

CHAPTER 3

NUTRITION IN INDIVIDUALS WITH DEMENTIA

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INTRODUCTION

Dementia is a syndrome with a rapidly increasing global prevalence, imposing a growing social and economic burden. The most common subtype is Alzheimer's disease. Although there is currently no curative treatment, approaches focusing on alleviating symptoms, improving the quality of life of patients and caregivers, and slowing the disease progression have come to the forefront. Among these, nutritional interventions are considered particularly important. This section aims to evaluate nutrition and dietary approaches in individuals with dementia.

DEFINITION AND PREVALENCE OF DEMENTIA

As outlined in the 11th revision of the International Classification of Diseases (ICD-11), dementia refers to the impairment of two or more cognitive domains beyond what would be expected for an individual's age and prior cognitive status.

Dementia places a considerable strain not only on affected individuals but also on their families and the broader community. Among patients, increased anxiety, depression, and dependence, together with coexisting comorbidities, may lead to a more complex clinical course. For families, heightened anxiety, depression, and the additional time required to care for their loved ones are major challenges. At the societal level, the economic cost is considerable due to healthcare services and related expenditures (1). Dementia is increasingly prevalent worldwide due to aging populations. Prevalence is estimated to double every five years after the age of 65. Among individuals aged 60 and older, the prevalence of dementia varies between 5% and 7% (2). By the age of 85, the prevalence reaches 50%. Worldwide projections indicate that the number of dementia cases may double every two

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CONCLUSION AND RECOMMENDATIONS

- Dementia patients who may be vulnerable to malnutrition should undergo early screening, and interventions must be tailored to individual needs.
- Oral nutrition should be prioritized; food should be presented in an appealing way both visually and in taste, and the mealtime environment should be calm and supportive.
- Nutritional supplements should only be used in cases of clinically confirmed deficiencies; unnecessary and routine use should be avoided.
- Parenteral nutrition should be viewed as a temporary solution for individuals with mild to moderate dementia facing reversible crises, and is not advised for those with advanced dementia or in the final stages of life.
- Educational programs designed for caregivers have been shown to reduce their stress levels while also positively influencing the nutritional status of individuals with dementia.
- Given that male caregivers often require more support with meal preparation and domestic care tasks, tailored training content should be developed specifically for this group.
- In conclusion, it is essential to provide support not only for individuals with dementia but also for caregivers in achieving adequate and balanced nutrition. Nutritional interventions planned for people with dementia should be structured with consideration of the caregivers' well-being, as they are directly affected by the process.

Nutritional care in individuals with dementia is a fundamental and indispensable component at all stages of the disease. Success in combating malnutrition depends not only on individual interventions, but also on multidisciplinary approaches involving collaboration among professionals such as dietitians, nurses, physicians, and speech therapists. Therefore, implementing personalized, multi-component strategies based on interprofessional coordination is of critical importance.

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