Food for thought: Providing solutions to feeding problems

For most people, eating is a pleasurable experience often associated with cultural and religious significance. In care homes, many people have difficulty with feeding as a result of both physical and cognitive problems. This article focuses on practical solutions to feeding problems.

Healthy eating: Implications for care homes

As we age or develop physical and cognitive problems, the consumption of healthy food can be a challenge. We produce less saliva and tooth loss and denture problems add to mastication difficulties. Our senses often diminish with age, making food smell or taste different.

Food should contain adequate vitamins, minerals and calories, particularly when special diets are required. Good nutrition is essential and a whole science and industry has developed in relation to this. Smith (2004) explains how dieticians can help with nutritional requirements and facilitate changes to practice within care homes.

Care homes should ensure that meal-times are enjoyable experiences and not just a perfunctory task to be undertaken.

Before eating

Different cultures have distinct approaches to the way food is shared and eaten or even worshipped or tabooed. Staff should be aware of cultural rituals or family habits, ensuring that these are maintained in a care home setting. For example:

- Food etiquette – utensils, place settings, meal times and type of food consumed
- Rituals used before meals and offering blessing of food or grace
- Religious rites
- Prohibitions during preparation of food or before a meal begins.

Julie Swann provides suggestions on how to make mealtimes a pleasurable experience and ensure that residents receive sufficient nutrition.

Some residents may prefer to eat alone in their rooms or to have a smaller group setting, or may have special religious or cultural requirements. It is important to remember this when planning meal-times. Establishing these preferences should be part of the assessment process.

It is important to achieve the right ambiance by creating attractive and pleasant surroundings. A special social event can be made – for example, a pea and pie supper, a fish and chip night, a curry evening or a Yorkshire afternoon tea – accompanied by music to make it a themed event.

Seating and positioning

Attention must be paid to the dining environment and appropriate lighting is essential. The table height should allow forearms to be rested on the table edge with appropriate feeding utensils and condiments within easy reach of the resident and within his or her field of vision.

If eyesight is poor, then guide the resident to what is on the plate by relating food position to a clock face – for example, meat at 6 o’clock. Non-slip mats are useful for avoiding plate slippage.

Correct seating and posture is vital. Full-length armrests provide support when rising and sitting, but they can prevent close access to the table and desk-type chair arms may be better. Fabric upholstered chairs, although more comfortable and attractive than a vinyl chair, are difficult to clean. A skid base will make pushing an occupied chair away from the table easier.

- Place the resident’s feet on the floor or on a foot stool with ankles, hips and knees at right angles. Seat him/her upright then ask him/her to lean slightly forward with shoulders relaxed (not hunched).
- Ensure that the sitting position facilitates the feeding process.
- Specialized seating, to provide postural support to the resident to facilitate eating and digestion, may be required.
- Position the chair so that residents who are prone to choking are easily accessible.

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**Meeting individual needs**

Individual residents may have particular needs and may require assistance with feeding. Table 1 outlines general problem areas with suggestions on possible solutions.

**Dementia and perceptual problems**

Residents with dementia can become increasingly difficult to persuade to eat.

- Provide regular mealtimes to establish routines and allow longer for meals
- Reduce distractions; for example, turn off the TV and ‘de-clutter’ the table
- Provide lots of small courses
- Place condiments, napkin and drink in the correct place
- Ensure correct seating and positioning
- Provide suitable eating implements (spoons are easier than forks, straight-sided pasta bowls are easier than plates)
- Use contrasting colours and textures of food
- Avoid patterned plates (use ones that contrast with food on the plate)
- Cut food into manageable mouthfuls or provide finger food
- Encourage social etiquette.

**Assessment for suitable feeding equipment**

Appropriate equipment can help overcome physical problems and help achieve a resident’s independence. Local integrated comm-

### Table 1. COMMON FEEDING PROBLEMS AND SOLUTIONS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Alternatives</th>
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<tbody>
<tr>
<td>Eating takes a long time</td>
<td>Provide smaller, more frequent portions with refills (less daunting and food won’t get cold). Provide high-calorie snacks and nutritional drinks between meals.</td>
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| Chewing or swallowing foods      | Check that dentures fit properly. Try replacement foods. For example:   
  - Replace fruit with fruit juices, soft canned fruits or pureed fruits  
  - Replace raw vegetables with soups, juices or creamed and mashed cooked vegetables  
  - Replace meat with minced meats or high protein food, such as dairy produce  
  - Replace bread with soft cereals, rice and soft cakes  
  - Encourage smaller mouthfuls to avoid ‘squirreling food’ in the cheeks  
  - Provide easy-to-digest food that requires little chewing.  
  Avoid the following: food (such as tomato) with skins that can stick to the palate; small, coarse and hard foods, such as peanuts, potato crisps and hard toast, as these can be accidentally inhaled; sharp food (take meat off the bone and buy filleted fish); shredded vegetables (such as coleslaw, carrots and lettuce); acidy, spicy foods that can irritate the throat; mixtures of food textures (confusing to the mouth, can cause choking); water (can cause choking; try using chilled water or thicker liquids). |
| Poor appetite                     | Check medication (may affect appetite). Check for mouth sores or ulcers. Improve the flavour and appearance of the food. Provide favourite foods to tempt the appetite. Check for anxiety or depression (can affect appetite). Postpone eating if residents are tired or upset. Restart when convenient. Provide higher-calorie meals, such as dairy produce, nuts, carbohydrate and protein supplements, little and often. Add dry milk powder to foods with sauces. Drink high-nutrient liquids such as juice or milk, instead of coffee, tea or sodas. Make mealtimes pleasurable. Perhaps move resident to another table. Encourage light exercise to stimulate appetite. |
| Changes in taste                  | Eat flavoured or spicier foods. Drink liquids with meals, to rinse away any unpleasant taste. Add sauces, stuffings and side dishes to foods. Use plastic utensils if a metallic taste sensation occurs. Avoid foods that taste unpleasant. |
| Constipation                      | Refer to GP and find out the cause. Causes include: insufficient exercise (can impair gastrointestinal function); insufficient fluid intake; lack of dietary fibre. Hot lemon water helps stimulate the bowel. |
| Problems taking medication        | Try alternative form of medication (sugar-coated capsules, liquid). Seek advice from pharmacist.                                                                                                               |
| Fatigue                           | Provide smaller, more frequent meals (eating involves several muscles and requires oxygen, often increasing shortness of breath). A full stomach can press on the diaphragm, restricting lung capacity. Provide a short rest before eating. |
munity equipment stores and occupational therapists can offer advice on suitable equipment. Table 2 provides some examples of practical and cognitive problems and solutions.

When choosing feeding equipment bear in mind:
- Is the equipment simple to assemble?
- Are the parts difficult to clean?
- Can cutlery and crockery items be washed in a dishwasher?
- Is the item strong and durable?
- How many spare items will you need?

### Assisting a resident

Residents should be encouraged to be as independent as possible by adopting different techniques or by using assistive devices. If they are unable to cut food up with assistive devices, then cut the food before taking it to the table or provide food that does not require cutting. Offer help in a discreet way.

If residents are unable to manage adapted cutlery and require feeding, this activity should be carried out with patience and sensitivity. Feeding someone can be enjoyable or a chore to get over quickly, depending on how it is approached by the individuals concerned. Throughout the meal the resident should be talked to and encouraged to eat slowly, at his or her own pace with regular sips of drink provided. Ideally, the carer should be seated in front of the person he/she is feeding or within his/her clear field of vision. Don’t perch on the side of the resident’s chair or carry out conversations with other people, or feed two residents at once.

### Feeding position

During feeding, residents’ heads should be kept slightly down and forward. If the head is back, the risk of gagging or choking increases. Stabilize unsteady heads by placing your palm on the resident’s forehead or behind the neck, or provide support with a head or neck rest.

Residents who are bed-bound should not be given fluids, solids or medications when in a supine position. A sitting position should be adopted, with the head of the bed elevated to a 45–90º angle by either adjusting the bed or placing three or more pillows behind the shoulder and neck, or by using a foam wedge.

Ensure food goes ‘down the right tube’ – the oesophagus, not the trachea – otherwise choking and aspiration pneumonia can follow. Summersall and Wight (2004) outline how a speech and language therapist can assist with swallowing problems in dementia.

### Enteral feeding

This is using the gastrointestinal tract for the delivery of nutrients, including food and oral supplements. Tube feedings are needed if a resident is unable to eat or to tolerate enough food and/or oral supplements to meet his or her nutritional needs. The common routes for tube feeding are:
- Nasogastric tubes: Inserted through a nostril, down the throat and into the stomach. This is temporary type, but can be pulled out accidentally and can interfere with swallowing.
- Percutaneous endoscopic gastrostomy: A tube is inserted via the abdomen into the stomach and is usually for long-term use. Residents can receive tube feedings and an oral diet, so even if the oral quantities are not nutritionally significant, psychological benefits are gained. A ‘button’ tube has a very short tube attached to the
stomach with a longer ‘snap-on’ tube for use during feedings. A plastic cap covers the opening when not in use.

- Jejunostomy tube (J-tube): Implanted below the stomach, directly into the small intestine. It reduces the risk that formula will reflux into the oesophagus, the trachea and the lungs and cause aspiration. Disadvantages are likelihood of diarrhoea and increased probability of the very narrow tube getting clogged. Collier (2004) describes the main methods of enteral feeding as being:
  - Pump feeding: An electronic feeding pump delivers feed at a set rate per hour over a pre-set dose/time period
  - Bolus feeding: Feed is administered into the feeding tube via a syringe
  - Gravity feeding: Rarely used now – involves the feed bag attached to the enteral feeding tube and feed drips in via gravity.

Conclusion
Residents have the same basic needs as anyone else when it comes to eating food. Food should be nutritious, tasty and attractive. Remember that eating is part of a social experience and it is possible, with a little imagination, to enhance this experience.

If residents experience problems with eating, there are a range of different techniques and devices that can make meal times pleasurable and positive social experiences, while maintaining their independence for as long as possible. Collier J (2004) Enteral feeding – an overview. www.dietetics.co.uk/article-enteral_feeding2.asp (accessed 21/12/04)


Further information


KEY POINTS
- Food should be nutritious, tasty and attractive.
- Maintain cultural rituals and social habits.
- Create attractive and pleasant dining surroundings.
- Seating and table height should facilitate eating.
- Ensure appropriate feeding equipment is provided.

Useful addresses
Association for Rehabilitation of Communication and Oral Skills (AROS): Tel: 01684 576795; Fax: 01684 576895
Disabled Living Foundation: Tel: 0171 2896111
Disabled Living Centres Council: Tel: 0161 8341044; Fax: 0161 8353591