

Title:

Subjective vs. Objective Assessment of Mealtime Difficulties in Persons With Dementia in the Acute Care

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Session Title:

Health Promotion in the Patient With Dementia

Slot:

C 05: Sunday, 29 October 2017: 10:45 AM-11:30 AM

Scheduled Time:

11:05 AM

Keywords:

Dementia, Hospitalization and Mealtime difficulties

References:

Aselage, M.B., Amella, E.J., & Watson, R. (2011). State of the science: Alleviating mealtime difficulties in nursing home residents with dementia. *Nursing Outlook*. 59:210-214. doi: 10.1016/j.outlook.2011.05.009.

Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (2011). Evidence-based geriatric nursing protocols for best practice (4th ed.). New York: Springer Publishing Company.

Clisset, P., Porock, D., Harwood, R.H., & Gladman, J.R. (2013). The challenges of achieving person-centered care in acute hospitals: a qualitative study of people with dementia and their families. *International Journal of Nursing Studies*. 50:1495-1503. <http://dx.doi.org/10.1016/j.ijnurstu.2013.03.001>

Huang, H., Chang, C., Liu, L., Lin, H. & Chen, C. (2013). Trajectories and predictors of functional decline of hospitalized older patients. *Journal of Clinical Nursing*. 22:1322-1331. <http://dx.doi.org/10.1111/jocn.12055>.

Larsen, L.K. & Uhrenfeldt, L. (2013). Patient's lived experiences of a reduced intake of food and drinks during illness: a literature review. *Scandinavian Journal of Caring Science*. 27:184-194.

Abstract Summary:

Acutely hospitalized persons with dementia (PWD) are being discharged more undernourished than upon admission. This study determined if mealtime difficulties in hospitalized PWD are being adequately recognized by nurses and what factors influence under-recognition of mealtime difficulties. Subjective and objective eating difficulty assessment in the inpatient setting were investigated.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
To identify the level of agreement between subjective and objective assessment of mealtime difficulties in hospitalized PWD.	RN assessment of mealtime difficulties in PWD were less accurate than the Edinburgh Feeding Evaluation in Dementia Scale (EdFED) in forty percent (40%) of all assessments. ²¹ There was a moderate level of agreement between RN subjective assessment results and the objective Feeding Abilities Assessment (FAA) tool ($\tau=0.59$, $p= 0.0001$). There was moderate agreement between the EdFED tool and both the RN assessment ($\tau=0.35$, $p=.002$) and the FAA ($\tau=0.64$,

	p=0.000). The FAA tool and RN assessments each had strong association at EdFED scores 7 and above, but the likelihood of association ranged 0%-66% at EdFED scores 1-6. Study findings indicate the EdFED tool was most precise in detecting mealtime difficulties in PWD.
To describe factors that contribute to failure of RN subjective assessment of patients in the recognition of mealtime difficulties in persons with dementia.	RN subjective assessment was consistent among the MMSE-2 levels of cognition, normal, moderate, or severe (p=0.9). RN claim to have observed the patient did not improve accuracy of assessment. Information from pre-hospitalization caregivers regarding mealtime issues was seldom utilized.
To define an impact of failed recognition of mealtime difficulties on all-cause 30-day readmissions.	An incidental finding was 30-day readmissions in 30% of missed mealtime difficulty assessments by RNs and FAA.

Abstract Text:

Acutely hospitalized persons with dementia (PWD) are being discharged more undernourished than upon admission (Larsen & Uhrenfeldt, 2013). The majority of the research on eating, feeding, and mealtime difficulties has been conducted in long term care which may not be valid in the inpatient setting (Aselage, Amella & Watson, 2011). Inpatient nurses may not recognize factors which hinder nutritional intake in adults with dementia Clisset, Porock, Harwood & Gladman, 2013). It is critical for nurses to assess nutritional needs in order to appropriately plan and address interventions to prevent undernutrition (Boltz, Capezutie, Fulmer & Zwicker, 2011). The study purpose was to determine if mealtime difficulties in hospitalized PWD are being adequately recognized by nurses and if higher cognitive functioning in PWD is an influencing factor in under-recognition of mealtime difficulties. The aims of the study: 1) identify the level of agreement between RN subjective and objective assessment with the Feeding Abilities Assessment (FAA) and the Edinburgh Feeding Evaluation in Dementia Scale (EdFED) of mealtime difficulties during inpatient assessment, 2) determine if there is an agreement between the two objective tools, and 3) determine if RN subjective identification of mealtime difficulties differs among the Mini Mental State Exam (MMSE-2) categorical levels of cognition (normal, moderate, or severe) in PWD. An exploratory design was used with a convenience sample of 50 PWD recruited from acute care medical/surgical units in two hospitals by 40 RN subjects during a single study meal. There was a moderate level of agreement between RN subjective assessment results and the objective FAA tool ($\tau=0.59$, $p=0.0001$). There was moderate agreement between the EdFED tool and both the RN assessment ($\tau=0.35$, $p=.002$) and the FAA ($\tau=0.64$, $p=0.000$). The FAA tool and RN assessments each had strong association at EdFED scores 7 and above, but the likelihood of association ranged 0%-66% at EdFED scores 1-6. Study findings indicate the EdFED tool was most precise in detecting mealtime difficulties in PWD. An incidental finding was 30-day readmissions in 30% of missed mealtime difficulty assessments by RNs and FAA (Huang et. al, 2013). RN subjective assessment was consistent among the MMSE-2 levels of cognition, normal, moderate, or severe ($p=0.9$). Inpatient settings should consider adopting the EdFED tool for assessment of mealtime difficulties in PWD.