TRY THIS

Dementia Series

Best Practices in Nursing Care to Older Adults

Eating and Feeding Issues in Older Adults with Dementia: Part II: Interventions

By: Melissa Batchelor, PhD, RN-BC, FNP-BC, FAAN, George Washington University School of Nursing

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WHY: Inadequate food and fluid intake can result in malnutrition, dehydration, skin breakdown, delirium, and increased morbidity and mortality (Volkert et al., 2024). Eating problems are among the most common challenges as dementia advances; over 85% will develop an eating problem with 6-month mortality rates at nearly 40% (Mitchell et al., 2009) Therefore, providing interventions that are tailored to the individual's cognitive, functional, and communication abilities may dramatically improve both immediate and long-term health and function.

BEST PRACTICE: Best practice requires an individualized plan of care with the dual objectives of providing adequate food and fluid intake and maintaining the individual's self-feeding ability, to the extent possible (Batchelor-Murphy et al., 2017). Since care may be provided in part by unlicensed staff in the institution or family caregivers at home upon discharge, the nurse must communicate the plan to all members of the care team including the patient and family and oversee and monitor its implementation in the institution. An individual's eating and feeding behaviors often change based on physical, emotional and contextual issues, requiring the nurse to reassess regularly and adjust the plan as needed. This Try This:® provides general guidelines that are person-centered and can be tailored to the individual's needs.

TARGET POPULATION: Older adults with diagnosed or suspected moderate to late-stage dementia.

VALIDITY AND RELIABILITY: The EdFED-Q was developed through Mokken scaling of items and factor analysis. Factor analysis of responses in a study of 196 older persons with dementia demonstrated that items could be reduced to three groups of indicators and the three groupings were found to be the best fit through Structural Equation Modeling in 345 patients (Watson & Deary, 1997a, 1997b). These indicators include: patient behavior – obstinacy/aversion and passivity (seven items); nursing interventions (three items); and an indicator of feeding difficulty (one item). This instrument has been used clinically in nursing home settings and in one community-based study and among 24 pairs of raters was found to have more than acceptable inter-rater ($r = .59$, $p = 0.013$) and intra-rater ($r = .95$, $p < .0001$) reliability (Watson et al., 2001).

MORE ON THE TOPIC:

Batchelor, M., Smaoui, S., Passos, L., & Lui, W. (2025). Behavioral Challenges and Adaptive Strategies in Providing Mealtime Care to Residents with Dementia: A Qualitative Study of Nursing Home Clinical and Administrative Staff. *Journal of Applied Geronology*.

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Passos, L., Tavares, J., Batchelor, M., & Figueiredo, D. (2024). Promoting mealtime support for people with dementia: a pilot study of feasibility, acceptability, and preliminary effects of an educational intervention for direct care workers. *Educational Gerontology*, 1-15. https://doi.org/10.1080/03601277.2024.2391759

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TIPS FOR AVOIDING AND REDUCING FEEDING DIFFICULTIES

Although individuals with dementia vary greatly in their specific eating and feeding behaviors, the following general tips can help to avoid or reduce common problems (Batchelor et al., 2025; Faraday et al., 2021; Liu et al., 2025; L. Passos et al., 2024; Volkert et al., 2024).

Resident Ability

Watch for cues that the individual is being rushed; and use the EdFED to assess if the person is having trouble swallowing, turning away their head, pushing away help, spitting (actively or passively), pocketing food, coughing, throat-clearing, gagging, or choking. Slow down, modify technique, or stop and notify the licensed nurse. Treat these behaviors as communication rather than refusal (Batchelor et al., 2025).

Pre-Meal Interventions:

- Whenever possible, assist the person with dementia to eat out of bed; being seated in a chair promotes good posture and comfort.
- Assess and palliate pain (See Try This: ® Assessing Pain in Persons with Dementia).
- Provide oral hygiene; ensure the person has their dentures in and glasses on.
- Assist person to wash their hands and allow time for blessing of food if this is the person's preference or habit.
- Ensure the person can see and reach the tray; arrange the tray to facilitate self-feeding (items are easily accessed); remove plate/ cup/ utensil wrappers; open packets; butter bread; and cut up food.
- Provide fluids during and throughout the day; offer nutritional supplementation (nutrient-dense beverages) to assist in weight maintenance for persons who are at risk or are malnourished.

During Meals Interventions:

- Simplify meal presentations (serve one food at the time); remove clutter (remove unnecessary utensils, wrappers, and non-food items); remove hot items that could be spilled.
- Assess for skill finger ability (fine motor skills required for holding utensils), upper extremity range of motion, strength, and endurance (in- or adequate to move food from tray to mouth independently); as well as visual field (e.g. loss of peripheral vision), and hearing ability (e.g. can the person hear you vs. ability to understand language).
- Promote self-feeding whenever possible and offer support only when needed to reduce excess disability. If utensils are problematic, use finger foods and put soups in cups rather than bowls.
- If the person does not accept a food item, determine if the taste, texture or temperature are the underlying cause. Offer another item; add salt or sugar to food; adjust temperature or texture based on context.
- Use high contrast to ensure the person can see the food items (e.g. put a dark placement (or napkin) under a white cup or plate for better visibility).
- Return misplaced items to their traditional place to assist the person in finding it (e.g. replace cup to upper right corner, utensils to the side of the plate).

Caregiver Interaction

Provide Verbal Cues:

- Prompt verbally to encourage self-feeding or eating (e.g., "pick up your spoon", "take a bite", "chew", and "swallow").
- If the person has difficulty using/ understanding language, rely more heavily on non-verbal cues.

Provide Nonverbal Cues:

- Based on skills finger ability, upper extremity range of motion, strength and endurance – adapt support throughout the meal with additional sensorimotor cues provided by Over Hand, Under Hand, and/or Direct Hand techniques to initiate and guide self-feeding or handfeeding assistance (Batchelor-Murphy, 2019). Offer supportive assistance in the following order based on resident ability at any point during the meal: Over Hand, Under Hand, and use Direct Hand as a last resort.
- When providing feeding assistance, sit on the person's dominant side; provide assistance through the middle of the body (not from the side) to mimic the pathway used for self-feeding; and ensure food is presented within the visual field of the person being assisted.
- Tap into remaining mirroring ability by demonstrating eating motion so the person can imitate ("mirror") your actions.

Environment

- Remove distractions and interruptions (e.g. room traffic during meals) and turn off the television.

Referrals:

As needed, involve other disciplines to assess/ intervene with challenges including: (1) Registered Dietician/ Nutritionist for appropriate consistency and types of calorie-dense foods and fluids; Speech-Language Pathologist for persons experiencing difficulties with chewing or swallowing; Occupational Therapist for adaptive eating equipment and positioning devices; and Dental professional for oral health issues that may affect eating.

Social Interaction:

Eating is generally a social activity, and the social and environmental context of meals provides critical cues for recognition of food and appropriate eating behaviors in people with dementia. Social connection, tailored care, and empowering the resident are central to good mealtime care (Faraday et al., 2021). While it is difficult to create a normal mealtime environment for institutionalized individuals, staff who assist people with eating and feeding should be at eye level and interact socially with each person, keeping the focus on the person and the meal.

Involving Families:

Many family members are willing and able to assist at mealtimes. If they have assisted with eating and feeding at home, their involvement can help avoid eating problems and can provide a more familiar social context for the individual. Mealtimes provide an opportunity for families to learn more about nutritional issues and palliative management of eating and feeding problems.

Training and Mentoring Certified Nursing Assistants (CNAs):

Direct care workers report limited time and a lack of formal training and staff who are under pressure to assist many people in a short time may resort to physical assistance too soon, feed too fast, or abandon the process. CNAs should be mentored by licensed staff to provide the level of physical assistance that is needed based on the individual's day-to-day changes, to continue using verbal cueing and prompting even if they are providing physical assistance, and to assist at a rate that is safe and comfortable for the individual. Recent reviews show that training CNAs and other staff who assist individuals with eating and feeding improves staff knowledge and attitudes toward mealtime support, and that mealtime interventions are associated with better oral intake among residents (Batchelor-Murphy et al., 2017; Lígia Passos et al., 2024).

Policy Change and Quality Improvement

Nurses need to advocate with management for policies and resources to achieve the dual objectives of adequate food and fluid intake and maintenance of individual self-feeding abilities (e.g., sufficient staff and time between tray delivery and pick up). Quality improvement projects could be devised around this issue.

Tube Feeding:

While percutaneous endoscopic gastrostomy (PEG) tubes are essential in the care of certain individuals, for example, those with head and neck cancer or some persons with stroke, they are not recommended for persons with advanced dementia who have declining intake. There is no evidence that tube feeding improves survival, quality of life, or other outcomes in people with severe dementia, and some evidence of an increased risk of pressure ulcers and supportive handfeeding should be offered until end-of-life instead (Davies et al., 2021; Volkert et al., 2024). Personal choices, religious and cultural values, and advance directives should be respected.