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IMPROVING MEAL TIMES FOR PEOPLE WITH DEMENTIA IN ACUTE HOSPITALS: A MIXED METHODS STUDY

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Poor food and fluid intake is reported in acute hospitals globally. Poor intake leads to increased mortality rates and longer hospital stays. The process of eating is a complex cognitive activity requiring initiation, attention, concentration, memory and executive function. In addition, sensory, behavioural and physical challenges make the process of eating difficult for people with dementia. The meal time experience is a key component of nutritional care in hospitals and has the potential to influence food and fluid intake in people with dementia. The aim of this study was to understand influences to meal time experiences and the process of eating for people with dementia during hospital admission. Observations were used to measure well-being and engagement, and explore current interventions being used to facilitate meal times.

Methods: A mixed method approach was applied to the study. Dementia Care Mapping (DCM) is an observational tool which includes Behaviour Category Codes and Mood and Engagement scores to describe well-being and experiences of people with dementia during 5 minute time frames. Qualitative field notes supplemented this data to add depth and meaning to the quantitative coding. Two acute NHS hospitals in the UK were involved in the study. Three hour observations were completed at meal times in nine Medicine for Older People wards. Participants had a variety of types and stages of dementia.

Results: Forty nine participants were observed for 3 hour periods. DCM results showed that almost 1/4 of the time in food related behaviours participants were showing considerable signs of engagement and well-being. Another ¼ of the time participants were disengaged or showing considerable signs of ill-being. Preliminary analysis of the field notes suggest key themes emerging: - Disempowerment – people with dementia who are unable to verbally communicate their wishes lose autonomy, choice and independence at meal times. - Meaningful mealtimes – limited anticipation and preparation of the meal may reduce social and sensory cues which would positively influence engagement in the eating process.

Conclusions: The organisational structures and staff culture in the acute setting can produce barriers to enabling engagement in the eating process for people with dementia.