

NOURISHING MOMENTS

*A guide to food and eating for those with
advanced, life-limiting illness*



**by Dr Marion Taylor, Melissa Pasanen
and Valda Brechmanis**

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Cover: Lunch is served - comfort food from the Hospice kitchen.
Photo: Valda Brechmanis

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FOREWORD

In my role as Patron of Hospice New Zealand and also as I am a nurse, cook-book writer and run a cooking school, people often ask me for help and recipes to assist in caring for the very ill or for patients in the care of Hospices. This booklet has arrived at a very opportune time to respond to these many requests. I am delighted to write a foreword to it.

People's relationship to food changes with their illness and it is so helpful to have such an excellent, valuable resource to call upon.

Breaking bread together and sharing a meal is as old as time. Food does so much more for us than fuel our appetites and provide nutrients. This booklet explores all avenues - it is a wonderful informative guide, a practical and knowledgeable support to patients and their families through a very difficult time.

Jo Seagar



ACKNOWLEDGEMENTS

The printing of this booklet would not have been possible without the generous financial support of the Hospice Whanganui Foundation.

Special thanks to Jo Seagar who so graciously agreed to write the foreword, and who does so much for Hospices in New Zealand.

Many Hospice patients, families and staff agreed to be interviewed for this project, and they gave their honest opinions and ideas on food at this crucial point in illness. I am very grateful to them all for their contributions.

I would like to acknowledge the effort and inspiration provided by Melissa Pasanen, Vermont-based freelance journalist with a special interest in food and agriculture, and long-time contributor to the Burlington (VT) Free Press. Melissa worked as a volunteer chef at Hospice Whanganui while her Physician husband Mark took up a post at Whanganui Hospital in 2009. It was during this period that the idea for such a booklet germinated. Melissa has remained involved and has helped with research and editing.

Valda Brechmanis who was the Hospice chef when this project first began, provided many ideas and photos for the booklet and I value Valda's continuing interest and enthusiasm for this project. Valda is still a member of senior staff at Hospice Whanganui, and manages Public Relations and Volunteer Services.

I would like to acknowledge Abbott Laboratories, NZ Ltd., who gave permission for use of their Ensure recipes.

Marion Taylor
April 2013

ACKNOWLEDGEMENTS

On behalf of the Board of Trustees of Hospice Whanganui I wish to acknowledge the work of Dr Marion Taylor in the development of this resource for patients and families. Marion who is in her tenth year as Medical Officer with Hospice Whanganui, has always been committed to improving the quality of life of people coping with the challenges of living with a life-limiting illness. This book, produced over four years, is a fine example of this commitment and I believe will make a positive difference in the lives of many people.

Robert Handley
Chairman of the Board
Hospice Whanganui

April 2013

INTRODUCTION

This booklet has come about because of the questions and suggestions from Hospice patients and families on how to prepare food for someone who is very ill or nearing the end of their life. It is hardly surprising that there is very little on this subject in bookshops, libraries or internet web sites. Perhaps this topic is regarded as "too hard".



Food and eating are a fundamental part of human life and when someone becomes seriously ill their relationship with food may change drastically. This can be very upsetting for family members who are doing their best to provide sustenance. "He won't eat anything I make!" is a common complaint from a frazzled spouse. Even worse is "he wanted a roast but by the time I had made it he had gone right off the idea." Families worry that their loved one will lose strength without adequate food and mealtimes can add stress at an already difficult time.

In this booklet we will explore the complex task of providing sustenance to those who are seriously ill. We will look at:

- The symbolism of food in health and illness
- The effects of illness on appetite
- The changes that occur in taste, smell, swallowing and digestion.

We will also address other factors that interfere with the enjoyment of eating, such as treatment with drugs, radiotherapy and chemotherapy. In addition we will touch on some of the emotional factors that may arise at this stage of life.

Drawing on the experience of a wide variety of people in

professional or family roles we'll describe how they coped with symptoms such as loss of appetite, nausea and changes in sense of taste and smell. We will investigate the use of food supplements, vitamins and alternative remedies, and will provide some guidelines on meal preparation and presentation to tempt the most reluctant of palates. The appendix contains a list of ideas on ready-made meals for those who are too ill, busy or tired to cook.

Included will be a discussion on the practice of tube feeding, and the critical issue of when to stop feeding someone who is no longer able to eat or drink. There are many textbooks on nutrition for different conditions and it is not our intention to compete with them. We will confine ourselves to the sorts of situations that occur at a fairly late stage in a loved one's illness, when a different approach is needed. We hope that this booklet will be a source of sustenance and comfort both to our brave patients and their wonderful families who continue to amaze and inspire those who work with them.

THE AUTHORS



From left: Marion Taylor, Valda Brechmanis, Melissa Pasanen

EVERYTHING IS CHANGING

Food is one of the basic necessities of life. In all cultures throughout history food has played an important role in sustaining the body and providing satisfaction to the senses and emotions. People have many rituals associated with food - from the simple daily gathering together to share meals, to the larger celebrations of life. Hippocrates (460-377 BC) often considered the father of western medicine said "*Let food be thy medicine and medicine be thy food*". The concept of food as medicine still holds in many cultures, particularly in the east.

What happens, then, when through illness, you or a friend or family member, become unable to eat or to enjoy food? Illness itself can cause a loss of appetite or nausea. Medications, radiotherapy and chemotherapy may add to this, reducing the desire to eat or making you feel full very quickly. Combine this with the problems of a sore, dry mouth, and constipation or diarrhoea, and you can easily spiral into food avoidance, weight loss, weakness and social isolation or depression.



Well-meaning family members and friends may add to your misery by trying to get you to eat your 'favourite' dishes and they may become upset and depressed when you turn them away. Sometimes, just to keep the peace you try to oblige and end up feeling worse. Then someone else comes along with 'just the right thing' and you cause offence all over again by preferring what they have to offer.

We will look at some of the causes of poor appetite in illness and we will offer some solutions. This will be a shared journey of exploration and experimentation, and we will be your travelling

companions. Keep an open mind! There are few 'quick fixes' in this booklet and none of the solutions can claim to be curative. What you will find is some collective wisdom gleaned through years of experience, and some well tried and tested remedies. This is not the final word on the subject and it is presented in such a way that you can pick and choose those sections that are useful to you.

The bibliography provides some research evidence and further resources for those who are interested to find out more.



APPETITE AND WEIGHT

When you are ill or have been diagnosed with cancer one of the things that you may notice is that your appetite has changed. There are many reasons for this. The illness itself may have this effect, making you feel generally unwell and unenthusiastic. Other causes for your loss of appetite may be pain, medication, radiotherapy, chemotherapy or depression, or any combination of these. Each of these causes can be reviewed by a specialist, community nurse or GP and some medical solutions may be found. For example, once your pain is relieved, you may start to feel more enthusiastic about life again and your appetite may be restored. Suzy, Hospice care assistant, has noticed that "as people feel better, you can see their appetite come back". Sometimes a course of steroids is prescribed to stimulate the appetite and a sense of well-being.

While eating may not change the course of the illness it may help you to feel better emotionally, give you more energy and improve your enjoyment of life.

Studies show that appetite and ability to eat are among the most important physical aspects of quality of life. In advanced illness the loss of ability to taste, chew, swallow and digest food, as well as to absorb nutrients and eliminate waste products independently are



among the most significant losses. Carers need to be mindful of their feelings of "he must eat or he will die", "food is love" and "feeding him is my job".

The term 'anorexia' is sometimes used for this kind of appetite loss, but it is very different from the eating disorder, anorexia nervosa. Loss of appetite, early satiety

(feeling full before you have eaten enough), bloating and cachexia (loss of weight, fat and muscle mass) are usually caused by the cancer itself or by the side effects of treatment. Regardless of the cause, most cancer-related anorexia can be limited with a little careful planning and creativity. However it is important that well-meaning family and friends do not make this more of a problem than it needs to be, and ***if someone really cannot face eating, there is no benefit in forcing them.***



HELPFUL HINTS

You will probably find that your appetite fluctuates, so make use of the good days to indulge a little more. ***Reduce portion sizes to small, and eat frequently.*** Snacking and 'grazing' are alright. Keep a supply of snacks and drinks on hand, and encourage yourself to have some at regular intervals. If you feel like it, have it! Try eating more in the mornings if that's when your appetite is better.

Hospice patient Paddy had always enjoyed eating his food. As his illness progressed he started to find eating a chore. So he ate foods he really liked, such as peaches and ice-cream, and smoothies. He was ***careful to have a light meal at night*** "so digestion doesn't keep me up", in his words.



Try to create a relaxed atmosphere at mealtimes by choosing a pleasant environment. Vary the place and the company. You may prefer to distract yourself from the task of eating by watching a TV programme, listening to music or to a talking book. Be flexible and make eating as enjoyable as possible. The company of family and friends may help. Don't save your best china for Christmas; get it out and use it, and why not treat yourself to flowers on your table

or tray. You deserve it!

You might like to **revert to comfort foods from your childhood** such as mince and mashed potatoes followed by rice pudding. Basil realised that he needed to keep on eating to keep his strength up. He had always been a roast and potatoes man, and had eaten what was given to him. When his cancer progressed he found it harder to get through a normal meal but his eyes lit up at the mention of fruit puddings like crumble. "I really like that. They do a lot of good for the inner man". His wife Diana was accepting of Basil's change in appetite and this enabled Basil to not feel guilty. The presentation of your food can make a difference to how you feel about it. **A large plate with a small portion on it** can be more appealing than a crowded plate. Some of the best



restaurants use this trick! Keep serving spoons away from well-meaning relatives, and try using smaller utensils such as a teaspoon.

The cooks in our kitchen work hard to prepare foods that patients like and in a form they can easily digest at this time in their lives e.g. "maybe not the whole roast joint of meat, but some roast vegies and a lamb chop or lamb patty. It'll give you the same smell; the person can still get excited about the aroma". The experience of chewing the food, the feel of the food in the mouth and the associated aromas are sometimes enough to satisfy the desire for food. Some people for whom swallowing food is difficult (perhaps due to digestive problems or obstructions) might chew the food and then discard it without swallowing the solid. The experience of the food in the mouth can still be satisfying.

The use of seasonings, sauces and dressings can enhance flavour if your taste buds are sluggish. A squeeze of lemon juice in a glass of water can stimulate saliva and get your taste-buds going. A glass of wine, beer or sherry can **whet your appetite before meals.**

Check with your nurse or doctor whether this would be ok for you.

If you feel very full after a very small amount, choose foods that are nutritionally dense, such as nuts, seeds, dried fruits, cheese, cream cheese, eggs, sour cream, salad dressings, butter or margarine, ice cream, peanut butter, jam, honey, or supplements such as Ensure, Fortisip, Complan or Milo. That way you can pack a lot of calories into a small volume. Avoid drinking fluids at meal-times as they will make you feel full quickly. **Avoid nutrient-poor drinks** like tea, coffee, and fizzy drinks **when your appetite is poor.**

If weight loss is a problem, enhance your protein intake with protein-rich foods such as cheese, cottage

cheese, cream cheese or ricotta, eggs, beans, peas, lentils, soya products, meat, fish, poultry, milk and milk products, nuts, peanut butter and yoghurt. Supplementary drinks such as Ensure, Fortisip or Complan can help to prevent loss of muscle, particularly in prolonged illness. They also help conserve energy by reducing the work of preparation and chewing. In some situations you can have a supplementary drink prescribed by your doctor or specialist. Ask your community nurse or doctor about this. (See the section titled "Some Liquid Recipes" on page 37). ***Don't put pressure on yourself or be pressurised by others to eat if you really don't feel like it.***



Meat can be off-putting when you lack appetite or feel nauseated. It can also taste metallic. Soya products can be a good alternative. Soya milk or silken tofu can be blended into smoothies and soups for a protein boost. Almond and cashew 'milks' provide protein as well as vegetable fats.



APPETITE AND WEIGHT - KEY POINTS

- ❖ *Eating may not change the course of your illness but it may help you to feel better emotionally, give you more energy and improve your enjoyment of life*
- ❖ *If someone really cannot face eating, do not force them*
- ❖ *Reduce portion sizes and eat frequently*
- ❖ *Have a light meal at night*
- ❖ *Create a relaxed atmosphere at mealtimes*
- ❖ *Revert to comfort foods from your childhood*
- ❖ *Serve a small portion on a large plate*
- ❖ *Stimulate your appetite with sherry, wine, beer or a squeeze of lemon juice in water*
- ❖ *Avoid nutrient-poor drinks when your appetite is poor*
- ❖ *To combat weight loss, increase your protein intake with protein-rich foods*



NAUSEA AND VOMITING

Very fortunately nausea and vomiting are usually temporary conditions. They may occur on starting some medications such as morphine, or following chemotherapy and radiotherapy. There are some very effective medical treatments for nausea and vomiting. Make sure you consult your doctor or nurse about the most appropriate medications for your situation. Stress and anxiety may aggravate nausea, so any method to reduce stress may be helpful, for example relaxation, massage, meditation and hypnotherapy or guided imagery.



HELPFUL HINTS

Have ***small, frequent meals to prevent the nausea of hunger.***

Avoid over-seasoned foods or rich fatty foods. Cool or cold foods are less likely to induce nausea. Having crackers, dry biscuits or dry toast or cereal can prevent nausea first thing in the morning.

Nausea can be provoked or aggravated by strong cooking smells (e.g. onions, garlic, or fish).



Bland foods such as mashed potatoes, rice, macaroni-cheese, cottage cheese, rice pudding or vanilla ice cream ***can be soothing*** when nausea persists.

Sherbet, sorbet, tinned fruits, and yoghurt may be light and refreshing.

This is a good time to ***avoid your favourite foods;*** otherwise you may

later associate them with nausea.

Sipping clear, cool and fizzy drinks may help. Complementary practitioner Kathleen Keith suggests pineapple juice, ginger or pawpaw for nausea. Ginger tea or ginger ale can be particularly refreshing. ***Sipping through the straw of a covered cup may***

reduce the smell of a drink. Try to stay upright or semi-upright for as long as possible after eating, as this aids digestion and reduces the likelihood of reflux or regurgitation. Wearing loose clothes and being close to an open window can help keep nausea at bay. Some people find an acupressure wrist band helpful. They are available in most pharmacies. Fresh air, good oral hygiene, and a cool gel pack on the back of the neck are also solutions that some people have found helpful.

Replace any fluids lost through vomiting with **sips of clear fluids**, in order to **prevent dehydration**. Electrolyte replacement fluids (such as sports drinks or Enerlyte) can be helpful in replacing essential minerals lost through vomiting. Other helpful drinks are Japanese Miso soup, broth or consommé, iced black, green or herbal tea.

If you are **in the midst of chemotherapy treatment, avoid your favourite foods on treatment days** so that you do not develop an aversion to them. Wait until two hours after your treatment before attempting to eat. Try to drink little and often. Slowly reintroduce solid foods, avoiding anything fatty or rich. If nausea, vomiting or feelings of bloating persist, seek medical advice.



NAUSEA AND VOMITING - KEY POINTS

- ❖ *Small frequent meals prevent the nausea of hunger*
- ❖ *Bland foods can be soothing*
- ❖ *Avoid your favourite foods while nauseated and on chemotherapy days*
- ❖ *Sipping clear, cool and fizzy drinks may help nausea and prevent dehydration*



TASTE AND SMELL

Taste may change at any stage during illness. Cancers can cause changes in taste perception. Loss of taste may follow chemotherapy or radiotherapy or there may be a persistent metallic taste. Altered taste sensation can be a sign of zinc deficiency and zinc supplementation can sometimes improve this. If a metallic taste persists try using plastic cutlery, chopsticks or ceramic Chinese spoons. All foods may taste bland or there may be loss of taste for particular foods such as (commonly) red meat. It's worth having a mouth check for infections such as candida ("thrush") which can cause soreness and altered taste. It's easy to treat.

If loss or change of taste is an issue try **servicing foods at room temperature instead of hot**. Drink bottled or filtered water if you are bothered by the taste of tap water. Fresh fruit and vegetables are often still appetising. Eggs, pasta and milk dishes may be well tolerated. Fruit smoothies often go down well. Provided your mouth is not sore, try citrus juices and other tart sauces or dressings to enhance flavours. Lemon sorbet is a nice treat and may be an appetite enhancer. Experiment with herbs, spices, dressings and pickles to enhance flavour.

Unpleasant taste can sometimes be relieved by sucking on strong-flavoured hard sweets or chewing on mint-flavoured gum. Mouth rinsing with a conventional mouthwash or fruit juice, soda water, tea or salt water may help. Soda bicarbonate (baking soda) in

solution may be used as a mouth wash and applied with a soft toothbrush as a cleanser for the tongue. If you have a persistent bad taste consider having a dental check-up.



In some cancers and advanced illness, **the sense of smell**

becomes very sensitive. This is a good time to avoid strong perfumes and intense cooking smells (such as garlic and fish) and encourage others at home to do the same. Stick with bland foods. A smoothie, served in a ***cup with a lid on it may reduce the possible aversion to the smell of a drink.***



TASTE AND SMELL - KEY POINTS

- ❖ *The senses of taste and smell may change*
- ❖ *Try serving food at room temperature instead of hot*
- ❖ *Avoid strong cooking smells (e.g. garlic and fish)*
- ❖ *Using a cup with a lid may mask the smell of a drink*



DRY/SORE MOUTH AND DIFFICULTY SWALLOWING

Most people with advanced illness have some degree of dry mouth. There are many reasons for this. **Most of the medications used for pain cause a dry mouth.** So do radiation and some types of chemotherapy. Dehydration may be a contributing factor, and mouth breathing or snoring can aggravate it. **A lack of saliva makes it difficult to chew and swallow.** When there is dryness, soreness often follows and mouth infections like thrush or herpes can set in.



It is important to ask your nurse or doctor to look in your mouth. Addressing the cause of dryness and soreness can make a big difference to your comfort and enjoyment of food. There are effective non-medical remedies for a dry sore mouth (see recipe section for home-made mouth-washes on page 36). Artificial saliva is available on prescription.

Following radiotherapy or chemotherapy it may take quite some time (up to several weeks) to improve your sense of taste and mouth comfort. During this time soft and bland foods will be the easiest to manage. All foods should be moistened, softened or pureed. Tea, coffee, alcohol and smoking are very drying to the mouth and should be avoided where possible.

The Hospice chef suggested that if someone can't cope with solid food, show them the plated food first, then take it away and puree it, "so that they can see it's real food before they get a plate of 'baby food'. Perhaps encourage them by saying 'let's try it this way today', to help them get over this hurdle." Hospice volunteer, Jennifer finds that patients often "love soft food". On her list of favourites in this category are mashed potato, soft chicken breasts

baked in the oven with butter, flour and paprika, fish in parsley cream sauce, potato casserole made with a packet of onion soup mix, and mini meat-loaves, made in muffin cups (see recipes on page 40).

This is the time to **choose fruits and juices that are low in acid**, such as apples, bananas and canned fruits. Fruit nectars and fruit drinks may be more palatable than fruit juices. Fruit ice blocks can be soothing. Small pieces of chilled fruit such as melon, berries, banana slices, peach slices, mandarins, oranges, and grapes may be refreshing. Ice cold milk-shakes or smoothies made with fruit and yoghurt are often well-tolerated and also a good way to maintain an intake of fluid, calories, vitamins, protein and fibre. Some patients have appreciated smoothies with peaches, ice cream and an egg added for extra protein.



This is a time to avoid hard, crunchy, salty, spicy or pickled foods. Hot foods may be uncomfortable, and drinks are best served cold or at room temperature. Caffeinated or highly sugared drinks may aggravate dry mouth and dehydration. Mouth-washes containing alcohol should be avoided for the same reason.

Swallowing medication can become very difficult when your mouth is dry or sore. One way round this is to **swallow tablets with a spoon of yoghurt**, which is bland and slippery, and can mask the unpleasant taste of some medications. Where possible tablets can be crushed, and capsules opened, and the contents sprinkled onto food or liquid.

There are two other situations where swallowing may be a major problem. The first is in conditions affecting the nerves and muscles of swallowing. This includes conditions such as Amyotrophic Lateral Sclerosis (ALS - a progressive neurological disease which causes weakness and wasting of muscle), Motor Neurone Disease and Stroke. Many Stroke patients get some recovery. For those with progressive neurological conditions, the muscles of chewing and swallowing inevitably become weaker with time and there is a real risk of food being aspirated (inhaled), causing choking and adding to respiratory problems.

In order to help someone with difficulty swallowing it is important to acknowledge that eating may take longer than previously, and they may not be able to converse during a meal. There may be more mess and spills, so attractive and easily washable tablecloths, napkins and aprons may be needed. Smaller portions are better, so plates and other utensils can be 'downsized'. Straws may be helpful, and tilting the chin towards the chest can ease swallowing. Concentrating on the act of swallowing can help. ***Family meals in front of the television may ease the pressure on the person who finds it difficult to eat and talk.***

Foods that bind well together in the mouth are easier to chew and swallow e.g. mashed potatoes. Rice grains tend to separate



in the mouth and are more difficult to control. Minced beef can have the same effect as rice, while minced steak may slide down quite easily. Liquids that are thicker tend to go down easier and are less of a choking risk than thin liquids. Milkshakes and smoothies are good options. Thickening powders can be added to other drinks if needed. With progressive conditions food preparation will need to

continuously adapt. Initially ordinary soft foods may be tolerated, but in time foods may need to be shredded, ground or pureed.

The second situation that can present an obstacle to swallowing is in cancer of the oesophagus where there is a mechanical obstruction to swallowing, even though the person may have a reasonable appetite. This is a very particular problem with its own solutions. One possible solution is the placement of a stent in the oesophagus, by a surgeon, to maintain its patency. Another possibility is the surgical insertion of a "PEG" tube* into the stomach, through which pureed food or liquid is inserted. The benefits and disadvantages of these procedures always need careful discussion with a surgeon. This is best done as early in the illness as possible, rather than in a crisis.

If it is not feasible to relieve or bypass the obstruction, a third solution is to allow the person to taste and chew small amounts of foods, and to swill liquids, and then spit them into a discreet basin or bucket. Hospice patient, John really missed being able to enjoy a beer when he could no longer swallow. He was encouraged to take a small mouthful and hold it for as long as possible before spitting it out. This way he enjoyed the taste and even the effect of the beer.



In very advanced illness a person may no longer be able to tolerate food or fluids by mouth. If they have a PEG tube in place this can be used for liquid feeding and for medication. With or without a tube, a person may no longer feel any hunger or thirst and may decide that they do not want any further food or fluids. This can create a dilemma for family and caregivers. The decision about whether to give artificial fluids is a very individual matter, to be talked through with the person, their family, and the nursing/ medical team. If someone is not able to speak for themselves, they

may have made their wishes clear in an Advance Care Plan, or they may have appointed an enduring power of attorney (EPOA) to represent their best interests. Nursing and medical staff will take everything into consideration when giving advice at this stage, and will discuss the benefits and potential harms of giving artificial fluids. The ultimate goal will always be the person's comfort and wellbeing.



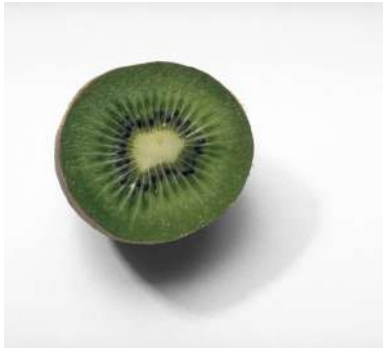
DRY/SORE MOUTH AND SWALLOWING - KEY POINTS

- ❖ *Most medications taken for pain cause a dry mouth*
- ❖ *A lack of saliva makes it difficult to chew and swallow*
- ❖ *Choose fruit juices that are low in acid when the mouth is sore*
- ❖ *Family meals in front of the television may ease the pressure on the person who finds it difficult to eat and talk*
- ❖ *Foods that bind well together in the mouth are easier to chew and swallow*

*PEG tube - Percutaneous Endoscopic Gastrostomy

CONSTIPATION

While the subject of bowels does not usually appear in everyday conversation, or cook books, it becomes very important in times of illness. Constipation is a common problem and can be due to lack of mobility and difficulty eating fibrous foods. Most of the pain medications cause constipation by slowing down the rate at which food passes through the bowels. Dehydration may also be a factor.



Increasing fruit and vegetables in the diet can help to some extent. Prune juice, Kiwi Crush or warm drinks may stimulate the bowels. Rice bran, oat bran, ground linseed and flax seed are some other natural options. It is very important to keep up your water intake, especially if using any of the bran-containing foods, as they

work by drawing water into the bowel, and so make the bowel motions more moist.

Fortunately there are some very effective but gentle medications for this situation. Seek medical advice if constipation is a problem for you, as it can affect your appetite and quality of life.

DIARRHOEA, WIND AND CRAMPS

The bowels may be disturbed by chemotherapy, radiotherapy, infections, changes in diet, and emotional upset. Usually these situations can be remedied. Keeping up a good fluid intake and a bland, low-fibre diet can help. Avoid foods like cauliflower, broccoli, cabbage, beans, raw fruit and vegetables as well as drinks

such as caffeine, which stimulate the bowel. If diarrhoea becomes problematic, stick to clear fluids, including soups such as Miso. If diarrhoea does not settle, and if it is accompanied by nausea, vomiting and abdominal pain, seek medical help.

In some people radiotherapy may cause lactose intolerance, which may trigger diarrhoea. Eliminating dairy produce may help, but yoghurt and cheese are usually well-tolerated as the lactose in them has already been broken down.



HELPFUL HINTS FOR DEALING WITH DIARRHOEA

Foods that may help

Rice, porridge oats, barley water, mashed banana, potatoes, dry toast, oatcakes, clear soups, soya protein, grated nutmeg.

Foods to avoid

Hot and spicy foods, prunes, figs, apples, pears, citrus fruits and their juices, raw fruit and vegetables, sugar, caffeine, gas-producing foods such as beans and peas.

Dehydration

As a result of vomiting, diarrhoea, sweating or a large urine output, someone may become acutely dehydrated and experience thirst.

As long as they are able to drink extra fluids, this is the best remedy. If they are not able to take anything by mouth, then it may be appropriate for them to have artificial fluids by a different route. In the Hospice setting this would be subcutaneously (through a needle under the skin). This is generally only offered if it will make a



significant difference to the person, and it is usually only continued for a short time, until such time as they are able to drink again. If they are very close to the end of life, **artificial fluids** may not be offered as they may not be helpful and **may cause harm** (e.g. fluid overload, fluid in the lungs, heart and kidney failure). This is an important topic to discuss with the nurses and doctors if there is any concern. No-one is denied fluids if they are truly needed. Many people nearing the end of life are not thirsty but may have a dry mouth, in which case good mouth care is very important.



MEMORY LOSS, DEMENTIA & ALZHEIMER'S

Special consideration needs to be given to caring for someone with significant memory and cognitive disability. Mealtimes need to be as pleasant and enjoyable as possible, catering to the specific needs and preferences of the individual. Involvement of the person in the



meal preparation and social situation can increase a feeling of connectedness and usefulness. A relaxed, inviting environment with its sights, sounds and smells can make a huge difference to the experience of eating. This may be achieved through homely surroundings, pleasant colours and a quiet atmosphere. ***Something as simple as the smell of freshly-baked bread can trigger a positive response.*** Good memories may be evoked by recreating significant

aspects of a person's life story, such as a trip to the market or garden, or being included in the preparation of vegetables.

With cognitive impairment there may be a reduction in the perception of hunger and thirst, and a reduced sense of taste and smell. Chewing and swallowing may be difficult, and using utensils may become more challenging. Depression at the loss of physical control is common in this situation. Caregivers and staff need to be alert to these possibilities. Gentle prompting of appropriate mealtime routines can have a significant impact.

To make things easier for the person with memory loss, help them to concentrate by ***servicing only one course at a time.*** They may need to be reminded to swallow. Finger foods may be easiest to manage. Baked finger foods are easier to handle than the deep fried variety. Finger foods need to cover all the food groups, and include a variety of tastes and aromas. ***Beware of items such as***

grapes and cocktail sausages which are often the cause of choking episodes!

Some examples of possible finger foods include:

- Lightly steamed vegetables such as broccoli, carrot sticks, green beans, baby sweet-corn
- Meat, fruit or vegetables cooked separately or combined in mini-quiches, terrines or meat loaves
- Messy foods rolled in crushed nuts or breadcrumbs for easier handling
- Wrapped foods such as filo pastry, pancakes, fritters, spring rolls, rice paper or wonton wraps
- Desserts such as mini carrot cakes, tarts and firm custards

Hydration

Older people and those with memory impairment are at risk of dehydration. ***The sensation of thirst may be reduced.*** Poor

mobility, confusion and heart or kidney problems can cause fluid and salt imbalance. Dehydration may make people tired, cranky, constipated and stiff-jointed, and it may cause headaches, nausea and muscle cramps. They may become more prone to urinary infections. Severe dehydration may cause coma, seizures and death. The signs of mild dehydration may be thirst, dry lips,



a dry mouth, flushed skin, irritability, headache, darker urine and decreased urinary output. In severe dehydration additional signs may be blue lips, blotchy skin, confusion, lethargy, cold hands and feet, rapid shallow breathing, a rapid pulse, low blood pressure, dizziness, fever and fainting. In this situation the person may be unable or unwilling to take fluids by mouth, and medical advice should be sought. Giving artificial fluids will need to be discussed

carefully, in the context of the person's likelihood of benefitting, and their prior wishes.

Assisted eating

When someone is no longer able to feed him or herself, they will need assistance, and they may be well aware of their loss of independence. In order to maintain their dignity the following Do's and Don'ts may help:



Do

- ☺ Come to the table with everything you need
- ☺ Sit on the side where they can see you best
- ☺ Talk to them about what's going on, describe the meal, ask if they want a particular food and let them know what you are doing
- ☺ Use the appropriate size of spoon
- ☺ Raise the spoon to a level where they can see it
- ☺ Give them time to open their mouth
- ☺ Allow them to wipe their mouth, if able
- ☺ Offer drinks regularly
- ☺ Finish the meal with appropriate closing remarks

Don't

- ☹ Walk away from them once the meal has begun
- ☹ Take part in a conversation not including them
- ☹ Give them a food you have not identified first
- ☹ Put too much on the spoon
- ☹ Mix foods together unless they like this
- ☹ Hover a spoon in front of them
- ☹ Use a spoon to scrape food off their lips, teeth or gums
- ☹ Use a bib to wipe their mouth
- ☹ Pack up and walk away without acknowledgement

SPECIAL SITUATIONS:

(1) RENAL FAILURE

Generally it is best to choose whatever foods you like and enjoy. However, if you have advanced kidney failure you may want to follow the dietary guidelines that will reduce the burden on your kidneys. Such a diet would be low in salt (sodium) and relatively low in potassium. A dietician can advise you after discussing your particular situation, but the following general guidelines may help:

- Protein is an essential part of your diet but when your kidneys are not functioning normally, eating too much or too little protein can make you feel unwell. As a rough guide choose a 'palm-sized' portion of meat
- To keep your salt intake low and try to avoid processed foods. Fresh and home-cooked meals are best. Use no more than a pinch of iodised salt when cooking
- Avoid adding salt at the table
- Avoid salty foods such as ham, bacon, sausages, corned beef, smoked fish, salted chips, salted nuts, instant noodles, instant soups, stock cubes, salted crackers, salty sauces, and pickles, most take away foods
- Use fresh herbs, spices, flavoured vinegars and lemon juice for extra flavour
- Do not use artificial salts such as "Losalt" as they contain potassium and are not advised in kidney disease
- Continue to drink your usual amounts of fluid i.e. 6-8 cups a day of water, tea, coffee soft drinks or cordials

Fruit and vegetables are very important in your meals, but they do contain **potassium**. When the kidneys are not operating



normally potassium levels may rise too high. It is important to have your potassium checked regularly. **You may be advised to avoid foods high in potassium. Such foods include:** bananas, pure fruit juices, dried fruit, potatoes, silver beet, tomatoes, and citrus fruits.

Another mineral which may accumulate when the kidneys are under-functioning is **phosphate**. Together with calcium, phosphate helps to keep the bones strong. If the phosphate level is too high, it may cause a dry itchy skin, painful joints and weakness of the bones. If you are advised to **reduce your phosphate intake** then reduce or stop the following foods: Milk, cheese, yoghurt, ice-cream, calcium-enriched milk, peanut butter, sardines, Coca Cola and Pepsi.

Energy intake

It is important to try to maintain a healthy weight and this may mean increasing the amount of carbohydrate (starchy foods) and fat (oils and margarine) in your diet.

Starchy foods include: Breakfast cereals, breads, crackers, biscuits, rice, and pasta. **Oils and margarines include:** Sunflower, canola, rice bran and olive oils.



Eating well can help you to maintain your weight and feel your best when you have chronic kidney disease. If your appetite is not so good and you are not eating your usual amounts, then have small frequent snacks instead. If you are diabetic you may need to reduce your medication and you may need specific dietary advice. Do not take any vitamin supplements that are not prescribed for you. Discuss your needs with your doctor and ask to see a dietician for further help.

See www.kidneys.co.nz for helpful information.

SPECIAL SITUATIONS: (2) HEART FAILURE

Your choice of food is a very individual matter, but in advanced heart failure it is helpful to keep your salt intake to a maximum of 2g daily (see the previous section for a reduced salt diet). A dietician can help work out the best diet for you. Fluid restriction may also be suggested by your doctor or specialist but this needs to be balanced with your lifestyle and capability. Generally a diet low in cholesterol and animal fat is advised. It is also advisable to avoid alcohol or keep it to a minimum. The following are general guidelines:

- Eat a diet rich in fruit and vegetables, 4-6 servings/day
- Choose whole grain, high fibre foods
- Limit your intake of saturated fat, trans-fats and cholesterol by choosing lean meats, fish and vegetarian alternatives e.g. beans, lentils and tofu
- Select fat-free and low-fat dairy produce
- Minimize your intake of hydrogenated fats e.g. margarines
- Minimize your intake of sugar-containing foods and drinks
- Choose and prepare foods with little or no salt
- Moderate your alcohol intake to no more than 1 standard drink daily for women and 2 standard drinks a day for men



For extra flavour try these salt-free herb blends:

For chicken, fish or pork

¼ cup ground ginger, 2 tablespoons each of ground cinnamon and ground cloves, 1 tablespoon each of ground allspice and aniseed (seeds)

Mixed herb blend for salads, pasta, vegetables, soup or fish

¼ cup dried parsley flakes, 2 tablespoons dried tarragon, 1
tablespoon each of dried oregano, dill, and celery flakes

***Italian blend for tomato-based soups, pasta, chicken, pizza,
focaccia***

2 tablespoons each of dried basil, marjoram, thyme, crushed dried
rosemary, crushed red pepper, 1 tablespoon each of garlic powder,
dried oregano

***Easy dip blend for mixing with low-fat cottage cheese,
yoghurt, or low-fat sour cream***

½ cup dried dill, 1 tablespoon each of dried chives, garlic powder,
dried lemon peel, dried chervil



FOOD AND VITAMIN SUPPLEMENTS

While it is very tempting, on being diagnosed with cancer, to search for treatments outside of "conventional" medicine, no clinical study has ever shown that massive doses of vitamin supplements can prevent or cure cancer or any chronic disease. In fact the results of some studies have indicated that the opposite is true i.e. there may be an increased risk of harm when large doses of, for example, Vitamin A or Vitamin E are taken.

Scientific and anecdotal evidence increasingly suggest that a varied diet, not individual chemicals or supplements, are key components for basic health and well-being.

The "phytochemicals" in fresh fruit and vegetables are thought to have a protective effect in the behaviour of our defence systems in fighting cancer. According to the cancer research authors of *Foods That Fight Cancer*, *"These substances could therefore represent the greatest weapon at our disposal in fighting the spread of cancer."*

Foods particularly high in anti-cancer phytochemicals are: blueberries, broccoli, cabbage, citrus, garlic, grapes, green tea, soya beans, strawberries, tomatoes and turmeric.

Complementary practitioner Kathleen Keith tells patients and families ***"If you love me don't feed me junk food"***. This is so true whether it's a tiny baby, a hyperactive child or a dying loved one. "That doesn't mean everything has to be super-healthy", she



clarifies. "A few treats are OK but not eaten exclusively, and they should be the best they can be, e.g. French fries freshly made from the local fish and chip shop." Kathleen recommends chicken soup with the bones boiled down until there's nothing left on them, or pumpkin soup, preferably home-made (see recipe on page 41). Jelly is good too, but with added fruit and real gelatine. Eating small, frequent meals (or "grazing") is good. For nausea, pineapple juice, ginger and paw-paw can help.

If you decide to use complementary/alternative medicines (CAM) it is worth finding out exactly what is in them and discussing this with your nurse or doctor. Most doctors these days are aware of CAM use, and are not judgemental about this. ***However there are important interactions between some CAM treatments and conventional medicines***, so it is best to be up-front about what you are taking. For example there is some evidence that anti-oxidants may reduce the beneficial effects of radiotherapy. Most CAM will do no harm but beware of buying expensive remedies which are claimed to cure cancer, with no evidence to back the claims. This is an interesting and controversial area and there is now a good deal of research to help you make fully informed decisions. Hospice staff will happily discuss this with you.



Oral nutritional supplements (ready-made liquid feeds, or powders which are mixed with water or milk such as Ensure, Complan, or Pulmocare) are not generally advised unless you are not able to maintain your weight by food intake alone. These supplements are a top-up food and generally not a replacement. They are usually taken between meals, and not at meal-times, but this depends on an individual's circumstances. Check with your doctor whether you qualify for subsidised food supplements.

HOME REMEDIES FOR A DRY OR SORE MOUTH



For a dry mouth or coated tongue

- * Cider and soda, in equal parts, applied to the tongue with a soft toothbrush, and swirled round the mouth, then spat out
- * Soda bicarbonate mouthwash - Mix together: 1 teaspoon salt, 1 teaspoon baking soda, 1 cup water. Make up daily and store in the fridge. Swirl and spit as often as needed
- * $\frac{1}{4}$ effervescent ascorbic acid (Vitamin C) placed on the tongue
- * Suck on chilled pineapple chunks, fresh if possible

To stimulate saliva

- * Ice chips
- * Ice blocks
- * Chewing gum
- * Fruit drops, lemon drops, boiled sweets
- * Sips of cold and/or carbonated lemon or pineapple drinks
- * Sips 2% citric acid solution
- * Pineapple juice and/or chunks, chilled or frozen

For dry lips

- * Apply Vaseline to the lips every 4 hours to avoid drying or cracking

SOME LIQUID RECIPES

Very Berry Smoothie

1 small pottle berry yoghurt
½ cup fresh or frozen berries
4 tablespoons vanilla ice cream
200ml milk, flavoured milk OR 1 can
Strawberry Ensure Plus
Soy, almond or rice milk may be substituted
Blend all ingredients for 1-2 minutes until smooth



Triple Fruit Smoothie

½ cup frozen whole raspberries
½ cup frozen whole strawberries
½ banana sliced
200mls chilled milk or Vanilla Ensure Plus
Blend until smooth

Tropical Smoothie

½ cup crushed pineapple
1 medium orange peeled and sectioned
1 teaspoon vanilla extract
1 teaspoon orange extract
5 ice cubes
Optional: 1/8 teaspoon nutmeg, fresh mint (especially for those having chemotherapy)
Blend all ingredients together

Chocolate Shake

1 cup ice cold milk, rice milk, soya milk or Vanilla Ensure Plus
1 heaped teaspoon chocolate powder OR 2 heaped tablespoons
carob powder
2 cups of ice cubes
Blend until smooth

SIMPLE MEAL IDEAS

At times it's difficult to know what you might like to eat. You have an idea that something might appeal, and just as quickly, that idea becomes unappealing. On this list is simple fare we have prepared many times at Hospice, as they seem to be perennial favourites.

Sometimes, just deciding whether you feel like something sweet or something savoury is good place to start, and from there determine how hungry you are for a particular taste. You can then decide whether a yummy bowl of mashed potato and gravy might fit the bill, or whether the simple joy of an ice-cream in a cone will be the order of the day. It is important to not feel pressured, and eat only as much as you feel like. Also, you might feel like having a bowl of porridge at dinner time instead of at breakfast, so enjoy what you feel like, when you feel like having it.

Comfort Food

- Mashed potato with gravy
- 'Bangers' or mince and mash
- 'Baby mash' vegies with a little butter
- Bacon and eggs
- Fish and chips
- Porridge with a favourite topping
- "Cup-a-soup"



Light Meals

- Soup (home-made or a favourite from a can) and toast
- Eggs, scrambled, poached or soft boiled with 'soldiers'!
- Omelette made the traditional way or 'puffy' with whipped egg whites. Fill with a choice of cheese, onion, tomato, bacon, spring onion, mushroom as preferred/tolerated
- Toasted sandwiches with any combination of favourite fillings such as cheese, tomato, corn, onion, ham, mince, pineapple
- Ice-cream and jelly, or fruit, or custard
- Smoothies made with juices and fruit, instead of milk

SOME FAVOURITE RECIPES



Chicken Breasts Baked in Butter and Paprika

Preparation time 10 minutes, cooking time 30 minutes, ready in 40 minutes.

Ingredients: 4 chicken breasts, $\frac{1}{4}$ cup melted butter, 1 teaspoon salt, $\frac{1}{4}$ teaspoon paprika, 1 tablespoon flour.

Preheat the oven to 175C. Lightly butter a baking dish. Stir $\frac{1}{4}$ cup melted butter and 1 teaspoon salt together in a bowl. Brush the chicken with melted butter, coat in flour mixed with paprika, and bake in preheated oven until no longer pink in the centre, and the juices run clear, about 30 to 45 minutes.

Fish in Parsley Sauce

Pre-cook 4 skinless, boneless fillets, in a few splashes of lemon juice, covered with tinfoil, for 25 minutes, at 170C.

50 g butter, 50g plain flour, 2 heaped tablespoons fresh parsley, 600mls milk.

Melt the butter in a saucepan, add the flour and mix until no flour is visible. Gradually beat in the milk, stirring constantly. Bring to the boil. When it has boiled, mix in the parsley and allow to simmer for 2 minutes. Pour over the cooked fish and serve with rice or mashed potato.

Potato Onion Casserole

6 potatoes, 1 packet onion soup mix, 2 cups boiling water, 2 tablespoons butter.

Peel the potatoes and slice thinly into a buttered shallow casserole dish. Rehydrate the soup mix in boiling water. Simmer for a few minutes and pour over the potatoes. Dot with butter and bake uncovered for 50 minutes at 180C. The potatoes should be moist but not juicy.

Mini Meat-loaves in muffin cups - serves 4

1 tablespoon olive oil, 1 onion chopped, 2 cloves garlic crushed, 1 carrot peeled and grated, 1 stalk celery, finely chopped, 1-2 teaspoons mixed herbs, 2 slices bread made into breadcrumbs, 500g beef mince, 1 egg, salt and pepper, ¼ cup tomato sauce, plus extra for topping, mashed potatoes to serve, steamed broccoli to serve.

Preheat the oven to 190C. Heat the oil in a frying pan and gently cook the onion, garlic carrot and celery together until tender. Sprinkle in the herbs and set aside to cool.

In a bowl mix together the breadcrumbs, mince, egg, cooled cooked vegetables and ¼ cup tomato sauce. Grease 12 cup muffin pan and divide the mixture between the cups, then smooth the tops with the back of a spoon. You can spread a spot of tomato sauce on top of each one with the spoon before placing them into the oven to bake. Bake for 20 minutes. Serve with tomato sauce, mashed potatoes and steamed broccoli.

Chicken soup made from bones - serves 6

2 onions, 6 carrots, 2 fresh bay leaves, 4 whole peppercorns, 1 free-range chicken carcass, or bones with leftover chicken attached, 1 large knob of butter, olive oil, 2 cloves of garlic, 4 shallots, a few sprigs of flat-leaf parsley, 200g baby spinach, 2 handfuls seasonal greens such as kale, 1 lemon.

Peel and roughly chop the onions, roughly chop 2 carrots and celery sticks, then place them in a large pan with the bay leaves, peppercorns, pinch of salt and the chicken carcass/bones.



Fill the pan with cold water so that everything is covered, then place on high heat and bring to the boil. Reduce to a simmer and cook

for 1 hour, skimming off any scum that rises to the surface from time to time.

While the stock is cooking, peel the remaining carrots and slice ½ cm thick with the remaining celery. Peel and finely slice the garlic and shallots. Pick the parsley leaves, finely chopping the leaves and stalks. Roughly shred the spinach. Place the butter and 1 tablespoon of oil in another large pan on a low heat, add the garlic, shallots and parsley stalks and cook for 5 to 10 minutes, until softened.

Add the carrots and celery and cook for a further 5 minutes. When the stock is ready, remove the chicken carcass/bones pull off any remaining pieces of meat and leave to one side, then discard the carcass. Strain the stock through a sieve into a saucepan, then bring to the boil, reduce to low and simmer for 20 minutes, adding the spinach and greens at the last minute. Finish the soup by squeezing in the lemon juice, taste and season. Divide between bowls and top with any leftover shredded chicken, a sprinkling of parsley leaves and black pepper to taste.



Tasty Pumpkin Soup - 6-8 servings

1kg pumpkin, 2 onions, chopped, 4 cups water, 2 cloves garlic chopped, 2 teaspoon veg stock powder, 2 teaspoon sugar/honey, ½ teaspoon nutmeg, 2cm piece of fresh ginger, salt and pepper to taste.

Cut the pumpkin into chunks and discard the seeds. Chop the onion and crush the garlic. Finely chop the peeled ginger. Sauté the onion until golden, add the garlic and ginger and sauté for a couple of minutes. Add the pumpkin chunks, water and stock. Simmer on low heat with the lid on until the pumpkin is smooth. Add sugar/honey, salt and pepper to taste and puree the soup until smooth.

WHEN YOU DON'T FEEL LIKE SHOPPING OR COOKING

When you don't feel like shopping or cooking, there are other options. The supermarkets do have a range of easy-to-eat ready-made meals for the freezer, such as pasta dishes, pizzas, Chinese and Indian meals. Most supermarkets will deliver for a small fee.



Wanganui City Mission has very reasonably-priced frozen meals available for collection \$9.00 for a 400g main, \$6.50 for a 300g light meal and \$3.00 desserts are soon to be reintroduced.

These meals are made locally from fresh and lean ingredients and then frozen for convenience. They can be picked up from 7 Park Place. Delivery is available on a Thursday at a cost of \$5.00 for orders of \$20 or more. Orders need to be received by 9.30 am on Thursday, and must be paid for before delivery. Phone 06 345 2139 to place an order. Email: admin@citymissionwanganui.org.nz

Jamie's Angels deliver meals between 11.45am and 1.15pm Mon to Fri, within Wanganui, with weekend meals delivered on Friday. Medium meals cost \$12.50 and large meals are \$ 14.50. Desserts are \$3.00. Generally, the ingredients are organic and meats are free-range. Freephone: 0800 526 435. It's best to phone in the afternoons as mornings are busy with food preparation, or you can email: jgdotto@gmail.com. The meals are prepared at The Kitchen, 59 Halswell Street, Wanganui.

There are some online meal delivery companies and they are more expensive. The meals are generally delivered by courier and can be ordered, frozen in bulk. These include **Homecater** and **Eat Unlimited**. Both have interesting menus which are regularly changed.

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NOTES/RECIPES

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If you have feedback or comments about Nourishing Moments, or if you would like to suggest a topic for inclusion in a future review, please contact us: valdab@hospicewhanganui.org.nz



Kowhainui Drive
78 Virginia Road
Wanganui 4500
(06) 349 0080

hospicewhanganui.org.nz

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