

'...so many ideas to make a difference'

Foreword by Maggie Beer

Don't give me *eggs* **that bounce**

118 cracking recipes for
people with Alzheimer's

Peter Morgan-Jones
Emily Colombage
Danielle McIntosh
Prudence Ellis

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Foreword by Maggie Beer

I can't tell you how proud I am to be asked to write the foreword for this truly exciting, important book. Reading through I was blown away by the practical knowledge shared in such a readable way.

Don't give me eggs that bounce in fact gives people already in the field—so many of us who share a passion to see those in aged care or with dementia enjoy beautiful food—a wealth of ideas to make a difference for those we owe a duty of loving care to, whether people are in dementia care, aged care or at home with family carers.

I have to start by telling the story of how I came to know Peter Morgan-Jones, as he has been instrumental in changing many lives, mine included. When I was Senior Australian of the Year in 2010, among the 900 or so speaking requests I received, one came from the organisers of the annual conference of CEOs of aged care, held that year in Hobart. That was the first time I heard of Dr Stephen Judd of HammondCare and although we didn't actually meet at the conference we became aware of each other.

I had done a lot of research in the paper I was to give, such as visiting aged care homes and Meals on Wheels to understand some of the problems and complexities, to form my ideas for the paper. Wanting to go with possible solutions, I bothered my friends in the industry for ideas on delicious food to be made for large numbers that were cost effective and full of flavour as a discussion point of what was possible.

I could never say the talk was an unqualified success as I felt a particular chill in the air as I talked, giving examples of the great—but also the terrible things—I had encountered.

I talked of the need to change the culture of food in aged care and to give all residents a beautiful meal every day to look forward to. And all of the things that would need to change for that to happen for all.

It was the most difficult talk I ever gave but out of it came some enormous good. The most visible sign of that was the meeting in Sydney with Dr Judd to talk about the best way to provide a catalyst for change. I've always said that change can't happen without great leadership and this was certainly so here and the result of the ideas around the table that day was the choosing of Peter Morgan-Jones to be the Executive Chef and Food Ambassador—to be that catalyst for change for HammondCare and beyond.

Having followed Peter's work, I have basked in the knowledge that he has acquired and I've seen the change he has been able to make. The excitement he brings to his task; his passion for food and people and the change it can make for those living with dementia not only spurred him on, so ably supported by HammondCare staff such as Dietitian Emily Colombage, but many of us around Australia who are so concerned for those who are in facilities where food is offered without any joy or love.



‘The knowledge in these pages will help so many of us drive change to give those in need the joy of beautiful food and all that comes with it.’

That day in Hobart, the meeting with Dr Judd and following Peter’s work, has led me to continue on that journey I started back in 2010 but with far more knowledge than I began with. The knowledge in these pages will help so many of us drive change to give those in need the joy of beautiful food and all that comes with it.

There is no doubt, changing a culture is an incredibly complex issue. To read the chapter by Prudence Ellis, Speech Pathologist of Braeside Hospital, about people with swallowing difficulties or Danielle McIntosh, Senior Dementia Consultant of the Dementia Centre, and her chapter on positive mealtimes for people with dementia, shows that there is so much more than food that has to be taken into account, but what a wonderful beginning this book gives us all.

The more knowledge we can share the more we can combat the problems that do exist so that every person—no matter their age or infirmity—has the chance of beautiful, nutritious food in their day. It should be everyone’s right and this book will be so important in that journey.

Maggie Beer



Food and nutrition for people with dementia

Emily Colombage, Accredited Practising Dietitian

Food is vital for people living with Alzheimer's and other dementias, both for enjoyment and good nutrition. That's why *Don't give me eggs that bounce* presents food that is appetising, tasty and nutritious with a special focus on energy and protein rather than low fat, salt or sugar.

When someone is living with a degenerative illness such as dementia, the usual nutrition and health messages often no longer apply. It is important to get good medical advice before imposing any dietary limitations, including those that have been recommended in the past. This is especially the case if someone is struggling with weight loss or a poor appetite.²

What's malnutrition got to do with it?

When we hear the word malnutrition our minds usually picture an underweight child in a developing country. Many people are surprised to learn that malnutrition occurs all around us in older people and people living with certain diseases. Often people living with dementia experience malnutrition (or under-nutrition) and about 10 to 30 per cent³ of people receiving community care are malnourished.

Dementia, as well as the effects of ageing, can cause minimal appetite, loss of smell

and taste, disinterest in food, confusion at mealtime and difficulty with chewing and swallowing. Some people living with dementia also experience short attention spans or agitation, which increases their energy output—meaning they need to eat more to compensate. People living in the community may have additional challenges in accessing food and being able to prepare it. See Chapter 6 for suggestions for carers.

There are unhealthy consequences when the body does not receive enough energy (calories or kilojoules) and protein. Weight loss causes the body to lose fat and accelerates the decrease in muscle mass that already occurs as we age. Weight loss causes lethargy and increased frailty while reduced muscle mass results in loss of strength and physical ability to do everyday tasks. Weight loss also increases the likelihood of falling, weakens skin integrity and the ability to fight infections. It can also reduce cognition and affect overall enjoyment of life.

Some people might be eating and/or drinking poorly due to treatable factors such as reflux, constipation, swallowing difficulties, painful teeth or depression. If a person with dementia is losing weight unintentionally you should always see your doctor to improve any of these treatable concerns.

Strategies for good nutrition

A range of strategies can assist a person living with dementia to have good nutrition. Some may be ongoing, while others may only be useful short-term. As dementia progresses, the time may come to replace one strategy with another.

The main strategies that people find helpful include:

- high energy and protein foods
- finger foods
- eating more often
- creative solutions at the dinner table
- supplements
- environment and dining (Chapter 2)
- texture-modified foods and fluids (Chapter 3).

High energy and protein foods

When someone is undernourished and living with dementia, they need foods high in nutrition that prioritise calories and protein. People with dementia may only eat small amounts because their appetite is reduced or because eating takes so much effort.

Our aim should be to make the most of every mouthful and not waste stomach space or effort with foods that are low in nutrients.

A good approach is to choose foods that are naturally high in energy and protein such as custard and cheese, or enriching a regular food to increase the nutrients. For example, adding some cream or cheese when making a vegetable soup.

To increase calorie intake, full cream dairy products and full fat products should be used. 'Diet' or 'low calorie' products should be avoided. Also, it is extremely important to consume enough protein. Rich sources of protein include eggs, meat, fish and dairy foods.

Fabulous finger foods

The experience of being fed can be invasive and disempowering. Finger foods can help people maintain independence and dignity at mealtimes if the person is having physical difficulty eating or concentrating on food. They give people greater control of what goes into their mouth. Finger foods aim to enable independence and remove some of the frustration that mealtimes can bring.

Importantly, finger foods are much more than frozen party pies and mini-quiches, as our recipes show. Finger foods can be high in energy and protein or part of a normal, healthy, balanced diet. Examples of finger food include:

- thickly sliced meats
- cheese blocks
- boiled eggs
- steamed broccoli
- cauliflower florets
- halved cherry tomatoes
- finger sandwiches.

Many of our recipes are suitable for finger foods and are high in energy and protein. See my finger food ideas table at the end of this chapter and finger foods in our 'Meal plans' section. If a person is recommended a modified diet, check with your speech pathologist as to which finger food options are compliant.

Positive dining and successful eating

Danielle McIntosh, Senior Dementia Consultant

A better understanding of how to support a person to eat and drink can make a positive difference to their health, self-esteem and quality of life.

Common eating and drinking difficulties for a person with dementia may include not recognising food and cutlery, not being able to perform eating/drinking steps in the right order, as well as changed behaviours.

It is not just dementia that can create difficulties with eating and drinking—age related changes also play a major role. When people age, there are sensory impairments (failing eyesight, cataracts, glaucoma and poor hearing) as well as physical changes and conditions (arthritis in joints especially fingers, decaying teeth or using dentures, lower energy levels) which impact how a person functions. These can also affect their emotional state, as eating and drinking for many people is central to how they view quality of life.

Eating and drinking difficulties can reduce the enjoyment of some of our favourite activities as they may:

- take longer
- require more energy
- make a person feel different/disabled/hopeless
- require different food/drink textures, crockery and cutlery
- isolate someone from friends and family.

In response, a range of strategies will be helpful in supporting the person with dementia to eat and drink as independently as possible while addressing the most common issues.

‘Eating and drinking difficulties can reduce the enjoyment of some of our favourite activities.’

Understanding swallowing

Prudence Ellis, Certified Practising Speech Pathologist

Hard to swallow

Many people with dementia experience difficulties with swallowing, known as dysphagia. These may develop in a variety of ways and can be unsettling for loved ones and carers. Early identification of swallowing difficulties is important and may assist with eating, drinking and ensuring adequate nutrition and hydration is maintained. It can also help maximise swallowing safety and ensure richer enjoyment of meals.

Difficulties can occur at any stage of swallowing, including putting food in the mouth, chewing, swallowing and when food travels to the stomach. These difficulties can range from mild to severe and may look like:

- trouble with chewing
- food spilling out of the mouth
- taking a long time to chew or eat a meal
- forgetting to swallow/holding food in the mouth
- spitting out pieces of food
- getting food 'stuck' in the throat
- coughing/throat clearing during or immediately after eating or drinking

- gurgly/wet voice just after eating/drinking
- refusing food or drinks
- having lots of food left in the mouth after a meal
- difficulty initiating a swallow
- overfilling of the mouth
- poor saliva management
- dry mouth
- regurgitation of undigested food.

It is important that people with dementia are observed regularly while eating, to help identify if any of these difficulties occur. If they aren't addressed quickly, the person could be at risk of coughing, choking, or inhaling food or drink into the lungs (called aspiration). This can lead to a chest infection or aspiration pneumonia.

If aspiration is occurring, people may or may not cough (the body's way of getting the food/fluid back out of the lungs). If people are not coughing when they aspirate, you might identify the aspiration later by noticing a high temperature or chesty cough, or diagnosis of a chest infection.



Preparing texture-modified food

Peter Morgan-Jones

Many people with dementia—and other conditions and disabilities—may be recommended texture-modified food and fluids and too often in the past this has led to reduced enjoyment of food. *Don't give me eggs that bounce* represents our passion to ensure, as much as possible, that this doesn't occur.

The greatest challenge with texture-modified food and fluids—such as smooth pureed, minced and moist, soft food and thickened fluids—is that these processes sometimes change the characterisation, integrity, presentation and colour of the food. All these factors are a catalyst for a person to lose their appetite which can result in weight loss, depression and apathy towards mealtimes.

Our hope is to inspire carers in thinking about ways to improve the look of texture-modified food at mealtimes. We also offer tips and contacts for obtaining appropriate items to enhance mealtimes for a person for whom texture-modified food or fluids are recommended.



Recipes

R

regular diet, no restrictions

T

thin fluids, no restrictions

S

soft food diet

MM

mince and moist diet

SP

smooth pureed

Th1

mildly thick fluid

Th2

moderately thick fluid

Th3

extremely thick fluid

Breakfast

Breakfast is sometimes described as the most important meal of the day and it is especially important for vulnerable people with health challenges. These tasty recipes will help start the day well with colourful new ideas and comforting favourites.

Toasted muesli

Serves About 15 (1.5kg of muesli) • **Prep** 10 mins • **Cook** 5 mins

Dry Ingredients

3½ cups rolled oats
1½ cups wholegrain quick oats
1 cup shredded coconut
½ cup pepita
1½ cup chopped walnuts/almonds
1 cup dried cranberries
1 cup currants
3 tbsp cinnamon ground

Melt Ingredients

¾ cup coconut oil
¾ cup honey

Mix the dry ingredients together. Pour in the melt ingredients and combine.

Place in a microwave pot and microwave on high for 2 minutes. Remove and stir. Rest for 5 minutes.

Repeat previous step. Serve each portion with ½ cup of milk or yoghurt.

Tips: ~Allow the left over muesli to completely cool before placing in an airtight container. ~The muesli can keep up to 2 weeks in an airtight container in a cupboard/pantry.

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Mid meals

Mid meals (morning tea, afternoon tea and supper) are important contributors to overall nutrition across the day, especially when someone can eat only a small meal at one sitting (see Chapter 1).

Milk drinks are underrated for morning or afternoon tea and are a great source of protein and calcium. The milkshake recipes in this section are all quick and easy. As well, you may find it convenient to use a recipe to make up a small jug in the morning, which can then be served throughout the day.

High protein milkshake

Serves 2 • Prep 10 mins

250ml full cream milk
1 small banana frozen,
peeled, cut into pieces
2 scoops ice cream
4 tbsp skim milk powder
1 tbsp maple syrup
(optional)

Blend all ingredients together. If on a minced and moist/smooth pureed diet, strain through a sieve before serving. If on thickened fluids, thicken with a commercial thickener, following manufacturer instructions for required consistency.

Tip: Adding milk powder to milk or milkshakes is an easy and cheap way of boosting the protein and calcium of any recipe.

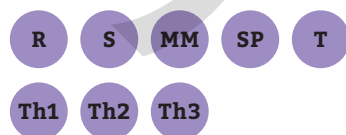


Strawberry almond milkshake

Serves 1 • Prep 3 mins

1/3 cup frozen strawberries
(about 6 small strawberries)
1/3 cup extra creamy vanilla
yoghurt
1/4 cup full cream milk
1 tbsp of almond meal

Place all ingredients in blender and process until smooth. If on a minced and moist/smooth pureed diet, strain through a sieve before serving. If on thickened fluids, thicken with a commercial thickener, following manufacturer instructions for required consistency.



Dinner

Dinner can be an opportunity for older people to reflect on the day, or on lifetime memories, as well as to catch up with family and friends. We've created a multicultural range of recipes suitable for an intimate dinner for two or a big family celebration while at the same time meeting the dietary needs of older people and people living with dementia.

Semolina gnocchi with tomato and olive stew

Serves 2 • Prep 15 mins • Cook 25 mins

For the gnocchi

450ml milk
120g semolina
50g Parmesan cheese, grated
¾ tsp pepper
Pinch of nutmeg
4 basil leaves
1 tsp salt
1 egg yolk
20g butter
1 sprig of rosemary
2 bay leaves

For the Tomato stew

½ Spanish onion,
cut into 6 wedges
2 cloves garlic, thinly sliced
60g or 6 small cherry
tomatoes
1 vine ripened tomato,
blanched, skin and seeds
removed
½ punnet yellow teardrop
tomatoes or other
heirloom small tomatoes
10 Ligurian olives, seeded
and split into two
75ml olive oil
¼ tsp fresh thyme leaves,
chopped
½ tsp sage leaves, chopped
Salt and pepper to taste
8–10 basil leaves
(for garnishing)

Preheat oven to 200°C. In a saucepan, add the milk, nutmeg, rosemary, basil, bay leaves and salt and pepper and bring to the boil. Remove the bay leaves, basil leaves and rosemary. Gradually add in the semolina, while whisking. Whisk until smooth and cook for 3 minutes. Remove from heat, then add butter, egg yolk, Parmesan cheese and beat the mixture well with a wooden spoon.

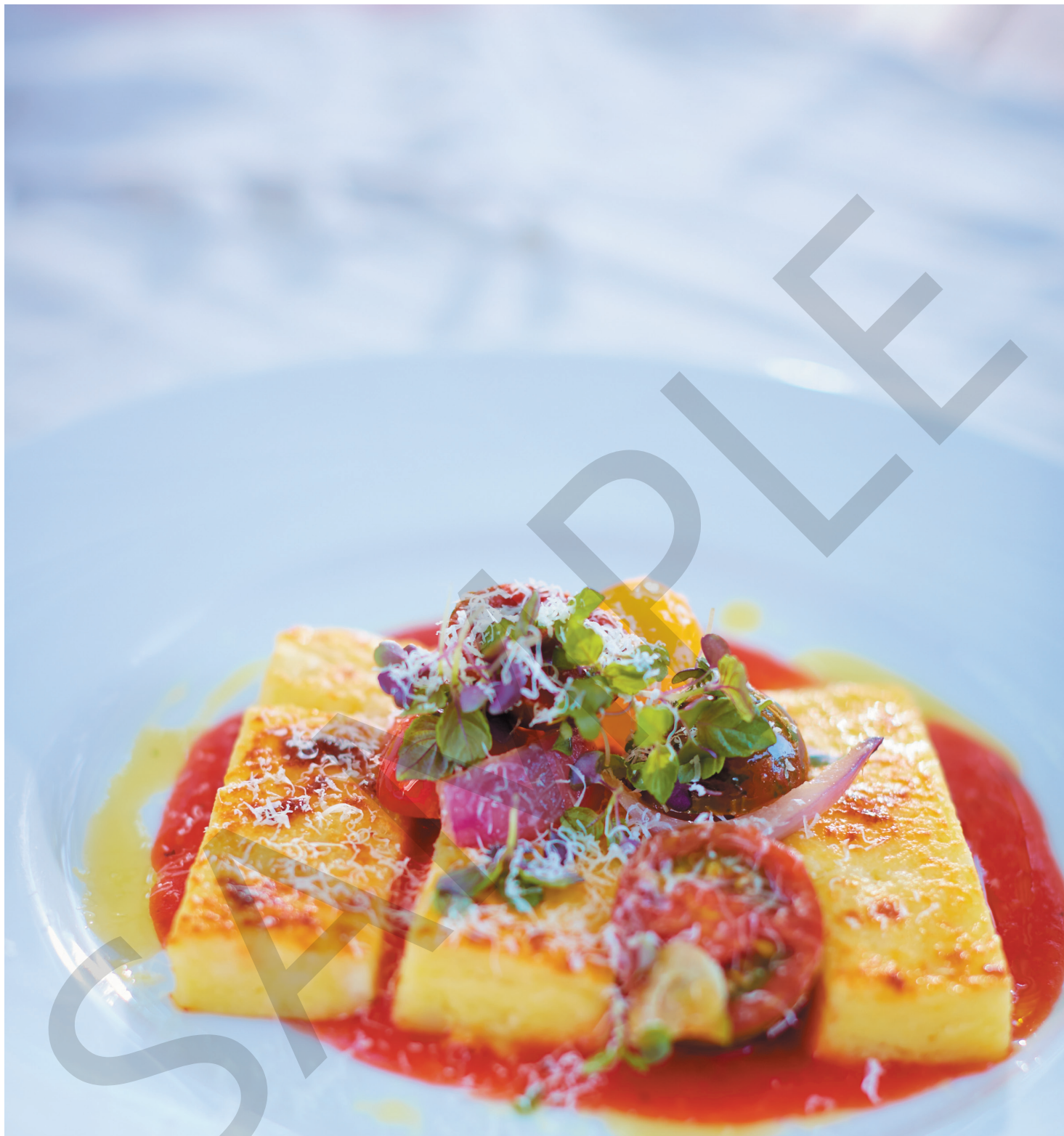
Grease a non-stick surface or container with olive oil. Spoon out the gnocchi mix into the container or tray and spread with a pastry scraper to make a neat square (about 1cm in thickness). Melt the butter and brush the surface of the gnocchi square. Sprinkle the freshly grated Parmesan on top of the buttered gnocchi square.

For the tomato and olive stew, add a dash of olive oil in a non-stick frying pan. Add the onion 'petals' and cook on a low heat until transparent—do not allow to burn. Add the garlic and then cut the seeded tomatoes halves into petals. Add the 75ml olive oil and all of the yellow teardrop tomatoes and cherry tomatoes into the frying pan. Simmer until tomatoes begin to soften, and then add the olives, sage and thyme. Season with salt and pepper and then remove from the heat.

Cut the gnocchi into 6 rectangular wedges. Place the wedges on baking paper and place them in the oven until golden brown. Carefully remove the gnocchi from the tray. Place 3 rectangles on each plate and put a generous amount of tomato and olive stew next to them. Sprinkle liberally with picked basil leaves. Drizzle with a little extra olive oil.

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Tip: This is a great vegetarian meal.

Nutritional information

Recipe Name	Energy	Energy
Banana and coconut porridge	1748kJ	418 cal
Bircher muesli modified	2441kJ	583 cal
Bircher muesli	1780kJ	425 cal
Classic scrambled eggs	2552kJ	610 cal
Honey and banana Weetbix	3046kJ	728 cal
Israeli shakshuka	1477kJ	353 cal
Leg ham and gruyere and spinach croque monsieur	3933kJ	939 cal
Pear with yoghurt	1557kJ	372 cal
Perfect boiled egg with sourdough soldiers	1726kJ	412 cal
Baked ricotta and prune pot	1215kJ	290 cal
Ricotta hot cakes with banana and vanilla honey	1982kJ	473 cal
Toasted muesli	2063kJ	493 cal
Banana and raspberry muffins	2453kJ	586 cal
Banana loaf cake	2193kJ	524 cal
Berowra ginger bread	1796kJ	429 cal
Carrot, sultana and walnut cupcake	1327kJ	317 cal
Cheese and tomato custards	1894kJ	453 cal
Chocolate and peanut butter smoothie	1169kJ	279 cal
Chocolate semolina 'fudge'	1046kJ	250 cal
French toast	1097kJ	262 cal
Fruit salad with vanilla honey yoghurt	1189kJ	284 cal
High protein milkshake	974kJ	233 cal