

Chapter 4: Catering for special diets and the food based approach

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Chapter 4

Special Diets



Food-based nutrition support for residents at risk of malnutrition

- Description of and how to implement nutrient-density:
 - Food fortification
 - Snacks
 - Drinks
- Individualised according to the needs and preferences of residents



Dysphagia

- Signs and symptoms of swallowing problems
- IDDSI and local NHS policy
- Putting the individual at the centre when decisions need to be made



Dementia

- Understanding the challenges and difficulties those with dementia face
- Ways to overcome and create a dementia friendly environment and culture



Diabetes

- Importance of a multi-disciplinary approach
- Focusses on the National Advisory Panel recommendations, including:
 - Regular meals and snacks
 - Slow release carbohydrates
 - Not offering sugar-free but avoiding sugary drinks/adding sugar
 - Avoiding “diabetic” labelled foods
- Not to unnecessarily restrict someone’s diet



Vegetarian & Vegan Diets

- Description of vegetarian and vegan diets
- Reducing the risk of nutritional deficiencies
- Varied meal and dessert ideas



Religious & Cultural Diets

- Understanding the difference between religious and cultural diets
- What is acceptable compared with restricted
- An individual approach and highlighting the responsibility of the care provider



Healthier eating for residents who wish to lose weight

- Concern about a high body weight should be approached with caution
- Weight loss should be the resident's choice and discussed with the wider MDT
- Weight maintenance or preventing weight gain may be a more appropriate nutritional goal



Mental health conditions

- Can cause or contribute to weight loss or gain
- May require MDT input (and sometimes mental health services)
- Other strategies should be personalised to the resident's behaviour



Palliative care/end of life care

- Malnutrition can be common as chronic disease progresses
- Nutritional goals should be considered alongside wider medical management and the needs and wishes of the resident
- Ceilings of care and withdrawal of medical treatments may indicate that nutritional care goals may need to change too



Food allergy

- UK legislation requires all food services to provide information about the presence of any of the 14 specified allergens in the food they serve to residents, staff or visitors.
 - Celery, Cereals containing gluten, Crustaceans, Eggs, Fish, Lupin, Milk, Molluscs, Nuts, Peanuts, Sesame, Soya, Sulphur Dioxide (sulphites), Mustard
- Information on food allergies must be recorded and communicated on admission
- Care homes should have a clear approach within their food policy on how they manage food allergy



Kidney (renal) disease

- If dietary restriction is required this should be recommended and guided by a specialist renal dietitian
- Restrictions will likely include one or more of the following:
 - Potassium
 - Phosphorus
 - Sodium
 - Fluid
- Malnutrition risk can increase as kidney disease progresses