

Eating problems in persons with dementia

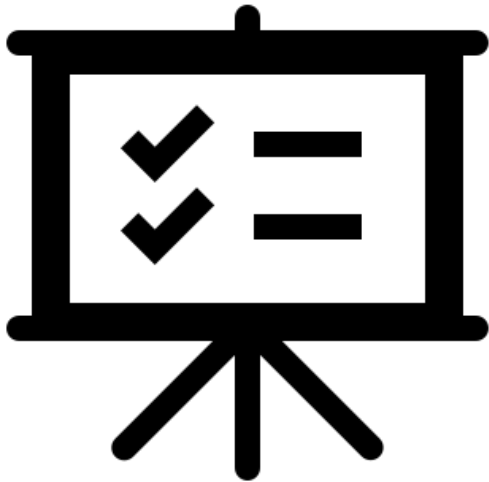
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Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Learning objectives



- Describe the epidemiology and clinical presentation of eating problems with persons with dementia
- Develop a plan to assess and manage eating problems

Overview of management

- treat underlying medical causes
- discontinue offending medications & substances
- support & educate caregivers & other family members
- develop a psychological, behavioral & environmental management plan
- avoid adding new medications, unless there is risk of harm to patient or others
- if a medication is added, regularly monitor outcomes & attempt discontinuation
- **ensure that patients & caregivers are in a safe environment**

Problems with eating in persons with dementia

- epidemiology:
 - 34% of people with dementia experience an “appetite disorder” over the course of the illness
- clinical presentation:
 - loss of appetite, weight loss (Alzheimer’s, cholinesterase inhibitors, antidepressants)
 - excess appetite, weight gain (frontotemporal dementia)
 - attempting to eat non-food substances (FTD)
 - rigid food preferences (FTD)
 - dysphagia (stroke, advanced dementia)

Problems with eating: treatment

- medical interventions:
 - discontinue offending medications
 - address abdominal pain, nausea, constipation
 - high-calorie dietary supplements
 - exercise
 - avoid feeding tubes
- behavioral & environmental interventions (for anorexia):
 - establish routines for eating
 - limit choices, e.g., present food items one at a time
 - allow adequate time to eat
 - offer food that patient likes to eat

Problems with eating: treatment

- pharmacology:
 - strongest evidence for mirtazapine 7.5 to 15 mg qhs (perhaps up to 30 mg qhs)
 - megestrol: concerns about mortality, edema, venous thromboembolism
 - one case report of dronabinol
 - probably best to avoid antipsychotics unless there is a clear indication for which benefits outweigh risks