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

Karen M. Mayer, PhD, MHA
Rush Oak Park Hospital, Oak Park, IL, USA

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:

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:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>To identify the level of agreement between subjective and objective assessment of mealtime difficulties in hospitalized PWD.</td>
<td>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 (τ=0.59, p= 0.0001). There was moderate agreement between the EdFED tool and both the RN assessment (τ=0.35, p=.002) and the FAA (τ=0.64,</td>
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### 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 (τ=0.59, p = 0.0001). There was moderate agreement between the EdFED tool and both the RN assessment (τ=0.35, p =0.002) and the FAA (τ=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.