

Commentary

Positive Attitudes towards Food-related Dementia Care for the Caregiver and Person with Dementia

Iliatha Papachristou^{1*} and Gary Hickey²

¹Department of Applied Health Research, University College of London, UK

²Kingston University and St George's, University of London, UK

*Corresponding author: Dr. Iliatha Papachristou, Research Associate, Department of Applied Health Research, UCL, 1-19 Torrington Place, London WC1E 7HB, UK, Tel: 020 3108 3235; E-mail: i.papachristou@ucl.ac.uk

Rec date: May 30, 2015; Acc date: Aug 20, 2015; Pub date: Aug 23, 2015

Copyright: © 2015 Papachristou I, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Food has been described as important to a person's identification and culture, as well as providing a strong link to social interactions and psychological well-being [1]. Interacting with others during food related activities, for example food preparation, enables people to maintain relationships and in turn creates meaning to a person and brings a sense of enjoyment and pleasure. Food-related activities can play a positive role in dementia care. However, dementia progression affects cognitive and behavioural functions, particularly in foodrelated activities [2] and health care providers struggle to maintain this source of enjoyment for people with dementia [3]. As food-related activities have been found to be an enjoyable part of caring [4], this area needs to be discussed in order to find ways of maintaining this pleasure.

A Canadian study by Keller, Edward and Cook, undertook interviews with 23 informal caregivers and found that while they do appreciate the importance of social interaction and that food brought positivity to their lives, mealtimes and food-related activities caused a lot of frustration and difficulties for them [5]. Similarly, Keller, et al., interviewed 55 informal caregivers and their care-recipients [6]. As was the case in the study by Keller et al., the results from this study also indicated that they viewed mealtimes as an opportunity for cognitive and emotional enjoyment and connection. Informal caregivers described mealtimes as not just sitting at the table eating but an opportunity to engage with the person with dementia during the mealtime process, whereby they discussed additional food-related tasks, such as preparing the food and laying the table. Caregivers found that working together with the care-recipient during foodrelated activities was satisfying and described the connection they have as increasing their self-worth and self-esteem. This highlights the importance of the relationship between caregiver and care-recipient during food-related processes [7-8].

The limitations to these studies by Keller and colleagues [5-6], is that they did not research into the ways the abilities of a person's foodrelated activities decline over time, nor how the caregivers' process of adapting to this decline is managed. A study that later addressed this was a qualitative study by Genoe, et al., which looked into how 27 people with dementia and 28 caregivers adapted to mealtimes as dementia progressed over a two-year follow-up [9]. The results indicated that informal caregivers developed strategies to maintain their mealtime routines with the person with dementia. They captured the emotional attachment experienced during mealtime activities, for example, as it was a time to sit together and share food. Genoe et al., suggested that this helps to provide a critical insight into supporting informal caregivers and care-recipients at home and that providing

them with food-related information will make the transition between different stages of dementia easier.

A more UK recent study by Papachristou, Giatras and Ussher, revealed through interviewing family dementia caregivers that shopping could be seen as a 'day out' and would be an opportunity to spend time with the care-recipient out of the house [10]. Other caregivers, particularly male caregivers, who had to learn how to cook out of necessity, found cooking an enjoyable process. They described it as an opportunity to train themselves with new skills and felt it provided security for their loved ones. By sharing the responsibilities when preparing food, such as laying the table, helped to maintain a routine as well as fostering a feeling of working together. Maintaining the same diet was comforting for the caregiver as they knew the carerecipient would have enjoyed the food before diagnosis. Finally, eating out was important to continue as much as possible in order to have a sense of social life, normality and reduce the feeling of isolation.

As dementia progresses and affects food-related activities it is important that the carer and health services are aware of the benefits these activities can bring to the person with dementia and their caregiver. In a current study, dementia caregivers agreed that food was an important area of care, however, they highlighted that there was little access to information or support services [11]. In conclusion, in order to maintain positivity around food care it is important to understand the difficulties experienced from point of diagnosis and throughout the food-related process. Therefore, further needs to be developed worldwide in this area to address these issues, both in research and implementation of interventions.

References

- 1. Barr J, Schumancher G (2003) Using focus groups to determine what constitutes quality of life in clients receiving medical nutrition therapy: First steps in the development of a nutrition quality-of-life survey. The American Dietetic Association 7: 844-854.
- Rivière S, Gillette-Guyonnet S, Voisin T (2001) A nutritional education program could prevent weight loss and slow cognitive decline in Alzheimer's disease. Journal of Nutrition, Health and Ageing 4: 295-299.
- 3. Berry EM, Marcus E (2000) Disorders of Eating in the Elderly. Journal of Adult Development 2: 87-99.
- 4. Berg G (2006) The importance of food and mealtimes in dementia care. The table is set. Jessica Kingsley Publishers: London and Philadelphia.
- Keller HH, Edward G, Cook C (2007) Mealtime experiences of families with dementia. American Journal of Alzheimer's disease and Other Dementias 6: 431-438.
- 6. Keller HH, Martin LS, Dupuis S, Genoe R, Edward G, et al. (2010) Mealtimes and being connected in the community-based dementia context Dementia 2: 191-213.

Page 2 of 2

- 7. Chang CC, Roberts BL (2008) Feeding difficulty in older adults with dementia. Journal of Clinical Nursing 17: 2266-2274.
- Aselage MB, Amella EJ (2010) An evolutionary analysis of mealtime difficulties in older adults with dementia. Journal of clinical nursing 19: 33-41.
- Genoe MR, Keller, HH, Martin LS, Dupuis SL, Reimer H, et al. (2012) Adjusting to Mealtime Change within the Context of Dementia. Canadian Journal on Aging 2: 173-194.
- Papachristou I, Giatras N, Ussher M (2013) Impact of Dementia Progression on Food-Related Processes: A Qualitative Study of Caregivers' perspectives. American Journal of Alzheimer's Disease and Other Dementias 6: 568-574.
- 11. Papachristou I, Hickey G, Illife S (2015) Dementia informal caregiver obtaining and engaging in food-related information and support services. Dementia 0: 1-11.