

Nutrition and hydration for residents with 'behaviours of concern'

WHO

The person most likely to demonstrate behaviours of concern is a resident who is living with dementia. Prevention and management can be undertaken by anyone who has a warm and trusting relationship with the resident as long as they have the requisite skills (for example, to assist someone with a swallowing problem to eat and drink).

WHAT

A resident who is said to have 'disruptive', 'challenging' or 'aggressive' behaviour is one whose actions cause you concern. There is usually a trigger behind a 'behaviour of concern' and the best way to manage such a situation is to prevent the trigger from starting the behaviour. Factors that might trigger a behaviour include things in the environment (eg noise, bright lights), people (carers, family, other residents), communication (eg inability to understand language and to be understood), state of well/ill-being (eg pain, discomfort, fear, hunger, fatigue), and personality (eg invasion of personal space, loneliness). The behaviour can blunt their desire to eat and drink or the hunger and thirst can trigger a behaviour! What is even more alarming is that a resident with dementia is already at risk of malnutrition and dehydration because of the following factors:

- loss of appetite
- an insatiable (ravenous) appetite or a craving for sweets
- forgetting to eat and drink
- forgetting how to chew or swallow
- having a dry mouth or mouth discomfort (note: medications and ill-fitting dentures)
- inability to recognise the food and drink they are given¹

A person-centred approach to identifying triggers behind behaviours of concern is the best approach to maintaining a resident's nutrition and hydration status.



WHY

As behaviours of concern (for you and the resident) can seriously impact a resident's nutrition and hydration, it is important to use an assessment tool to record the nature, frequency, duration and outcome of behaviours as well as their triggers. In consultation with the resident, resident's family and carers, identify behavioural management strategies in the plan of care, implement and monitor their effectiveness. Consider whether the behaviours are a possible attempt to communicate feelings or express an unmet need such as hunger or thirst². Most residents have been making decisions about their food and drink preferences for a very long time; so even if a resident has limited verbal communication, you can still 'know' their likes and dislikes from their biography (life story) and from the person's non-verbal messagesif you develop a close and trusting relationship.

WHEN AND HOW

There is no set timing nor eating/drinking strategy that will work every time for a resident who experiences behaviours of concern. You need to be patient and trial each identified strategy; a strategy that worked last time may be unsuccessful this time. Some things that may minimise behaviours of concern while maximising food and fluid intake are:

- ensuring drink and food preferences are known and offered
 - having food that looks good, smells good and is easily managed
 - using prompts to start, continue and finish
 - 'training' to manage finger food
 - having food within easy reach
 - offering one food or drink at a time, and meal courses separately
 - giving poppers, ice blocks and icy poles
 - modelling behaviour (have a 'cuppa' with resident) or having someone to copy³
 - using menu picture cards and cooking activities⁴
 - encouraging residents to feed themselves as much as possible (anger and embarrassment are behavioural triggers)
 - allowing enough time to chew and swallow completely
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- Keep eating simple. Not all food has to be eaten with cutlery if this is becoming difficult. Finger food can be a nutritious and easy alternative
 - Keep in mind a person's past history with food. They may have always had a small appetite, been a voracious eater or had a sweet tooth Watch food temperatures. While warm food is more appetising, some people with dementia have lost the ability to judge when food is hot or cold. Beware of using Styrofoam cups which not only hold the heat for a long time, but also tip over easily
 - Spoiled food in the refrigerator, hiding food or not eating regularly may all be signs that someone living alone is in need of more support
 - Many people with dementia do not get enough fluids because they may forget to drink or may no longer recognise the sensation of thirst. Be sure to offer regular drinks of water, juice or other fluids to avoid dehydration
 - Many eating problems are temporary and will change as the person's abilities deteriorate

1. Alzheimer's Australia. (2007). *Quality dementia care standards: A guide to practice for managers in residential aged care facilities*. Retrieved October 15, 2009 from <http://www.alzheimers.org.au/upload/QDC21.pdf>
2. Aged Care Standards and Accreditation Agency. *Demystifying dementia care - Module 5: Looking behind behaviours*. Retrieved October 15, 2009 from <http://accreditation.amplify.com.au/site/uploads/TG%20Responding%20to%20Behaviours.pdf>
3. Bartl, R., & Bunney, C. (2004). *Best practice food and nutrition manual for aged care facilities*. Sydney: ANHECA
4. Clarke, L. (2009). Improving nutrition in dementia through menu picture cards and cooking activities. *Nursing Times*, 105(30/31), 16.