

Eating Well.



A Food and Nutrition Resource for
Frail Older People and their Carers



Nutrition Services

Preface

Poor nutrition in older people is a major health problem. It is estimated that 30% of people aged 60 years or older, who live independently, suffer from some degree of malnutrition. These people tend to become sick more often and take longer to recover than those who are well nourished.

Good nutrition is important for optimal health, independence and quality of life. Awareness of any nutrition-related health problems and timely intervention can be a big help in preventing the downward slide that leads to loss of independence and reduced quality of life. Good nutrition improves wound healing. Good nutrition helps to preserve bone mass and maintain muscle strength thus reducing the risk of falls and fractures. Good nutrition improves well being.

One of the main nutrition challenges facing frail older Australians today is ensuring they are eating enough nourishing food. Eating enough means being able to maintain a healthy weight and even having a little extra weight in reserve for times of illness or stress.

In Australia 'Ageing in Place' is a priority Federal Government initiative. Consequently there is a community care system in place to assist and support frail older people in their endeavour to live in their own homes for as long as possible. This system is made up of many organisations. These organisations employ support workers who deliver a variety of services. These workers often enjoy a special relationship with those they care for and may find themselves in a position to suggest changes that will improve the well being of their clients.

Additionally, playing a daily vital role in keeping people safe and well are "Carers" - the unpaid spouses, partners, children, other family members, neighbours and volunteers.

This resource has been written to provide practical food and nutrition ideas and advice for older people and their carers, community support workers and volunteer workers who provide care to the frail elderly.

Eating Well, A Nutrition Resource for Frail Older people and their Carers. (2010)

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Special thanks to Helen McLean, Dietitian, for her contribution to the development of this resource and to the Carers who shared their time and expertise providing feedback.

Design/layout of this booklet by Julian Halcrow, NSCCAHS

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Nutrition Screening (and Nutritional Risk Screening Tool)

Identifying malnutrition is an important first step in awareness and intervention. Malnutrition is more common when there is no documented awareness of weight loss or being underweight. You may notice the person you care for eating less, visibly looking thinner or their clothing becoming loose. To help identify those who are frail or at risk of malnutrition the following screening tool has been developed.

The Nutritional Risk Screening and Monitoring Tool was developed by dietitians in Victoria specifically for use with Home and Community Care (HACC) clients. It involves ten checklist questions relating to factors that affect nutritional status. Answering 'yes' to one or more questions on the Nutrition Risk Screening Tool indicates a risk of malnutrition. These questions are easy for carers and support workers to administer and provide guidance so that nutrition issues can be addressed.

Screening **does not** diagnose malnutrition. It is used to identify those who may be at risk and require referral to a dietitian. The dietitian will do a nutritional assessment.

Yes	Instructions: Tick the box when the answer to your observation is YES	
	Obvious underweight - frailty?	
	Unintentional weight loss?	
	Reduced appetite or reduced food and fluid intake?	
	Mouth, teeth or swallowing problems?	
	Follows a special diet?	
	Unable to shop for food?	
	Unable to prepare food?	
	Unable to feed self?	
	Obvious overweight* affecting life quality?	
	Unintentional weight gain?	

OUTCOME:

- "Yes" to one or more questions means that nutritional risk exists. Read this booklet for some practical help.
- Nutritional risk increases when the person is affected by an increasing number of the above factors.
- Intervention is recommended to reduce risk and prevent malnutrition

* Note people who are overweight may still be at risk of malnutrition

How to Help Prevent Weight Loss, or Regain Weight

A good body weight is a protective factor in older people. It is better for older people to carry a little extra weight as this will help to see them through illness and times when their appetite is poor.

If a person is underweight, even one or two days of reduced food and fluid intake can rapidly lead to severe weight loss. Unplanned weight loss of 5kg (just under a stone) or more in the last six months is a concern. If this happens, high calorie foods will need to be eaten at each meal and snack time.

Often people lose weight as they grow older, however this is not a normal or desirable part of ageing. People with a very poor appetite need more energy dense, nutritious foods and drinks in their diet. eg. milk - shakes, fruit smoothies and nourishing mid meal snacks. Refer to the shopping list on page 12 for ideas.



Include High Energy Foods to Help Prevent Weight Loss or To Help Regain Weight

Margarine or Butter	<ul style="list-style-type: none"> ▪ Spread thickly on toast, bread, crackers, crispbreads, scones and pikelets ▪ Melt over vegetables, rice and pasta
Vegetable Oil	<ul style="list-style-type: none"> ▪ Fry meat, chicken and fish in oil
Cream	<ul style="list-style-type: none"> ▪ Pour over breakfast cereal and add to soups and sauces, casseroles, fruit, dessert and coffee
Sour cream	<ul style="list-style-type: none"> ▪ Put a dollop of sour cream on potatoes and in casseroles
Cheese	<ul style="list-style-type: none"> ▪ Add grated full fat cheese to vegetables, omelettes, baked beans, pasta, soup, scrambled egg and white sauce. Have cheese with crackers and put an extra slice on sandwiches or toast
Dairy foods	<ul style="list-style-type: none"> ▪ Pour sweetened condensed milk over desserts and breakfast cereals ▪ Enrich full cream milk with full cream milk powder (see page 8) ▪ Have cheese, ice cream, custard, yoghurt or dairy desserts (eg. rice pudding, mousse or crème caramel) as a between-meal snack ▪ Make milk drinks on enriched milk ▪ Make porridge on milk rather than water ▪ Use full cream dairy foods, not reduced, low fat or skim
Salad dressing	<ul style="list-style-type: none"> ▪ Add creamy salad dressings and creamy mayonnaise to salads and sandwiches ▪ Spread tartare sauce, creamy mayonnaise or creamy salad dressing on fried or crumbed fish

High Energy Drinks

The following recipes are high protein, high energy drinks. The milk drinks are made with full cream milk. All are easy to make. Just mix the ingredients together then chill. Each recipe makes about one cup. Multiply it by three to make enough for the whole day. These high energy, high protein drinks must be kept cold in the refrigerator. They should not be kept longer than 24 hours (even in the refrigerator).

Enriched Milk

Add 2 tablespoons of full cream milk powder to 1 cup of full cream milk
Use instead of "ordinary" milk in tea, coffee or on breakfast cereal

High Energy Milo™

1 tablespoon of full cream milk powder
1 scoop of ice cream (about two tablespoons or three dessert spoons)
2 tablespoons of Milo
 $\frac{1}{2}$ cup of full cream milk

Strawberry Frost

$\frac{1}{2}$ cup of orange juice
 $\frac{1}{4}$ cup of strawberry yoghurt
 $\frac{1}{2}$ cup of strawberries
2 teaspoons of sugar

Banana Smoothie

1 tablespoon of full cream milk powder
1 scoop of ice cream (about two tablespoons or three dessert spoons)
 $\frac{1}{2}$ banana
 $\frac{1}{2}$ cup of full cream milk
2 drops of vanilla essence

Iced Coffee


1 tablespoon of full cream milk powder
1 scoop of ice cream (about two tablespoons or three dessert spoons)
1 teaspoon of instant coffee
 $\frac{1}{2}$ cup of full cream milk
Sugar to taste

Milk Shake

1 tablespoon of full cream milk powder
1 scoop of ice cream (about two tablespoons or three dessert spoons)
2 teaspoons of flavouring
 $\frac{1}{2}$ cup of full cream milk



High Energy High Protein food ideas include

<ul style="list-style-type: none">▪ Baked egg custard. Try adding sultanas, raisins or dates for a fruity variation.	
<ul style="list-style-type: none">▪ Creamed rice	
<ul style="list-style-type: none">▪ Bread and butter pudding	
<ul style="list-style-type: none">▪ Mousse or instant pudding	
<ul style="list-style-type: none">▪ Trifle, with plenty of custard	
<ul style="list-style-type: none">▪ Vanilla slice	
<ul style="list-style-type: none">▪ Custard tart	
<ul style="list-style-type: none">▪ Macaroni Cheese	
<ul style="list-style-type: none">▪ Mornay (egg, fish, chicken)	

- Sandwiches. eg peanut butter with jam or honey, cheese with relish, tuna with mayonnaise, egg with mayonnaise. Spread plenty of butter or margarine.

Many of these recipes are found in traditional recipe books such as "The Commonsense Cookery Book". Just make sure that you use full cream milk. You could also use enriched milk. Some of these high energy high protein ideas can be purchased "ready to eat".

For more information on maintaining or gaining weight, talk to a dietitian or doctor.



Is a Special Diet Necessary?

People with health conditions such as high blood pressure, high cholesterol, and diabetes may have been told to follow a special diet. The need for such a diet should be regularly re-assessed. A doctor should be consulted to see if the diet is still required or if it needs to be modified. This is especially important if unplanned weight loss is occurring.

Restricted food intake may also compromise nutrition. Eating a variety of foods is important. The wider the variety of food eaten, the less chance there is of missing out on any one nutrient; be it protein, carbohydrate, fat, vitamins, minerals or fibre. While most adults are encouraged to consume a low-fat diet, older people especially the frail elderly can benefit from the extra calories that fat provides. For frail older people, low fat diets are not appropriate.

If an overweight person is on a very restricted diet for weight loss they are at risk of muscle wasting and so are at greater risk of falling. Weight maintenance may be the best choice. If weight loss is needed, seek advice from a doctor or dietitian. Keep in mind that the recommended healthy weight for adults aged 65 years and over is a couple of kilos more than for adults under 65.

It is often thought that older people require less vitamins, minerals and protein than younger people, however this is not the case. Requirements are actually much the same and can even be more, especially in times of illness.



During an acute illness

Most people who are unwell eat less than usual. If this reduced food intake is prolonged, it can cause weight loss and malnutrition. Until the person is completely better and appetite has returned, it is important to provide nourishing high calorie foods. Continue to offer nourishing, high calorie foods until the person is completely better and their appetite has returned. A multivitamin and mineral supplement may also be useful. Ask your doctor, a dietitian or pharmacist for advice.



Mental Health and Memory problems

These can cause confusion, depression, anxiety or nervousness that may affect both the ability to organise meals and the desire to eat. Early identification of depression is important since it is one of the most common causes of unintentional weight loss in older people. People with chronic conditions such as Parkinson's disease or dementia are particularly at risk of depression.

What about Diabetes?

Research has shown that sugar does not cause diabetes. It is also important to know that people with diabetes can have some sugar in their diet. This means that people with diabetes may have sugar in coffee or tea; they may have honey or jam on toast; they may have a piece of cake and they may have dessert.

A person with diabetes does not have to be on a sugar free diet. There is no need for a diet that has no sweet food, no sugar and no cake. Special low calorie and diabetic foods are not necessary. It is important that a variety of foods is being enjoyed and that people don't go hungry.

Restricting food intake in order to control blood glucose levels is not recommended for frail older people. Restrictive diets could mean that not enough food is being eaten thus leading to poor nutrition and weight loss. If blood glucose levels are high, a review of medication may be a better alternative than restricting food intake.

Frail older people with diabetes should be encouraged to eat regular meals and snacks. Carbohydrate foods contain starch or sugar that affect blood glucose. Spreading carbohydrate foods throughout the day by including them at each main meal or snack time will help with blood glucose control.

Carbohydrate foods with a low Glycaemic Index (GI) are good choices as low GI carbohydrates take longer to break down to glucose during digestion. This makes them better for blood glucose control. The GI of a carbohydrate food is not determined by its sweetness.

It is important to realise that it would be difficult to have only low GI carbohydrates in a well balanced diet. Having at least one low GI food at each meal and snack time would be a good start.

For more information on Glycaemic Index go to www.glycemicindex.com.au

Some hints for lowering the GI of a meal or recipe include

- Rolled oats (not instant oats) have a low GI. Great for breakfast and snacks. Rolled oats can also be added to baked products such as biscuits and slices to lower the GI. Use rolled oats in crumble toppings eg. apple crumble, 50/50 flour to rolled oats
- Low GI breads include multigrain, sour dough, low GI white bread or fruit loaf
- Add legumes (eg. kidney beans, butter beans, lentils, baked beans) to soups, stews and casseroles or serve as a vegetable at main meal time. Legumes are available dried or canned. Canned are easy to use as they are already cooked. Dried legumes take a long time to cook although lentils are an exception. Red lentils are really easy to use. Red lentils don't need to be soaked or cooked before adding to soups and casseroles. They cook in about 20 minutes and break up during the cooking time. Allow about one tablespoon of red lentils for every serve of the food being cooked
- Serve "three bean mix" or "four bean mix" with salads. These beans can also be heated and served as a vegetable with the main meal. They could be added to soups
- Baked beans have a low GI. Include baked beans at breakfast time, as a sandwich filling or in toasted sandwiches. Baked beans are an easy snack
- Add pearl barley to soups. Barley has a low GI. Barley can be used instead of rice. Cook the same as you would cook rice
- Dairy foods such as custard and yoghurt have a low GI and make great snacks. Milk and milk based drinks such as Milo and Sustagen also have a low GI
- Biscuits such as Jatz™, Vita Weets™, Snack Right™, Chocolate Chip™, Rich Tea™ and Oatmeal™ are low GI
- Fruit cake, fruit muffins, banana cake, chocolate cake and sponge cake (although they may be high in fat) are suitable to include in the diet of a frail person with diabetes
- Most fruit and vegetables are low GI. Canned fruit is fine



Choosing Nourishing Food

Encouraging frail older people to eat enough nourishing food can be challenging. Nutrient dense high protein, high energy foods are important. Provide nutrient dense foods every day where ever possible.

A shopping list like the one below will help ensure there is always some high energy foods in the pantry, fridge or freezer.

SHOPPING LIST

- ✓ full cream milk
- ✓ full cream long life milk
- ✓ full cream flavoured milk
- ✓ full cream powdered milk
- ✓ sweetened condensed milk
- ✓ cream
- ✓ ice cream
- ✓ cheese slices
- ✓ eggs
- ✓ full cream custard
- ✓ full cream flavoured yoghurt
- ✓ dairy desserts
Eg. crème caramel, mousse, rice pudding
- ✓ apple pies
- ✓ cake/custard tarts
- ✓ scones/muffins
- ✓ crumpets
- ✓ pikelets
- ✓ peanut butter/Nutella™
- ✓ chocolate
- ✓ biscuits
- ✓ BBQ chicken
- ✓ quiche
- ✓ canned baked beans
- ✓ canned spaghetti
- ✓ canned soup (thick and hearty type)
- ✓ frozen meals
- ✓ frozen meat pies
- ✓ frozen sausage rolls
- ✓ frozen fish fingers
- ✓ frozen chicken nuggets
- ✓ frozen mixed veg
- ✓ Milo™
- ✓ Sustagen™
- ✓ Ensure™
- ✓ Up and Go™
- ✓ Bananas
- ✓ Tuna
- ✓ Salmon
- ✓ dried fruit
- ✓ margarine/butter



The Importance of Dairy Foods

Dairy foods at both meal and snack times, are a good source of nutrition. Dairy foods can be prepared in a variety of ways to increase their appeal and nutrient content.

Dairy foods include milk, cheese, yoghurt, custard and ice cream. They supply protein, fat, minerals (especially calcium), vitamins and carbohydrates.

Milk includes fresh, powdered, long-life (UHT), evaporated (canned) and sweetened condensed milk. **Full cream dairy foods are recommended for frail older people.**

Milk and milk products such as yoghurt, custard and cheese contain significant amounts of calcium. Having enough calcium is important to help reduce calcium loss from the bones. Calcium loss from the bones increases the risk of breaks and fractures. **Try to include at least four serves of dairy foods each day.** If it is difficult to include four serves a day, why not have two serves in one? Just add two or three tablespoons of powdered milk to each cup of milk. Powdered milk could be made stronger by using up to twice the recommended amount of milk powder. This *“high energy, high protein milk”* can be used in soups, milk drinks, instant puddings and custards. (When using double strength milk to make custards just be sure that you stir it all the time to help prevent custard burning on the bottom of the saucepan).

Note that while butter and cream are dairy foods, they do not contain calcium. However, they do provide lots of calories because of their high fat content and this is important if weight loss is an issue. They also improve the “mouthfeel” of food.

What is a serve of dairy food?

- 1 cup of milk (250ml)
- small tub of yoghurt (200 grams)
- 2 slices of cheese (40 grams)
- 1 cup of custard (250ml)
- 3 scoops of ice cream



Some people avoid milk because they have heard it 'makes mucous' but there is no evidence to support this. People with colds and chest infections do not need to stop having dairy foods. In fact, the nutrients in dairy foods will probably help a speedier recovery. If milk causes a thick feeling in the throat or mouth, follow the milk drink with a small glass of water.

For those people who are unable to drink cow's milk, soy milks that have been fortified with calcium are a suitable alternative. For every 100mls of soy milk there needs to be at least 100mg of calcium. Low lactose milks are also suitable.

Anyone who doesn't have enough dairy foods, or calcium-fortified soy milk, may need a calcium supplement. Ask a doctor, dietitian or pharmacist for advice.

The Importance of Vitamin D

Vitamin D helps the absorption of calcium into the bones. Not having enough vitamin D over a period of time results in thinner, more fragile and brittle bones. This means there is an increased risk of bones breaking and crush fractures. Adequate vitamin D (along with adequate calcium) can help reduce these health problems.

There is evidence that increasing vitamin D levels also improves muscle strength and function. This should mean fewer falls.

It is difficult (if not impossible) to get enough vitamin D from food alone. A small amount is found in fatty fish, liver, eggs and fortified margarine.

Ultraviolet rays from the sun are the main source of vitamin D. About 15% of skin needs to be exposed for approximately 10-15 minutes a day. About 15% would be face, hands and arms. If people prefer to keep their face out of the sun, include legs instead. People with dark skin usually need more time in the sun for the vitamin D benefits.

It is important to limit time spent in the sun during the hottest part of the day (usually between 10:00am and 3:00pm or 11:00am and 4:00pm during daylight saving) in order to avoid skin damage.

Sitting behind a window in the sun won't be effective as the glass filters out the ultraviolet rays which produce the vitamin D. Broad spectrum sun screen also blocks out ultraviolet rays. Always using sunscreen may contribute to vitamin D deficiency especially in older people. Consequently it may be acceptable not to use sunscreen when in the sun for short periods of time (10 - 15 minutes) outside the hottest part of the day.

Suggestions for getting exposure to sunshine include:

- Sit outside to have morning and afternoon tea
- Do some gardening with arms exposed (sleeves rolled up).
- Read the paper sitting in the garden or on the balcony
- Hang up the washing with arms exposed



Be aware that with increasing age there is up to a 60% reduction in the ability of the skin to make vitamin D. This means that taking a vitamin D supplement should be discussed with a doctor. *This is especially important for older people who are housebound or who are not regularly able to spend sufficient time in the sun.*



Is Eating Three Meals a Day Important?

Missing meals on a regular basis can lead to poor nutrition and weight loss. To help prevent this it is important to eat enough. If eating three main meals a day is difficult to manage, that is okay but it does mean that mid-meal snacks need to be nutritious.

Snacks should be carefully chosen for people who

- regularly miss meals,
- eat only very small meals or
- prefer to 'pick' at food throughout the day.

Good snacks include:

Fruit buns and fruit bread, finger buns, sandwiches, toast, muffins, scones, pikelets, crumpets, cheese, yoghurt, custard, fruit smoothies, fruit, thick or hearty soup, spaghetti, baked beans, even a bowl of breakfast cereal or an "Up and GO™" drink.

Quick and easy meal ideas include:

- Barbequed chicken, bread and butter or margarine. Finish the meal with canned fruit and custard. Add cream if weight loss is happening
- Baked beans or spaghetti on toast. Follow with a glass of milk and a banana
- Scrambled eggs or omelette. You could add foods like chopped cooked vegetables or canned salmon. Add cheese to make even more nutritious
- Thick, hearty canned soup with a bread roll. Follow with fruit and custard
- Melted cheese on buttered toast. Dessert could be yoghurt and canned fruit
- Sausage roll or meat pie. Why not finish with chopped up banana and custard?
- Fried sausage, tomato, bacon and egg. Then some fruit and custard
- Ham and cheese croissant. Ice cream and canned fruit for dessert
- Slice of quiche followed by fruit and ice cream
- Fish and chips with tartare or other sauce. Finish with fruit and a glass of milk
- Sandwich filled with things like cheese, mashed up boiled egg, sardines, ham

For those who have difficulty preparing meals or can't always be bothered, the following ideas may help:

- Purchase meals from “Meals on Wheels” (or similar organisations) or the supermarket. While it is not recommended to split a “Meals on Wheels” meal into two meals, if this is done, make sure that extra food is served on each occasion eg. bread and butter with the soup then follow with dessert. Some “Meals on Wheels” services offer high protein snack packs
- Attend neighbourhood and community centres/restaurants
- Support workers may be able to help prepare meals
- Cook soups, stews and casseroles then freeze meal size portions
- Home delivery of ready to eat food from restaurants or fast food outlets
- Make use of pre prepared food from supermarkets eg. frozen mashed potato, containers of cooked rice, canned soups, canned stews, lasagne, custard, creamy rice in a can
- Having a mealtime guest could be an incentive to cook!



Adequate Fluid Intake

Fluid is essential for the body to function properly. The importance of having enough fluid does not decrease with age. Most older people need 6-8 cups of fluid each day.

Fluids include:

- water
- fruit juice
- cordial
- soft drink
- vegetable juice
- coffee
- milk
- tea
- custard
- jelly
- soup
- ice cream



Older people who live at home, particularly those who rely on others for their meals, may not be having enough fluid.

People are usually aware of the dangers of dehydration in the summer months but serious cases of dehydration can occur in the winter time as a result of household heating and illnesses such as colds and flu.

Nourishing liquids can be an important source of nutrition for people who aren't eating enough.

Having enough fluid:

- Keeps the kidneys working
- Decreases likelihood of urinary tract infections
- Helps prevent constipation
- Prevents dehydration which can worsen or cause confusion
- Quenches thirst

Because older people may have a reduced sense of thirst regular fluid intake should be encouraged. Having a 'cuppa' or milk drink at each meal and snack time (thirsty or not) will go a long way towards meeting daily fluid needs. Why not leave a glass of water somewhere visible eg. near the phone or on a coffee table. Have a large glass of water with medications.

People who are incontinent may want to limit their fluid intake. This is not a good idea as concentrated urine actually increases the desire to go to the toilet. Talk to a doctor or continence advisor for more information.

Relieve constipation with fibre and fluids:

- Have enough fluid, at least 6-8 cups a day
- Get into regular toileting habits. Try to go to the toilet at the same time every day
- Eat regular meals, including breakfast
- Eat fruit and vegetables every day. They can be raw, cooked, grated, pureed or added to soups
- One to two tablespoons of molasses added to warm cereal may help relieve constipation
- Increase fibre intake slowly over the next couple of weeks
- Include extra fibre in meals by using small amounts of unprocessed bran, psyllium husks, All Bran™, Oat Bran™ Bran Flakes™ or prunes. Gradually increase the amount until bowel habit is regular. As well as adding bulk, prunes and figs contain a natural substance that stimulates the smooth muscle of the bowel increasing the desire to go to the toilet. Pears or pear juice contain sorbitol which has a laxative effect. With extra fibre make sure you have enough fluid. Fibre and fluid work together to help prevent constipation
- Be as active as possible. Exercise regularly to a level you can manage and that is allowed by the doctor

Prune Apple Bran Mixture

For those who need a little extra fibre in the diet this mix may be the way to go. Mix the following ingredients together...

1/4 cup unprocessed bran

1/4 cup stewed prunes

1/2 cup stewed apples (2 apples or tinned pie apple)

This makes 10 serves and can be made in bulk and frozen. Freeze serve size amounts for easy use.

Add it to breakfast cereal or desserts or just eat by the spoonful!

Eating Alone Most of the Time

Living or eating alone may result in older people eating less and so increase their risk of malnutrition. It is all too easy for a person living alone to miss meals or to exist on a “tea and toast” type diet that is low in energy, protein, vitamins and minerals.

Mealtimes should be enjoyable, social and sharing times. Eating is not just for the nutrients. Being with someone at mealtime may help improve the appetite.

What can be done for the person who lives alone or feels isolated?

There are several community programs and services that may provide the answer. Contact the local council or Aged Care Assessment Team to find out what is available in the area. Commonwealth Respite and Carelink Centre could be contacted on 1800 052 222

There may be:

- Senior Citizen Centres, Neighbourhood and Community Centres and Service Clubs that provide meals at a reasonable cost
- Community restaurants that provide meals for the frail aged, people with disabilities and isolated older people
- “Meals on Wheels” services with centre-based meals (“Wheels to Meals”)
- Senior citizen tea rooms and restaurants
- ‘Adult Day Care’ offering meals in a social setting to the frail aged and people with disabilities
- Escorted shopping services may provide an opportunity to ‘eat out’
- Church organisations providing an opportunity to eat in a social setting

If being housebound is an issue, consider inviting a friend to lunch or using services that have ‘visitor programs’. These could be arranged to coincide with a mealtime. Support staff may be able to be with a client at mealtime, even if only for a short time.

If eating alone all the time is the reality, then poor nutrition is also likely to be a reality. In this situation, nutrient dense food and drink should be encouraged. Foods that are easy to eat, familiar and appealing (milk shakes, fruit smoothies, rice pudding, canned fruit with ice cream and custard, banana custard, macaroni cheese, hearty soup etc) are recommended.

Shopping, Cooking and Eating Independently

Being independent is important for most people and should be encouraged and supported whenever possible.

Ideas and services to help maintain independence include:

- Locate local charity, church groups, government and community services that provide transport and shopping assistance. Contact Commonwealth Respite and Carelink Centre for advice, 1800 052 222
- If you are a support worker, do you do the shopping? If so, it may be possible to take the person you are looking after with you, even if it is only sometimes
- Older people who are no longer able to drive could use a taxi service if finances permit. Most areas would have a taxi service that offers wheelchair transport if necessary. For many people, the independence enjoyed is well worth the money spent. The Taxi Transport Subsidy Scheme in your state may be able to provide financial help, phone 1800 623 724
- Find out which food stores in the area have a 'phone in' food order and delivery service. Place easy to read phone numbers where they can be readily seen
- Note shops that have wheelchair access, parking and toilets for people with disabilities as well as adequate seating inside
- If people have difficulty preparing food or have limited cooking skills, lots of fully or partly prepared foods are available eg. diced meat, crumbed rissoles, peeled and cut-up vegetables, soup mixes, grated cheese, prepared salads and frozen cooked meals, pre-cooked rice, frozen vegetables, canned creamed rice, custard
- Rearranging food storage and kitchen equipment to make it easier to prepare meals. Appropriate kitchen equipment may help eg. special utensils, a microwave oven, small freezer
- A range of mealtime assistive devices are available. Eating utensils, plates with a lip on the edge, specialised cups and glasses, beakers with spouts or straws, slip resistant mats and modified cutlery handles. All come in a variety of shapes. They are available from rehabilitation aid suppliers, independent living centres, pharmacies, even supermarkets. An Occupational therapist will be able to help. Information can also be obtained from Seniors Information Service on 13 12 44
- Don't forget finger food. Hands are the easiest utensils for some people to use
- Home delivered "ready to eat" food from restaurants or fast food outlets may be suitable and would add variety



Teeth, Mouth or Swallowing problems

Frail older people, especially those living alone, may not be eating enough. Eating may be difficult because of chewing and/or swallowing problems which can result in reduced food intake and a poorly balanced diet.

Chewing problems may be caused by:

- Missing or decayed teeth
- Weakened facial muscles
- Poorly fitting dentures
- Poor muscle control
- Poor gum health
- Reduced saliva production
- Cracked or sore lips
- Stroke and Parkinson's disease
- Brain and head injury
- Other neurological conditions

Signs of swallowing problems include:

- Taking a long time to chew and swallow food
- Choking or coughing (which can be dangerous, frightening, painful and tiring)
- Wet, gurgly voice after swallowing
- Aspiration (food or fluids entering the airways) which can result in pneumonia
- Drooling
- Dehydration
- Weight loss which can lead to malnutrition, muscle wasting, dehydration and low energy levels
- Frequent chest infections

If any of the above signs are present or if coughing, choking or gurgling sounds are heard during swallowing or just after swallowing, refer to a doctor or speech pathologist.

A speech pathologist can advise on food texture, fluids, eating and swallowing strategies.

What to do when teeth, mouth and swallowing problems exist:

- Drink regularly throughout the day to help keep mouth moist
- Give nourishing drinks if food intake is poor
- Use a bendy straw if acidic or carbonated drinks sting a sore mouth
- As meat is commonly avoided when a person has chewing or swallowing problems, the texture can be modified by chopping, mincing or pureeing (blending). Fish (canned or fresh), chicken or eggs, are also a good source of protein and could replace meat
- Serve soft foods that are easy to chew eg. fish, cheese dishes, eggs and egg dishes, legumes (eg. baked beans, butter beans, haricot beans), canned or stewed fruit
- Meat and other foods softened by slow, moist cooking methods such as casseroles, stewing and in soups, are usually suitable
- Make food easier to chew and swallow by changing the texture. Mince, chop, grate or mash. In some cases, food may need to be pureed (blended). Each food should be pureed separately and the result should be thick, creamy and smooth. If it is necessary to add liquid, use milk, cheese sauce, gravy or custard not water as this dilutes the nutrients. Food should not be pureed unless absolutely necessary
- For people who don't produce enough saliva and have a dry mouth, serve gravies, sauces or a drink with meals to help moisten the food. A small drink, before eating, to lubricate the mouth, may help. One or two teaspoons of ice cream given just before eating may also help
- Apply lip balm or petroleum jelly to dry lips
- Teething gel applied to painful areas of the mouth may be helpful
- Mouth hygiene is important. Teeth and dentures that are not cleaned properly mean poor oral hygiene and can result in bacteria getting into the lungs and causing chest infections (not to mention the pain and discomfort from gum disease and decaying teeth that can come with poor oral hygiene). Make sure correct toothbrush, toothpaste and denture care products are used. Encourage dental checkups



A Few Good Feeding Practices:

- Sit comfortably and so that there can be eye to eye contact
- Make sure that glasses, hearing aids and dentures are properly in place before starting to feed
- Allow plenty of time to eat. People with chewing and swallowing problems may be slow. Make sure that the mouth is empty before giving more food
- Don't put too much food on the spoon
- People with swallowing problems should sit upright while eating and for 20 minutes after eating. A speech pathologist will be able to advise on safe eating practices
- When reheating food in the microwave always test to make sure the temperature is correct
- Avoid clearing the table before the meal is finished



Finger Foods

As a result of medical conditions some people find cutlery hard to use. Providing food that can be picked up with fingers is often a really good alternative. Finger food provides continued opportunity for choice, self reliance and independence. This usually means that people enjoy their food and eat more. Finger food may be the best way to provide nourishment, food enjoyment and the dignity that comes with independence.

Providing meals and snacks as finger foods should not mean too much extra work. It does mean presenting food differently.

It is important to make sure that food is easily managed. This means that food is easy to pick up and hold. Food should be easy to bite and chew. It should not break apart or fall to bits while being eaten.

Easy finger food ideas include chunks of vegetables, fruit and cheese. Vegetable fritters, pikelets, pancakes, vegetable pasties and vegetable slices such as zucchini slice are ideal. Meat can be served as small rissoles or meat balls, small pieces of chicken or other meat, small party pies and small sausage rolls. Any gravy or sauce can be served as a dip. It is probably best to avoid sticky or overly greasy food.

Don't serve foods that could cause choking eg. small cocktail frankfurts, large uncut grapes, nuts, and foods with tough or chewy skin eg. some fruit skin, chicken skin and sausage skin.

It will be necessary to ensure that hands and nails are clean before and after eating and that there are plenty of serviettes available.

The following finger food menu will give you some ideas:

- Breakfast:** toast, hard cooked egg, banana, milk
- Morning Tea:** fruit scone or muffin, tea, coffee or milk
- Lunch:** small rissoles, potato wedges, small cob of corn, cooked broccoli pieces, fresh fruit pieces, ice cream cone
- Afternoon tea:** pikelets, cheese sticks, pieces of soft fruit dipped in yoghurt, tea, coffee or milk
- Tea:** cubes of ham or other tender cold meat, chunks of cucumber, wedges of tomato, bread and butter, piece of cake, pieces of fruit, milk or juice
- Supper:** milk drink and biscuit.



Caring for Someone with Dementia.

Much of the information in previous chapters will be useful, however this chapter provides extra, specific information for those who care for people with dementia.

Poor nutrition is often an issue for older people but for those with dementia there are special challenges.



Among other things, people with dementia may:

- Have a poor appetite and lose interest in food
- Refuse to eat
- Forget how to start to eat and need prompting
- Forget they have already eaten
- Have an insatiable appetite
- Crave sweet foods
- Refuse to sit down to a meal or are unable to keep still
- Have a poor attention span and so not finish their meal
- Eat so slowly they get tired or the food gets cold and loses its appeal
- Store food in their mouth(squirrel cheeks) which may cause choking later
- Aspirate (food going down the wrong way)

If food intake is inadequate then weight loss, lack of energy, and a reduced ability to fight infection will result.

Eating Alone

Meal time should be a social occasion whenever possible. People with dementia often eat better in company as they can observe and copy others. An exception may be if the person with dementia is self conscious about changes in their ability to do certain things (or they may even be distracted by others).

Suggestions to help improve food intake for people with dementia:

- Food should look and smell appealing. Even having the smell of food cooking may do the trick. Examples include coffee percolating, bread baking in a bread maker or dinner cooking in a slow cooker
- Food may taste bland to people with dementia. Stronger flavours and more salt (if there is no health reason not to add salt) may increase meal appeal
- Helping with food preparation may increase interest in eating
- To help avoid confusion, serve one course at a time. If using a tablecloth or placemat, choose a plain colour to avoid confusion. Plain crockery usually contrasts well with food. Removing table decorations may also help.
- New or unfamiliar foods may not be acceptable and while variety is encouraged, one has to be practical. Serving food that will be eaten and enjoyed is probably the way to go even if variety has to suffer. Find out what the favourite foods are
- Be flexible with meals and meal times. For example, breakfast can be the important meal of the day (if this is the time when appetite is best) so a hearty breakfast would make sense
- Allow plenty of eating time and reheat food if necessary so as to maintain meal appeal
- Persevere and encourage but do not insist or force. If the meal is rejected, a nutritious snack is a good alternative. Nutritious drinks are also a good standby
- While for some, a regular pattern of eating is important, for others the traditional three meals a day approach does not work. This means that really well chosen snacks can be the answer. The important thing is that enough food is being eaten
- Some people need continuous access to food and this may mean leaving food out where it can be seen. Snacks that don't need refrigeration include fruit, biscuits, sandwiches (vegemite, jam, honey, golden syrup or peanut butter) fruit cake, muesli bars and dried fruit
- Sandwich meals may be easiest to manage. Choose nutritious fillings that don't fall out or form a sticky, gummy texture in the mouth. Sometimes day old bread can be easier to chew and swallow than fresh bread. Toasted sandwiches make an easy meal
- Always check the temperature of food and drink to determine that it is both safe and suitable. Some people really don't like cold temperatures while others may be afraid that food will be too hot



- Some medication may cause a dry mouth. Adding sauces, gravies, butter, margarine, dressings, custard and cream will help to moisten food and make eating easier and more enjoyable
- If the person you are caring for has difficulty chewing and swallowing it is important to get advice from a speech pathologist. Texture of food may need to be modified by chopping, grating, mashing or blending
- Encourage the person you are caring for to have enough fluid. Six to eight cups daily is recommended. Fluid is not just water, it includes soft drink, milk, jelly, juice, tea, soup, cordial, decaffeinated coffee, custard and ice cream. Poor hydration can lead to a number of health issues including increased confusion
- Independence is important so serve food that can be easily managed. Special cutlery, cups, plates and non slip place mats may be needed. An occupational therapist will be able to help. Finger food is an option if managing cutlery is too hard
- Some people with dementia may want to eat constantly. This can be an issue if weight gain affects mobility or care management. Controlling calorie intake can be a real challenge. Try providing reduced fat food choices, serving lots of vegetables (if they will be eaten), distracting with other activities and introducing some realistic exercise if possible. A physiotherapist will be able to assist with exercise while a dietitian will be able to advise regarding food choices

Healthy Teeth and Gums

Poor oral health or having dentures that don't fit properly can make eating so painful, difficult or uncomfortable that people are reluctant to eat. Proper care of teeth, gums and dentures may be challenging especially if communication is difficult. Seek advice from a dentist, dental hygienist or dementia advisor if necessary.

Staying Safe

Support workers may be concerned about potential dangers in the kitchen when people with dementia are preparing food. With situations of potential danger there are no clear cut general rules that would apply to everyone. ***It is very important to seek advice from professionals such as an occupational therapist or a specialist dementia nurse.***



Food Safety

Some bacteria (and the toxins they produce) when present on or in food in sufficient numbers, can cause food poisoning. Small numbers of bacteria in foods are usually not a problem.

Food containing dangerous levels of bacteria may not look, taste or smell any different than safe food.

The elderly, particularly if frail, are vulnerable, so food safety and hygiene is important. Food poisoning in older people can seriously affect their ability to remain hydrated and well nourished.

FOOD, WARMTH, MOISTURE and TIME

Bacteria need **FOOD** to grow and multiply. Foods in which bacteria grow most readily are *HIGH RISKS FOODS*. These foods include raw and cooked meat, chicken, fish and other seafood, milk and milk products including soft cheeses, mornays and milky desserts like creamed rice, baked rice custard and instant pudding. Eggs can also be risky so always cook them, don't serve them raw as in egg flips. Cooked rice and pasta (especially if in creamy sauces) are included in the high risk category. High risk foods also include processed foods that contain eggs, beans, nuts or other protein rich foods including quiche and soy bean products.

Bacteria need **WARMTH** to grow and multiply. The temperature at which most bacteria grow best is between 5 and 60 degrees Celsius. This is known as the *DANGER ZONE*. Room temperature is usually *danger zone* temperature. High risk cold food should be kept in the refrigerator at 5 degrees Celsius or below. High risk hot food should be kept hot at 60 degrees Celsius or above.

Bacteria need **MOISTURE** to grow and multiply so foods like soups, stews, milky desserts, creamy pastas are more risky than dry crackers and bread. Breads, cake and biscuits are not considered high risk as long as they don't have high risk spreads or fillings like cream or custard.

Bacteria need **TIME** to grow and multiply. Leaving high risk food out of the refrigerator for more than two hours (in total) is indeed a risk. This is especially so if the food is intended for vulnerable people such as the frail aged.

Bacteria in foods can reach dangerous levels in food

- if food is not cooked properly
- if food remains in the danger zone for too long
- if food is incorrectly stored



KEEP HOT FOOD HOT AND COLD FOOD COLD! IF IN DOUBT THROW IT OUT!

SOME GUIDELINES TO HELP ENSURE FOOD SAFETY:

- Wash and dry hands thoroughly before and after handling food
- Prevent cross contamination of bacteria by using separate chopping boards for raw and cooked food and by thoroughly cleaning all equipment after each use (and before using for the next job)
- Do not use chipped and cracked crockery
- Take hot take-away chicken out of bag it comes in, before putting in the fridge
- Cook red meat within three days of purchasing. Chicken and fish should be cooked the day of purchase or the next day. If freezing, freeze on the day of purchase. Don't forget to label with name and date
- Store meat, chicken and fish on the bottom shelf of the fridge so that raw juices won't drip onto other food
- Cook chicken until the juices are clear. This needs to be checked in the thickest part and near the bone
- Minced meat should be cooked for at least twenty minutes
- If soups, stews or casseroles are to be frozen, they should be placed into flat containers for quick cooling. They should also be labelled with the date and name of food. Place in freezer so that cold air can circulate around each container

SOME GUIDELINES TO HELP ENSURE FOOD SAFETY: *(continued)*

- Cooked food (in covered containers) should be placed in the refrigerator or freezer within two hours of cooking (even if still warm)
- Food containers should be placed in the refrigerator or freezer so that cold air can circulate around each container
- High risk food should not be left at room temperature for more than two hours (no more than one hour would be even safer)
- High risk foods (cooked or raw) that have been left out of the fridge overnight or all day or in the *danger zone* should be thrown out. They cannot be made safe by boiling or any other cooking method. Leaving high risk foods in the *danger zone* for more than two hours poses a health risk so, throw them out
- It is important to reheat food as quickly as possible
- It is best to thaw large pieces of meat, chicken and fish in the refrigerator. Thawing frozen cooked food dishes such as casseroles, should also take place in the fridge
- If chicken is thawed in the microwave it should be cooked straight away
- Leftovers should be reheated once only
- Food will not keep forever in the fridge. Two or three days maximum for high risk foods and even then, the entire food handling and storage process must be correct
- The fridge should not be overloaded and should be cleared out regularly.



Useful Contacts for Carers

- **Aged Care Assessment Team (ACAT)**
Contact your local ACAT by calling your local public hospital
ACAT's assess older people eligibility for services such as:
 - Community Aged Care Package Program
 - Extended Aged Care at Home Package Program
 - Extended Aged Care at Home Dementia Program
 - Transition Care Program
- **Aged Care Information Line** 1800 500 853
Provides general information related to care in the home and in aged care facilities.
- **Carers Australia:** 1800 242 636
Provides information and support for carers.
- **Centrelink:** Provides financial assistance for carers 132717 or multilingual services for Centrelink related matters 131202
- **Commonwealth Respite and Carelink Centre (CRCC)** 1800 052 222
Organise short-term or emergency respite. They provide free and confidential information on community aged care, disability and other support services that are available locally, interstate, or anywhere within Australia. They also provide information on HACC services such as domestic assistance, personal care - nursing services.
- **Continance support**
National Continance Helpline: 1800 300 066
National Continance Management Strategy
For information on the Continance Aids Assistance Scheme (CASSA) contact 1800 807 487
- **Dementia Services**
National Dementia Helpline: 1800 100 500
"The Carer Experience: An essential guide for carers of people with dementia "
is a practical booklet for carers. It can be ordered, free of charge, through the Aged and Community Care Information Line. 1800 500 853
- **Guardianship Tribunal:** 1800 463 928
Gives advice on legal guardianship.

- **Independent Living Centres** provide assistive technology to help people maximize their independence and their ability to manage everyday tasks. There is a branch in each State and Territory Capitol city. Their website is www.ilcaustralia.org or, phone 1300 885 886
- **Interpreter Service** 131 450
- **Trustee and Guardianship:** 1300 364 103
Provides financial and legal advice regarding such things as wills and power of attorneys.
- **The Aged -Care Rights Service (TARS):** 1800 700 600
This service offers free confidential information relating to the rights of people receiving aged care services.
- **Veteran's Home Care**
The program provides low-level home care services to eligible veterans and war widows and widowers. 133254 or 1800 555 254
Help is also available through the Veteran's Affairs Networks (VANs). They provide up-to-date information for veterans, war widow(er)s and their carers and are located in all capital cities and in areas of large veteran communities. 1300 551 918



Eating Well.

A Nutrition Resource for
Frail Older People and their Carers



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