



Exploring mealtime difficulties and family caregiver experiences in dementia through a biopsychosocial framework: A pilot study



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This pilot study supports the use of a biopsychosocial lens for informing person-centered mealtime care and individualized caregiver education in the Indian community-dwelling dementia care.

INTRODUCTION

Mealtime difficulties in dementia arise from the interaction of physiological, behavioural, and social factors,^{1,2} placing substantial demands on family caregivers.^{1,3-5}

In India, families are central to caregiving, yet often lack adequate knowledge and structured guidance for dementia-related mealtime challenges.⁵⁻⁸ Community-based and in-home evidence remains limited.

Aim:
To explore the mealtime-related difficulties experienced by persons with dementia (PwD) and the challenges encountered by their primary family caregivers.

METHODS

- Procedure:**
- Three community-dwelling PwD and their primary family caregivers, recruited by purposive sampling. Informed consent obtained for the participation and consequent video recording.
 - Data collected in the home environment during a routine mealtime.
 - Mealtime interactions video-recorded.
- Assessments:**
- **Feeding Difficulty Index (FDI)**⁹ completed by the primary investigator to evaluate feeding difficulty and self-feeding behaviour; **Edinburgh Feeding Evaluation in Dementia (EdFED)**¹⁰ completed by caregivers to measure mealtime behaviours and the assistance required.
 - Additional biological, psychosocial, and environmental tractable mealtime characteristics documented using a checklist based on the **Biopsychosocial Model of Mealtime Management**^{11,12} and analyzed based on review of recorded videos.

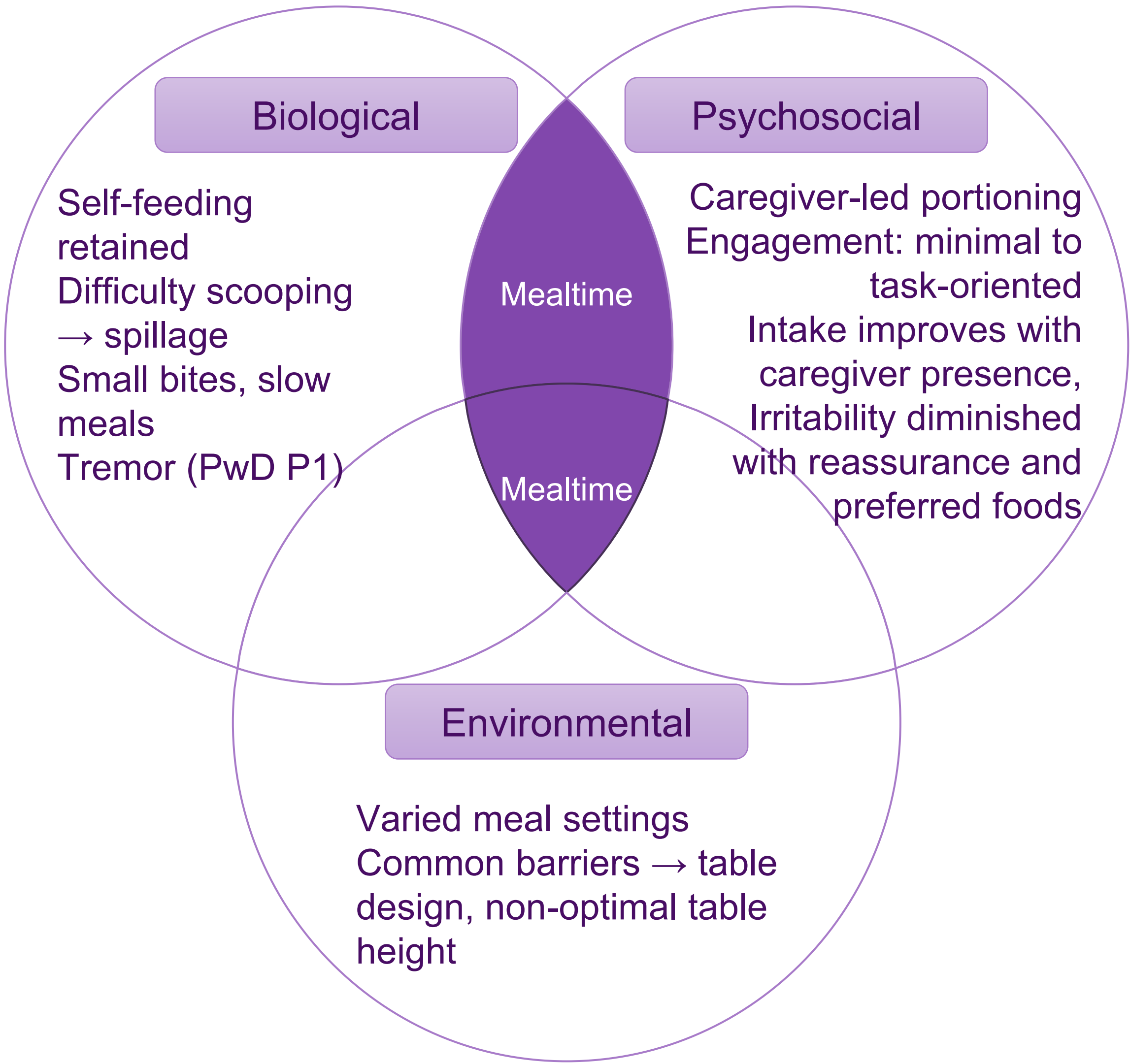
Caregiver perspectives:
Views on mealtime challenges and behavioural symptoms obtained through open-ended questions.

RESULTS

FDI and EdFED scores:
Across the three dyads, **FDI total (5, 7, 10)** indicated *low-to-moderate feeding difficulty* → common difficulties → *using utensils, food spillage, postural instability*.

EdFED total (7, 2, 6) indicated variable mealtime behavioural symptoms and feeding assistance needs → *food refusal, supervision, need for physical assistance*.

Biopsychosocial Tractable Mealtime Characteristics:



Caregiver-reported challenges:
Agitation, irritability, refusals, and high supervision needs – attributed to aging rather than dementia, yet caregivers were keen to learn mealtime strategies.

CONCLUSIONS

Mealtime challenges in dementia were heterogeneous across dyads and reflected the interaction of biological, psychosocial, and environmental factors.

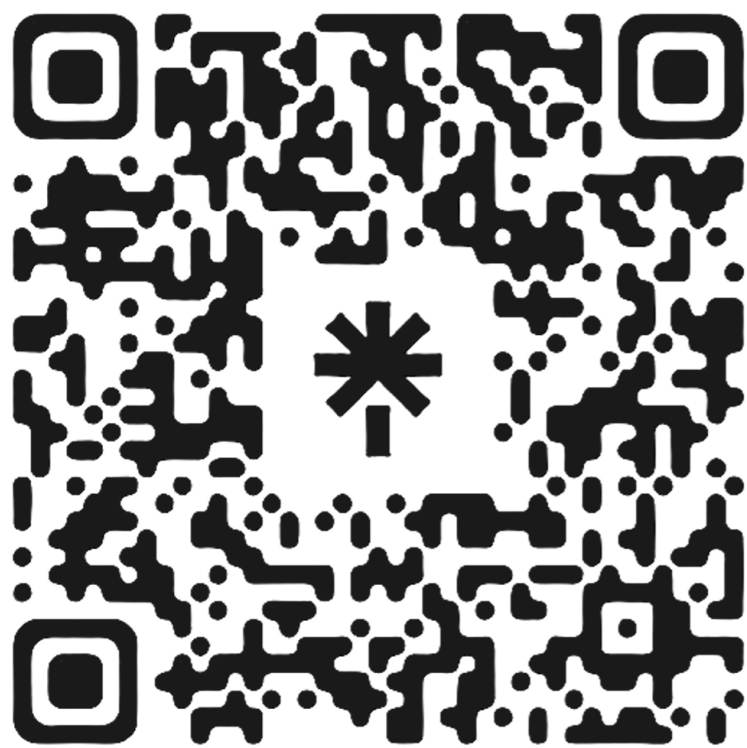
Caregivers demonstrated limited awareness of dementia-specific mealtime challenges. However, expressed willingness to receive education and support.

These findings support the use of the biopsychosocial framework to guide individualized caregiver education in a family-based caregiving context.

REFERENCES



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