

Living and eating in dementia care – insights from China.

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Abstract: *In the international guidelines for nutrition to people with dementia, the same food is recommended for dementia as for all ageing people. They need special attention on calorie intake, the right fatty acids and moderate sugar intake, a relatively high protein intake, still considering their limited kidney function. That's what we follow at Jinfuju. The patients with dementia get the same food as our patients at the independent living and assisted living units. As the disease cannot be cured, the aim of nutrition for people with dementia is one more happy day, trying to prevent further cognitive decline. At arrival, we screen the patients for malnutrition by measuring body weight and by observing their food intake. We observe that our patients gain weight, partly because they get regular meals and adequate attractive food in a pleasant environment. The right circumstances for eating are even more important for people with dementia than for other people, and the way the meals are served is different. TO TAKE THE TIME FOR THE MEAL is essential, and the need for a peaceful environment with few people around the table, for distinct colors of tables, chairs, dishes and chopsticks, the need for calming music and for good assistance from care givers are all things that make the difference for people with dementia. That's different from the conditions for a meal among other elderly people. The meal as a social gathering is especially important in China – also for people with dementia. Chinese people are extremely social. New patients are anxious and reluctant to join the group of people eating, but our excellent staff makes them very quickly feel safe and enjoy eating together with the other patients. The meal is an important social training and an opportunity for us to observe their skills. It's remarkable that you can have no memory of how to write your own name, but still able to use chop sticks. One patient needs help for eating, but she is still part of our gathering around the 2 tables, which she seems to enjoy. A meal plan from one week in March shows you a balanced diet with carbohydrates with a low glycemic index, which means they give a stable blood sugar, a modest meat intake with both meat and fish or seafood dish included in nearly every day's meal plan, tofu, lentils, beans of all varieties, fermented food and very little plain sugar. Chicken, duck or pork are included every day, but beef is expensive, and we get beef only one time every month. Our meal plan is made by the head nurse together with residents from our independent and assisted living units. Diabetes is not a big problem. Out of 50 clients in our facility, 9 has diabetes, 5 of them from the 20 people in the unit of assisted living, no dementia patients have diabetes. Weight loss is a problem in dementia. Neurodegenerative processes in specific brain regions, inflammation and pathological changes in the olfactory all contribute. Agitation, hyperactivity and sleeping problems increase energy requirements and some pharmacotherapy may reduce eating drive. Our patients are suffering from dental problems. People using psycho- pharmaceuticals experience lack of saliva production, which results in silent infections that speeds the decline of cognitive function. Dental pain may be a cause of resistance to eat. These are all reasons why we try non-medical treatment as far as possible. Conclusion: The traditional Chinese food is even beyond international guidelines and a good example to follow. The eating environment is especially important in dementia, as these patients suffer from impaired vision, disturbed spatial orientation and changes in smelling, tasting, saliva production and pattern of swallowing. Denmark's contribution to better food are a high quality of food (and water) safety and national regulations for using trans fatty acids. For every time you double your intake of saturated fat, your risk of getting dementia is more than 3 doubled.*