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September 23, 2007

Sherry James
Iowa Department of Elders Affairs
510 East 12th Street, Suite 2
Des Moines, IA 50319-9025

Dear Ms James,

I am writing to express my thoughts and input on Alzheimer's disease and its impact on those with this diagnosis. As a registered dietitian who has worked in CCDI units and dementia specific assisted living units, my main concern is the nutritional care provided to those with dementia and the impact this Task Force can have on providing nutritional care for those here in my home state.

As the population ages, the prevalence of cognitive impairment including Alzheimer's will become an increasing burden on the health care system. Because life expectancy has increased, the likelihood that elderly individuals will demonstrate loss of cognitive function the longer they live becomes greater. With Iowa's population of elderly increasing this will certainly place a stress on already tight funding dollars.

The values of treating dementia/Alzheimer's disease are many. Treatment regimes may improve functioning, maintain current level of functioning, or slow decline in functioning. This provides more quality time and time to make decisions for those suffering from this diagnosis.

One of these treatments should include nutrition management to maintain intake and the increased calorie needs often required in this population. Although challenging and ever changing, nutrition management requires individualization according to the client's ability and current stage of disease. It is well documented that death rate is lowest when body weight as a percentage of usual body weight is maintained within 90%; serum albumen is >3.5 gm/dl; hematocrit is >41% and serum cholesterol is maintained >160 mg/dl.

The consequences of poor nutritional health include increased health costs and decreased health outcomes. Without proper nutrition this population is susceptible to increased risk of infections, respiratory problems, skin breakdown with ulceration, poor wound healing, weakness and poor mobility, and impaired cardiac function.

The dementia resident may demonstrate numerous symptoms that effect eating. The registered dietitian is trained in identifying many of these symptoms and is well educated

in the clinical observations that may occur with malnutrition and dehydration as well as the loss of texture tolerance most generally seen in those with Alzheimer's.

During my 30+ years as a registered dietitian working with this population I have identified approaches that work and some that have not been successful. Serving larger meals at breakfast and dinner have most often worked for the majority of this population with smaller intake at supper due to "sundowning." Providing nutrient-dense familiar foods—super pudding, super oatmeal, super mashed potatoes and other comfort foods with additional corn syrup, syrups, honey, half and half and margarines are ideas and recipes that the registered dietitians can provide to families.

Nutrition approaches may also be used to calm those with dementia. Research has suggested that food rich in carbohydrates or B6 may have a calming effect on brain chemistry. Minimizing mealtime confusion, offering finger foods, providing only the utensils needed and demonstrating the action of eating and drinking have also been found to be successful.

Providing adequate nutrition and appropriate feeding for those with Alzheimer's is a challenge. Assessing the person's eating skills, including chewing and swallowing, interest in food, attention span, resources to support help with feeding, potential need for nutrition support, and prognosis, is essential to develop a rational plan of care for maintaining or improving nutritional status that is so very important in this population.

I ask, that as you convene this task force that you include nutritional care in the services provided to this population.

Sincerely,

Kathleen C. Niedert (electronically signed)

Kathleen C. Niedert, ABD, MBA, RD, CSG, LD, FADA