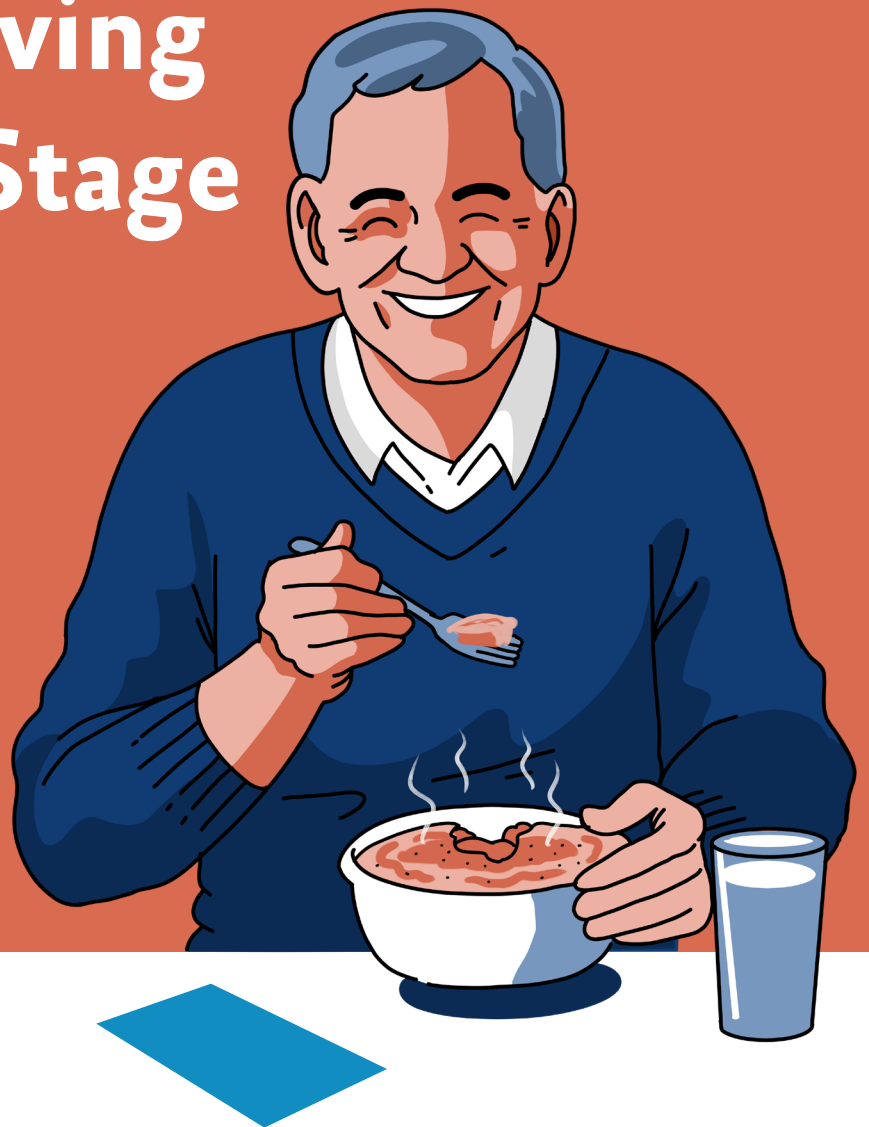


TOOL KIT

Strategies to Facilitate Eating and Swallowing in People Living with Early-Stage Dementia



Tool Kit, Strategies to Facilitate Eating and Swallowing in People Living with Early-Stage Dementia

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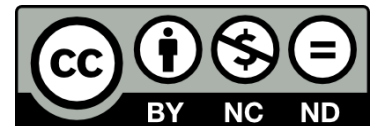
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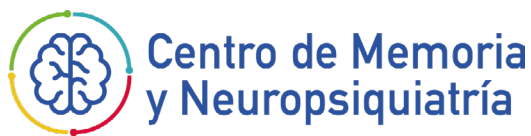
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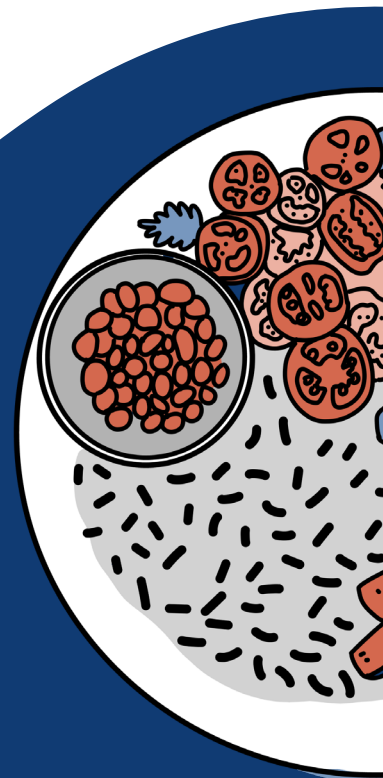
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Presentation

In this toolkit, we will explore different strategies to address specific challenges around eating in the early stages of dementia. The strategies presented in this document aim to provide support, promote independence, and enhance the overall eating experience, making it a meaningful, social, and healthy activity in the lives of individuals living with dementia and their caregivers. These guidelines are intended for formal and informal caregivers of individuals living with dementia and students or professionals in related fields.

Eating is crucial for people's well-being, encompassing nutrition and hydration, and it also holds social and cultural significance. Eating goes beyond basic necessity; it is part of our social interactions, plays a significant role in celebrations and traditions, and is a way to express affection.

Individuals living with dementia may experience changes that affect their ability to feed themselves. These changes encompass cognitive, behavioral, motor, and sensory aspects, such as altered perceptions of food, difficulty understanding mealtime context, chewing or swallowing issues, and challenges with eating utensils. These difficulties can have serious health consequences, such as weight loss, malnutrition, and risk of



pneumonia. They can also impact their independence and autonomy. Therefore, caregivers of individuals living with dementia play a crucial role in assisting them with eating.



Objective and Target Audience

The purpose of this Toolbox is to present **strategies that support feeding and/or swallowing in the early stages for formal and informal caregivers of people living with dementia**. These strategies are based on available evidence and the experiences gathered during three consultation sessions with healthcare personnel, support staff, and caregivers of people living with dementia in the Chilean sociocultural context.



Sections

I In the first section, three principles are presented:

1. Eating is More Than a Biological Process
 2. Effective Communication
 3. Signs of Attention or Urgency
-

II The second section describes seven areas related to eating and swallowing.

III The third section provides practical illustrated recommendations and strategies for each area to promote eating and swallowing.

IV Finally, three appendices are provided:
Appendix 1: Foods to Promote a Mediterranean Diet
Appendix 2: Foods Difficult to Swallow for a Person Living with
Dementia and Dysphagia
Appendix 3: Modifications to Foods

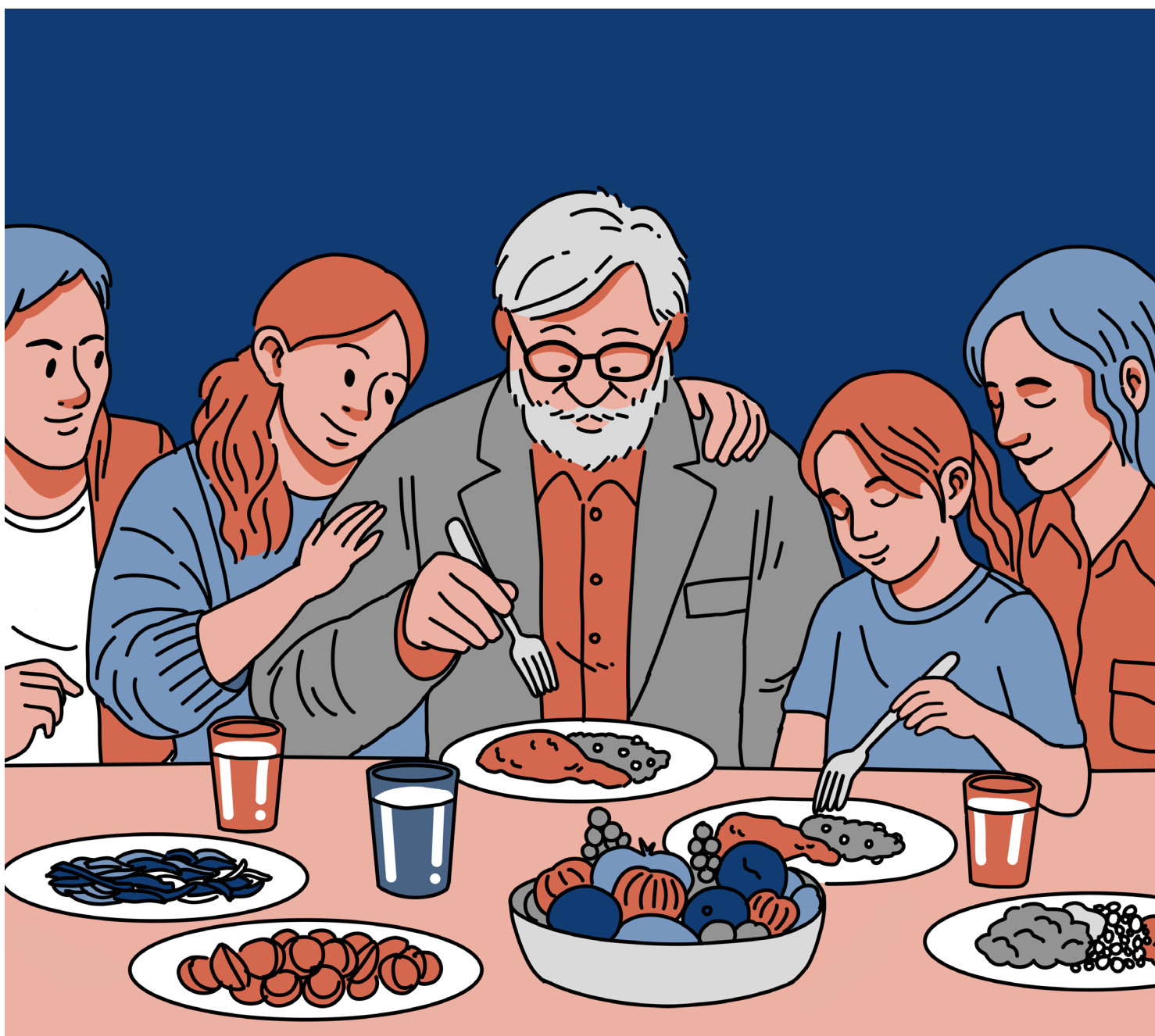
Principles

Here are the three guiding principles that should be observed when considering any changes or adjustments to the feeding routine of a person living with dementia.



PRINCIPLE 1: **Eating is More Than a Biological Process**

Food in an affectionate and familiar environment is also a vehicle for memories, social connections, and affection. For this reason, it's crucial that the person living with dementia can participate in this activity as part of their family, social, and personal routine.



PRINCIPLE 2: Effective Communication

Effective communication and validation of the person living with dementia are crucial when psychological and behavioral symptoms affect mealtimes. Symptoms such as irritability, agitation and distress can lead to food refusal, inappropriate behaviors during meals, or stressful situations for both the person living with dementia and their caregiver.



PRINCIPLE 3: **Signs of Attention or Urgency**

It's important to recognize when situations require the attention and evaluation of a healthcare professional, in each of the areas mentioned in this document.



Areas Related to Eating and Swallowing

Below are seven areas related to eating and swallowing that should be considered during the early stages of dementia:



Nutrition



Cognitive Communication Skills



Swallowing and Dysphagia



Meal Duration and Efficiency



Environment for Eating



Eating Routine



Utensils, Furniture, and Support Objects for Eating

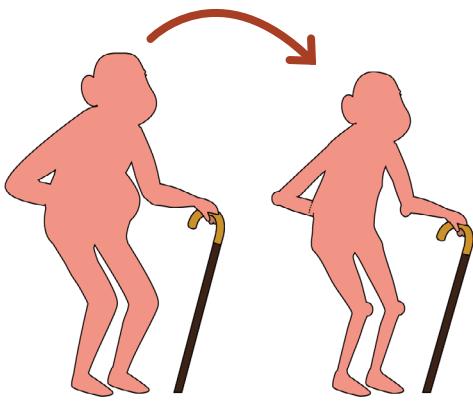
1

Cognitive Communication Skills

Dementia is a condition that affects cognition, which is how we process information and respond to various stimuli in daily life. Eating is affected by cognitive changes, such as forgetting that one has already eaten (memory), maintaining focus during mealtime (attention), organizing the stages of the feeding process (executive functions), and being unable to express food preferences or reasons for not eating (language).

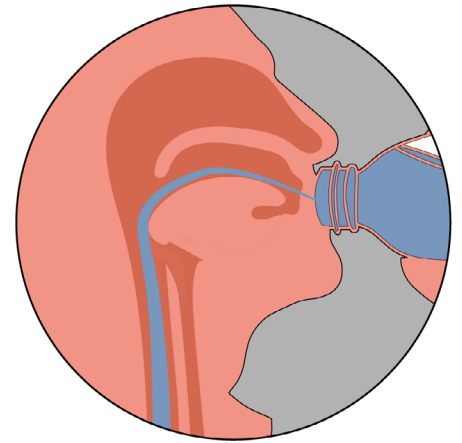


Nutrition is essential for physical and psychological functioning, well-being, and quality of life. Malnutrition is associated with reduced cognitive performance and the progression of dementia. People living with dementia are less likely to meet recommended daily nutrient values, which can contribute to malnutrition and conditions such as sarcopenia, leading to increased frailty and loss of functionality in this population. Malnutrition may occur due to changes associated with swallowing and meal times.



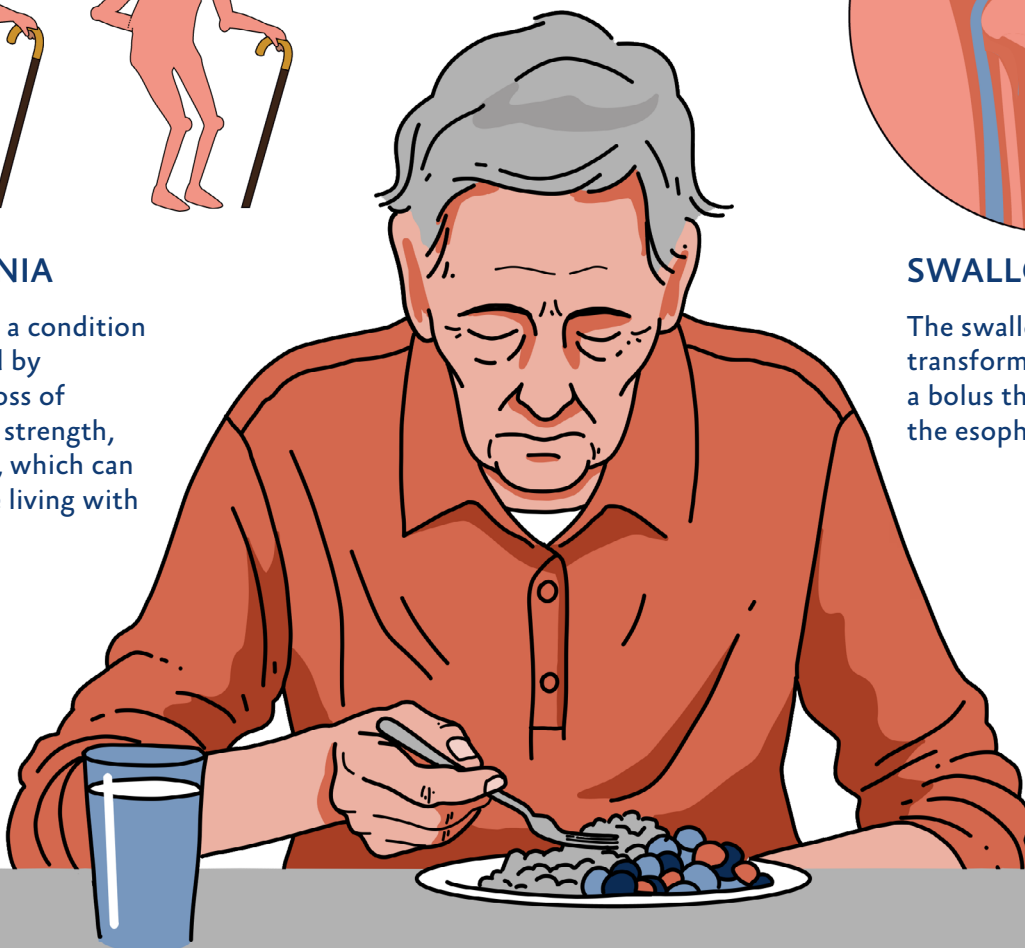
SARCOPENIA

Sarcopenia is a condition characterized by progressive loss of muscle mass, strength, and function, which can affect people living with dementia.



SWALLOWING PROCESS

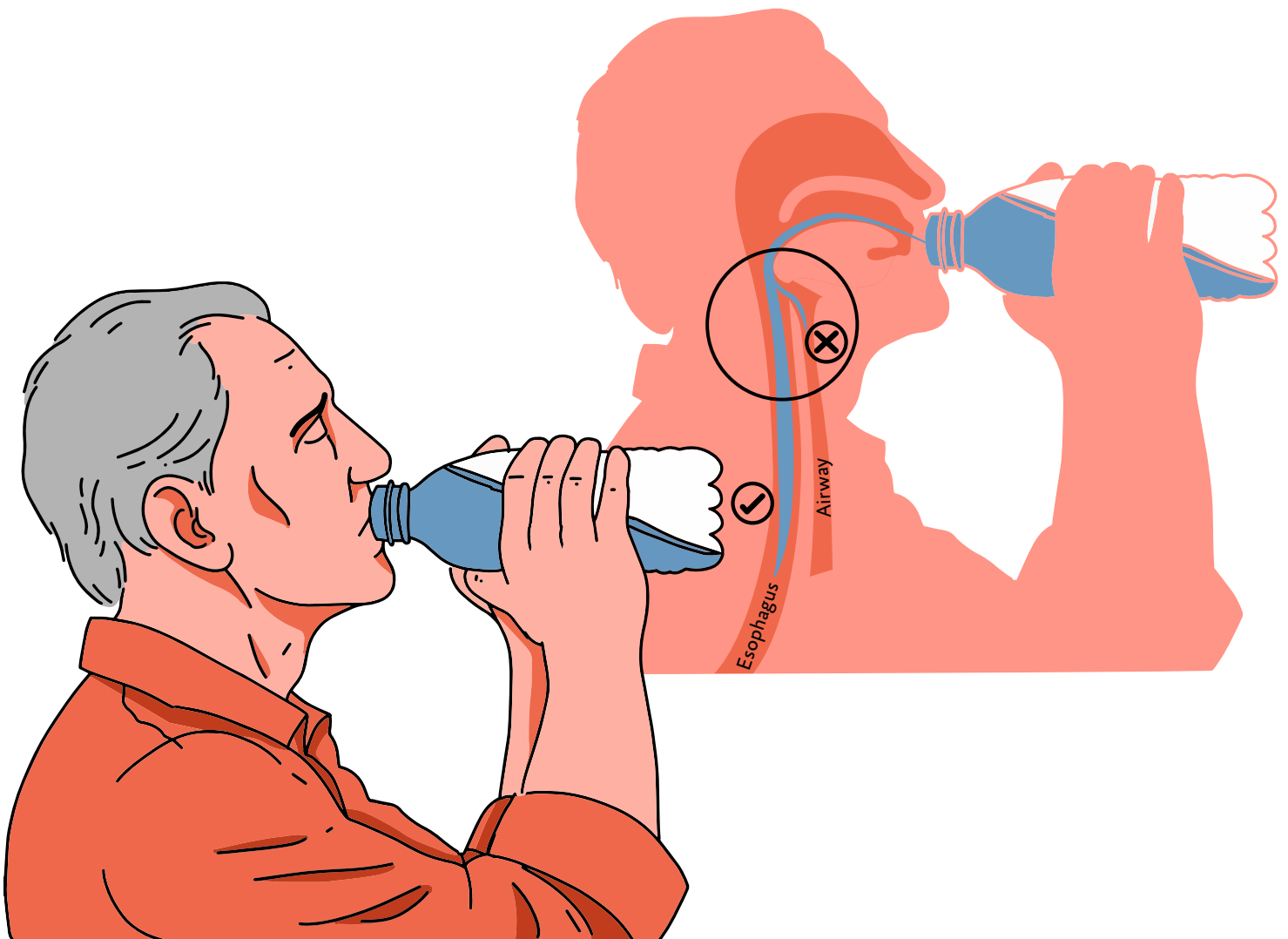
The swallowing process transforms ingested food into a bolus that passes through the esophagus to the stomach.



3

Swallowing and Dysphagia

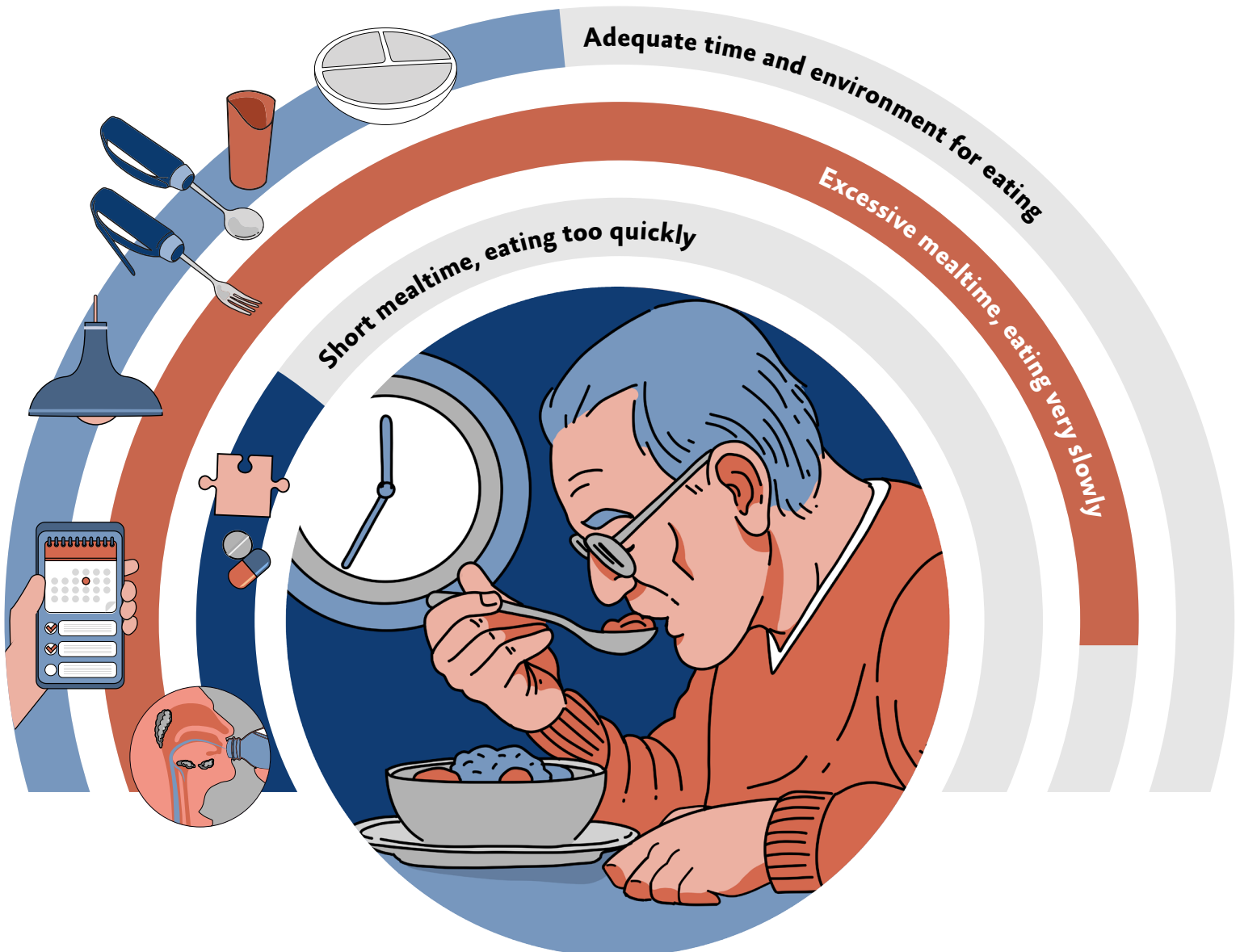
Swallowing is a process that allows oral contents such as food, liquids, secretions, and medications to pass from the oral cavity to the stomach. Difficulties or impairments in swallowing, known as dysphagia, can compromise safety as oral contents are likely to enter the airway. It can also impact efficiency and effectiveness related to nutrition, hydration, and medication administration. Additionally, dysphagia can influence the individual's comfort, influencing whether their eating experience is pleasant or unpleasant.



4

Meal Duration and Efficiency

This refers to the time it takes for a person to eat, which is estimated as an average based on their daily routine. In different stages of dementia, a person may maintain their eating times, or these times may vary, with some individuals taking longer and others less time to eat. Eating food and liquids quickly, without pausing and in large quantities, is known as hyperphagia. Conversely, some people eat very slowly, remain at the table longer than the rest of the family, do not finish their food portions, or manipulate the food on their plate without eating it.



5

Environment for Eating

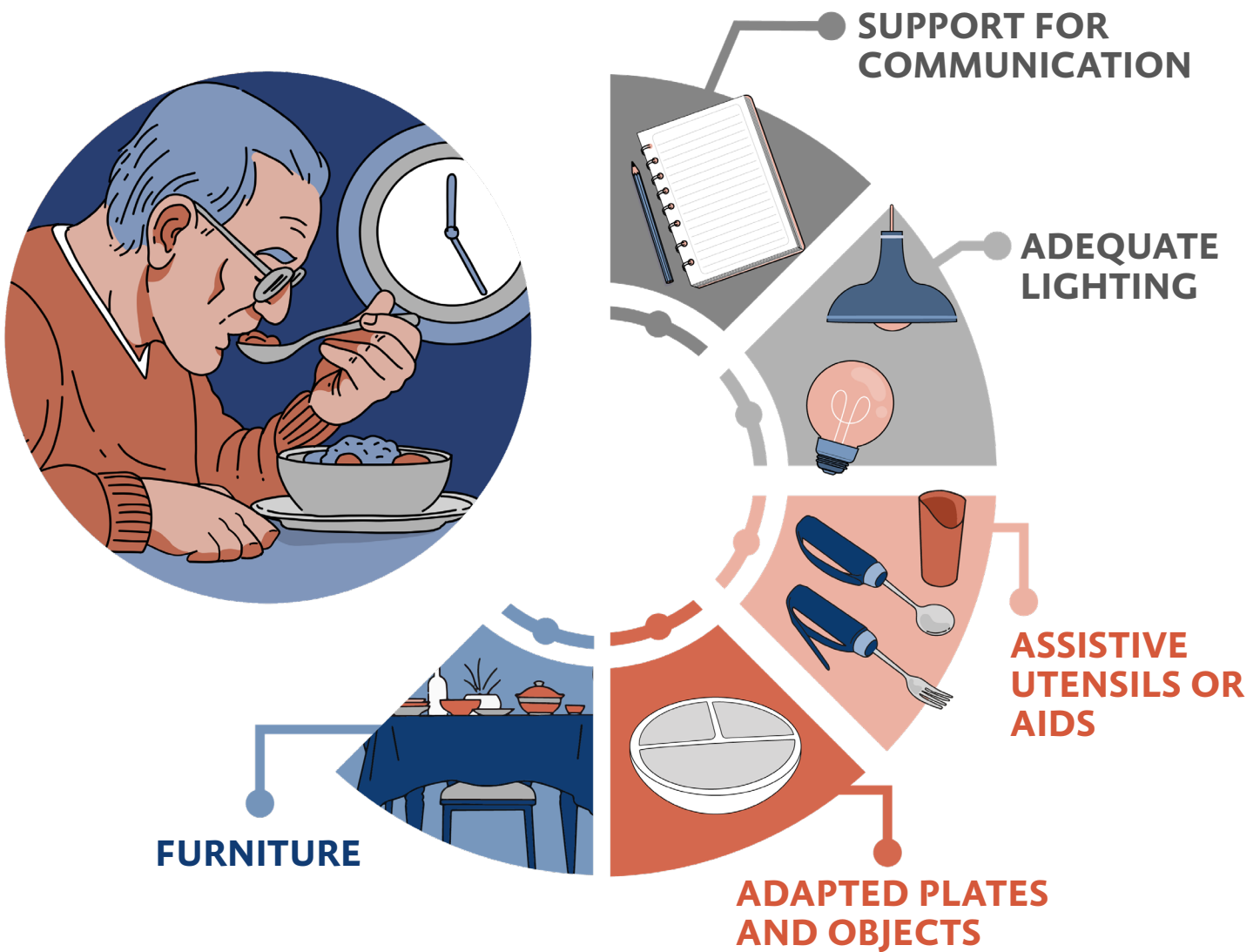
The environment where a person eats is crucial for facilitating orientation and navigation within the dining space and improving understanding and perception of this activity. Disorganized environments with excessive noise, inadequate lighting, and a lack of visual contrast in key elements for eating can pose significant challenges to effectively engaging in the activity.



6

Utensils, Furniture, and Support Objects for Eating

This refers to utensils designed for eating and drinking, as well as furniture and other objects (such as chairs, tables, aids, lighting systems, etc.) that can support the activity of eating. Because individuals living with dementia may experience cognitive, motor, and sensory symptoms that affect eating, adapting utensils, objects, and furniture is crucial for supporting eating.



7

Eating Routine

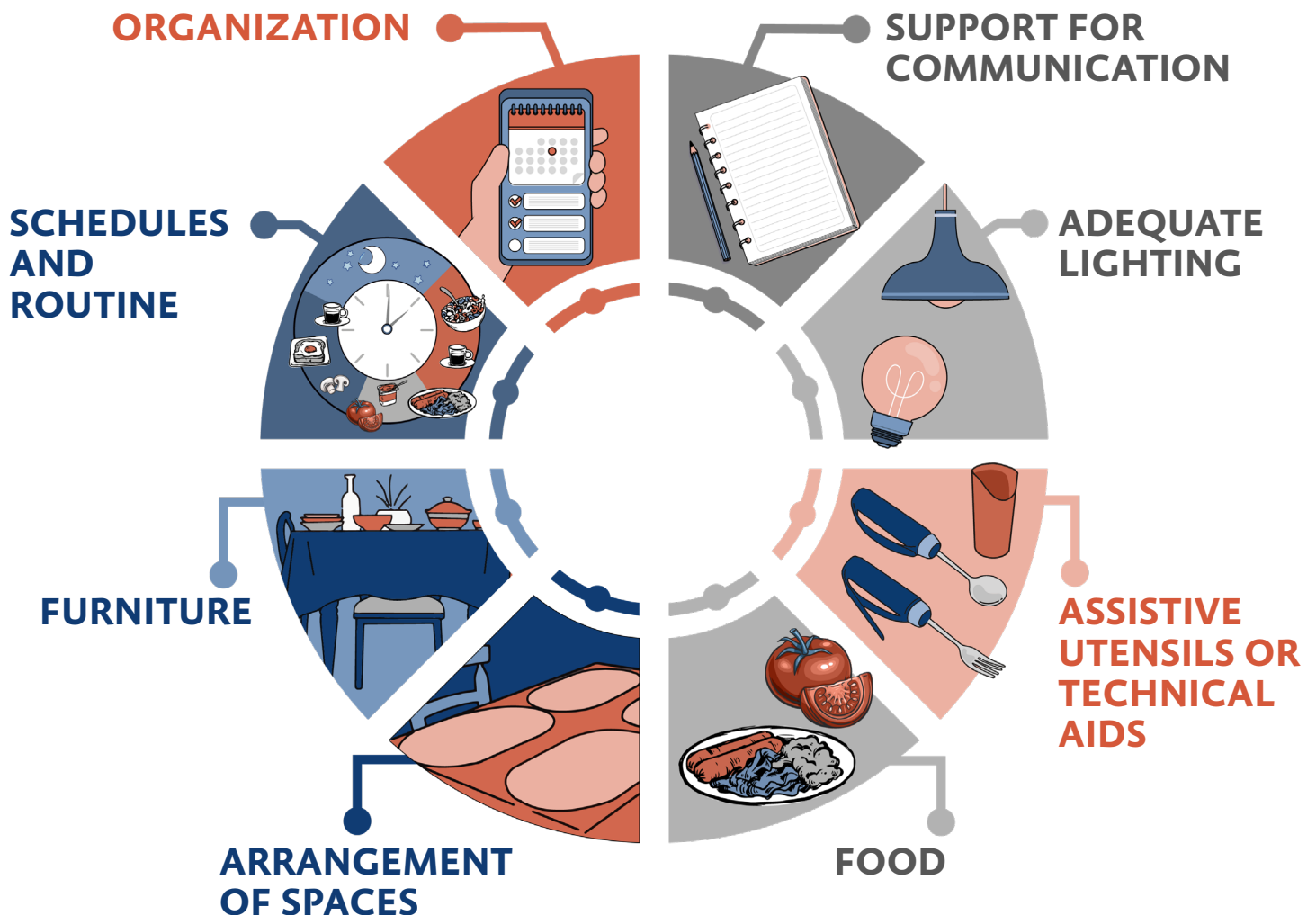
A person follows a set of habits and patterns during eating over time. It refers to the entire process from choosing meals, preparing food, setting the table, and timing meals throughout the day. It also involves the number of meals per day, schedules, cultural traditions associated with eating, need for food and nutritional adaptations, and personal preferences, among other factors.



Recommendations

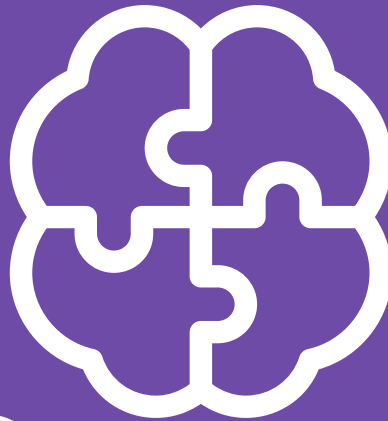
Next are recommendations to promote eating and swallowing in people living with dementia. These recommendations are organized according to the seven previously mentioned areas and take into account guiding principles for their implementation.

It is important to note that although the recommendations are divided by area, a suggestion can contribute to various areas since eating and swallowing are continuous processes.



Recommendations

1



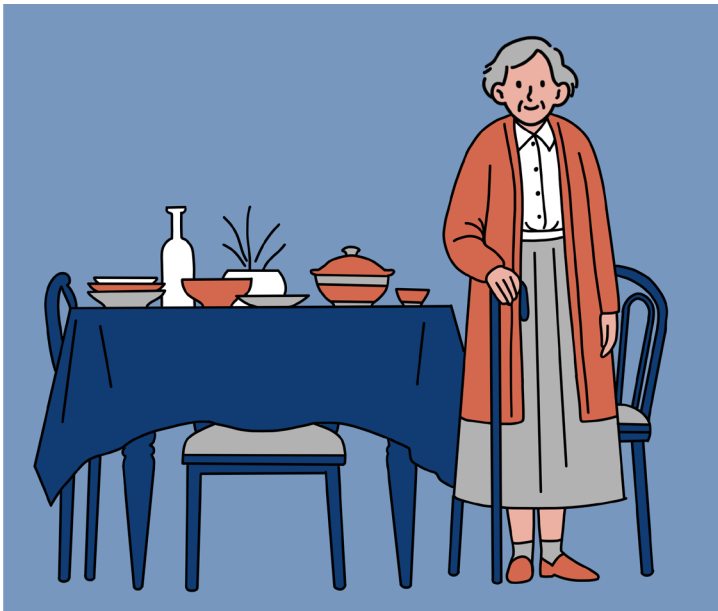
Cognitive Communication Skills



1. Encourage the person to eat when they are sufficiently alert to engage in this activity.



2. The person may forget that they have already eaten. Avoid insisting on reminding them, but instead use other strategies such as visual schedules to organize their routine, consuming healthy snacks between meals, and orienting the person about the time of day (e.g., "It's noon, and you had breakfast at 9 am so that we can have a fruit now").



3. People living with dementia may be restless or want to get up from the table continuously before the meal is served. In these cases, allow the person to walk around or engage in another activity until the meal is ready.



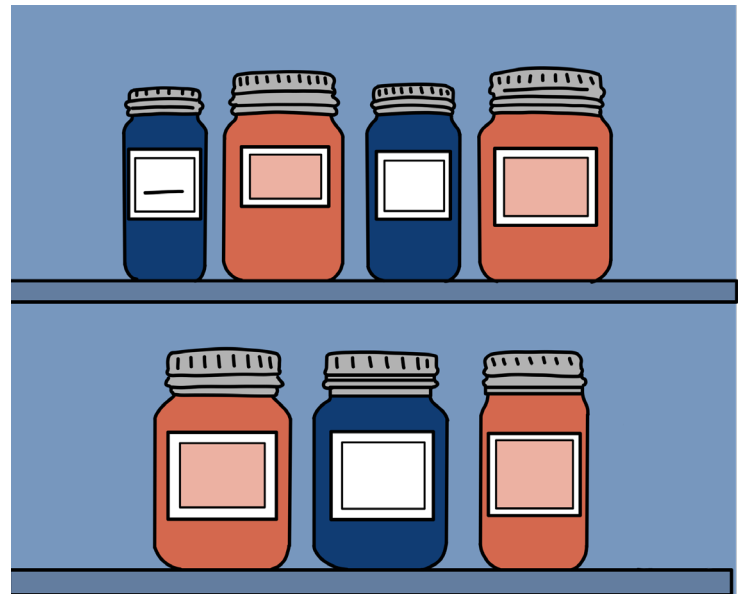
4. Guide the person's attention towards the food. For example, use simple phrases like "Look at the food. Let's eat a bit more" or hand them the utensil.



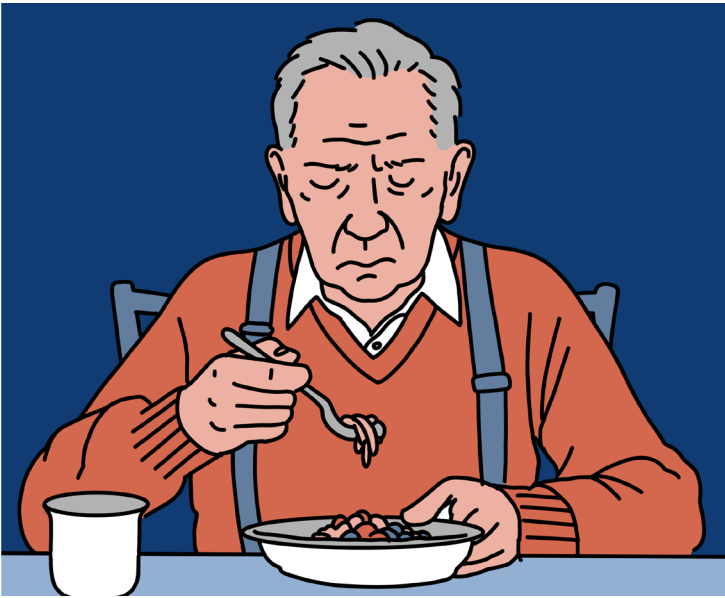
5. Validate their perception if they experience perceptual disturbances related to food, such as seeing insects or dirt on the plate. You can remove the items from the plate or change the food to another container.



6. If the person refuses food because they think it's too much, consider using a larger plate so the perceived amount of food appears smaller.



7. Label foods with expiration dates to promote the independence and autonomy of the person living with dementia, allowing them to choose which foods they want to consume.



8. Continuously observe if the person is experiencing any pain or discomfort. If the person cannot verbally express it, pay attention to their facial and body expressions and symptoms such as agitation, sudden meal refusal, or fatigue during eating.



9. Organize the pantry and refrigerator with labels so the person living with dementia can easily find the foods and utensils they are looking for.

Principles Involved in Cognitive-Communication Skills

Eating is more than a biological process:

It is an act that involves social activity where people gather to share memorable events, such as celebrations or festivities. During these events, attention should not only be given to the act of eating but also to cognitive communicative aspects, such as the ongoing conversations taking place during meals.



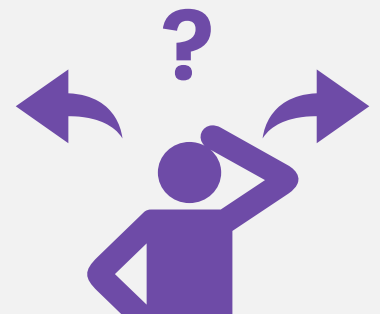
Effective communication:

It is recommended to encourage the person's participation in table conversations. It is essential to facilitate understanding by using simple sentences and questions. Addressing the person living with dementia by their name can help them recognize when it is their turn. They should be given adequate time to express their ideas. In group conversations, taking turns speaking and regularly checking that the person understands and engages appropriately in the activity is suggested.



Signs of attention or urgency:

Acute disorientation or suspicion of somnolence (drowsiness, such as difficulty waking up) or delirium (a sudden and temporary state of confusion and disorientation) may hinder the act of eating.

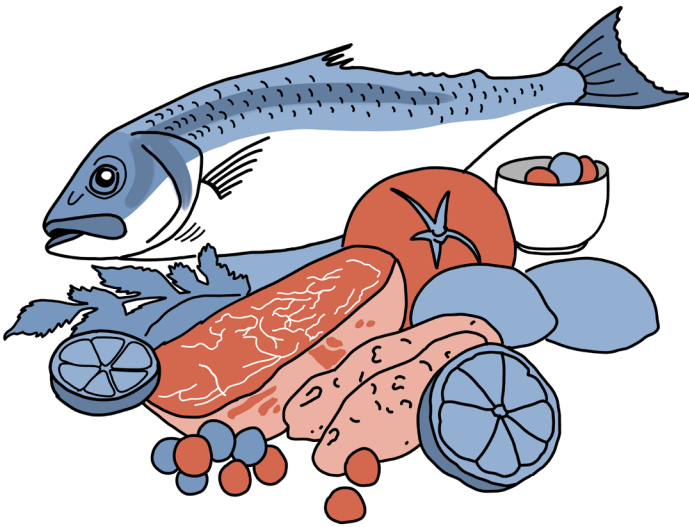


Recommendations

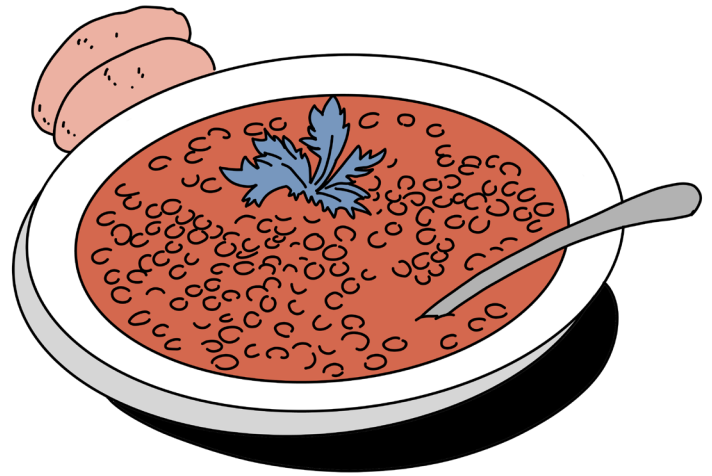
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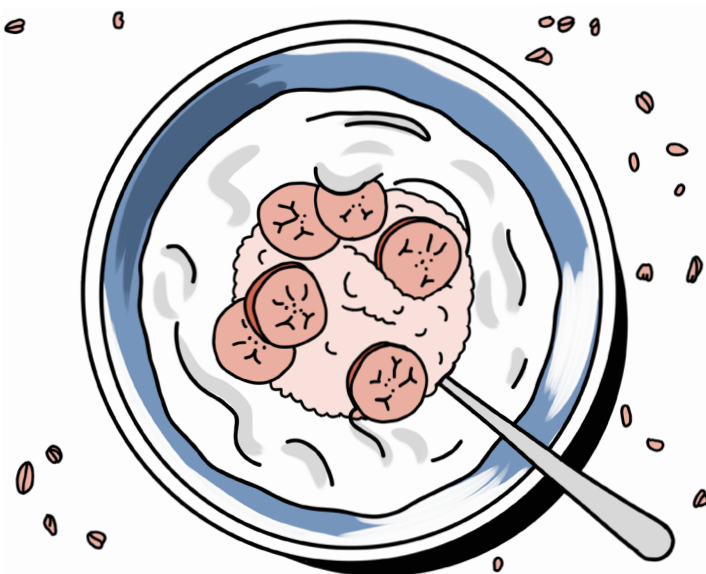
Nutrition



1. Maintaining a balanced diet for better cognitive health is important. The Mediterranean diet stands out among the types of diets with solid evidence. Appendix 1 of this document contains a series of foods categorized by their monetary cost to help create a budget-appropriate diet.



2. Increase the calorie density of foods to address weight loss issues. Aim to concentrate more calories in each bite or portion of food to ensure sufficient caloric intake. These can be achieved by 1) increasing consumption of calorie-dense foods and 2) using nutritional supplements prescribed by a healthcare professional.



3. In cases of constipation, it is recommended to favor foods that help alleviate this condition, such as those rich in fiber, including vegetables, grains, probiotic yogurt, and to increase water intake.

Principles Involved in Nutrition

Eating is more than a biological process:

It is important to consider the person's food preferences and avoid those we know they dislike. Food preferences are also linked to memory, emotions, and personal experiences.



Effective communication:

Based on the foods available at home, inquire about the person's preferences by asking directly about two options: "Do you prefer boiled or mashed potatoes?" These types of questions make it easier for the person to respond, unlike open-ended questions such as "What do you want to eat?" You can also show pictures of the available food types at home or present the food directly. It's important not to forbid things consistently but to seek and offer alternatives that are more nutritious and easier to eat.



Signs of attention or urgency:

Consulting healthcare professionals is important in case of sudden weight changes, gastrointestinal discomfort such as vomiting, nausea, diarrhea, persistent constipation, lack of energy, or constant fatigue that may suggest malnutrition.



Recommendations

3



Swallowing and Dysphagia

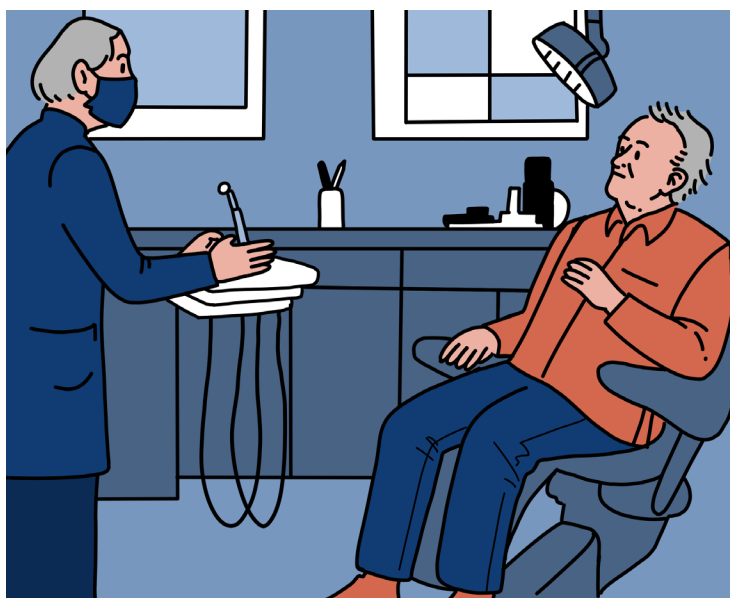
A. Oral hygiene routine and denture care



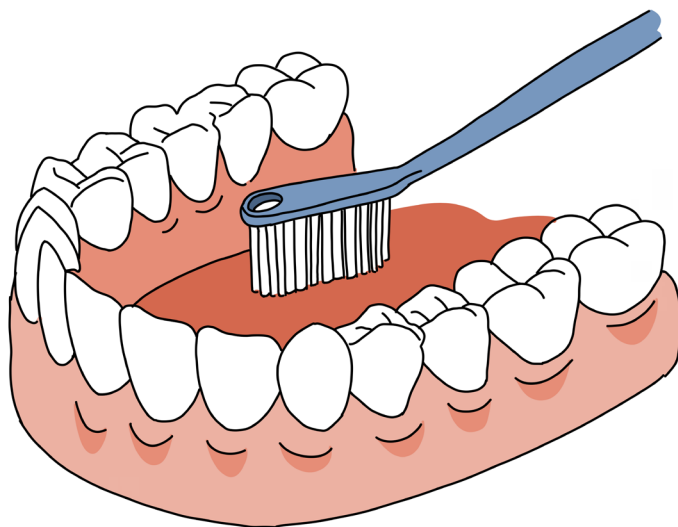
1. In dysphagia (difficulty swallowing), oral hygiene is essential for preventing bacteria, infections, and possible aspiration pneumonia (caused by food or liquid entering the airways). It is important to ensure oral hygiene is performed at least twice daily, ideally after each meal.



2. For those using dental prosthetics, regular inspections are necessary. It is important to check if the prosthetic fits appropriately in the person's oral cavity to prevent it from being loose and causing discomfort while chewing.



3. Periodic visits to the dentist should be made for oral health check-ups.



4. Dentures should be cleaned as equally as the mouth, teeth, and tongue. The denture should be removed and cleaned with a soft-bristled brush different from the one used for the mouth. Use a mild liquid soap, avoiding toothpaste, which can be abrasive.

B. Food modifications

5. Some foods are more difficult to swallow, making swallowing more challenging. Appendix 2 lists foods that may pose more significant challenges and risks when eating and some possible modifications (consistency and size) to facilitate their consumption.

The speech therapist may recommend the use of thickeners, which are products that increase the thickness of liquids and foods.



Store-bought thickeners

6. Thickeners made from modified corn starches or gums, such as xanthan gum, can be purchased. They may have a high monetary cost.



Homemade thickeners such as chuño (potato flour) and cornstarch

7. There are also homemade thickeners prepared with products found in the kitchen. They have a lower monetary cost. The speech therapist or nutritionist in charge should indicate which ones to use and teach how to use them.



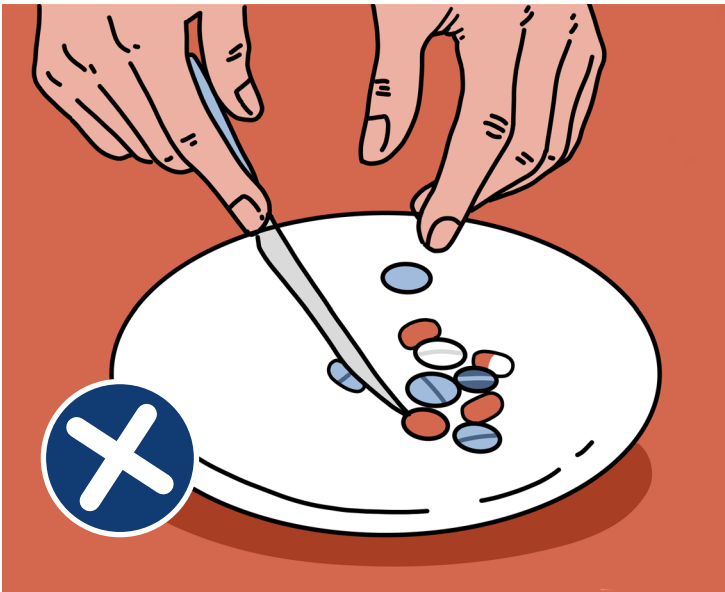
8. The nutritionist may also recommend meal plans adapted to the consistencies indicated by the speech therapist.

C. Medication consumption



9. In many cases, swallowing medications in capsule and tablet form can be difficult.

You should consult your doctor about possible modifications, such as switching to liquid drops or patches, splitting or crushing the medications, or mixing them with foods like fruit puree.



11. Do not make any modifications to medications without first consulting with a specialist.



10. Avoid taking more than one medication at a time.

D. Posture



12. Maintain an upright posture while eating, with the back supported by the chair and feet flat on the floor. Avoid eating while lying down and do not lie down immediately after eating. It is recommended to wait at least 30 minutes.

Principles Involved in Swallowing and Dysphagia

Eating is more than a biological process:

When adjusting the consistency or viscosity of foods, it is necessary to ensure they remain visually appealing and retain their flavor for people living with dementia. For the visual aspect, some molds can improve the presentation of the food. Regarding taste, varying the flavors and temperatures of foods can enhance the sensory experience of swallowing and provide comfort for the person living with dementia.



Effective communication:

It is important to talk to the person living with dementia to find out which foods they like the most and whether the homemade modifications and portion management are working. Additionally, consult when there is a problem with the consumption of any medications so the doctor in charge can determine if it is feasible to change the form of these medications (patches, drops, etc.).



Signs of attention or urgency:

For oral health, consult if there is pain in the mouth, teeth, or gums and if there are cavities, gum bleeding, sores, or fungal infections. Another reason for consultation is if the dentures do not constantly adhere well to the oral cavity and become loose. Regarding signs of attention when the person is swallowing, it is important to consult if there are frequent choking incidents, breathing problems while eating, pain when swallowing, coughing during meals, or changes in the voice after swallowing.



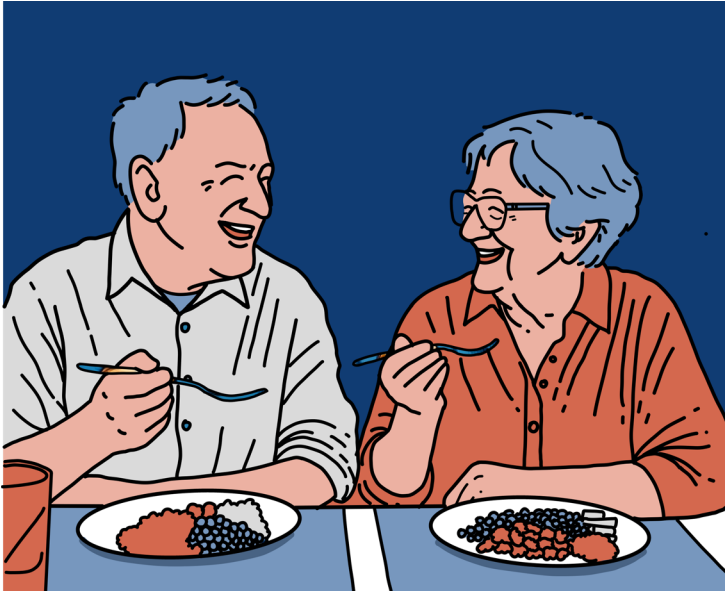
Recommendations

4

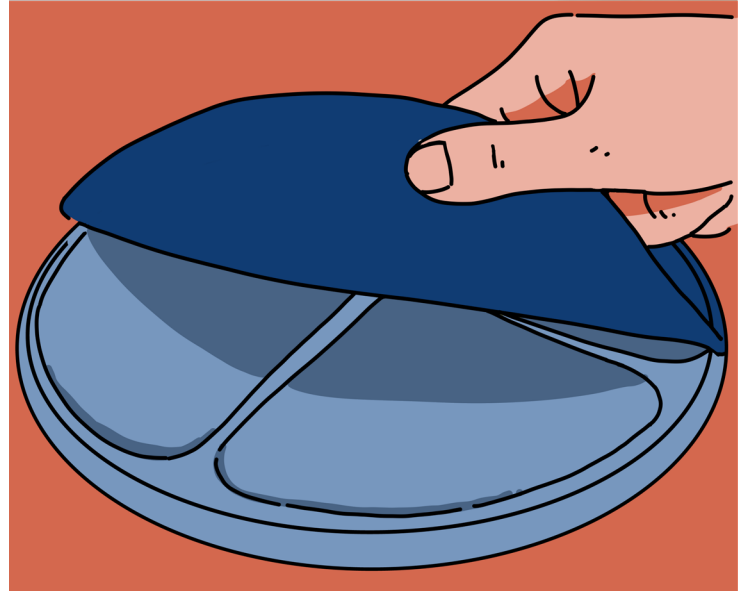


Meal Duration and Efficiency

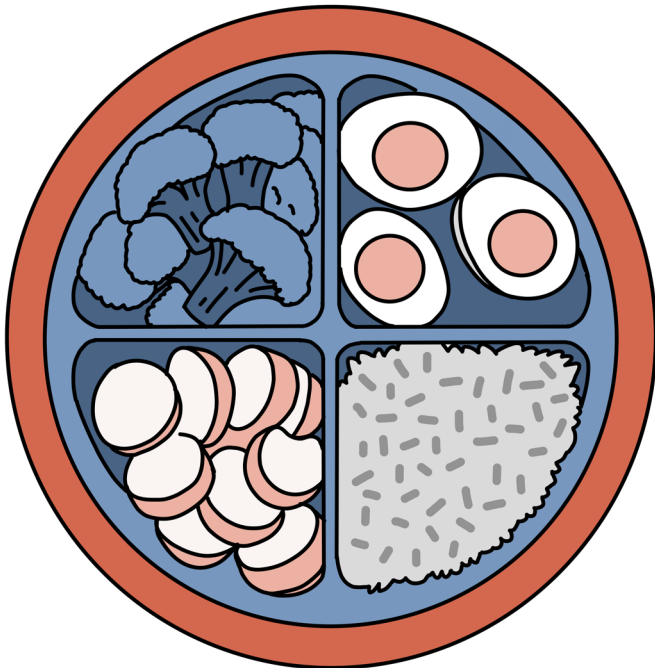
A. Situations where the person eats more slowly



1. Allow a longer time for the eating routine of the person living with dementia.



2. Use insulated or heat-retaining plate that help keep the food warm for extended periods.



3. Avoid pressuring or forcing the person to eat, as this may trigger adverse reactions that do not promote eating. If the person does not want to eat the entire portion, divide the meal into smaller portions so that the eating routine can be done at different times (fractionated eating). Consult the speech therapist in charge.



4. Another option if the person does not want to eat is to take a break, engage in an enjoyable activity, and try again later.

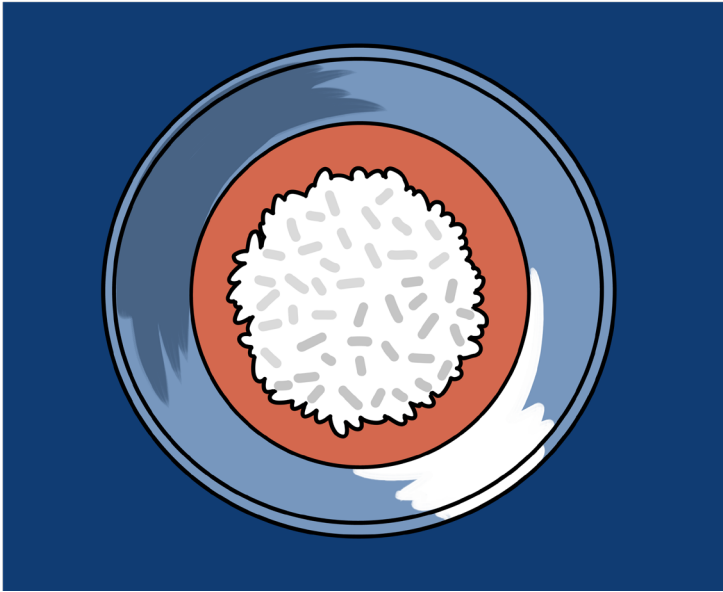


5. Avoid distractions such as background noise (TV or radio on) so that the person can concentrate more on their eating.



6. Encourage the use of assistive devices, which are items used to improve functionality and facilitate activities. Assistive devices that can be used to enable eating will be described later, especially if handling utensils (spoon, fork, knife) is a factor that increases feeding time.

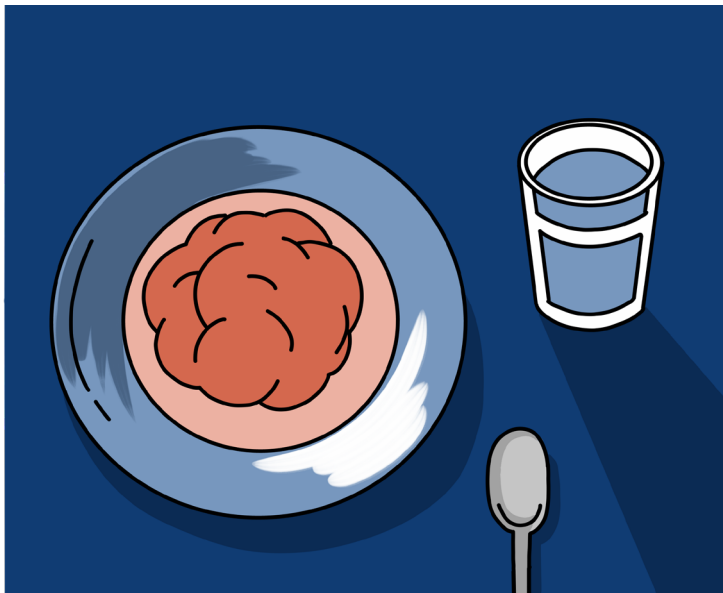
B. Situations where the person eats more quickly



7. Serve smaller portions of food to prevent compulsive or uninterrupted eating by the person.



8. Only leave the utensils and foods that the person should use and consume on the table at that moment. This will prevent the person from handling or consuming other items unrelated to that meal.



9. Use utensils that allow for smaller food volumes—for example, a smaller spoon and cup.

Principles Involved in Meal Duration and Efficiency

Eating is more than a biological process:

Since eating is part of a social routine, it is important to allow enough time to also appreciate the emotional, social, and psychological experiences associated with mealtime. If there are multiple people eating with the person living with dementia and they become distracted by the conversation, pauses can be taken to ensure that they continue eating.



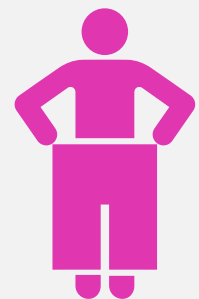
Effective Communication:

It is important to talk to the person living with dementia to reinforce the eating process, helping to facilitate the activity and maintain engagement. This can be done through gentle reminders such as, “Remember to keep eating,” “Drink your juice,” or “Let’s take another spoonful.” If the person is eating too quickly, pauses can be suggested with phrases like, “Let’s take a short break,” “Swallow first before taking another bite,” or “Rest for a few minutes.” Maintaining a kind and calm tone is essential.



Signs of Attention or Urgency:

Weight loss related to reduced food intake due to prolonged mealtime. Consult a healthcare professional, such as a nutritionist or doctor, for guidance on how to address weight loss.



Recommendations

5



Environment for Eating

A. Recommendations to enhance attention during meals:



1. Remove distractions to help the person focus more easily on eating.



2. Turn off the television to minimize noise and visual distractions.



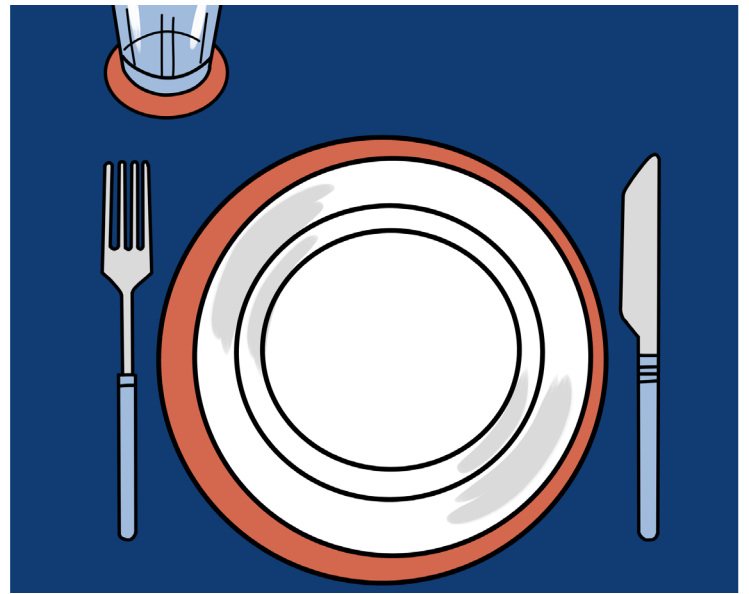
3. Avoid having noisy individuals in the dining area, as they may interrupt the person during meals.



For example, those who have already finished eating may move to the living room or another room to keep talking.

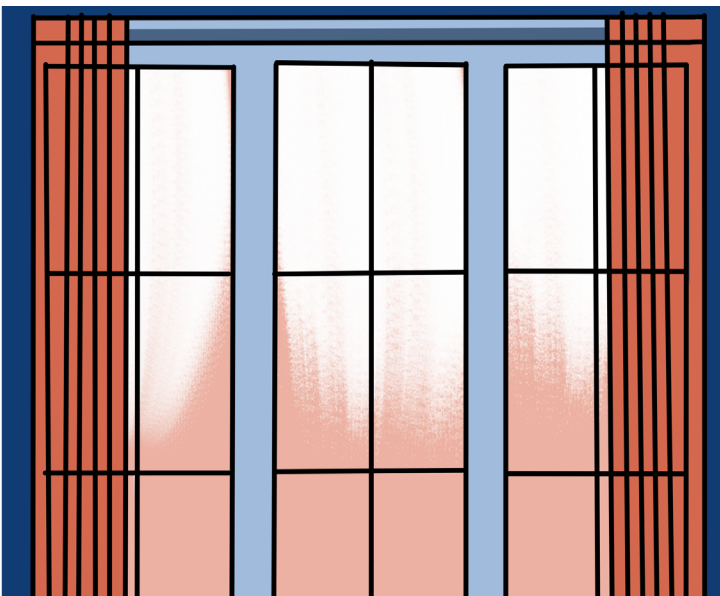


8. Additionally avoid placing items unrelated to mealtime, such as computers, books or clothing, on the table.



9. Maintain order on the table and avoid excessive items (spoons, forks, glasses, etc.). Leave only what is necessary for each meal.

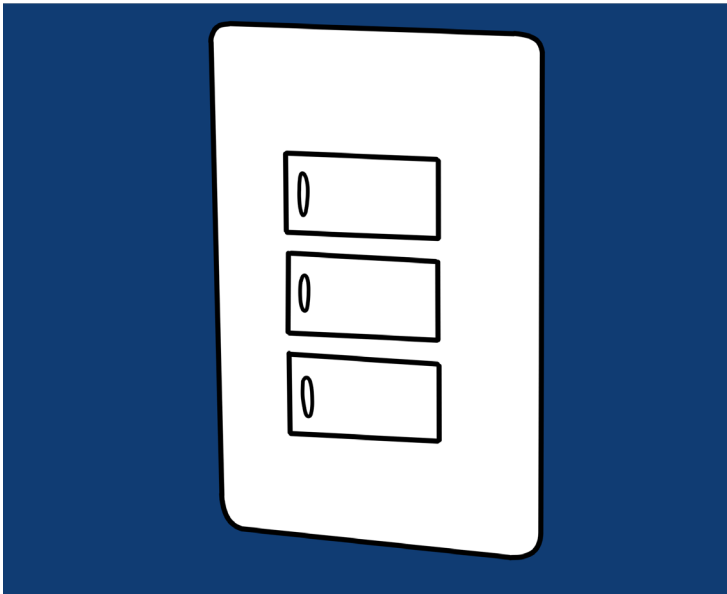
B. Environmental recommendations of greater complexity and cost:



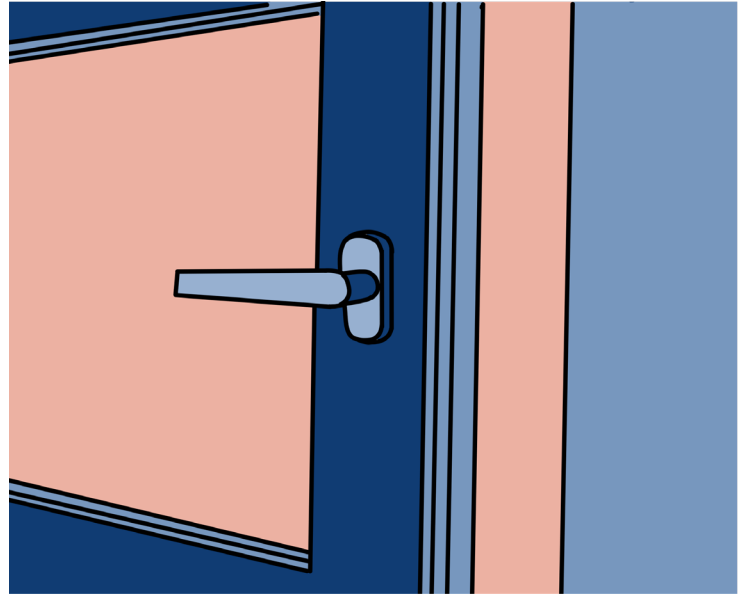
10. To reduce distractions, consider frosting windows or installing window films if they face a busy street.



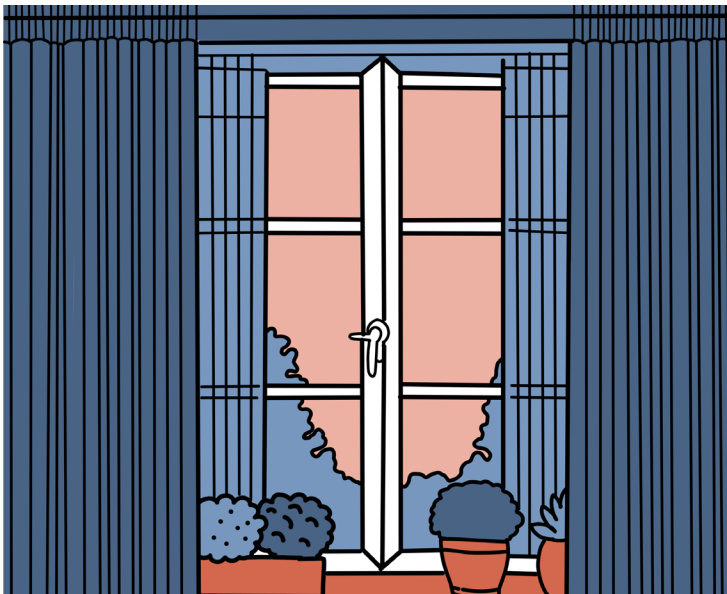
11. Enable a view or direct connection with the kitchen (remove doors if present, or install swing doors with glass, windows, etc.).



12. Install visible light switches at accessible heights or reachable places, contrasting with the wall or background.



13. Install windows in accessible places with easy-to-use handles appropriate for the room and the required security level.



14. Provide a window with views of gardens, parks, trees, etc., when possible.



15. Provide thermal, lighting, and acoustic insulation through curtains and double-glazed windows to maintain sensory comfort during meals.

Principles Involved in Environment for Eating

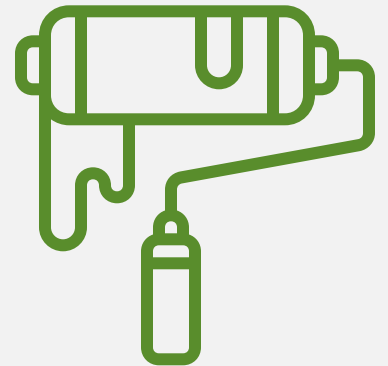
Eating is more than a biological process:

The eating environment can include decorations or ambiance that reference the person's food preferences or a color that they find pleasing, and that contributes to good lighting, for example.



Effective communication:

The person living with dementia can be consulted about the ambiance and express preferences regarding decoration or other aspects of the environment and comfort, especially textures. It is important to provide options and the possibility to change anything that may discomfort them. Use simple language and ask about one thing at a time.



Signs of attention or urgency:

In many cases, the person will need the environment's characteristics to adapt to their needs. It is important to pay attention to the food and eating activity and aspects of the environment that could affect and facilitate the eating activity. Occupational therapists, designers, or architects may be consulted to implement these modifications.



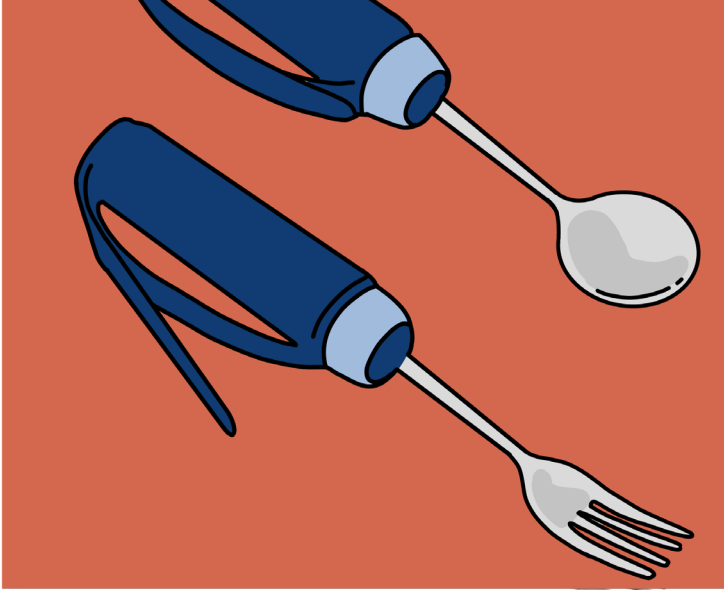
Recommendations

6

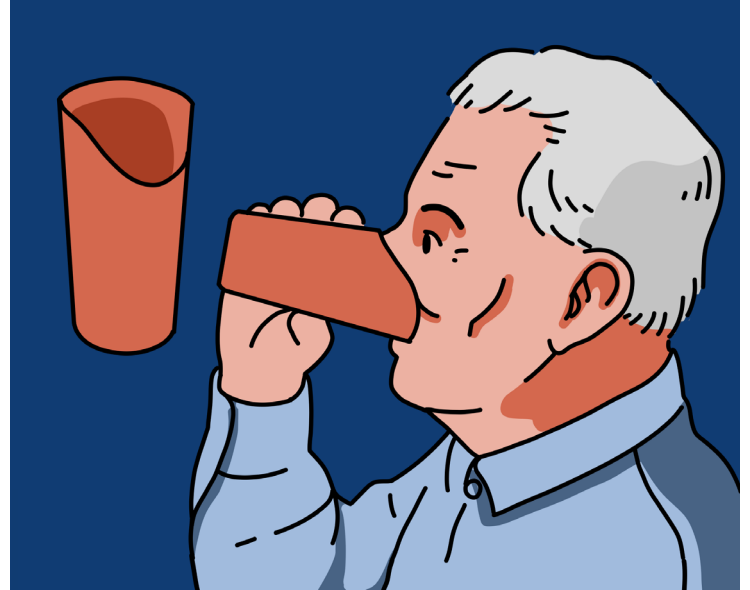


**Utensils, Furniture, and Support Objects
for Eating**

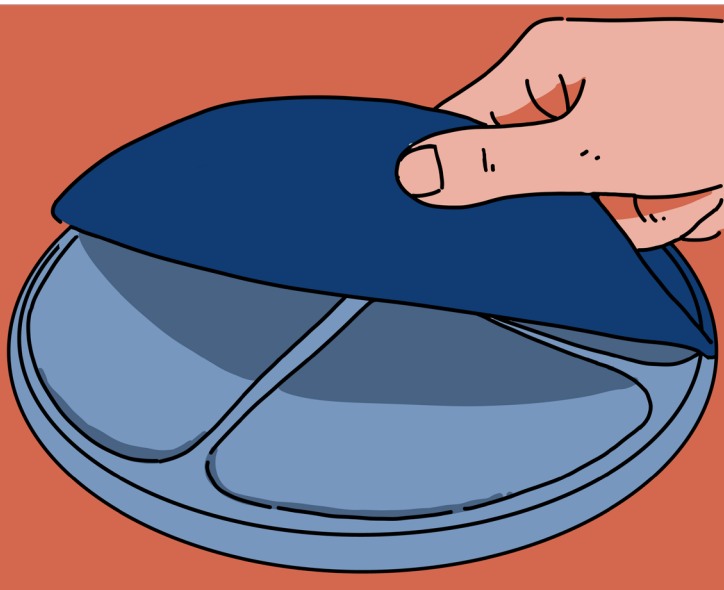
Next are descriptions of some assistive devices to support the eating process. Assistive devices can be purchased or made from low-cost materials. In both cases, it is advisable to consult with a speech therapist or occupational therapist, who can recommend the type of assistive device and provide guidance on where to obtain it or facilitate its manufacture.



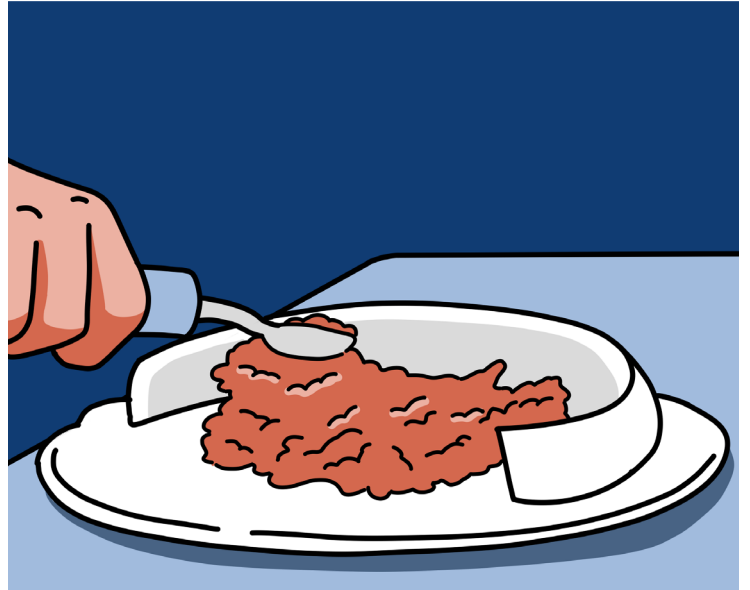
1. Thickened handles for spoons and forks: facilitate improve grip and make utensils easier to manipulate, helping to prevent spills.



2. Cup with cutout: allows for better intake of liquids, avoiding tilting the head back, which reduces the risk of choking.



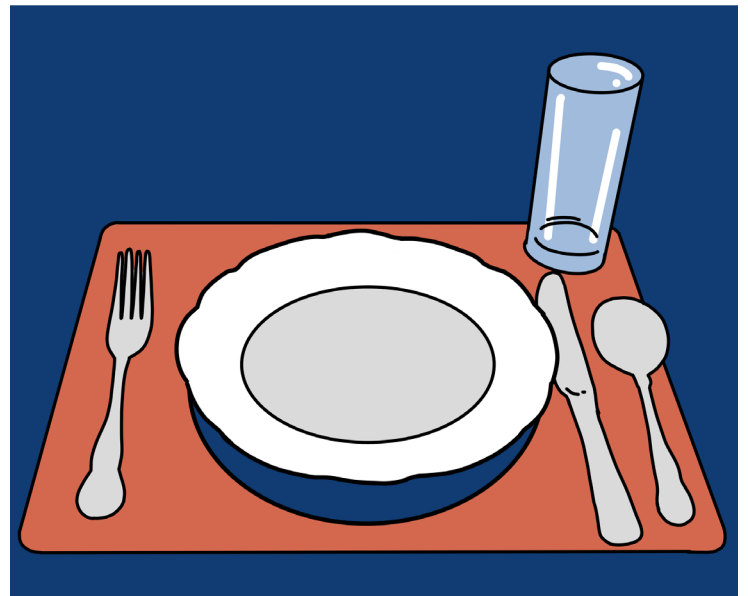
3. Use of insulated plates: helps maintain food warmth for extended periods, reducing the need for frequent reheating.



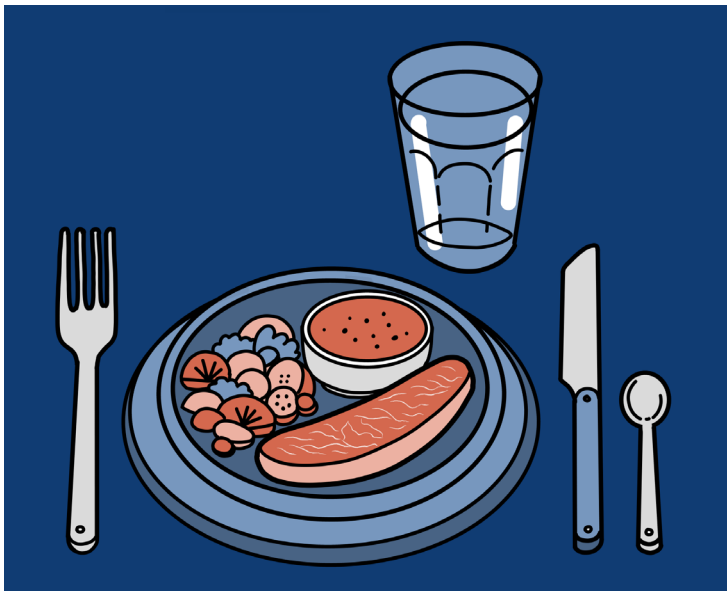
4. Adapt plate rim height: Adjusting the height of the plate rim can prevent food spills outward.



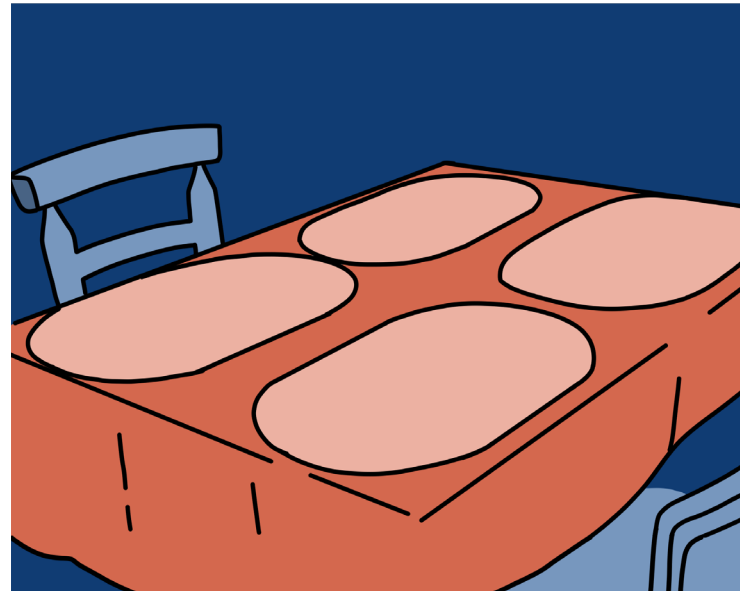
5. Reduce distance between plate and person: for instance, using a raised base for the plate to prevent spills or difficulties in transferring food from plate to mouth.



6. Use of non-slip placemats: helps prevent spills caused by plate and utensil movements such as silicone placemats.



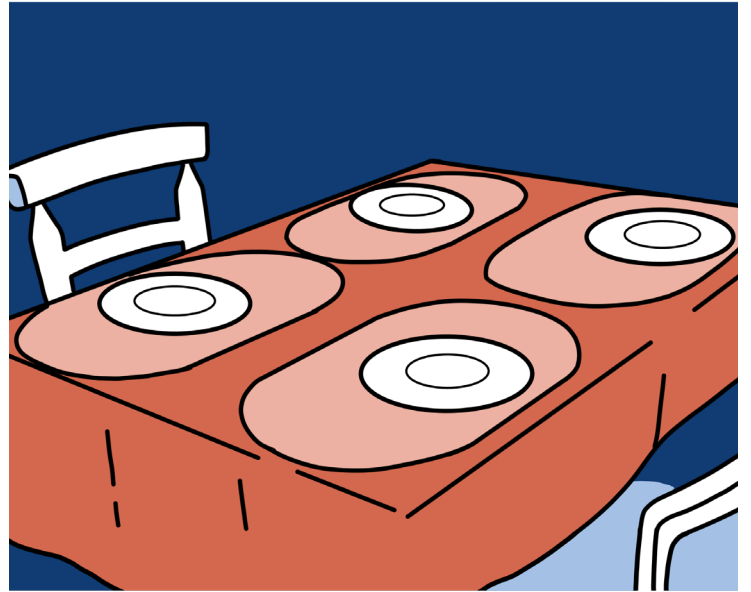
7. For individuals with hyperphagia (eating too quickly): use smaller utensils (cups, spoons, and plates) to visually increase portion sizes.



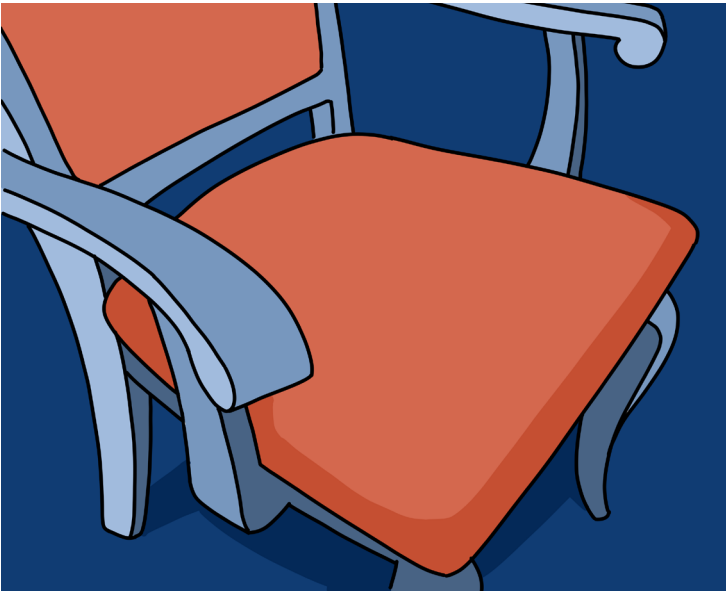
8. Use plain placemats and tablecloths: avoid complex patterns or designs (preferably single-colored and contrasting) to minimize distractions or perception difficulties, such as visual illusions of the table moving or appearing to have holes.



9. In some cases, a restraining vest is necessary for individuals living with dementia who may need to be secured to the chair to prevent leaning forward.



10. Ensure good contrast between object colors and surfaces to make them easier to see or locate (tablecloths, placemats, cutlery, chairs, walls, etc.).

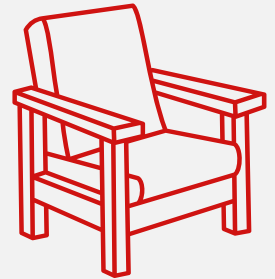


11. It is important for the person to eat while keeping their back straight, as this helps prevent choking. To achieve this, provide a comfortable seat (such as an armchair or a chair with armrests) that keeps the legs at a 90° angle to the hips and allows the feet to rest fully on the floor.

Principles Involved in Utensils, Furniture, and Support Objects for Eating

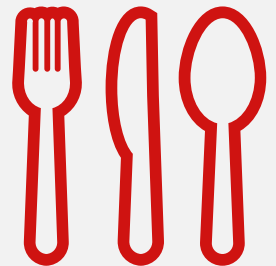
Eating is more than a biological process:

Furniture, objects, and utensils can contribute to a sense of belonging or act in a personal dimension. For example, using a chair or furniture that the person recognizes, or a preferred plate or cup, can be beneficial.



Effective communication:

Please consult with the person living with dementia about their level of comfort regarding the objects, utensils, and furniture used. Show and practice the use of assistive devices together so the person understands their use and benefits.



Signs of attention or urgency:

As needed, including assistive devices to support eating activities, consulting with a healthcare professional.

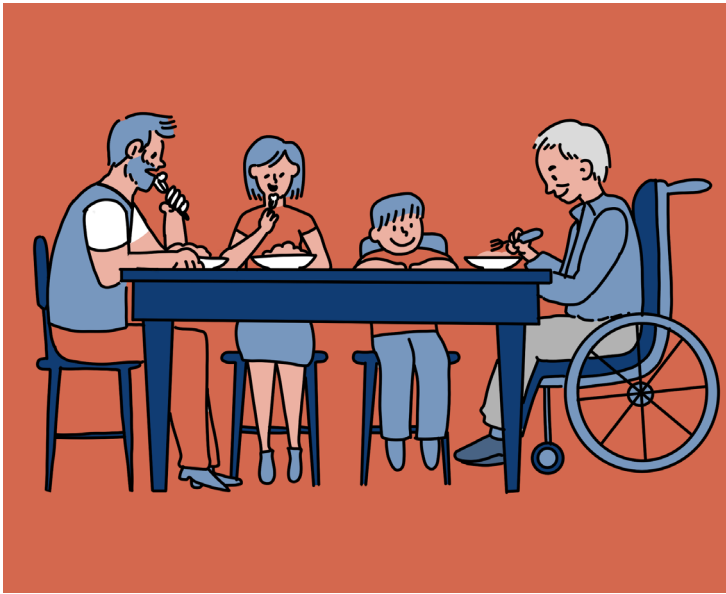


Recommendations

7



Eating Routine



1. The person needs to continue participating in various family-related food activities, and necessary adaptations should be made to avoid risks.



2. In the early stages, the person living with dementia can participate in kitchen tasks under supervision. They can be assigned specific tasks such as stirring, kneading, shelling beans, peeling potatoes, or washing vegetables.

3. Involve the person living with dementia in activities like setting the table, clearing dishes, washing the dishes, or putting away washed items so they can participate in the eating routine.



Principles Involved in the Eating Routine

Eating is more than a biological process:

Family routines are meaningful, and it is important that the person can participate in them daily.



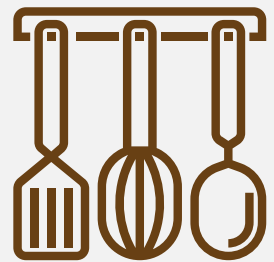
Effective communication:

Ask which activities the person feels comfortable with and which options are safe for their condition. Label drawers and cabinets with the names of the items they contain to help the person find what they need or know where to put things away.



Signs of attention or urgency:

Ensure the environment is suitable and safe for the activities they are expected to perform, such as having enough space to move around and that utensils are organized in accessible places, ideally with labeled and organized compartments.



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IV

Appendices

Appendix 1:

Foods to promote a mediterranean diet

The Mediterranean diet has been recognized as a healthy and balanced eating pattern that contributes positively to cognitive health. This nutritional approach is characterized by the consumption of fresh, unprocessed foods rich in healthy fats and lean protein sources.

Below is a list of foods included in this diet, categorized by cost, offering accessible options for different budgets. (Note: These recommendations are based on the economic cost of food in Chile, South America)



Low cost:

Fresh vegetables and fruits include cucumber, tomatoes, carrots, onions, bananas, apples, oranges, and green salads. Legumes, unsweetened yogurt, fresh herbs like basil, oregano, and thyme. Water and infusions and oats.



Medium cost:

Canned tuna, eggs, olives, chicken and honey. Whole grain rice and pasta.



High cost:

Greek yogurt, whole grain bread, olive oil, fresh fish, nut butter or creams, avocado, couscous, and goat cheese.

Appendix 2:

Foods difficult to swallow for a person living with dementia and dysphagia

People living with dementia and dysphagia (difficulty swallowing) face unique challenges when it comes to eating. Dysphagia can occur due to various factors, such as muscle weakness in the mouth and pharynx, impaired motor coordination, or neurological issues associated with dementia. These difficulties can affect the ability to swallow safely and efficiently, making it essential to identify and avoid certain foods that may increase the risk of aspiration, choking, or suffocation.

The following list includes foods that may present specific challenges for individuals with these specific conditions. The goal is to prevent the difficulties these foods can cause and to provide recommendations for replacing or modifying them in their presentation.

Food Type	Why it's challenging to Swallow	Examples	Recommendations
Dry and hard	These foods make chewing and forming the food bolus difficult.	<ul style="list-style-type: none"> • Nuts • Dry, crunchy crackers (e.g., soda crackers, oat crackers) • Raw, hard fruits and vegetables (e.g., raw carrot sticks) • Tough meat • Toasted bread • Rice 	<p>Modify the presentation of foods to make them softer and easier to chew.</p> <p>Example: Stew meats in small pieces, and cook vegetables until soft. Serve fruits as compote or grated.</p>

Food Type	Why it's challenging to Swallow	Examples	Recommendations
Sticky	These foods can stick to the palate.	<ul style="list-style-type: none"> • Chewy candies • Sliced bread • Chewing gum 	<p>Replace sweet foods with other options like mousse or flan.</p> <p>Use other types of bread, such as hot dog buns or hamburger buns.</p>
Fibrous	These foods require more effort to chew.	<ul style="list-style-type: none"> • Celery, asparagus, and raw or “al dente” broccoli • Legumes with skins 	<p>Cook vegetables longer so they are softer.</p> <p>Remove the skins from legumes—present legumes as purees or blended.</p>
Small and Round	These foods can cause choking by blocking the airway.	<ul style="list-style-type: none"> • Grapes or other fruits with pits, like cherries or apricots • Nuts • Cherry tomatoes • Hard candies 	<p>Cut or grind small, round foods.</p> <p>Avoid hard candies.</p>
Dual Textures (liquids and solids)	These foods create sensory confusion, making it harder to coordinate muscle movements.	<ul style="list-style-type: none"> • Stews or soups • Yogurt with oats and cereal • Ice cream with fruit or chocolate pieces 	<p>Separate foods so the person can eat each texture individually.</p>

Appendix 3:

Modifications to Foods

Below are examples of food modifications that health professionals may recommend concerning the volume and consistency of food.

Volume	Examples
Large Volume	Bite: Soup spoon Liquid: Full glass of beverage Food: Full plate serving
Medium volume	Bite: Teaspoon Liquid: Half a glass of beverage Food: Portion of food reduced to half the plate size
Small Volume	Bite: Coffee spoon Liquid: Small glass (with a straw) Food: Portion of food reduced to a third or less of the plate

Consistency	Description	Example
Solid	Hard, generally dry food. Requires strong and coordinated swallowing muscles, efficient chewing, and adequate salivation to form a cohesive bolus.	Grilled meat with vegetables and rice.
Soft Solid	Requires less time and effort to chew. The food bolus feels more cohesive and unified in the mouth.	Grilled chicken with boiled potatoes, cut into pieces.

Consistency	Description	Example
Puree	Homogeneous consistency that does not require chewing, only the formation of a cohesive bolus before swallowing.	Mashed potatoes, avocado, potato casserole, flan, baked custard.
Thickened liquids	<p>Liquids like water combined with thickeners (homemade or commercial) to create a thicker consistency.</p> <p>Nectar-like liquid: Similar to peach juice or syrup. It can be drunk directly from a glass or through a straw.</p> <p>Honey-like liquid: Cannot be drunk directly from a glass or straw but can be consumed with a spoon. These liquids flow slowly but are not thick enough to hold their shape.</p> <p>Pudding-like liquid: A thickened liquid that becomes semi-solid similar to a puree. It must be consumed with a spoon and should hold its shape without flowing like other liquids.</p>	Fruit nectar juices, blended yogurt, milk, tea with milk, tea with starch, honey-like liquids, Greek yogurt.

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