips for Assisting with ADLs Related to Nutrition for Older Adults with Dementia

Assisting residents with dementia in maintaining adequate nutrition and hydration requires a multifaceted approach. To support successful feeding, staff should minimize distractions during mealtimes, simplify the table setting, and offer food items individually to reduce confusion (Alzheimer's Association). Careful attention to sensory changes, such as monitoring food temperatures and accommodating shifts in taste preferences, is crucial. Encouraging social dining and allowing ample time for eating are also essential. To address toileting needs, a proactive approach is necessary. Implementing a regular toileting schedule with breaks at least every two hours, regardless of expressed need, is vital. Addressing any anxieties about incontinence and promoting independence within the toileting routine is crucial. By implementing these strategies, nursing home staff can effectively assist residents with dementia in meeting their nutritional and hydration needs, while also promoting their dignity, independence, and overall well-being.

Assisting Individuals with Dementia with Activities of Daily Living (ADLs)

General Tips

- Create consistent schedules for grooming activities, such as brushing teeth after meals or scheduling showers for specific times of day.
- Ensure privacy by closing doors and blinds during personal care routines.
- Allow for as much independence as possible to maintain a sense of self-worth.
- Adjust the pace and level of assistance based on the individual's abilities and limitations.
- Offer positive reinforcement and acknowledge their efforts.

- Explain each step of the process to the individual. Explain steps one at a time.
- Remain calm and avoid frustration.
- Divide complex tasks into smaller, more manageable steps.
- Demonstrate the desired behavior while assisting the individual.
- Focus on the most critical ADLs and be flexible with less essential ones. Occasionally, certain tasks may need to be skipped.
- If the individual becomes overwhelmed, take a break and resume later.
- Work as a team to change care approaches as needs change. Involve physical therapy or occupational therapy as needed for assistance with adapting to physical limitations and continued cognitive changes.

Eating

- Minimize distractions and provide a calm and inviting dining atmosphere.
- Use plain plates and avoid overly complex meal arrangements.
- Present one food item at a time to reduce confusion.
- Adjust meal temperatures and be mindful of changing food preferences.
- Create a social dining experience to enhance meal enjoyment.
- Allow ample time for eating and accommodate individual preferences.
- Consult with a speech-language pathologist for assistance with swallowing difficulties. Ensure your team is aware of each resident's diet order and food textures and liquid thickness.

Bathing

- Remove or secure bath mats to prevent falls.

- Utilize bath chairs, handrails, and non-slip mats for safety.
- Always check the water temperature before bathing.
- Allow the individual to participate in the bathing process as much as possible.
- Pay close attention to drying all areas of the body, especially folds of skin.
- Never leave an individual unattended in the bath or shower.

Hair Care and Shaving

- Consider washing hair in the sink or utilizing dry shampoo.
- Use electric razors to minimize the risk of cuts, especially for individuals on blood thinners.
- Schedule salon or barbershop visits for hair care when appropriate.

Dressing

- Select loose-fitting, comfortable clothing with easy-to-manage closures (Velcro, zippers).
- Prepare clothing in the order they should be put on.

Dental Care

- Assist with brushing teeth or provide oral care as needed. Ensure oral care is provided each morning and evening, at a minimum.
- Ensure proper denture care and encourage regular mouth rinsing.
- Seek professional guidance on oral care for individuals with dementia. Evaluate with the team and family at what point professional dental care is no longer necessary.

Toileting

- Implement a consistent toileting schedule with regular bathroom breaks.
- Implement appropriate incontinence management strategies and address any anxieties.
- Encourage the individual to participate in toileting routines as much as possible.
- Ensure the bathroom is clean, safe, and accessible with grab bars and adequate lighting.

As we shift our focus to the progression of dementia and evolving care needs, it's important to understand how cognitive decline affects daily functioning over time. The gradual loss of ADL abilities closely mirrors the progression of dementia symptoms, creating a dynamic relationship between cognitive impairment and functional independence. This understanding is crucial for caregivers and healthcare providers to anticipate and adapt care strategies as residents move through different stages of the disease.

Key Takeaways

- ADL assistance fundamentally requires balancing hands-on care with resident independence - staff should help only as needed while encouraging residents to do what they can for themselves, adapting the level of support as abilities change.
- Success in ADL care depends heavily on establishing and following consistent routines, particularly for residents with dementia. This includes regular schedules for meals, hygiene, and toileting while maintaining flexibility to accommodate individual needs and preferences.
- Safety and dignity must be prioritized across all ADL assistance. This means using appropriate equipment (like bath chairs and handrails), ensuring

privacy during personal care, and maintaining a calm, patient approach even when residents become confused or resistant to care.

Section 6: Progression of Dementia and Care Adjustments

It is well-established that Alzheimer's Disease (AD) is a progressive condition, with symptoms gradually worsening over time. The rate of decline varies greatly from person to person. While the average lifespan after diagnosis is 4-8 years, this can range significantly, with some individuals living with the disease for up to 20 years (Alzheimer's Association, n.d.).

Crucially, brain changes associated with AD can begin years before any noticeable symptoms appear. This pre-symptomatic phase is known as preclinical Alzheimer's disease.

The following stages are provided by the Alzheimer's Association (n.d). Outline the typical progression of AD after symptoms become evident. It's important to note that these stages are a general guide and may overlap in individual cases.

- Mild Alzheimer's: Early stage, characterized by subtle memory lapses, difficulty with planning and organizing, and challenges with language.
- Moderate Alzheimer's: Middle stage, marked by increased memory loss and confusion, difficulty with daily tasks, and changes in mood and behavior.
- Severe Alzheimer's: Late stage, a significant decline in cognitive and physical abilities, requiring extensive care and assistance.

Given the significant nutritional challenges that arise in moderate and severe Alzheimer's, we will now delve deeper into these stages.

Middle-stage Alzheimer's brings significant challenges in maintaining proper nutrition and hydration, alongside its other cognitive and behavioral symptoms.

During this stage, which is typically the longest and can last several years, individuals experience increasing difficulty with daily tasks, including eating and drinking (Alzheimer's Association, n.d.).

The cognitive changes during this stage directly impact nutrition in several ways. People with middle-stage Alzheimer's may:

- Forget whether they have eaten
- Lose the ability to use utensils effectively
- Have difficulty recognizing foods
- Experience decreased appetite or altered food preferences
- Become easily distracted during meals

Proper nutrition becomes particularly crucial during this stage as weight loss and malnutrition are common concerns. The physical and cognitive demands of the disease increase caloric needs, yet many individuals struggle to maintain adequate intake. Caregivers often notice their loved ones having trouble with:

- Chewing and swallowing
- Sitting still for entire meals
- Recognizing when they're hungry or thirsty
- Understanding the importance of eating and drinking

Hydration presents its own set of challenges. People with middle-stage Alzheimer's may forget to drink fluids or lose their sense of thirst, putting them at high risk for dehydration. This can worsen confusion and other cognitive symptoms, creating a challenging cycle.

The connection between nutrition, hydration, and disease progression is significant. Poor nutrition can accelerate cognitive decline and increase the risk of

complications. Adequate hydration and nutrition support overall brain health and can help manage some behavioral symptoms (Alzheimer's Association, n.d.).

Nursing Home team members play a vital role in ensuring proper nutrition and hydration. This might involve:

- Establishing regular meal and drink schedules
- Creating a calm, distraction-free eating environment
- Offering foods that are easy to eat and familiar
- Providing visual and verbal cues during meals
- Monitoring fluid intake throughout the day
- Making adaptations like using specialized utensils or cups

The importance of maintaining good nutrition extends beyond physical health. Shared mealtimes can provide valuable social interaction and help maintain daily routines, which become increasingly important as the disease progresses. While eating and drinking challenges are common in middle-stage Alzheimer's, proper support and adaptation can help ensure adequate nutrition and hydration, potentially improving quality of life and overall health outcomes.

In severe Alzheimer's, the challenges around nutrition and hydration become critical as the disease profoundly affects basic bodily functions. During this stage, individuals lose the ability to respond to their environment and struggle with fundamental tasks like eating and drinking independently (Alzheimer's Association, n.d.).

The physical and cognitive decline dramatically impacts nutritional intake in several ways:

- Loss of the ability to recognize food

- Difficulty understanding how to begin eating, even when food is placed in front of them
- Reduced ability to chew and swallow safely (dysphagia)
- Increased risk of aspiration (food or liquid entering the airway)
- Complete dependence on others for feeding
- Loss of the ability to communicate hunger, thirst, or food preferences

Swallowing problems become particularly dangerous during this stage. The person may:

- Hold food in their mouth without swallowing
- Forget how to swallow
- Cough or choke during meals
- Develop aspiration pneumonia from inhaling food or liquids

Hydration becomes even more challenging as individuals lose the ability to recognize thirst or communicate their needs. Signs of severe dehydration may be mistaken for disease progression, including:

- Increased confusion
- Dizziness
- Reduced blood pressure
- Increased risk of falls
- Urinary tract infections
- Kidney problems

During this stage, decision-makers face difficult decisions about nutrition and hydration, including:

- Whether to consider tube feeding
- How to balance comfort with adequate nutrition
- When to modify food and liquid textures
- How to maintain dignity during assisted feeding
- When to involve specialized feeding therapists

The approach to nutrition often shifts from maintaining optimal nutrition to focusing on comfort and quality of life. Teams may need to:

- Work with speech and occupational therapists to develop safe feeding strategies
- Use thickened liquids to prevent aspiration
- Provide pureed or soft foods
- Feed very slowly and carefully
- Monitor for signs of aspiration or choking
- Pay attention to positioning during meals
- Consider end-of-life nutritional decisions
- Explore the potential benefits of Hospice or Palliative care with family members or decision-makers to ensure the best possible support for the individual

The severity of symptoms during this stage requires coordinated care across the entire nursing home team. The facility's dietary manager, speech therapist, nursing staff, and certified nursing assistants must work in close collaboration to monitor and adjust nutritional interventions. Regular care plan meetings should address changing nutritional needs, with the interdisciplinary team making

evidence-based decisions about feeding tubes, comfort care, and end-of-life nutrition choices (Alzheimer's Association, n.d.).

The facility's policies and staff training programs should emphasize both the clinical and compassionate aspects of feeding residents with severe Alzheimer's. While maintaining adequate nutrition remains a key quality measure, the focus must balance regulatory compliance with resident dignity and comfort. Staff education should include proper positioning techniques, aspiration prevention, feeding assistance methods, and documentation requirements. The facility's Quality Assurance and Performance Improvement (QAPI) program should regularly review nutrition-related outcomes, including weight loss trends, hydration status, and feeding assistance protocols, to ensure high-quality care delivery for this vulnerable population.

Understanding Thickened Liquids and Dysphagia in Long-Term Care

For residents with swallowing difficulties (dysphagia), thickened liquids are a crucial part of safe nutrition. These modified liquids help control the flow rate in the mouth, reducing the risk of liquids entering the airway or "going down the wrong pipe" - a situation that can lead to pneumonia or lung infections (University of Iowa, 2018).

Speech therapists determine the appropriate thickness through swallow tests, prescribing one of four main consistency levels. Starting from thinnest to thickest: thin liquids (like water) run quickly through fork prongs; nectar-thick liquids (like maple syrup) coat a fork and sink through quickly; honey-thick liquids coat a fork and sink through slowly; and pudding-thick liquids hold their shape on a fork completely (University of Iowa, 2018).

Common drinks that may need thickening include water, milk, fruit juice, soft drinks, tea, coffee, and nutritional supplements like Ensure. Facilities typically use

commercial thickening products such as Thick & Easy, Thick-It, ThickenUp, Simply Thick, or Thik & Clear, which can be found in gel or powder forms (University of Iowa, 2018). While the thickeners generally don't affect taste, the change in consistency may take time for residents to accept.

Understanding Modified Food Textures in Long-Term Care

Just as liquids can be modified for residents with swallowing difficulties, foods often need texture modifications to ensure safe consumption. According to the International Dysphagia Diet Standardisation Initiative (IDDSI), several levels of food modification may be prescribed by speech therapy following swallow evaluations (Davidson, 2021).

Regular diets allow all foods and require normal chewing ability. When residents begin experiencing swallowing or chewing difficulties, they may be prescribed increasingly modified textures. Easy-to-chew diets (Level 7) include regular foods that are naturally soft and require minimal effort to consume. Soft and bite-sized foods (Level 6) are tender and cut into small, manageable pieces - typically used for residents with poorly fitting dentures or mild chewing difficulties (Davidson, 2021).

Mechanical soft diets (Level 5) involve minced and moist foods, requiring very little chewing. This is commonly prescribed for residents who have difficulty chewing due to missing teeth, or weakness, or who are recovering from illness or surgery (Davidson, 2021). Most foods can be adapted for a mechanical soft diet through pureeing, fine chopping, blending, or grinding. The goal is to make pieces no larger than 1/2 inch in size while maintaining moisture.

For residents with more severe swallowing difficulties, pureed foods (Level 4) may be prescribed (Davidson, 2021). These foods require no chewing and should have a smooth, pudding-like consistency. Common examples include mashed potatoes, applesauce, and smooth yogurt.

When implementing these diets, your dietary staff should focus on maintaining the nutritional value and appeal of the food while meeting the prescribed texture requirements. Special attention should be paid to moisture content, as dry foods can be difficult to swallow. Common kitchen tools needed include food processors, blenders, grinders, and sharp knives for proper food modification.

Remember that these texture modifications are medical interventions prescribed by speech therapy - they're not meant for weight loss or preference, but rather to prevent choking and aspiration while ensuring residents can meet their nutritional needs safely.

Key Takeaways

- For individuals with swallowing difficulties (dysphagia), liquids may need to be thickened to prevent aspiration. Speech therapists determine the appropriate level of thickening (e.g., nectar-thick, honey-thick, pudding-thick) based on individual needs.
- Food textures may also need to be modified to improve safety and ease of swallowing. This can include changes such as:
 - Easy-to-chew diets: Soft foods that require minimal chewing.
 - Mechanical soft diets: Minced or chopped foods that require minimal chewing.
 - Pureed diets: Smooth, blended foods that require no chewing.
- The middle stage of Alzheimer's presents significant challenges in maintaining adequate nutrition and hydration. Individuals may experience decreased appetite, difficulty chewing and swallowing, and forgetfulness about drinking.

- In the severe stage, nutritional needs become even more critical as individuals lose the ability to eat and drink independently, increasing the risk of malnutrition, dehydration, and aspiration pneumonia.
- In the later stages of Alzheimer's, the focus shifts from maximizing nutritional intake to ensuring comfort and dignity while addressing the challenges of swallowing difficulties and end-of-life care.

Section 7: Medication Management in Dementia

The care of residents with dementia requires a multifaceted approach that balances pharmacological interventions with non-pharmacological strategies while carefully managing medication risks. This guide provides nursing home administrators with essential information about dementia medications, evidence-based non-pharmacological interventions, and strategies to address polypharmacy concerns. Understanding these components is crucial for developing comprehensive care plans that optimize resident outcomes and quality of life. By implementing appropriate medication management protocols while incorporating therapeutic activities and environmental modifications, facilities can create a supportive environment that addresses both the cognitive and behavioral aspects of dementia care.

Dementia-Related Medications Overview

While dementia cannot be cured, medications play a crucial role in symptom management. The primary medications fall into two main categories: cholinesterase inhibitors and memantine (Mayo Clinic, 2024). Cholinesterase inhibitors (including donepezil, rivastigmine, and galantamine) work by increasing brain chemicals important for memory and judgment. These medications are versatile and can be prescribed for various types of dementia, including Alzheimer's disease, vascular dementia, Parkinson's disease dementia, and Lewy

body dementia (Mayo Clinic, 2024). Staff should monitor residents for common side effects such as gastrointestinal issues, heart rate changes, fainting, and sleep disturbances.

Memantine works differently by regulating glutamate, another important brain chemical. It can be prescribed alone or in combination with cholinesterase inhibitors. The main side effect to watch for is dizziness, which is particularly important in fall-risk assessment (Mayo Clinic, 2024).

Recent developments include two new FDA-approved medications for early Alzheimer's disease: lecanemab (Leqembi) and donanemab (Kisunla). These medications, administered through IV infusions, work by preventing amyloid plaque buildup in the brain (Mayo Clinic, 2024). However, they require careful monitoring due to potential serious side effects, including brain swelling and bleeding. Regular brain MRIs and genetic testing for the APOE e4 gene are required. These medications are contraindicated for residents on blood thinners without careful medical evaluation (Mayo Clinic, 2024).

Additional medications may be necessary to manage specific symptoms such as depression, sleep problems, hallucinations, or agitation (Mayo Clinic, 2024). This often requires a balanced approach to medication management, with careful attention to potential drug interactions and side effects.

A systematic approach to monitoring medication effectiveness and side effects is essential, with regular documentation and communication between nursing staff, physicians, and families regarding any observed changes in resident condition or behavior.

Non-pharmacological Interventions

Based on current research and clinical practice (Mayo Clinic, 2024), there are numerous effective non-pharmacological approaches to supporting residents with

dementia. These interventions can significantly improve quality of life and help manage behavioral symptoms without additional medications.

Creating a supportive environment is crucial for resident safety and function. This includes reducing clutter and noise, implementing safety measures such as securing potentially dangerous items and installing monitoring systems for wandering prevention. Occupational therapy can provide valuable insights into making the living space safer and developing appropriate coping strategies as the condition progresses.

Clear communication is essential when working with dementia residents. Staff should maintain eye contact, speak slowly using simple sentences, and present one instruction at a time. Activities should be broken down into manageable steps, focusing on successful completion rather than failures. Maintaining a consistent daily routine helps reduce confusion and anxiety (Mayo Clinic, 2024).

Physical activity has shown significant benefits for dementia residents, including improved strength, balance, and cardiovascular health. Growing evidence suggests that exercise, particularly when combined with proper nutrition and cardiovascular health management, may help protect cognitive function. Activities should be tailored to each resident's abilities and interests, which might include:

- Structured exercise programs
- Dancing or movement therapy
- Art and creative activities
- Gardening
- Music therapy
- Pet therapy visits
- Watching family videos

- Aromatherapy sessions
- Gentle massage therapy

Sleep disturbances are common in dementia residents. Establishing consistent bedtime routines away from noise and disruption can help. Staff should consider limiting caffeine intake, managing daytime napping, and ensuring adequate daytime activity to promote better sleep patterns (Mayo Clinic, 2024).

While residents are still able to participate, developing care plans that incorporate their preferences and goals is important. This should include regular reviews and updates with family involvement, ensuring that care approaches evolve with the resident's changing needs.

These non-pharmacological interventions should be documented and evaluated regularly for effectiveness, with approaches modified as needed to best serve each resident's individual needs and preferences.

Polypharmacy and Deprescribing

Polypharmacy, or the use of multiple medications simultaneously, presents a significant concern in dementia care, particularly due to its potential impact on cognitive decline. To effectively manage this issue, healthcare providers must implement systematic approaches to medication management (Chippa & Roy, 2023).

The cornerstone of addressing polypharmacy begins with comprehensive medication reconciliation. The "brown bag" assessment, where residents or their families bring all current medications for review, remains the gold standard for medication evaluation. This should include reviewing all prescriptions, over-the-counter medications, supplements, and herbal products (Chippa & Roy, 2023).

Deprescribing represents a crucial strategy in optimizing medication management for residents with dementia. This process should be methodical, targeting one

medication at a time, with priority given to eliminating medications that present high risks with minimal benefits (Chippa & Roy, 2023). Healthcare providers should be particularly vigilant about avoiding prescribing cascades, where new medications are added to treat the side effects of existing ones. Special attention should also be paid to newly marketed medications, which may have limited long-term safety data (Chippa & Roy, 2023).

Success in deprescribing efforts relies heavily on collaborative decision-making involving the healthcare team, residents, and their families. Evidence suggests that deprescribing is most effective when it incorporates patient preferences and utilizes an interdisciplinary approach. Medication-specific protocols can provide valuable guidance in this process (Chippa & Roy, 2023).

To effectively manage polypharmacy in dementia care, facilities should:

- Conduct thorough medication reconciliation at every clinical encounter
- Regularly assess for potentially inappropriate medications
- Implement consistent medication monitoring protocols
- Consider non-pharmacological alternatives when appropriate
- Focus on improving overall function and quality of life

These strategies can help reduce medication-related adverse events, minimize cognitive decline risks, and decrease the economic burden on residents and their families while maintaining effective symptom management (Chippa & Roy, 2023).

Key Takeaways

- When medications are necessary, prioritize safety and efficacy. Start with low doses, monitor for side effects closely, and regularly review the need for continued medication.

- Before initiating or adjusting medications, explore non-pharmacological approaches like cognitive stimulation, physical activity, environmental modifications, and social engagement to manage dementia symptoms.
- Involve residents, families, and healthcare providers in shared decision-making regarding all aspects of dementia care, including medication management and treatment plans.
- The ultimate goal of all interventions should be to enhance the resident's quality of life, maintain their dignity, and support their overall well-being.

Section 8: Cognition Therapy and Activities Programming for Residents with Dementia

Cognitive therapy encompasses a range of therapeutic approaches designed to help individuals improve their thinking processes, problem-solving abilities, and mental functioning. At its core, cognitive training involves structured activities and exercises that target specific cognitive domains such as memory, attention, language, and executive functioning (Roa et al., 2020). For example, memory exercises might involve practicing name-face associations or recalling details from short stories, while attention training could include sorting tasks or pattern recognition games. These interventions can be delivered through various mediums - from traditional pen-and-paper exercises to computerized programs and group activities. The systematic, goal-oriented approach distinguishes cognitive training from standard recreational activities, with difficulty levels progressing based on individual capabilities.

For individuals with dementia, Cognitive Stimulation Therapy (CST) has emerged as a particularly effective intervention, showing benefits comparable to cholinesterase inhibitors in mild to moderate cases (Roa et al., 2020). CST employs a combination of approaches including reality orientation, reminiscence therapy, and social-cognitive activities. These structured sessions help maintain cognitive

function and promote neuroplasticity in individuals with dementia, potentially slowing the progression of cognitive decline. The therapy typically includes activities that encourage active participation and social engagement, such as group discussions about current events, themed activities that stimulate multiple senses, and exercises that promote problem-solving skills.

Research has demonstrated that even marginal improvements in cognitive function through these interventions can translate into meaningful clinical benefits for individuals with dementia (Roa et al., 2020). The therapy's effectiveness extends beyond cognitive enhancement to include improved quality of life, enhanced social interaction, and better overall well-being. Importantly, CST can be adapted to different cultural contexts and individual needs, making it a versatile intervention that can be personalized based on the individual's interests, background, and cognitive capacity. This personalization might include incorporating familiar photographs, culturally relevant materials, or activities that align with the person's past hobbies and experiences, making the therapy both engaging and meaningful for participants.

Integrating Cognitive Training into Activity Programs

Cognitive training can be seamlessly incorporated into daily activities through thoughtfully designed programs that combine mental stimulation with social engagement. For instance, group board game sessions not only provide cognitive challenges but also foster social interaction and strategic thinking. Reading groups or book discussions can stimulate language skills and memory, while jigsaw puzzles offer opportunities for visual-spatial processing and problem-solving practice (Roa et al., 2020). These activities should be structured to match residents' abilities while providing gentle challenges to maintain engagement.

A well-rounded activity program for residents with dementia should extend beyond purely cognitive exercises to include:

Physical Movement with Mental Engagement:

- Chair yoga combined with memory games
- Dance sessions that incorporate pattern recognition
- Walking clubs with nature identification activities
- Gentle exercise routines that include counting or rhythm

Creative and Sensory Activities:

- Art therapy sessions that stimulate visual processing
- Music programs that combine singing with movement
- Gardening activities that engage multiple senses
- Cooking or baking groups that involve following recipes

Social and Life Skills Activities:

- Structured reminiscence groups
- Simple cooking demonstrations
- Pet therapy sessions
- Intergenerational programs

These activities are particularly effective because they combine physical activity with cognitive stimulation, which research shows can help maintain both physical and mental well-being (Fekete et al., 2023). The key is to ensure activities are failure-free while still providing meaningful engagement. Regular participation in these various forms of activities can help maintain cognitive function, reduce anxiety and agitation, and promote a sense of accomplishment and purpose among residents with dementia (Fekete et al., 2023).

Each activity should be adaptable to different cognitive levels and physical abilities, allowing for inclusive group participation while meeting individual needs. The focus should be on creating positive experiences rather than achieving specific outcomes, as this approach helps maintain engagement and reduces frustration for participants.

In implementing cognitive therapy and activity programs for residents with dementia, success depends not only on the quality of the activities themselves but also on attending to residents' fundamental physical needs. While cognitive stimulation and engagement are crucial for maintaining mental function and quality of life, proper nutrition and hydration play equally vital roles in supporting cognitive health and overall well-being. Activity directors should ensure that nutritious snacks and adequate hydration are integrated into each session, offering beverages before activities begin and maintaining fluid availability throughout. This practice not only supports physical health but can also increase participation and engagement in cognitive activities. Simple offerings like water, juice, or tea alongside small, nutrient-rich snacks can make activities more appealing while meeting essential nutritional needs. Ultimately, the success of cognitive therapy and activity programs relies on this holistic approach - one that recognizes that mental stimulation, social engagement, proper nutrition, and hydration work together synergistically to support residents' cognitive function and enhance their quality of life. By maintaining this comprehensive perspective, nursing homes can create an environment that truly nurtures both the minds and bodies of residents with dementia.

Key Takeaways

- Cognitive training, especially Cognitive Stimulation Therapy (CST), can improve cognitive function in individuals with dementia, with benefits comparable to some medications. It also enhances quality of life, social interaction, and well-being.

- Effective activity programs combine cognitive exercises with physical movement, creative expression, and social engagement.
- Proper nutrition and hydration are essential for cognitive therapy success, requiring consistent provision of refreshments during activities.

Section 9: Case Studies

This section will explore the challenges and triumphs of providing optimal nutrition and hydration to residents with dementia through engaging case studies. We will delve into real-world scenarios, both fictionalized and inspired by actual experiences, to illustrate the complexities of meeting the unique nutritional needs of this population. These case studies will demonstrate how the collaborative efforts of staff members, families, and interdisciplinary teams are crucial in overcoming obstacles such as appetite loss, swallowing difficulties, and behavioral challenges. By examining these case studies, you will gain valuable insights into effective strategies for addressing individual resident needs, improving mealtime experiences, and ensuring that residents with dementia receive the nutrition and hydration they require to maintain their overall health and well-being.

Case Study #1: Dysphagia Management

Let's look at how one nursing home successfully addressed dysphagia challenges:

Sarah Chen, the Director of Nursing at Sunrise Valley, noticed Mr. Peterson sitting alone during lunch again. Once a social butterfly who loved mealtimes, he now isolated himself, struggling with frequent coughing and taking increasingly longer to finish his meals. In the same dining room, Mrs. Rodriguez, who had moderate dementia, barely touched her pureed food, while Mrs. Williams repeatedly held liquids in her mouth, uncertain when to swallow.

These observations sparked an urgent IDT meeting. The team discovered that nearly half of their memory care residents had experienced recent weight loss, and aspiration pneumonia cases had doubled in the past quarter.

Working with Valley Speech Pathology Associates, they implemented a comprehensive dysphagia management program. Staff learned proper feeding techniques and positioning strategies. The dietary team modified food textures and introduced adaptive equipment. Most importantly, they created a more supportive dining environment where residents could eat at their own pace without feeling rushed or embarrassed.

Six months later, the changes were evident. Mr. Peterson had rejoined his usual table, now confident with his modified diet. Mrs. Rodriguez gained weight once they adjusted her food consistency and provided proper feeding assistance. Mrs. Williams mastered her swallowing exercises and could enjoy thickened liquids safely.

The numbers told the story: weight loss incidents dropped by 30%, pneumonia cases decreased by 45%, and resident satisfaction soared. But for Sarah, the real success was seeing her residents enjoying mealtimes again, maintaining their dignity while managing their dysphagia challenges.

To recap, the IDT Team implemented a comprehensive dysphagia management program that included:

1. Regular screening protocols
2. Staff training on proper feeding techniques
3. Partnership with a local SLP practice
4. Modified dining environment
5. Family education program

Results after six months:

- 30% reduction in weight loss incidents
- 45% decrease in pneumonia cases
- Improved resident satisfaction scores
- Higher staff confidence in managing feeding difficulties
- Better family engagement in care planning

Special Considerations for Advanced Dementia

When working with residents in advanced stages of dementia, the focus shifts. While it might seem logical to consider enteral feeding (feeding tubes) for residents with severe dysphagia, research shows this may not improve outcomes and could cause additional complications.

Instead, consider:

- Comfort feeding approaches
- Quality of life focus
- Family involvement in decision-making
- Regular care plan reviews
- Palliative care consultation when appropriate

Measuring Success

Track these key indicators to evaluate your dysphagia management program:

1. Weight loss incidents
2. Hydration status

3. Pneumonia rates
4. Resident satisfaction
5. Family satisfaction
6. Staff competency levels
7. Documentation compliance

Conclusion

Managing dysphagia in residents with dementia requires a comprehensive, systematic approach. As an administrator, your leadership in implementing and maintaining effective programs is crucial. Remember, success isn't just measured in clinical outcomes – it's reflected in the quality of life of your residents, the confidence of your staff, and the satisfaction of families.

Knowledge Check

Take a moment to reflect on these questions:

1. What are the key components of a successful dysphagia management program?
2. Why might enteral feeding not be the best solution for advanced dementia?
3. How can you measure the success of your dysphagia management program?

Remember: Your role in managing dysphagia goes beyond policy-making – it's about creating an environment where residents can maintain their dignity and quality of life, even as they face the challenges of dementia.

Case Study #2: The Coffee Conundrum, A Look At Respectful Hydration Practices

Happy Neighbors Assisted Living, a specialized community for residents with dementia, implemented a strict beverage policy based on misconceptions about coffee consumption among elderly residents. This case study examines how misinformation in staff training led to violations of residents' rights and dignity.

Effective staff training is paramount for any successful long-term care facility. As an administrator, it's crucial to ensure that training materials are accurate, up-to-date, and delivered by qualified personnel. Relying on outdated information or 'wives' tales' can have serious consequences, not only for resident well-being but also for the facility's reputation.

Consider this scenario: In Happy Neighbors Assisted Living, a community for residents with dementia, the Director of Resident Care Services implemented an informal policy that was only known by her direct staff members, limiting coffee consumption to one cup per day for all residents. This policy was based on the outdated belief that coffee negatively interacts with medications and that caffeine is detrimental to individuals with dementia.

This restrictive policy not only disregarded the individual preferences and long-standing habits of many residents but also undermined their dignity and respect. Imagine the disappointment of residents who had enjoyed their unlimited morning coffee for decades, only to have it abruptly curtailed. These individuals, many of whom were still cognitively capable, felt belittled and disrespected by the staff's constant monitoring of their coffee intake.

The Situation

The Director of Resident Care Services established and trained staff on the following policies:

- Residents were limited to one cup of coffee per day
- Staff were told coffee could interact negatively with medications
- Staff were informed that caffeine was harmful for residents with dementia
- Water and minimal juice were promoted as the only appropriate beverage options

Impact on Residents

The restrictive policy had several negative consequences:

1. Residents who had enjoyed coffee throughout their lives were denied their daily routine
2. Many residents felt infantilized by staff monitoring their coffee intake
3. Both residents with mild cognitive impairment and dementia experienced diminished dignity
4. The policy violated fundamental residents' rights to make personal choices about their daily lives

Current Research Evidence

Recent studies, including Li et al. (2023), present contrasting evidence to the facility's assumptions:

- Older adults can safely consume beverages according to their preferences
- Coffee does not have a dehydrating effect
- A variety of beverages, including tea, coffee, and fruit juices, are appropriate for hydration

Key Lessons

1. Administrative Oversight:
 - Administrators must regularly review and verify training content
 - Training should be based on current research rather than assumptions or outdated information
2. Evidence-Based Practice:
 - Policies should be grounded in current scientific evidence
 - Regular updates to protocols based on new research are essential
3. Resident Rights:
 - Personal choices in daily activities must be respected
 - Dignity and autonomy should be prioritized in care decisions

Recommendations

1. Implement a system for reviewing and updating training materials regularly
2. Establish protocols for verifying the accuracy of healthcare information
3. Create policies that balance resident preferences with medical needs
4. Train staff on the importance of maintaining resident dignity and autonomy
5. Develop procedures for residents to provide feedback on facility policies

Conclusion

This case demonstrates how inadequate oversight of staff training can lead to practices that diminish residents' quality of life and violate their rights. It emphasizes the importance of evidence-based practices and regular review of

facility policies to ensure they align with current research and respect resident dignity.

Section 10: Conclusion

This course has explored the intricate and vital connection between dementia care and nutrition, emphasizing the profound impact that food and hydration have on the lives of individuals living with this condition. We began by understanding the multifaceted nature of dementia, recognizing the various types and their unique effects on cognitive function and the sensory experience of eating. We highlighted how dementia not only erodes memory and thinking skills but also alters taste, smell, and the very connection individuals have with food, transforming mealtimes from sources of joy and connection to potential sources of frustration and anxiety.

We then delved into the critical importance of hydration, emphasizing the physiological changes that make older adults, particularly those with dementia, highly vulnerable to dehydration. We examined the complex interplay of thirst mechanisms, kidney function, and cognitive decline, and provided practical strategies for promoting adequate fluid intake, including environmental modifications, personalized approaches, and consistent staff monitoring. The discussion of dysphagia underscored the challenges related to swallowing difficulties, emphasizing the need for regular assessments, dietary modifications, and close collaboration with speech-language pathologists to ensure safe and effective feeding.

Furthermore, we examined the crucial role of nutrition in dementia care, recognizing that food provides not just sustenance but also essential building blocks for brain health. We explored the specific nutritional needs of older adults, including the importance of adequate protein intake to combat sarcopenia, and offered practical examples of personalized nutritional planning. We stressed the

importance of a multidisciplinary approach, involving dietitians, physicians, and care staff, to create individualized nutritional strategies that balance clinical recommendations with resident preferences and dignity.

Finally, we emphasized the interconnectedness of nutrition, hydration, and cognitive function, highlighting the potential of key nutrients to support brain health and moderate cognitive decline. We reinforced the importance of a holistic approach to dementia care, one that recognizes the individual not just as a patient but as a person with unique needs, preferences, and a lifetime of experiences connected to food.

Caring for residents with dementia requires more than simply addressing their physical needs. It demands empathy, understanding, and a commitment to creating a supportive and nurturing environment. By prioritizing proper nutrition and hydration, adapting mealtimes to individual abilities and preferences, and fostering a positive and engaging dining experience, we can significantly enhance the quality of life for those in our care. This course has provided you with the knowledge and tools to make a real difference in the lives of residents with dementia, empowering you to provide compassionate, effective, and person-centered care that nourishes both body and mind. By implementing these strategies, you contribute to a culture of care that celebrates individuality, honors dignity and fosters well-being for every resident.

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