LAKESIDE PARK
Alzheimer's & Dementia Care

the Lakesider

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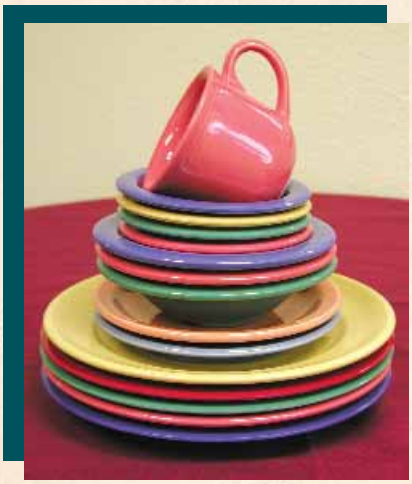
Our residents will eat better on bright plates

Lakeside Park is becoming a brighter care community.

No, it's not because we're now on Daylight Savings Time and there's more sunlight coming through our windows.

It's because of the brightly colored dining room dishes that we are purchasing, part of our efforts to help our residents not only enjoy — but perceive — their food.



According to a Boston University study published in 2004, brightly colored plates and dishes help those with dementia finish their meals.

Why?

It's because folks with dementia often have trouble distinguishing objects from backgrounds, and researchers theorized that the visual perception problem might partially explain rapid weight loss in many dementia sufferers.

Previously, dementia residents' lack of interest in food has been attributed to depression or an inability to focus on their meal.

The researchers measured food consumed by people with Alzheimer's who ate on high-contrast blue or red tableware and low-contrast white plates, cups and saucers. Survey subjects ate and drank on average 25 percent more with the more colorful tableware.

Lakeside Park is looking to have the most colorful plates, saucers, bowls, and cups among assisted living residences.

Other studies have tackled table settings. Some care communities use a white tablecloth, white napkin, and white plate, because it looks elegant; however, these are very low contrast and difficult for someone who has visual or cognitive problems.

One facility had gray table service, with gray trays and white plates. They all blended together, making it hard to find food, utensils and napkins.

Researchers switched to darker tablecloths. High-contrast table settings — for example, a white plate on a dark blue tablecloth — provide enough differentiation to make visibility easier for the diner.

We've also added music to the dining room. Music holds promise for many types of memory loss, particularly music that was popular in the resident's prime time of life.

A study in Sweden on the influence of dinner music on food intake and symptoms common in dementia found that during all three periods music was played the residents ate more in total. And, they were less irritable, anxious and depressed during the music periods.

Lakeside Park residents need many cues. Colorful tableware and appropriate music helps them dine well.

Devoted family carries on at Lakeside Park

If there were such a thing as the All-American family, the Torrence family would be it.

Parents Ruth and Don were devoted to each other, their careers and their two children, Steve and Susan. It's the children who provide the support now for their mother, Ruth, 85, who moved to Lakeside Park last December, shortly after Don's passing. They were married 54 years.

Steve Torrence and his mother, Ruth, out for a walk.

"My parents were passionate educators," says Steve, 52, a software engineer. "They spent a lot of time cultivating our minds around the dinner table. They devoted an immense amount of time to my education; I probably got half of my education from them, and without being home-schooled, that's a high percentage. They taught us how to think clearly."

"Mom has always been a very thoughtful and caring person. She was a good mother to my sister and me, and she was always there for us."

Susan, 49, a deputy district attorney for Alameda County, concurs.

"We had a wonderful childhood," she says. "Our parents were very in tune with us. They were huge forces for us in our lives."

Ruth's life began on a small farm in South Dakota. She graduated from Augustana College, Sioux Falls, in 1944. She taught for a while in a one-room schoolhouse, then at a small farming town's high school.

"I loved school very early on," Ruth says. "My parents always made sure I was prepared for the teacher's lessons every day."

Ruth got a master's degree in public speaking from the University of Illinois, where she met her husband, who was getting his PhD. When they married, Ruth had to drop out of graduate school; school rules did not allow people in the same department to be married.

She was a housewife in Galesburg, IL, where Don taught at Knox College. When Steve and Susan were in elementary school, Ruth took a teaching position at Carl Sandburg Junior College in Galesburg. Don taught at Knox from 1957 to 1994, when he retired; Ruth taught most of those years at Carl Sandburg, from which she retired.

"I liked teaching a lot," Ruth says. "I could see young people grow. I chose public speaking because it helps people relate to one another."

When it came time for Ruth to relocate after Don's death, Lakeside Park was an easy choice for Steve and Susan.

"We did not interview very many places," he says. "Lakeside Park came to our attention from a co-worker of Susan's whose mother-in-law is here. He has been very pleased with how his mother-in-law reacted to being here. We were specifically looking for someplace that was not a warehouse, a place that would make a concerted, ongoing attempt to give my mom as much mental stimulation as she could deal with. A place that was cheerful, friendly, with a staff that cares about the residents.

"Lakeside Park has the characteristics we were hoping for."

THE LAKESIDER

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Bonnie Bollwinkel

Can you use a little support?

Lakeside Park's monthly family support group addresses many questions families of Alzheimer's and dementia residents have, but its main benefit is participants see they are not alone.

"Our members learn from their shared experiences." says Bonnie Bollwinkel, the group's facilitator, a Licensed Clinical Social Worker and a consultant with the Alzheimer's Association of Northern California. "Alzheimer's doesn't come with a manual on how to experience it and respond to it. The group helps people understand where their feelings are coming from and how to deal with them."

The group meets on the first Thursday of every month from 6:30 – 8 p.m. Light finger food is provided, and there is no charge.

Food for thought

A daunting spectrum of factors affects the caloric intake of those residents with Alzheimer's disease or dementia.

Mental and physical hurdles include distraction and wandering, confusing hunger signals, overeating and difficulty with utensils.

Distraction & Wandering

Agnes Langan, RN, Director of Nursing, Newton & Wellesley Alzheimer's Center, Wellesley, Massachusetts, finds that the facility's residents with mid-stage Alzheimer's are the most difficult population at meal time. "They can't sit still," she observes, "and they keep getting up and walking away from the dining table."

"One thing we do at Lakeside Park is give our wanderers some finger food they can eat while they're walking around," says Josie Davis, Assistant Director of Resident Care. "Then, as they pass by the dining room, we try to redirect them to sit down."

Confusing hunger signals

Residents with Alzheimer's disease often lose or confuse hunger signals.

"The mind no longer tells the body it's hungry," said Langan. "A resident may see food and say, 'I just ate,' even though he didn't."

At Lakeside Park we encourage our residents to have social time with others.

"We try to direct them into the dining room, where the environment lets them know it's mealtime and encourages them to eat," says Davis.

Residents with dementia may also forget how to eat. At Lakeside Park we cue our residents, going so far as to do a hand-over-hand technique where a resident's hand is on the utensil and the caregiver's hand is on top.

"The caregiver lifts the resident's hand toward his or her mouth," says Davis. "This actually initiates the swallowing response."

Overeating

Some residents have problems with their recognition center. Some days they won't eat, some days they overeat. Sometimes they eat, leave the dining room, and then return for another meal, because they've forgotten they just ate.

"We don't tell them they just ate," says Davis. "We give them a small second portion or something to drink.

"We watch our residents carefully for changes in their eating routines. Our residents are often unable to tell us that things are changing in their bodies. We watch for changes in their routines, including their dining habits, so we can address their needs immediately."

Difficulty with utensils

This is a common issue. Dementia may cause a resident to no longer recognize or use cutlery, or to become confused if there are too many choices.

Prompting our residents verbally, demonstrating what to do and using finger foods have been successful for us. No one technique works for every resident. Being a creative problem-solver is often the best solution.

Langan offers a parting tip: "Don't get hung up on proper etiquette; Emily Post does not work here."

— Parts of this article were excerpted from "A New Light on Dining in Patients With Alzheimer's Disease," by Carol Milano.

How to talk to someone who has dementia

Forcing someone with Alzheimer's or another form of dementia to face reality can be a frustrating experience. While it's difficult to see a family member lose touch with reality, arguing with them often makes things worse.

A *Wall Street Journal* article by Sue Shellenberger suggested an alternative approach. Instead of constantly correcting the person, Shellenberger's approach, Therapeutic Lying, is more empathetic and less argumentative. She provides the following example:

If Leslie's mom insists that she and her long-dead friend Mavis are going out dancing, here is a possible response. "Mavis won't be here until later, mom. Let's go to the mall for a while and take a walk." Another approach could be, "Mom, I remember how beautifully you used to dance. What is it like to go out dancing with Mavis? Isn't that how you met dad?"

In another example, to give Bill a reason for his move to Lakeside Park, his daughter, Kathy, described to Bill a re-roofing project that requires vacating the house during construction. Bill thought this meant a re-roofing project on his home. So, moving to Lakeside Park during construction would be a good idea.

At first glance, these approaches may seem counter-therapeutic. They all share a focus on validating the person while not trying to force them to face reality.

Trying to reorient a person with dementia to reality can be exhausting to the caregiver and is usually futile. Techniques such as temporarily entering their reality or distracting them from their question succeed in avoiding confrontations, and keep the person's self-esteem intact.

Your goal as a caregiver is to join the person with dementia in their world.

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Family Support Group

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Call (510) 444-4684 for more information.

No charge.