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IMPROVES QUALITY OF LIFE

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HANDBOOK for Non-verbal communication

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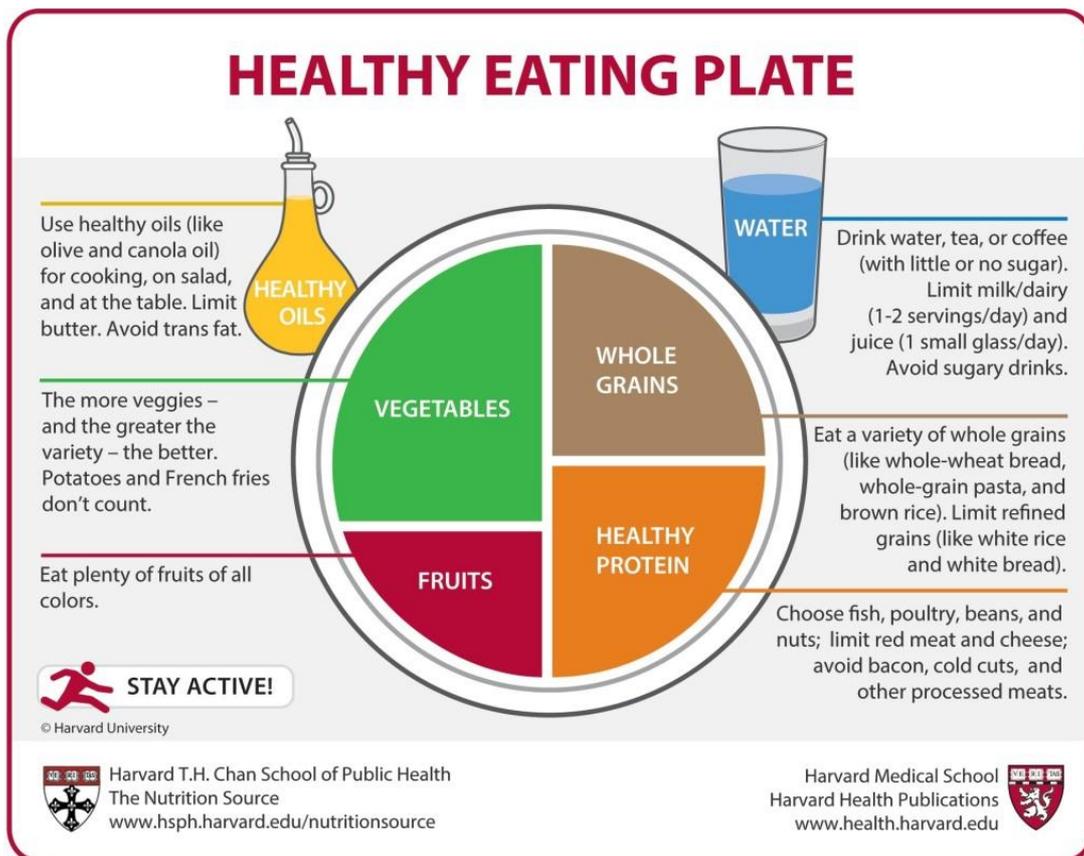
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1. INTRODUCTION

1.1 Nutrition

Good nutrition is important through life. Proper nutrition promotes good health and prevents certain diseases. Healthy eating requires a balance between all food groups, ensuring a good supply of nutrients.



Food is a central part of people's lives. Good food and nutrition are important in promoting and maintaining health and wellbeing for all people. Reduced food intake can lead to malnutrition, which increased morbidity and mortality. Nevertheless, people consume food not only to obtain nutrition but also to enjoy the pleasure that it gives. Food is necessary for survival and it also plays a social role. The nutrition process, tasting food and the smells around it can evoke feelings of pleasure and nostalgia, bring family connectedness and relaxation. Food is a very broad subject and can refer to any activities related with eating, such as food preparation, food

consumption,

nutrition and drinking. Therefore, food is a very important aspect in people's lives, not only for survival, but also for socialization and pleasure.

Nutrition is a very important aspect in people's lives, not only for survival and health, but also for socialization, pleasure, person's sense of self-worth and quality of life.

1.2 Digestion

Getting older could be including an increase in digestive health disorders. Of course, problems with digestion can occur at any age. Yet nearly 40% of older adults have one or more age, related digestive symptom each year.

Here's an overview of common digestive health problems that may arise with age.

Digestive problems as age:

- Constipation
- Changes in the digestive system.
- Digestive problem associated with:
 - Medication use
 - Inactivity
 - Not drinking enough fluids
 - Diverticular disease
 - Problems with the mouth and esophagus
 - Ulcers
 - Gastroesophageal reflux disease



1.3 Toileting

It's common for people to have more difficulties using the toilet as they get older. Many of them find it difficult to talk about these issues. However, support is available. With the right help and advice, incontinence and toilet problems can be managed or, sometimes, prevented.

There are lots of possible reasons why someone loses continence. But, as we said earlier, a person is more at risk of incontinence if they are older. They have a higher risk of incontinence because of a medical condition, which may be treatable. Medical causes of incontinence in older people include:

- Urinary tract infection (UTI) – this is where bacteria get into the tube (the urethra) that empties pee from the bladder out of the body. This can lead to infection of the bladder or kidneys. Symptoms can include a sudden urge to pee, pain or a ‘burning’ feeling when peeing, a fever and urinary incontinence. A urinary tract infection can usually be treated with antibiotics
- Constipation – this is uncomfortable and makes both emptying and controlling the bladder more difficult. Constipation is also a very common cause of faecal incontinence. When the bowel gets full of very hard poo which cannot be passed, liquid poo can leak out from around the edges of the blockage. It is easy to confuse this with diarrhea
- Prostate gland problems – these affect men, and may be treatable
- Side effects of medication – the GP may be able to address these by changing the person’s prescription or altering the dose
- Other gut conditions – such as irritable bowel syndrome (IBS).



2. CONCEPTS

Dementia affects people's ability to successfully engage and complete nutrition, digestion and toileting tasks. Therefore, they no longer can take the same role in their everyday life as they used to, influencing their feelings of self-worth and affecting their position within the family.

2.1 Nutrition in dementia

Nutrition is a very important aspect in people's lives, not only for survival and health, but also for socialization, pleasure, person's sense of self-worth and quality of life. Therefore, it is necessary to adapt the surrounding environment, employs strategies for support and provide to caregiver of PwD to maintain de good nutrition.

As Dementia progresses these difficulties will become more pronounced, the person will need more support to meet their needs. However, it is important to consider that the progression of dementia might affect people differently. Therefore, it is difficult to predict at what stage people will experience certain difficulties.

- Due to dementia, nutritional problems, such as increased risk of undernutrition and weight loss, arise. These are related to decline in organizational, conceptual and physical abilities that are necessary to manage eating and drinking. Mental and cognitive impairments, physical disabilities and psychological problems, such as depression and agitation also negatively impact the person's relationship with food.
- In addition, swallowing difficulties, coordination problems and taking longer to eat have a negative impact on eating behavior in people with dementia. These will become more pronounced as the condition progresses. People with dementia generally have poor appetite, cannot recognized when they are thirsty and forget to eat due to memory loss. However, some individuals with dementia might forget that they have eaten and consequently can engage in repetitive eating.

Recommendations to facilitate feeding:

These recommendations should always be supervised by nutrition professionals.

- ✓ Varying the diet to make it more palatable.
- ✓ Try to have meals at the same time, keeping to a routine.
- ✓ Take into account the food preferences of the person with dementia.
- ✓ Make it a pleasant and relaxed time.





✓ Break up

- the diet into 4 or 5 meals a day.
- ✓ Look for a good posture on the part of the person affected by the disease at mealtimes.
- ✓ If the person with dementia finds it difficult to eat and has little appetite, offer small amounts.
- ✓ Try to ensure that the person affected by the disease maintains the ability to eat alone and if this is not possible, use aids adapted for people with dementia.



2.2 Digestion in dementia

Keeping the bladder, urinary tract and bowels healthy is a good first step to preventing toilet problems and incontinence. Here we share some tips to help a person with dementia, and some information on constipation.

- Laxatives

If the person with dementia has constipation, laxatives may help. Laxatives are medication designed to ease constipation and are available without a prescription over the counter.



However, they should not be used for more than a week without seeking help from a GP or pharmacist, as constipation may be caused by something serious that needs professional advice.

- Massaging techniques

If constipation is the cause of fecal incontinence, it is possible to massage the person's stomach to ease the blockage. Continence advisers can train you to use this technique. However, it may not be suitable for everyone. The person with dementia may not like the sensation, so don't continue if it is making them distressed or uncomfortable. Remember that some people with dementia may indicate how they are feeling through facial expressions, sounds or body language.

2.3 Toileting in dementia

A person with dementia is more likely to have accidents, incontinence or difficulties using the toilet than a person of the same age who doesn't have dementia.

There are several types of urinary incontinence. One of these – especially common in people with dementia – is an overactive bladder. This causes the feeling of a sudden and intense need to pee, and frequent peeing.

One of the more common problems for people with Alzheimer's disease is incontinence and general problems with going to the toilet. It is one of the most difficult problems of dealing with a person with dementia, but it is something that the caregiver can handle, especially with the availability of many Alzheimer's aids and products.

Incontinence develops because messages between the brain and the bladder or bowel don't work properly. They may not recognize that they have a full bladder or bowel, or be able to control them.

Other reasons include:

- Not reacting quickly enough to the sensation of needing to use the toilet
- Not getting to the toilet in time – for example, because of limited mobility
- Not being able to tell someone that they need to go to the toilet because of difficulty communicating
- Not understanding a prompt from someone to use the toilet



- Not being able to find, recognize or use the toilet. If someone becomes confused about their surroundings, they may pee in an inappropriate place (such as a wastepaper basket) because they have mistaken it for a toilet
- Not being able to, or forgetting how to, do things needed to use the toilet, such as undoing clothing
- Not letting others help with going to the toilet or refusing to use it – this could be due to embarrassment or not understanding an offer of help
- Not making any attempt to find the toilet – this could be due to depression or a lack of motivation, or because the person is distracted
- Embarrassment after an accident, which the person unsuccessfully tries to manage. For example, they may try to hide wet or soiled clothes at the back of a drawer to deal with later, and then forget they've put them there

2.4 Strategies

Since dementia and other co-morbid conditions might affect people differently, it is important to consider these strategies in terms of individual differences, as the same strategies might not work for everyone. It is essential to work in collaboration with PwD, as well as other health professionals. To come up with an optimal strategy and monitor it, and if it is not working, amend or change it.

2.4.1 Food

Considering the issues discussed above, it is important that people with dementia receive assistance during meal times. Various factors can increase and support the experience of dining, for example reducing noise and distractions, adjusting lighting and music levels, creating a routine, as well as an unrushed and relaxed environment for the meal time. Other non-environmental strategies include adapting the taste and texture of food to person's individual needs, e.g. preparing finger foods, enhancing flavour with herbs, tomato puree, Marmite, etc.

Independence during meal times could be encouraged using adapted cutlery and crockery. The use of light weight plates, glasses and cups, plate guards and non-slip plain colour placements can reduce spillages and enable people to eat and drink on their own. Different colour plates can also be used to help differentiate food and increase appetite. Plain red, plain green, plain yellow and plain blue have been shown



to have this

effect. In addition, if meals are presented in an appealing way, with strong colours, it can help people identify food and see the food better on the plate.

Because people with dementia take longer to eat, constant prompting and encouragement should be provided. When the person begins to struggle to feed oneself, the care partner could help by putting the cutlery in person's hand and placing their own hand on the other person's hand and help them eat. Instead of taking over and feeding the person.

To remind people that the mealtime is coming, memory cues could be used. The care partner could eat meals together and make the food preparation more visible to help activate the senses or ask the person to set the table up if they are able.

2.4.1 Facilitating social engagement during meal time.

The objective of this strategy is to facilitate a social engagement during meal time, using a memory box filled with memories and little messages.

How do I develop the strategy?

- Who will develop the strategy? Families and caregivers
- What role does each participant have? Families and caregivers are responsible for creating the memory box. In order to create the significant memory box for PwAD, families and caregivers should pay attention to interests and emotional elements of PwAD. PwAD will manipulate the memory box.
- Explanation of the different steps to develop the memory box:
 - ✓ Showing an example of a memory box and explaining how it can be used to facilitate social engagement during meal time.
 - ✓ Family or care partners should show some memorable events with pictures, objects,... to PwAD.
 - ✓ Family members or care partners should come up with some nice messages for the PwAD and these messages can be changed from time to time.
 - ✓ Once the memory box is created, PwAD and family should try it out, where one person takes out the note or a card from the memory box and they talk about a memorable event or read out the message.
 - ✓ Checking the memory box and modifying if necessary. The guidelines for modification: The messages and memories should be clear and short, so the PwAD can understand them. The activity should not take longer than 60 minutes. To arrange the activity. During the activity family and caregivers should empower and encourage the PwAD to participate in the activity. The content of memory box should be positive for PwAD.

2.4.2 Creating a calendar for household chores. The objective of this strategy is to create a meal plan for PwAD and facilitating caregivers and family in the correct nutrition for PwAD and house tasks organization.

- Who will develop the strategy? Family or caregivers
- What role does each participant have?
- Caregivers and Family create a meal plan for PwAD, they will have to take into account the tastes of the PwAD and proper nutrition. PwAD will enjoy the food.

Explanation of the different steps to develop the instructions and guidelines for meal plan creation:

- Show an example of a meal plan.
- Explain the purpose of this strategy: Easy and clear planning meal to help caregivers and family with housekeeping and correct nutrition tasks. Select meals that PwAD like to eat.

2.4.3 Reducing and managing accident. Find advice for supporting a person living with dementia who is experiencing toilet problems.

- Tips for reducing accidents: Making it as easy as possible for the person with dementia to use the toilet can help reduce accidents, whether you are at home or out and about.
- Tips for managing an accident: Hygiene and going to the toilet are very personal and private issues. Having difficulties or being incontinent can make someone feel like they are losing control, and this can affect their dignity as well as their self-esteem. Many people find it very hard to accept that they need help from someone else in such a private area of their life. It can be particularly difficult if the help is from someone very close to them.

Everyone will react differently to incontinence. Some people find it very upsetting, while others find it easier to accept. Approaching it with understanding, a matter-of-fact attitude and humor – if this feels appropriate can help.

If someone has an accident, it's important for carers and friends to:

- ✓ Remember that it's not the person's fault
- ✓ Try to overcome any embarrassment or upset they may feel
- ✓ Avoid appearing angry or upset.

This may not always be easy, particularly if you are very close to the person. Whatever your relationship, this kind of support will be a change for you both.



If you find feelings about incontinence difficult to handle, it's a good idea to talk things through with a health professional. This could be the GP, a community nurse or a continence adviser. It's important to try not to let dealing with incontinence get in the way of your relationship with the person you are caring for.

2.4.4 Help with using the toilet at home. The following ideas may help someone to find, recognise and use the toilet more easily:

- ✓ Help the person to identify where the toilet is. A sign on the door, including both words and a picture, may help. It needs to be clearly visible, so place it within the person's line of sight and make sure the sign is bright so it's easy to see.
- ✓ Check the position of mirrors in the bathroom. The person with dementia may confuse their reflection for someone else already in the room, and not go because they think the toilet is occupied.
- ✓ Make it easier for the person to find their way to the toilet. Move any furniture that's in the way, and leave open any doors that the person may find hard to open themselves. The room and the route to the toilet should be well lit, especially at night.
- ✓ Help the person to identify the toilet. A contrasting colour (for example, a black seat on a white base) can make it easier to see.
- ✓ Make sure the person has privacy in the toilet, but check that they don't have difficulty managing locks. Some people with dementia struggle with this. To avoid the person locking themselves in, disable the locks or check that you can open them quickly from the outside (for example with the edge of a coin).
- ✓ Choose clothing that will be easier for the person to undo when using the toilet. Trousers with an elasticated waist are often easier than zips. Some people find 'adaptive clothing' with Velcro fastenings easier to use than zips or buttons.
- ✓ If the person is less mobile, handrails and a raised toilet seat may make it easier for them to use the toilet. Some men with reduced mobility or balance, or who are not able to direct their pee when standing, may find it easier to sit.
- ✓ If getting to the toilet becomes too difficult because of mobility problems, an aid such as a commode may be useful. This will require the person to recognise the commode, know how to use it and be willing to use it.





2.4.5 Going to the toilet during the night. Many older people get up during the night to pee. A person with dementia may wake up disorientated and be unable to find (or get to) the toilet in time. Ideas that might help include:





○ Inst

alling motion sensors for lights or night lights in the bedroom, hallways and bathroom. Set the timer so they won't suddenly leave the person in darkness

- Keeping a urinal bottle (designed for men and women) or commode next to the person's bed at night
- Not drinking anything for two hours before going to bed – but making sure that the person drinks enough during the day to avoid getting dehydrated.

For more information on aids and equipment that can help with continence, speak to an occupational therapist – ask the GP or social services to refer you. Products are also available at shops selling independent living aids and equipment.

2.4.6 Help when out and about. Staying active and seeing people are hugely important, but toilet problems and incontinence can make it harder for someone with dementia to be out and about. However, there are ways to help increase the person's confidence and manage accidents. The following tips can make travelling or being out and about easier for the person with dementia:

- ✓ Plan in advance – for example, find out where accessible toilets are.
- ✓ Be prepared – for example, fit a lightweight pad (the kind that attaches to underwear) and carry spare clothing and pads, as well as a bag for soiled items.
- ✓ Buy a Radar Key – this gives disabled people (in this case including those with dementia) independent access to thousands of locked public toilets around the country. Radar Keys are sold by Disability Rights UK (see Other resources).

2.4.7 Remembering to go to the toilet. Giving the person with dementia regular reminders about using the toilet can help reduce accidents. The following tips may be useful:

- For someone with urinary incontinence, ask them regularly (every two to four hours) whether they need the toilet.
- Give the person encouragement and assistance if they ask for help.
- It's important to check that the person has used the toilet, and not forgotten or become distracted. Over time, this can help some people reduce the number of accidents they have.
- Be sensitive when prompting the person to use the toilet, to avoid patronizing, annoying or upsetting them.



- Watch for signs that the person may want to go to the toilet, especially if they cannot communicate this clearly. These signs may include fidgeting, pacing, getting up and sitting down, or pulling at their clothes.

2.4.8 Developing a routine. Creating a routine can help someone with dementia manage incontinence and other toilet problems. The following tips may be useful:

- For someone who regularly wets themselves, try making a timetable that includes reminders for going to the toilet. For example, it could include reminders when the person wakes up, before each meal, at coffee or tea times and before bed.
- An automatic reminder – for example, on a smartphone – can also be useful in prompting a person to use the toilet or to check if their pad needs changing.
- For fecal incontinence, it is possible to help the person become continent again by supporting them to go to the toilet at a set time each day, and helping them to stay long enough to have a bowel movement.
- Trying to go to the toilet a few minutes after a meal can help – for example, some people find it helpful to go after breakfast.

2.4.9 Ensuring good personal hygiene. It's important to make sure that the person cleans themselves properly after using the toilet, or that you help them to do so, if appropriate. You should:

- Be mindful that the person may prefer to use a bidet rather than toilet paper, or may use a preferred hand to clean themselves
- Wipe from front to back (which helps to prevent infection), rather than back to front
- Remind the person to wash their hands after they have used the toilet.
- Incontinence can lead to skin irritation and feeling uncomfortable. This can also increase the risk of pressure ulcers (bed sores).



After an accident,

it's important to act quickly to make sure the person feels comfortable again and maintains a good level of hygiene. The following steps will help:

- If someone has become wet or soiled, they should wash afterwards with mild soap and warm water, and dry carefully before putting on clean clothes and fresh pads, with assistance if needed.
- Soiled clothes, reusable pads or bedding should be washed immediately, or soaked in an airtight container until they are washed.
- Used disposable pads should be stored in a disposal bag or other appropriate container, and thrown away as soon as possible.

- Moist toilet tissues may be suitable for minor accidents, as they clean better than dry toilet paper. However, be aware that they may irritate the person's skin.

When using the toilet, some people with dementia who have constipation may try to remove poo by inserting their fingers. It's important to make sure the person's hands and nails are kept clean at all times.

2.5 Continence aids and professional support

Find out about the range of continence aids and professional support available to carers of people living with dementia.

3 Professional support

It can be hard to seek professional help for incontinence. Many people do so only as a last resort, as the person with dementia may feel like they are losing their dignity. However, for many people with dementia, with the right advice and support, accidents and incontinence can be managed or sometimes even cured.

4 GP support

The GP should be the first point of contact. They should review the symptoms and any underlying medical conditions (such as urinary tract infection or constipation), diet or medications that might be causing the problems. The doctor may do an internal examination of the bowel.

5 Continence adviser

If the GP's assessment is unable to resolve the problem, ask for the person to be referred to a continence adviser. NHS continence services vary across the country, and



you may have to

be persistent to see someone who understands incontinence in people with dementia. You may have to wait for these services.

The continence adviser will assess the person's problems and how they are affecting their quality of life, as well as yours. It's common to be asked to keep a chart of toilet habits.

After the assessment, the continence adviser will write up a continence care plan for the person with dementia. This should include things that the person and you can do to help. It should also include the support that professionals should provide, as well as follow-ups and next steps.

The aim should be to cure toilet problems or incontinence wherever possible. This should be agreed with the person with dementia and with you. In many cases, practical steps such as changing medications or making simple changes to lifestyle (such as diet, drinks and exercise) can help to achieve this.

6 Further support from other health professionals

In a few cases, the person may need to be referred to a further specialist (for example a geriatrician, urologist or gynecologist). For some people, advice will focus not on curing but on managing the incontinence as comfortably as possible using aids (see 'Continence aids' below).

Other health professionals can offer support:

- A community nurse can help with access to NHS-funded continence products and give advice on managing the problem, hygiene and how to protect the skin.
- An occupational therapist can give advice on adaptations and equipment.
- A physiotherapist can give advice if the person has difficulties with co-ordination or movement.
- A community psychiatric (mental health) nurse, Admiral Nurse or the community mental health team for older people can help if behavioral changes are affecting how someone uses the toilet.

Speak to the GP about getting a referral to any of these professionals.

7 Continence aids. Sometimes, you might try everything you can but the toilet problems or incontinence remain. If this happens, using continence aids can help to keep the person comfortable and protect clothing, furniture and bedding. Continence aids include the following:

- Incontinence pads and pull-up pants – these can be worn day and night, or during the night only, to soak up pee. It's important to find the right type and



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absorbency for

the person. They should be comfortable without chafing the skin or leaking. They should be changed as often as necessary.

- Male continence sheath – this is a condom that drains into a bag attached to the leg. It may be especially helpful when worn at night.
- Absorbent bed pad – this is an under-sheet that provides a dry surface on a bed or a chair. These are available as washable or disposable products.
- Waterproof mattress protector – this is often used in combination with an absorbent bed pad. The protector should not come into contact with the skin, as it may cause chafing and soreness. You can also buy special protective duvet covers and pillowcases.

Speak to the continence adviser or community nurse for advice, or to find out how to get NHS-funded supplies. The NHS should supply enough continence products to meet a person's needs. However, this varies across the country and many people top up supplies or buy different versions of products themselves, with their own money.

3. CONCLUSION

This handbook talks about nutrition, digestion and toileting in the context of dementia in order to support the caregiver with the main limitations that occur in these areas. To do this, different strategies are shared to improve their quality of life.

It is important to go to specialized centers if necessary so that they give us the relevant support.

