Failure to Eat in Advanced Dementia

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Functional Assessment Staging Tool (FAST)*

1. Normal function
2. Forgetful
3. Decreasing job or domestic function
4. Difficulty with IADL
5. Difficulty with ADL
6. Progressive difficulty with ADL
7. End stage

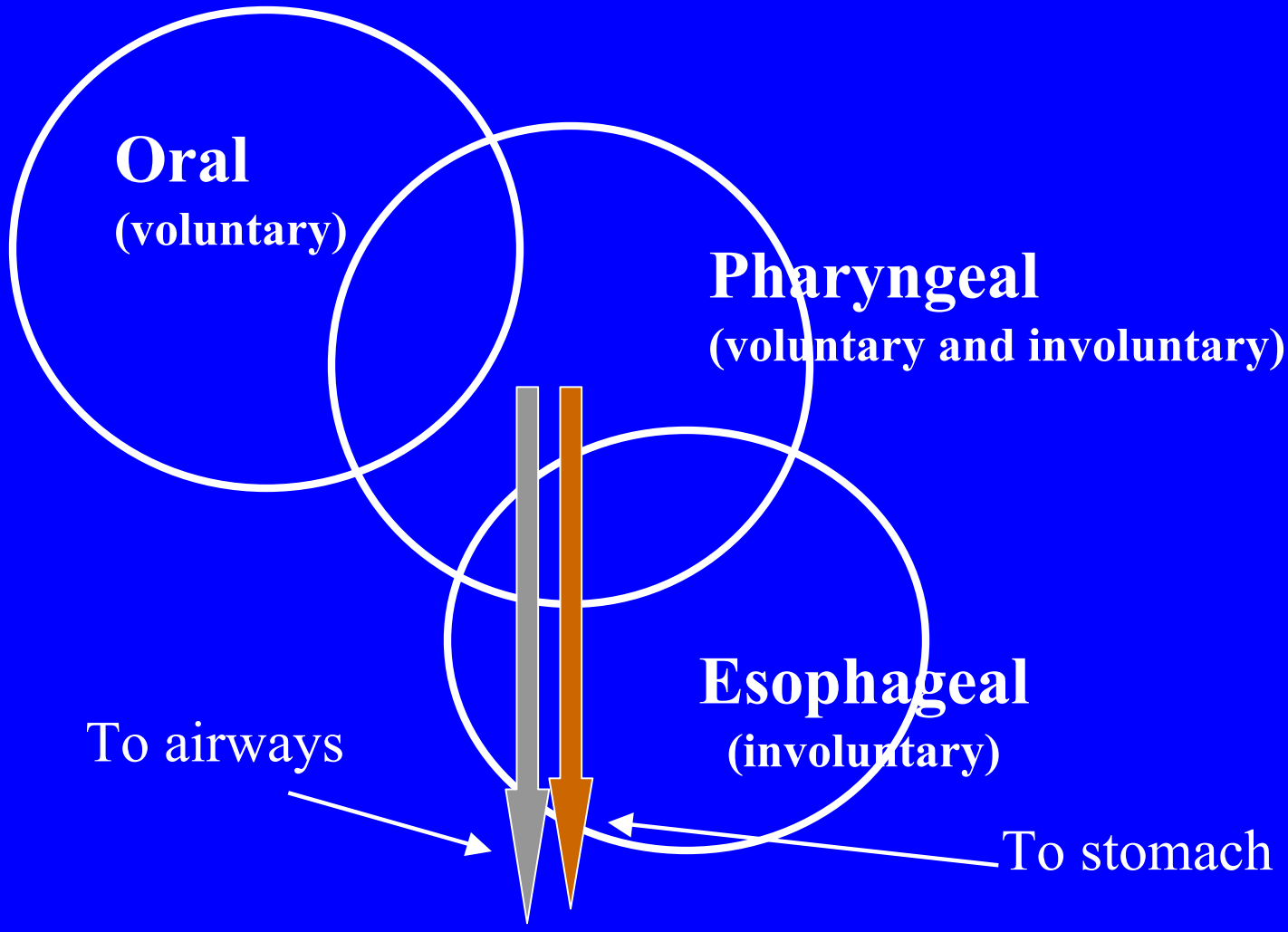
*Reisberg 1988

Functional Assessment Staging Tool

6d	Urinary incontinence
6e	Fecal incontinence
7a	Speech limited to a few words
7b	Speech limited to a word or less
7c	Can’t walk without assistance
7d	Can’t sit up without assistance
7e	Unable to smile
7f	Unable to hold head up independently

Why do patients with dementia stop eating? When? Why?

Phases of Swallowing

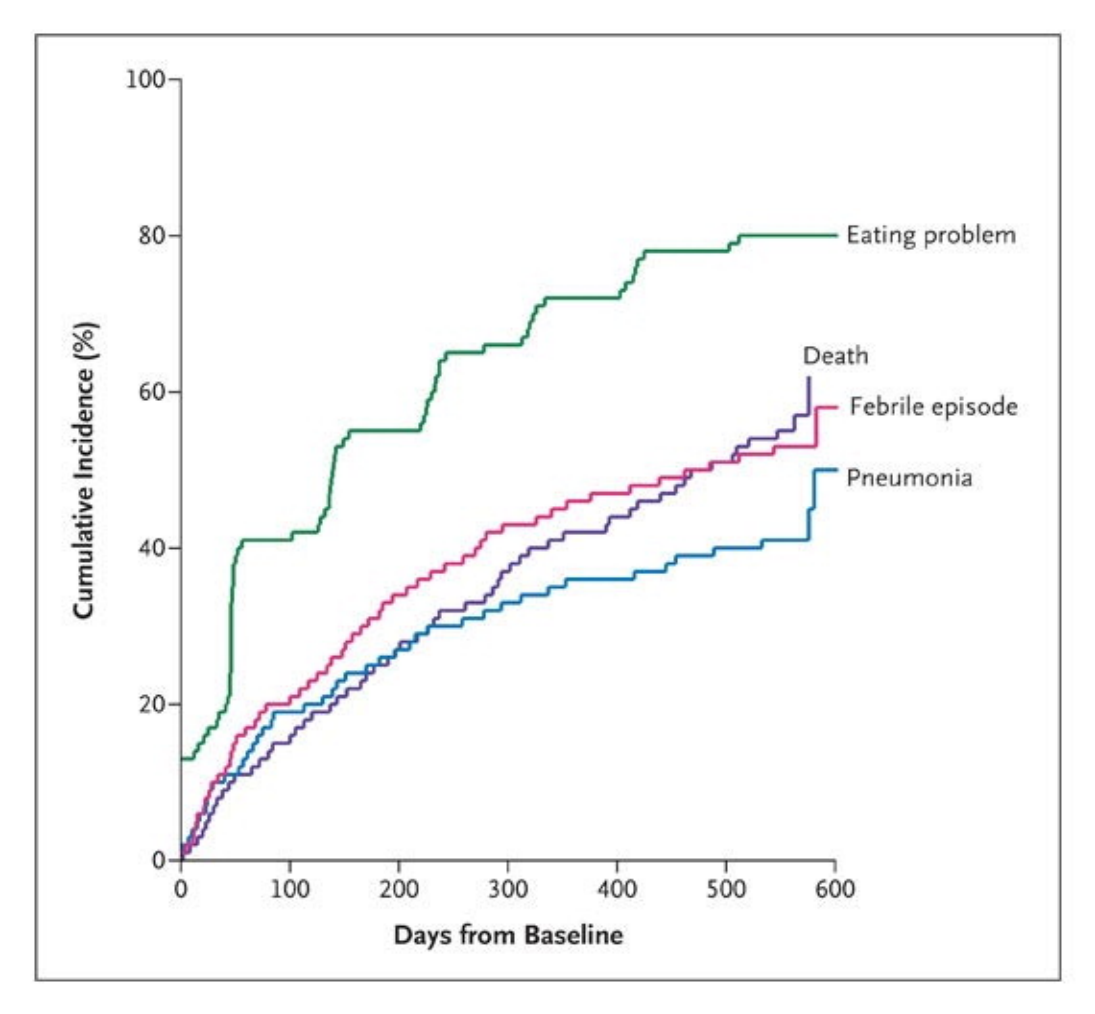


Clinical Course of Advanced Dementia*

- 18 mo. prospective study in Massachusetts nursing homes
- MDS Cognitive Performance Scale 5 or 6

*Mitchell SL, Teno JM, Kiely DK et al. NEJM 2009;361:1529

Overall Mortality and the Cumulative Incidences of Pneumonia, Febrile Episodes, *and* *Eating Problems* among 323 Nursing Home Residents with Advanced Dementia.



Mitchell SL et al. N Engl J Med 2009;361:1529-1538.

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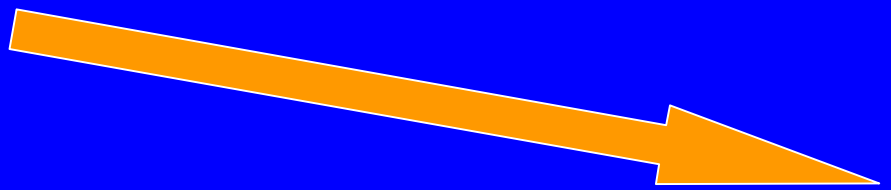
Causes of “not eating” in dementia

- Inability to obtain food
- Forgetfulness
- Failure to address food preferences



Causes of "not eating" in dementia

- Depression
- Gastrointestinal illness
- Anorexia due to medical illness (e.g. pneumonia)
- Drug toxicity
- Age-related delay in changing set point for food intake (e.g. after undereating)

Behavior following experimental dietary change in men (N=35)

	Young	Old
Overfeeding (mean 17days)	Spontaneous hypophagia and weight loss	Delayed return to normal eating; no immediate weight gain or loss
Underfeeding (mean 21 days)	Spontaneous hyperphagia and weight gain	

Roberts et al. JAMA 1994;272(20)

Managing feeding disorders

- Look for reversible causes
- Obtain recent baseline feeding history
- Expect delayed return to recent baseline
- Frequent small feedings
- Address food preferences
- Offer condiments
- Avoid restrictive diet rules

Late Stage Feeding Problems:

Aversive feeding behaviors

- Resistive/Selective
- Dyspraxia/agnosia
- Oral dyspraxia ⟶ apraxia

Blandford et al, 1998

Clinical Course of Advanced Dementia*

Patients of proxies who had an understanding of prognosis and expected complications were less likely to have "burdensome" interventions in last 3 months of life compared to those without such understanding.** OR 0.12 (95% CI 0.04-0.37)

** hospitalization, ER visit, parenteral therapy, tube feeding

*Mitchell SL, Teno JM, Kiely DK et al NEJM 2009;361:1529

Tube feeding problems
(the clinician's viewpoint)

- Tube trauma
- Cellulitis
- Malfunction and revision
- Peritonitis, bowel obstruction, death

Tube feeding problems
(the patient's viewpoint)

- Mechanical restraints
- Bloating/regurgitation
- Hyponatremia ("water logged")
- Obesity (the family's viewpoint)

Surrogate decision making: special issues

- Early dementia: assess capacity first
- Early counseling
- Transmit accurate information
- Recognize that forgoing life support is not an emergency decision
- Recognize the surrogate's dilemma
- Help surrogates distinguish between their own pain and that of the patient

END