

1998


## NF98-357 Alzheimer's Disease and Nutrition

Carol Ray

Wanda M. Koszewski

*University of Nebraska--Lincoln*, [wkoszewski1@unl.edu](mailto:wkoszewski1@unl.edu)

Follow this and additional works at: <http://digitalcommons.unl.edu/extensionhist>

 Part of the [Agriculture Commons](#), and the [Curriculum and Instruction Commons](#)

---

Ray, Carol and Koszewski, Wanda M., "NF98-357 Alzheimer's Disease and Nutrition" (1998). *Historical Materials from University of Nebraska-Lincoln Extension*. 528.

<http://digitalcommons.unl.edu/extensionhist/528>

This Article is brought to you for free and open access by the Extension at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Historical Materials from University of Nebraska-Lincoln Extension by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.



# NebFact



Published by Cooperative Extension, Institute of Agriculture and Natural Resources,  
University of Nebraska-Lincoln

## Alzheimer's Disease and Nutrition

*Carol Ray, Graduate Assistant*  
*Wanda M. Koszewski, Extension Nutrition Specialist*

Alzheimer's Disease is characterized by declines in brain functions that are irreversible (Alzheimer's Association). It is a form of senility which causes memory, thinking and behavioral problems. Senility is a term used to characterize behaviors and symptoms associated with diseased brain tissue.

Alzheimer's Disease is a gradual disease, usually characterized by confusion and memory loss. Examples of behavior of people with Alzheimer's (AA):

- Your wife often misplaces her keys. But last Tuesday she could not remember what they were for.
- Your grandfather likes to take daily strolls around the neighborhood. However, four times in the past month he's gotten lost and couldn't find his way home without help from a neighbor.
- Your favorite uncle can't remember your name or the names of your husband or children.

### Warning Signs to Watch For

Here are 10 warning signs of the disease (AA):

1. **Recent memory loss that affects job skills**  
Unable to remember supervisor's name after working with him or her for 10 years.
2. **Difficulty performing familiar tasks**  
When cooking a meal, the person will forget to serve it and may even forget he or she made it.
3. **Problems with language**  
May forget simple words or substitute wrong words.
4. **Confused about time and place**  
Becomes lost on their own street, not knowing where they are, how they got there or how to get

back home.

**5. Poor or decreased judgment**

May dress improperly, wearing several shirts or blouses.

**6. Problems with abstract thinking**

Balancing a checkbook may be a big challenge, when the task is harder than usual. Someone with Alzheimer's could forget completely what the numbers are and what needs to be done with them.

**7. Misplacing things**

A person may put things in improper places, such as an iron in the freezer.

**8. Changes in mood or behavior**

Everyone becomes sad or moody from time to time but someone with Alzheimer's can exhibit rapid mood swings - from calm to tears to anger, for no apparent reason.

**9. Changes in personality**

People's personalities change somewhat with age, but a person with Alzheimer's can change suddenly, becoming extremely confused, suspicious or fearful.

- 10. Loss of day-to-day activities** It's normal to tire of housework, business activities, or social obligations, but most people regain their energy. A person with Alzheimer's may become very passive and require cues and prompting to become involved.

## **Who Is At Risk**

Alzheimer's Disease strikes men and women, all races and all socioeconomic groups equally (AA). It is reported that 10 percent of those over 65 and almost half of those over age 85 have the disease. Many doctors report they are seeing an increase in Alzheimer's patients in their 40s and 50s.

## **Nutrition and The Alzheimer's Patient**

Many Alzheimer's patients have problems eating. This problem can come from many different factors, such as poor-fitting dentures, problems swallowing and loss of appetite.

The nutritional problem seen in most patients is weight loss (AA). Weight loss may be due to distractions (noises, odors, conversations) while eating. When distracted, the person may eat less or not at all.

The person caring for an Alzheimer's patient should find ways to encourage food intake and reduce mealtime confusion. The Alzheimer's Association suggests the following:

- Provide calm surroundings at mealtime. Minimize interruptions, loud noises and abrupt movements.
- Put only one item of food on the plate at a time.
- Avoid patterned plates, tablecloths and placemats which might confuse and distract the person. In most cases, use plain white plates or bowls and a contrasting placemat.

- Make positive use of distractions. If the person resists eating, take a break, involve him or her in another activity and return to eating later.
- Use memory aids to remind the person about meal times. Try a clock with large numbers and an easy to read appointment calendar with large letters and numbers or a chalk or bulletin board for recording the daily schedule.

There are nutritional factors which should be taken into account when caring for an Alzheimer's patient. The following are suggestions by the Alzheimer's Association which help a patient stay healthy:

- Serve several small meals rather than three large ones.
- Serve finger foods or serve the meal in the form of a sandwich.
- Don't serve steaming or extremely hot foods or liquids.
- Limit highly salted foods or sweets if the person has a chronic health problem, such as diabetes or hypertension.
- Fill in gaps between regular meals with healthy snacks.

If the individuals have trouble swallowing, food intake will be affected. The Alzheimer's association recommends the following:

- Blending the food or alternating small bites of food with a drink.
- Substitute fruit juice, gelatin, foods cooked with water, sherbet, fruit or soup.
- Serve mashed potatoes rather than fried potatoes.
- Offer bite-size pieces of cooked meat, turkey or chicken salads instead of sliced meat.

Set aside plenty of time for meals and give the person enough time to swallow before presenting the next bite or drink. It also is suggested the individual sit at a 90-degree angle to avoid backup of food into the throat.

## **Treatment**

Although there is no cure for Alzheimer's Disease, much research is being done to find one. There are prescription drugs available to provide temporary improvement of memory and thinking abilities. Scientists are researching drugs that will slow the progression of the disease. For more information contact the Alzheimer's Association, 1-800-272-3900 or write 919 North Michigan Avenue, Chicago, IL 60611-1676.

---

*Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Elbert C. Dickey, Director of Cooperative Extension, University of Nebraska, Institute of Agriculture and Natural Resources.*

*University of Nebraska Cooperative Extension educational programs abide with the non-discrimination policies of the University of Nebraska-Lincoln and the United States Department of Agriculture.*