

# Five reasons why a person with dementia may refuse to eat



It can be frightening as well as frustrating when your loved one refuses to eat their once-favorite foods or drink liquids regularly. It is potentially dangerous as well – dehydration and unintended weight loss can contribute to a decline in function and set the stage for malnutrition and additional health complications. Even more concerning is the fact that your loved one may no longer be able to articulate what the problem is.

Why are these behavioral changes occurring in the absence of known acute illness or infection? There are several possible explanations:

1. *Mouth pain/chewing problems.* If your loved one has had a history of dental problems, shows signs of discomfort when attempting to eat, or frequently touches their mouth or jaw area, consider there may be a broken tooth or other dental issue that requires immediate medical attention. Changes in solid food consistencies, such as to a minced moist or pureed form, may be needed.
2. *Swallowing problems.* A risk of choking is associated with a diagnosis of dysphagia, which may be a result of a stroke or other neurological injury or

disease. To reduce the risk of choking, solid foods may need to be ground or pureed, and liquids may need to be thickened to nectar-like or honey-like consistencies. Have your loved one see a physician for a diagnosis and evaluated by a speech and language pathologist (SLP) to determine the types of solid and liquid best suited for their medical condition.

3. *Changes in perceptions of taste and/or smell.* Commonly seen among survivors of COVID-19, as well as among those undergoing cancer treatments or taking certain prescribed medications, foods once enjoyed may now be avoided **due to the perception of bitter, metallic, or other altered taste sensations.** In addition, the aromas associated with foods may be likewise altered or even entirely absent. If medication side effects are suspected, ask the registered pharmacist (RPh) to review all the medications (prescription and non-prescription) and other vitamins, minerals, herbal preparations, and other supplements to rule these out as a potential contributing factor (and contact the physician for medication alternatives). If a medical condition is suspected, review with the primary care physician the possible contributing diagnoses and treatment outcomes. Have the physician order a consult with a Registered Dietitian (RD) so that nutritionally balanced meals can be planned while reducing or avoiding the “offensive” foods while adding flavor with additional unsalted herbs and spices.
4. *Loss of ability to sense hunger or thirst.* This may be the most frustrating issue for a caretaker, as your loved one no longer has the urge to eat or drink and does not possess the cognitive ability to wonder why. Once a physician confirms that this may be the cause, strategies will include anticipating the food and fluid needs and setting a predictable pattern for feeding breakfast, lunch, and dinner meals with snacks. Based on the medical diet type (such as for diabetes, hypertension, etc.) feeding times may need to work in tandem with medication administration. Patience and encouragement are needed, and foods may need to be high in caloric and nutrient densities to reduce the amount of time spent eating. Oral high calorie-high protein nutritional supplements may also be prescribed by the physician or Registered Dietitian. Weekly monitoring of the person’s weight is generally recommended.
5. *Clinical depression.* Depression is not uncommon among those with various forms of dementia, such as Alzheimer’s disease or Parkinson’s disease. A diagnosis of depression by a physician is often treated with medication, some of which have favorable side effects that promote increased appetite and weight gain. Based on the type of antidepressant prescribed, it may take several weeks before a change in appetite is seen. Weekly monitoring of the person’s weight is recommended to monitor progress and to help ensure that weight gains do not become unfavorable over time. Unfortunately, non-drug treatments such as psychotherapy may not work well with dementia patients who no longer have sharp critical thinking and analytical skills.

For additional information on dementia and nutritional care, please check out the following:

1. Academy of Nutrition and Dietetics
2. American Medical Association
3. American Speech-Language-Hearing Association
4. Alzheimer’s Association
5. National Center for Complementary and Integrative Health

6. American Pharmacists Association
7. American Psychological Association
8. American Psychiatric Association
9. Parkinson's Foundation
10. American Dental Association