Journal scan

Nutritional intake at mealtimes

People with dementia often have difficulties in eating, including self-feeding, chewing food, bringing food to the mouth and swallowing. This literature review found that people who could self-feed were often ignored at mealtimes because staff focused on those who needed to be fed.

Patients whose families visited at mealtimes, and were encouraged to help, had the best nutritional intake; this strategy is no longer available to some NHS hospital wards who exclude visitors at mealtimes.

Environmental factors were also found to be important; a relaxed, homely environment improved dietary intake and encouraged staff to spend more time with patients at mealtimes.


Hearing loss in care homes

Hearing impairment affects 80-86 per cent of people in residential care. It is associated with reduced social engagement leading to feelings of helplessness, social isolation and depression. Hearing aids are under-used; this may be because background noise levels are high, making their use difficult, or because problems with hearing are considered normal.

This observational study found that mealtimes, which should offer an opportunity for conversation between residents, always had additional noise from music or television.

Comments from residents included ‘when I come into the dining room I don’t hear nothing because there is a hell of a noise’ and ‘I often think, oh gosh, I wish they’d switch that off once in a while’.

Previous studies have suggested providing a modified listening environment to reduce background noise and encourage communication between residents but the researchers found no evidence that this was happening. They suggest that staff should regard hearing loss as a shared communication difficulty in the care setting rather than as an individual impairment.


Involvement of carers when giving information on heart disease

Managing heart disease successfully requires well-informed patients who are able to change their diet and smoking behaviour, and to manage complex drug regimens. Social support from family and friends reduces readmission rates and improves medication adherence. To fulfil these roles, carers need to be adequately informed. This can be done using a partnership model where informal carers are involved in discharge planning and are present when patients receive discharge information.

This qualitative study found that, during a hospital stay, patients thought their carers were ignored and that information was given at random times when the focus was on other issues, such as a medical examination or the nurses’ medication round.

One patient wanted her spouse present because ‘I don’t remember as well as I used to’ and another said it was important to have someone else to manage the information because ‘I have forgotten so much, I was so ill’.


Detecting cognitive decline

There is growing consensus that dementia has a long gestation period; it is known that neurofibrillary tangles and amyloid plaques, the hallmarks of pathological change in dementia, are present in the brains of young adults. This study aimed to examine if decline in cognitive function can be detected earlier than previously thought. The researchers collected data from 10,308 participants aged 45-70 and tested them three times over ten years. They found that cognitive scores declined in all age categories (45-49, 50-54, 55-59, 60-64 and 65-70) with faster decline in older people.

They conclude that dementia is the result of long-term processes over at least 20-30 years. There is growing evidence of the importance of healthy lifestyles and that ‘what is good for our hearts is also good for our heads’. Determining the age window at which potential interventions are likely to be most beneficial is a crucial next step.