

# **SECTION 5**

## **DIETARY PRINCIPLES AND PROBLEMS**

## 5.1 FOOD FACTS AND FALLACIES

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### *Food facts*

**Vulnerable people need more nourishing foods than other adults**

**Painful constipation can usually be corrected by increasing dietary fibre**

**One of the best tips for vulnerable people is to eat more frequently (3+3)**

**If you have good teeth you can eat more**

**People usually eat more when they are with other people**

**It is good to feed a fever as well as a cold**

### *Food fallacies*

**When you are older or have a disability, being thin is good for you**

**Milk is mucous forming**

**Fried foods are no good for vulnerable people**

**Milk is for babies not for vulnerable people**

**Sugar is no good for vulnerable people**

**Pasta and bread are fattening**

**Feed a cold and starve a fever**

***AND MANY MORE!***

## 5.2 FOOD HABITS AND PATTERNS

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Adults have a lifetime of eating and drinking experiences, and they often have established a fairly set daily food pattern which suits them. This pattern takes into account their food preferences and dislikes, and meets their ethnic, social and cultural needs.

Such food patterns are often central to the existence of an elderly or disabled person, providing structure for the day and giving them control over 'something' in their difficult lives. Their food behaviour is probably linked to preservation of their identity and personality, and the nurturing and comforting aspects of food are often very important to them.

The person with a disability who is dependent on others for feeding usually has reduced or no control over these important matters, which can contribute to serious feeding problems (refer Section 3.8.1, 5.3.3.1).

Disturbance of a person's preferred food habits should be minimal. If the need exists to change a food pattern for health reasons, then advocacy for a small change will often increase their awareness and allow response in the required direction.

Provision of choice in taking action is usually helpful to people and they will often welcome assistance with food budgeting. The assessment officer, service provider and the carers must always consider the food life experiences of their client, and respect their food habits and patterns.

Only when there is substantial and known benefit to a person, should consideration be given to changing their basic food habits and pattern of eating. On these occasions, modification of their usual pattern of eating is the best approach for them.

It is important not to stereotype your clients, who are likely to have been raised in and lived in a wide range of cultural and environmental settings, all of which affect food and health.

### Gender issues

People of different genders have different attitudes, knowledge and roles for many matters, including the following:

- Shopping
- Food preparation
- Financial management
- Relationships with dependents
- Awareness of health and body needs
- Use of drugs (particularly sedatives)
- Self medication and treatment
- Expectations of their carers

## **Ethnic, cultural and religious issues**

Ethnic, cultural and religious groups have different attitudes, knowledge and roles for many matters, including the following:

- Fear of the unknown
- Fear of death in an unknown environment
- Need for interpreter services, advocacy
- Need for visual and audio learning and modelling by known and respected people, preferably of their own background
- Need for additional reassurance and information, preferably from someone of their own background
- Different levels of directness in conversation
- Different attitudes to written records and legal issues
- Need for confidence in, and respect by their carers
- Degree of involvement of the carer in their support
- Variation in sharing of personal matters with strangers
- Different approaches to issues of privacy and personal shyness about their bodies
- Possible complex relationships between men and women which involve avoidance of eye contact, speech, body language for example in the Koori community
- Need for carer to be of the same gender
- Frustration and possible anger at the loss of personal autonomy and freedom
- Relationships to dependents, relatives and friends
- Family responsibilities and level of concern about filling them (may be barriers to effective care)
- Attitude to medication-fear of loss of control and lack of knowledge and understanding of how the medicine works (always give full explanation)
- Use of different foods and fluids for different cultural and other reasons

### **Strategies:**

- Respect all food taboos and beliefs
- Offer fresh or plain foods, to which familiar and favourite flavours can be added
- Provide food choice
- Respect food habits and patterns
- Minimal disturbance of preferred food habits

**Consider referral:** To a respected person, to find out if any particular problems exist, and to a dietitian, if food habits and patterns are complex.

## 5.3.1 Good Nutrition for Older People: The 1 3 3 4 5+ Food Plan

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In the healthy older person, energy requirements may be reduced due to decreased basal metabolic rate and activity level.

Although the basic energy requirement is less than for younger adults, the requirement for protein, vitamins and minerals remains the same. Requirements for some nutrients may even increase (such as calcium).

Hence, the nutrient density of the older person's diet must be greater in order to maintain nourishment and optimal nutritional health. It is therefore more difficult for older people to meet their nutrient requirements, as they require the same amount of nutrients from a smaller amount of food.

In addition, in the presence of disease or trauma, both energy and nutrient requirements in older people may increase, thus increasing their need for food at a time when their appetite may be reduced.

### **In summary:**

- Energy needs generally decrease as people grow older
- Energy needs are increased by illness, stress, infection, surgery
- Protein, mineral and vitamin needs remain the same or increase with age
- Protein, mineral and vitamin needs are increased by illness, stress, infection, surgery
- More dietary vitamin D is required by housebound people
- More calcium is required by post-menopausal women
- Less iron is lost by post-menopausal women
- Sufficient fluid and fibre intake is always important

**All of the Dietary Guidelines for older people may not be appropriate for frail older people who have difficulty obtaining sufficient energy from their food due to increased requirements or reduced appetite.**

**In these circumstances extra nourishment and more sugar and fat may be required as useful sources of energy.**

### **What foods should older people eat?**

The 1 3 3 4 5+ food plan is based on the 1 2 3 4 5+ food and nutrition plan for younger adults, (Baghurst, Hertzler et al, 1992), with an additional serve of the milk and milk products group to better meet the nutritional needs of frail older people. Some frail older people require an even larger amount of food to maintain their weight.

The following will provide sufficient nutrients for older people who are not underweight and/or do not have any special nutritional problems:

- 1 One small serve of meat, fish, poultry or eggs (60g cooked)
- 3 Three serves of dairy foods (+/- fat)  
one serve = 250 ml milk, or 30g cheese, or 200g yoghurt
- 3 Three serves fruit (fresh, canned or stewed)
- 4 Four serves vegetables (including one serve potato)
- 5+ Five or more serves wholegrain bread and cereals  
one serve = 1 slice bread, or 1/2 cup rice or pasta, or 3/4 cup breakfast cereal (preferably high fibre)

*And extra foods from these five groups according to appetite and level of activity*

## **Indulgences**

Unless weight reduction is essential, one or two extras such as a piece of cake, a scone, a few lollies or a glass of wine can be enjoyed. A small appetite means that taking the most nourishing foods first is the best thing to do, followed by the less nourishing foods (indulgences).

## **Salt**

Salt and salty foods can be used sparingly, and according to taste, except when a special low salt diet is required for medical reasons (high blood pressure, fluid retention).

## **Fluids**

6-8 cups of fluid are needed each day, and may include water, tea, coffee, milk and juice. Soft drink and cordial can also be taken.

## **Important notes about the need for even more food by some older people:**

- 1) More food than is outlined in the 1 3 3 4 5+ food plan is required by some older people to maintain their body weight at a reasonable level.
- 2) Older people with this higher requirement for energy and nutrients, and often for long periods, need extra foods in addition to the 1 3 3 4 5+ food plan to:
  - Correct underweight
  - Reverse weight loss
  - Fight an infection
  - Heal a wound
  - Recover from recent surgery
  - Rebuild a fracture
  - Meet increased needs in hyperactivity or head injury
  - Promote recovery in rehabilitation

**Older people must eat better ...not less!**

## 5.3.2 Good Nutrition for People 16-64 years: The 1 2 3 4 5+ Food Plan

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It is difficult to provide one simple guide for good nutrition in vulnerable people over the wide range of ages from 16 to 64 years.. These adults range from being active, ambulant and independently living to being vulnerable, perhaps non-ambulant and highly dependent. Some dietary principles have been given below.

### Dietary guidelines for people 16-64 years

#### 1) Ambulant individuals

- a) Enjoy a wide variety of nutritious foods
- b) Eat plenty of breads and cereals (preferably wholegrain), vegetables (including dried peas and beans) and fruits
- c) Eat a diet without too many fried foods, and one in which fats are reduced and modified
- d) Unless weight reduction is essential, a few extras such as a piece of fruit cake, a scone, a few lollies (and perhaps a glass of beer or wine) can be enjoyed
- e) Maintain a healthy body weight by balancing food intake and having regular physical activity

#### 2) Non-ambulant people who are vulnerable and highly dependent

- a) Enjoy a wide variety of nutritious foods
- b) Eat plenty of high fibre foods, particularly cereals and fruits
- c) It is best not to limit fats and fried foods (unless weight reduction is essential)
- d) Extras such as a piece of fruit cake, a scone, a few lollies (and perhaps a glass of beer or wine) can be enjoyed (unless weight reduction is essential)
- e) Maintain a healthy body weight
- f) Drink plenty of fluids

### The 1 2 3 4 5+ food plan:

- 1 One small serve of meat, fish, poultry or eggs (60g cooked)
- 2 Two serves of dairy foods  
one serve = 250 ml milk or 30g cheese or 200g yoghurt
- 3 Three serves fruit (fresh, canned or stewed)
- 4 Four serves vegetables (including one serve potato)
- 5+ Five *or more* serves wholegrain bread and cereals  
one serve = 1 slice bread or 1/2 cup rice or pasta or 3/4 cup breakfast cereal (preferably high fibre).

*And extra foods from these five groups according to appetite and level of activity*

## **Indulgences**

Unless weight reduction is essential, one or two extras such as a piece of cake, a scone, a few lollies or a glass of soft drink (or perhaps wine) can be enjoyed.

## **Salt**

Salt and salty foods may be used sparingly. Most vulnerable people enjoy tasty food. They may be in the habit of using some salt in cooking and at the table, and have favourite salty foods such as bacon, olives, sausage. The contra-indications to this use of salt follow:

- High blood pressure
- Fluid retention
- The management of specific illnesses with a low salt (sodium) diet

## **Fluids**

6-8 cups of fluid are needed each day, and may include water, tea, coffee, milk and juice. Sugary drinks such as soft drink and cordial can also be taken.

## **Important notes about the need for even more food by some younger adults:**

- 1) More food than this is required by many clients to maintain their body weight at a reasonable and healthy level.
- 2) Adults with a high requirement for energy and nutrients, and often for months and years, need extra foods in addition to the 1 2 3 4 5+ food plan to:
  - Correct underweight
  - Reverse weight loss
  - Fight an infection
  - Heal a wound
  - Recover from recent surgery
  - Rebuild a fracture
  - Meet increased needs in hyperactivity or head injury
  - Promote recovery in rehabilitation

## 5.3.3 Who Needs Extra Foods in Addition to the Daily Food Plan?

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Vulnerable people with a high need for energy and nutrients need extra foods in addition to the daily food plan, and often for months and years to:

- Correct underweight
- Reverse weight loss
- Fight an infection
- Heal a wound
- Recover from recent surgery
- Rebuild a fracture
- Promote recovery in rehabilitation
- Meet increased needs in hyperactivity or head injury

When clients need increased nourishment the best thing for them to do is to eat slightly smaller meals and include between meal snacks, say three small meals and three small snacks daily.

The problem for vulnerable people is to take more food than their appetite dictates, which means taking foods of higher value rather than increased quantities which would be the other way round of doing it.

### Ways of encouraging and planning for foods and drinks:

- *Provide encouraging comments*
- *You can help yourself by starting to eat little and often; nurture and comfort yourself with food*
- Update food preferences
- Suggest three small meals and three small snacks every day (3+3)
- Give most food when the person is most alert, or when their appetite is best—even if not at a usual mealtime (overnight may be a good time in the long break between the evening meal and breakfast)
- Allow adequate time for meals and snacks
- Provide substitutes for meals refused (such as a sandwich, cereal and milk, a glass of milk)
- Recommend use of extra milk (to ensure tolerance to milk, increase milk gradually)
- Increase energy intake with extra sugar, milk, margarine, thick soups, cream, special drinks (refer Section 5.3.3.1)
- Ask a dietitian about nourishing snacks for the person to take between meals
- A multi-vitamin and mineral supplement may be recommended (two to three times weekly)
- Encourage slight increase in activity
- Provide motivational counselling (*you will feel much better when you eat much better your leg ulcer will heal up when you are back to your best weight*)
- Always monitor weight if possible

## **Monitoring:**

- Weekly support and check of intake and weight

**Check outcome:** Obvious underweight-frailty?

**Consider referral:** to doctor, dietitian, if no improvement in two weeks (less time if severe weight loss as well)

**Some vulnerable people need extra nourishment to achieve their best weight**

### 5.3.3.1 High Energy Foods and Drinks

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Solid foods and thicker foods and fluids with the least water in them are usually high in energy value.

The food group which is the highest in energy value by weight is fat, then alcohol. Starchy foods and foods containing sugar often have high energy value (by weight) also.

At the bottom of the list with little or no energy value is fibre and water.

Foods with the most water in them are usually low in energy value, such as broths, watery fruits and vegetables.

#### High energy foods

To increase the energy value of a food:

- Add extra milk (to ensure tolerance to milk, increase milk gradually)
- Increase the value of foods by adding extra sugar, and perhaps margarine and cream
- Ask a dietitian about nourishing snacks for people to take between meals
- Always monitor weight if possible

#### High energy drinks

Special drinks can add extra food energy (kilojoules) and nutrients to the daily diet. Consider serving small amounts of these drinks if food intake is very small. These drinks are not a meal replacement and are best taken in small amounts as between meal snacks. They are best served cold

#### Points to remember about high energy drinks:

- When suggesting fortified drinks between meals, do not give large amounts at first (to avoid tummy upsets)
- The best drinks are those familiar to the client such as milkshakes, malted milks, *Milo*, *Activite*, and fruit smoothies; others include milk with skim milk powder and topping for a high energy milk shake, or an icecream soda
- Soups are useful providing they are not too watery and providing extra ingredients are added such as minced meat, a beaten egg, a tablespoon of yoghurt or cream
- The recipe measurements must be accurate to achieve the correct nourishment
- It is important for each person to receive the prescribed quantity of special drinks each day
- As milk is readily contaminated, all mixing and storing utensils must be scrupulously clean
- The drink must be stored in a covered container in the refrigerator at all times and any mixture not drunk within 24 hours **must** be thrown out to avoid possible bacterial growth.

**IN A PERSON WITH SWALLOWING DIFFICULTIES  
THERE MAY BE RISK OF FOOD AND FLUID LUNG ASPIRATION  
SO:**

- **DO NO HARM**
- **DO NOT FORCE FEED**
- **DO NOT CHANGE CLIENT'S FEEDING ROUTINE IN ANY WAY**
- **ALWAYS REFER FOR SPECIALIST ADVICE (DOCTOR, DIETITIAN)**

**Some vulnerable people need extra nourishment to achieve their  
best weight**

## 5.4 THE IMPORTANCE OF FLUID INTAKE

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Many vulnerable people (particularly frail older people and people with a disability) do not drink enough fluids.

This may be because of fear of incontinence or 'accidents' or because their toilet is difficult for them to use, particularly at night. Insufficient fluid intake will usually make incontinence worse in the long run.

Drinking too little fluid can lead to constipation and dehydration, raised body temperature and perhaps stroke. We should all drink 6-8 cups of fluid daily. This can be water, tea, coffee, fruit juice, cordial, soup or milk. Some people also take alcoholic beverages.

### **Factors affecting fluid intake:**

- Use of diuretics
- Fear of incontinence
- Alcohol intake
- Hot weather
- Reduced thirst
- Lower total body water reserves
- Swallowing problem (refer Section 3.4)

### **Conditions which affect fluid balance:**

- Excessive sweating
- Fever
- Diarrhoea, vomiting
- Fluid retention
- Infection
- Heart failure
- Diabetes
- Kidney disease
- Head injury
- Burns
- Constant drooling and dribbling
- Regurgitation and rumination (refer Section 3.8.1)

### **Relevant comments:**

- *I don't have anything to drink after 4 pm*
- *I don't have the soup-it is too much fluid*
- *I don't have 6 to 8 cups of fluid most days*
- *My mouth is dry*
- *I do not drink in case I have to go to the toilet*

## **Observations:**

- Try to identify the possible reasons why the person is not drinking enough fluid
- Why does your client not drink enough?
- Are there any other factors affecting their fluid needs?
- Would a night light help them find the toilet safely at night?

## **Simple interventions:**

- Address the problem of why the person does not drink enough
- If incontinence is a problem, encourage them to seek expert help
- Suggest small frequent drinks through the day
- Suggest they take a variety of fluids-it doesn't have to be all water
- Ask the home carer to leave poured fluids handy to the client

## **IMPORTANT NOTE:**

*To prevent serious fluid aspiration into the lungs, some vulnerable disabled people with severe feeding problems may require the addition of thickeners to their fluids. This thickness **MUST** **NOT** be changed or introduced except under expert supervision from a specialist.*

## **Monitoring:**

- Is enough fluid taken every day ?

**Check outcome:** Normal urine volume, weight constant?

**Possible referrals:** doctor, dietitian, speech pathologist (drinking problems), continence adviser

## 5.5 ALCOHOL AS PART OF A VULNERABLE PERSON'S DIET

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Vulnerable people may drink alcohol daily because they have always done it or to ease loneliness, depression or poverty. Frail older people and people with a disability are often more sensitive to alcohol at lower doses than other people.

Points to remember about alcohol as part of a vulnerable person's diet:

- As older people often have lower body weight than younger people, they have reduced tolerance to alcohol
- They are also at risk of alcohol withdrawal at much lower doses of alcohol (for example, as little as the daily use of 1-2 standard drinks of an alcoholic beverage in a small frail older person)
- Any person who is affected by alcohol should not stop taking it without medical supervision
- Withdrawal of alcohol for any reason (such as no money, or admission to hospital) can result in alcohol withdrawal symptoms (such as confusion and disorientation)

Alcohol interacts with many medications, and the combined effect may make the client feel worse. It can also affect the financial and social situation of your client. Excessive intake of alcohol is also a risk factor for poor nutrition as it may replace food in the diet.

### Relevant comments:

- *I need a drink*
- *Mary forgot to get my bottle of sherry*
- *I have two or more glasses of beer, wine, or spirits almost every day*

### Observations:

- Try to identify if a person may be drinking alcohol inappropriately
- How long has the person been drinking this amount of alcohol?
- Has the person ever sought help to change their drinking behaviour (such as attending Alcoholics Anonymous)?

### Other important issues (refer Appendix 2):

- Sudden alcohol withdrawal can be *unsafe* (always check with a doctor)
- Unusual confusion in a person who has stopped drinking alcohol suddenly
- Reduced tolerance to alcohol in vulnerable people and its possible interaction with drugs

## **Simple interventions (harm reduction strategies):**

- Address the reasons for any problems
- Take a gentle harm reduction approach when making suggestions to an adult
- Do not cease daily alcohol intake except under medical supervision
- Counsel about reduced tolerance for alcohol and its possible interaction with drugs
- Advise the person to avoid drinking alone, or between meals if possible (to lessen the risk of falls)
- Encourage the person to limit alcohol intake to one to two standard drinks a day and to have at least two alcohol free days weekly
- Encourage the use of diluents such as soda water and lemonade
- Encourage the use of *light* alcoholic beverages

## **Monitoring:**

- Safety

**Check outcome: Safety, no adverse effects?**

**Possible referral for particular advice:** pharmacist, doctor, dietitian, alcohol counsellor, *Alcoholics Anonymous*, alcohol and drugs 24 hour professional advisory services (refer Appendix 2)

## 5.6 VITAMIN D

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Vitamin D is important in maintaining the integrity and strength of the muscle and skeleton and teeth.

Regular exposure of the skin to sun, say 1-2 hours direct sunlight per week in Summer), allows the client's body to make enough vitamin D for itself.

The housebound person also needs to regularly take foods which supply vitamin D.

The only foods in the Australian diet which supply enough vitamin D are:

- Vitamin D enriched table margarine
- herrings
- mackerel
- sardines and tuna

**The most useful vitamin D recommendation for housebound people is the daily intake of vitamin D enriched table margarine (read the label to make sure that the margarine is vitamin D enriched).**

Housebound people or people who are always fully covered up and have little or no exposure to direct sunlight are at risk of vitamin D deficiency, and should also take vitamin D (5-190 mcg vitamin D daily) supplements.

## 5.7 USE OF VITAMIN AND MINERAL SUPPLEMENTS

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If a frail older person, person with a disability or homeless client has not been eating properly for more than four days, recommend a *low dose* vitamin and mineral supplement with food, three or four times weekly until the person is eating normally.

In frailty and/or serious gastric disturbance, intramuscular injection of vitamins and mineral supplements should be considered once weekly for a few weeks.

Frail older people have a similar/increased need for vitamin and mineral supplements compared to young adults. Their need for vitamin and mineral supplements may be even higher in the presence of disease.

Points to remember about vitamin and mineral supplements:

- Vitamin and mineral supplements are taken best in doses corresponding to the RDI's (recommended dietary intakes)
- Liquid form vitamin and mineral supplements taken with food may be better tolerated in underweight people
- Much higher doses of vitamin and mineral supplements are not required
- Vitamin and mineral supplements are yet another expensive medication and may not be tolerated- they may cause gastric upset.

Refer to Section 5.6 for more information about vitamin D.

## 5.8 HOW TO BE WELL-NOURISHED ON MEALS ON WHEELS (MOW)

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Guidelines for Meals on Wheels (MOW) have been planned around the needs of older people (NOT younger adults). For older persons these guidelines specify that the four food items, (soup, main course, desert, fruit/juice together supply approximately:

1/3 daily need\* for energy

1/2 daily need\* for protein

1/2 daily need\* for thiamin, riboflavin, niacin and other vitamins

1/2 daily need\* for vitamin A

1/2 daily need\* for calcium, iron, zinc and other minerals

2/3 daily need\* for vitamin C

\* Need = Recommended Dietary Intake (RDI)

This can be achieved by including the following food servings (as a minimum) in each delivered meal (weight in grams is for cooked food) to an older person:

### 1) Meat or substitute-1 serving daily:

- 75-90 gm meat, poultry, fish
- 1 cup dried peas, beans, lentils

### 2) Potato or substitute-1 serving daily:

- 90 gm potato
- 1/2-1 cup rice or pasta (occasionally)

### 3) Green Vegetable-1 serving daily:

- 60 gm green vegetable

### 4) Yellow vegetable-1 serving daily:

- 90 gm yellow, orange, red vegetable

### 5) Fruit-1 serving daily:

- 120 gm cooked or prepared fruit
- 1 medium apple, banana, pear (or substitute)

### 6) Bread or cereal or substitute-1 serving daily:

- 1 slice bread
- 1 serving bread roll, pancake, dumpling
- 1/2 muffin
- 1/2 cup breakfast cereal
- 1/2-1 cup rice or pasta (when not counted as potato substitute)

**7) Milk or substitute-1 serving daily**

- 200 ml milk (or 20 gm skim milk powder)
- 30 gm cheese (or 250 gm cottage cheese)
- 150 gm yoghurt

**8) Vitamin C supplement-1 serving daily**

- 1 small orange juice
- 90-120 gm fresh fruit (mandarin, tomato, grapefruit, pineapple, cantaloupe)
- 70 gm strawberries
- 75 ml orange juice, apple juice or blackcurrant juice
- 150 ml other juices

To achieve an adequate daily diet, two other meals are added  in the diet so that it looks something like this:

MORNING	AFTERNOON	NIGHT
Cereal + milk + sugar	Main course (MOW)	Soup (MOW)
Toast + spread + jam	Dessert (MOW)	Sandwiches
Tea + milk + sugar	Coffee + milk + sugar	Fruit, yoghurt
		Tea + milk + sugar
Fruit juice (MOW)	Tea + cake	Milk + biscuits

If a frail older person with a disability or homeless person does not take such extra foods (particularly more of the milk group, cereals and breads), they will not be getting sufficient energy and nourishment. This is particularly the case for younger active adults.

Good snacks for people to take between meals are the ones that they know and like best. These will include fruits, cake, biscuits, milk drinks, desserts, cereals with milk, bread and butter, icecream, fruit juice, yoghurt, lollies, chocolates, crisps, cheese, dried fruits, and so on.

As most vulnerable people like tasty food, they may refuse food which is not cooked with some salt.

Meals on Wheels is ONLY PART of the daily diet for any person. For more detail, refer Section 5.3.1 for older people and Section 5.3.2 for people 16 to 64 years.

**At least three meals every day are recommended for all vulnerable adults**

## 5.9 OUTLINE OF SOME FOOD AND DIETARY PROBLEMS

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Food and dietary problems vary enormously in their variety and complexity. If the client is motivated many of these simple problems can be easily resolved through simple intervention. Other clients may require assistance from specialists.

### 1) Poorly balanced or inadequate food intake (refer Section 5.9.1)

- a) Irregular meals or less than three meals a day
- b) Takes a diet with a low level of nourishment
- c) Takes a diet with a low level of fibre
- d) Excessive use of sweet or savoury foods

### 2) Does not have enough fluid: 6-8 cups of fluid most days (refer Section 5.4)

### 3) Unable to access or use a secure, clean food storage and preparation area

Some people do not have a permanent home. Many shelters and temporary lodgings, boarding houses, private hotels and most squats do not have secure, clean food storage and preparation areas.

### 4) Rummages, forages, begs and steals food

This is an important sign that the person has serious food and other needs which are not being met. Seek advice from an experienced team leader or expert.

### 5) Eats inedible substances (pica) such as dirt, grass, paper, soap, toothpaste etc.

Seek help from a psychologist.

### 6) High dependency clients with feeding problems who require foods and fluids which are modified in texture for example semi-solid food, thickened fluids

These complex clients are at high nutritional risk for many reasons. They are at high risk of food and fluid aspiration into the lungs and usually require expert assessment, information and support (refer Section 5.9.3). **DO NO HARM**

### 7) Difficult behaviours which involve the use of food (refer Section 5.9.2)

### 8) Tube feeding (enteral feeding) is required through the nose, or the stomach or the intestine

These complex clients require expert assessment, information and support refer doctor and dietitian

**Possible referral for particular advice: dietitian**

## 5.9.1 Poorly Balanced or Inadequate Food Intake?

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Use the following simple checklist to identify an adult with poor food intake:

- 1) **Irregular meals or less than three meals a day?**
- 2) **Takes a diet with a low level of nourishment?**
  - Omits to have one or more of the five food groups most days?
  - Takes less than the 1 3 3 4 5+ food plan plus extra foods (older person)?
  - Takes less than the 1 2 3 4 5+ food plan plus extra foods (younger adult)?
- 3) **Takes a diet with a low level of fibre?**
  - Does not take wholegrain or high fibre breads and cereals?
  - Does not take the skins, seeds and fibres of fruits and vegetables?
- 4) **Takes a diet lacking in enough energy?**
  - Does not take enough high energy foods when they need them (when underweight, ill or hyperactive)?
- 5) **Excessive use of sweet or savoury foods?**
  - Takes too many high energy foods when they do not need them (overweight)?
  - Clients may enjoy the taste of these foods and seek them out. They may also be forced to eat them through poor cooking skills, inadequate food preparation facilities, and lack of information about food availability and how to make better choices.

### **If you need more information on a person's food or fluid intake, the following questions may be useful:**

- 1) **Start at the beginning of a usual day**

*Do you eat anything when you first get up in the morning?*

*What do you have mid-morning? etc.*

*Have you had anything to eat and drink just now? (then work backwards)*

*What do you eat at each meal, and between meals?*

*Do you eat differently on Saturdays or Sundays?*

- 2) **Do you ever run out of food?**

*Do you have enough money to get the foods and drinks that you want?*

- 3) **Do you have difficulty eating or drinking? Hot/cold items? Soft/textured items? Small/large mouthfuls?**

- 4) **Do you have any difficulty chewing or swallowing?**

*Do you ever get a stomach ache?*

- 5) **Do any foods and drinks upset you?**

- 6) **Social, cultural, religious, and habitual food patterns and preferences?**

- 7) **What sort of food do you give your pets? Do you cook any food for your pets?**

- 8) **Which food products are purchased regularly? Checklist of common foods?**

9) **How are Meals on Wheels used (when, how, how much)?**

10) **Meals supplied by family, friends, and significant other people?**

11) **Have you a clean safe place to store, prepare and eat your food?**

Questions in italics can be asked of a person directly—other questions are to guide your observations.

If the person is a poor historian, use a checklist of food groups. This list can also be used to check food and fluid preferences and intolerances:

Meat and meat substitutes	Cakes, biscuits, pastries
Milk and milk substitutes	Sugar, soft drinks, cordials, jams, honey
Fruits and vegetables	Water
Cereals and breads	Tea, coffee
Fats, margarines, oils	Other drinks
Soups (thick, thin)	Alcoholic beverages
Salt, pepper	

If the person is not cooperative, give up and perhaps try another day.

NOTE: Some adults will be willing to keep a food record and write down everything that they eat and drink over a couple of days.

**Possible referral for particular advice:** dietitian

## 5.9.2 Difficult Behaviours Which Involve the Use of Food

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People who have socially unacceptable and abnormal eating and drinking behaviour may be exercising their control over their environment and relationships in the only way in which they can demonstrate it. It is important to try and separate such behaviour from genuine physical or mental ill health.

A frail older person may not recognise new foods and a person with an intellectual disability who has limited experience with food behaviour may refuse to eat new or different foods. Refusal to eat and drink may also be a sign of depression or withdrawal.

The mealtime can become very difficult unless there is some resolution to the problem that the person with a disability is experiencing or is presenting to their carer.

If the vulnerable person finds that the mealtime is an enjoyable and pleasant experience, they will make more effort to overcome any mental or physical difficulty encountered while eating and drinking. They will be more likely to avoid the consequences of underweight and malnutrition, which in turn makes the feeding problems worse.

Feeding problems improve when the person is well nourished because there is improved strength in the feeding and breathing functions as well as improvement in appetite.

### **Simple interventions:**

- The setting in which eating and drinking takes place should be supportive, peaceful and pleasant, without distractions such as television, pets and other people who are not eating and drinking
- Good lighting, an attractive table and crockery all assist
- Conversation about the mealtime and the food should always include the actual names of the foods and the drinks
- Attractive and recognisable food, with plenty of time to chew and swallow each mouthful is very important
- If a person has difficulty talking and eating, conversation may need to be adjusted accordingly
- Clients with a disability who experience eating and drinking as an unpleasant activity, can be assisted by the provision of a positive, peaceful and pleasant ambience and atmosphere

If a behaviour problem is identified, behaviour modification techniques can be utilised. If an anti-social behaviour occurs while eating or drinking, consideration can be given to removing the food or fluid for an interval of time, or alternatively the person can be temporarily removed from the setting in which the problem is occurring. Success in resolving or reducing the abnormal behaviour will only result if consistent action is taken. Positive reinforcement should be encouraged. The same sequence of events must occur every time the inappropriate behaviour occurs.

**Possible referral for particular advice:** always consult a psychologist or dietitian if problems persist

## 5.9.3 High Dependency Adults with Feeding Problems Who Require Foods and Fluids Which are Modified in Texture

Adults with high food-related dependency are more likely to be underweight. Such underweight can affect the musculature of the body SO MUCH that it weakens the muscles which operate chewing and swallowing food (and breathing). Improvement in body weight towards the normal range can provide great benefits to the individual with improvement in chewing swallowing (and breathing). After gaining sufficient weight, some people even begin to achieve feeding themselves!

When high dependency people require foods and fluids which are modified in texture (thickened or thinned):

- Always give the person the opportunity to enjoy a wide range of foods served in an appropriate manner
- Serve each food item separately on the plate (avoid mixing foods) so that individual flavours, textures, aromas and colours of the foods can be experienced and enjoyed
- Make sure that the client knows the names of the foods and fluids which are being served
- Most foods can be blended (pureed, vitamised) so that they are as thick as possible and look attractive; hot foods may require reheating after blending
- Avoid using water to soften foods because it reduces the nourishment and taste value of the food; use sauces, gravies, soup, broth or milk with savoury foods, and milk, juices or syrups with sweeter foods
- Blended foods should be thick enough to sit up on the plate without spreading
- Margarine or cream or oil may be added to food to increase food energy intake
- Use sauces and gravies to improve taste and ease of eating
- Any foods to be cut up should be cut up at the table in front of the client
- Eating skills need to be encouraged all of the time
- The muscles of the head, neck and chest are weak in a frail underweight person. This person has much more difficulty chewing and swallowing and is more difficult to feed than a person of more normal body weight.

### **FOOD AND FLUID LUNG ASPIRATION RISK:**

- **DO NO HARM**
- **DO NOT FORCE FEED**
- **DO NOT CHANGE CLIENTS FEEDING ROUTINE IN ANY WAY**
- **ALWAYS REFER FOR SPECIALIST ADVICE (DOCTOR, DIETITIAN)**

**Adequate nourishment and fibre value is most important.  
The daily food and fluid intake should provide sufficient energy  
to achieve or maintain a desirable body weight.**

## 5.10 BRIEF COUNSELLING METHODS

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Some people are very resistant to health information and other information that you might give them. It is challenging to find a way to motivate clients who are reluctant to change what they are doing.

The best approach is to find something small in their area of motivation or interest which is practical for them to achieve and which will give them the outcome they want.

Ask them if anything is bothering them, and then work through this background to useful activities.

The ability to change is restricted by poor quality of life and ill health. Conversely, small changes in life quality and well-being will improve the ability to change.

### **An effective motivational approach\* has been summarised below:**

- Giving . . . . . **ADVICE**
- Removing . . . . . **BARRIERS**
- Providing . . . . . **CHOICE**
- Decreasing . . . . . **DESIRABILITY**
- Practising . . . . . **EMPATHY**
- Providing . . . . . **FEEDBACK**
- Clarifying . . . . . **GOALS**
- Active . . . . . **HELPING**

### **An outline for brief counselling or FRAMES\* follows:**

- FEEDBACK** . . . . . Provide feedback on results of assessment and progress
- RESPONSIBILITY** . . Emphasise the clients responsibility for change
- ADVICE** . . . . . Give the client very clear advice about best options
- MENU** . . . . . Give the client a number of options for change
- EMPATHY** . . . . . Interact empathically with the client to enhance effectiveness
- SELF EFFICACY** . . Reinforce the clients hope, optimism, and ability

\*Miller, W.R. & Rollnick, S. (eds) 1991, Motivational interviewing, The Guildford Press, New York