

An investigation the relationship between nutritional risk of elderly patients with dementia and behavioural problems at mealtimes for patients with dementia

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Feeding difficulties have been identified as one of the main factors that contribute to weight loss and poor nutritional status in people with dementia⁽¹⁾. Previous research has looked into the behaviours that patients with dementia exhibit when eating⁽²⁾. It is not known what behavioural problems at mealtimes are the most common or how these behaviours relate to nutritional status among patients with dementia. This study aims to investigate the frequency of feeding difficulties seen among elderly patients with dementia in a primary care setting in the Republic of Ireland in order to inform resources for patients and carers and community dietitians.

Eighty-seven out of one hundred eligible patients who met the study criteria (i.e. greater than 65 years old with a diagnosis of dementia) consented to take part in the study. Nutritional risk was measured using both the Malnutrition Universal Screening Tool (MUST)⁽³⁾ and the Mini Nutrition Assessment (MNA)⁽⁴⁾. The Edinburg feeding and evaluation questionnaire (ED FED-Q)⁽⁵⁾ was used to categorise and measure behavioural problems at mealtimes. All tools were carried out by the same community dietitian (MMK).

Table 1. Results of the ED-FED Questionnaire (5)

ED-FED Questionnaires Results**						
a	Never		Sometimes		Often	
	n	%	n	%	n	%
Does the patient require close supervision while eating?	4	5	41	47	42	48
Does the patient require physical help while feeding?	6	7	39	45	42	48
Is there any spillage while feeding?	9	10	45	52	33	38
Does the patient leave food on the plate?	33	38	23	27	31	36
Does the patient ever refuse to eat?	36	41	28	32	23	27
Turn head away while being fed?	37	43	27	31	23	26
Refuse to open mouth?	41	47	31	36	15	17
Spit out food?	47	54	22	25	18	21
Leave mouth open (leaving food to drop out)?	45	52	27	31	15	17
Refuse to swallow?	53	61	25	28	9	10

*Note percentages are rounded off to the nearest whole number.

**An ED-FED score of 10 or more indicates a high level of behavioural problems.

The Ed FED-Q was found to be significantly correlated with both the ‘MUST’ and the ‘MNA’ categories of nutritional risk ($P < 0.01$). Twenty-eight out of the 35 (80%) participants who were categorised at high risk of malnutrition according to the ‘MUST’ had an ED-FED score of > 10 . A negative linear relationship between the ‘MNA’ and the ED-FED ($r = -.706$, $P < 0.01$).

The results suggest that there is an important relationship between feeding difficulties and risk of malnutrition among elderly patients with dementia which should be considered when planning nutritional care interventions for this group.

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