



## *When They Won't Eat*

Food plays such an important role in American life, not only for sustenance, but it is a huge part of our social framework. During the most important milestones in our lifetime, food becomes central to our gatherings. Picture in your mind birthday parties, Thanksgiving, New Year's parties and Memorial Day picnics. What do you see? Friends and families gathered around enjoying each other's company, laughing and telling stories while sharing a meal. When you return home after a long time being away, what do Moms want to do? Feed you. Meal preparation and eating keeps us together as families and is so central to our social gatherings that food takes on a new meaning during illness.

Since eating is such an important activity for families, the slightest change in your loved one's appetite may be upsetting to you. A change in eating pattern can stem from something quite simple, like room temperature, or it could be from a complex medical problem, so it's important to discuss eating pattern changes with your loved one's doctor or hospice nurse.

Here are a few factors that may be affecting your loved one's appetite along with some suggestions that may help.

Impaired vision makes food appear bland and boring. Using colorful foods with different textures, separated on a plate will increase the visual appeal of the meal. Keep the food as a whole as possible when first presenting the plate. Cut, chop or mash the food after it is presented. As they say, presentation is everything.

Reduction in smell and taste again makes food seem bland and boring. Adding very aromatic spices, herbs, extracts, lemon, and garlic will help stimulate an appetite.

Medications may alter your loved one's taste or reduce their appetite. Ask your loved one's doctor or pharmacist to review their medications for these side effects and request substitute medications, if possible.

Difficulties chewing may come from teeth, gum or denture problems. A dentist should be consulted to look at problems and make corrections or adjustments made. Chewing problems can be resolved by replacing raw vegetables and fresh fruits with cooked vegetables, canned fruit or juices. Substituting tough meat with soft foods including ground or shredded meats, cooked dry beans, fish and eggs may increase intake. Also mashed potatoes, mashed sweet potatoes, oatmeal, egg salad, and custards are good choices if your loved one is having issues with chewing.

Constipation causes a feeling of fullness, which reduces appetite. If your loved one is already constipated let your hospice nurse or doctor know. Constipation may be caused by medications, a reduction in activity level and decreased fluid intake. There are many good, over-the-counter laxatives which they can recommend. Constipation can be prevented or lessened by increasing fluid intake (limit caffeine which can worsen constipation through dehydration). Increasing fiber intake through fruits, vegetables and grains (20 – 35 grams daily), limiting low fiber foods, daily exercise, establishing a bowel routine and adding fiber supplements if fluid intake is good may also help.

Dining alone does not stimulate the appetite. Eating is a social event and is best when enjoyed with another person or group. Recruit family members and neighbors to bring in meals to share.

Nausea can be caused by medications or even by certain nutritional supplements. If nausea is limiting intake the following suggestions may help.

- Increase fluid intake between meals but limit fluids with the meal, especially cold liquids. Sipping hot tea may help.
- Limit foods with strong or lingering odors (fish, fried foods).
- Ask your loved one to ask for what they want and when they want it.
- Encourage them to eat small portions several times a day.
- Sometimes liquids are better than solids.
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- Do not force your loved one to eat.
- Try soft foods like gelatin, soup, broth and sherbet.
- Try bland foods such as a BRAT diet for severe nausea (bananas, rice, applesauce, and toast).
- Avoid heavy desserts and sweet syrups.
- Hard candy, popsicles, and ice chips help produce saliva and keep the mouth moist.

Finding the cause of a loss of appetite and correcting it is key to maintaining wellness. A reduced intake of calories, vitamins, minerals, and fluids contribute to malnutrition and dehydration.

However, as difficult as it is to deal with a loved one's decrease in food and fluid consumption, it is a natural occurrence at the end of life. The body is no longer in a survival mode so patients typically do not experience hunger or thirst and stop eating and drinking naturally. When a loved one stops taking in food, it is the family members who struggle most with accepting the situation. Allowing the loved one to go without food and fluids goes against everything we know to be true for recovery thus we are forced to face the inevitable loss of our loved one. Various values and belief systems lead some patients and families to choose artificial nutrition and hydration. It's important to find out early what your loved one wanted at this juncture and communicate those wishes with their healthcare provider.

If your loved one does stop eating or drinking near the end of life, there are additional resources within this library with care giving techniques to alleviate side effects that may occur.