

New Horizons In Cooking And Mealtime Interventions For Mild Cognitive Impairment And Early Dementia:
A Scoping Review

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Cooking and mealtime interventions hold promise for addressing important determinants of aging in AD/ADRDs, including nutrition, participation, social connectedness, and caregiving relationships. Rigorous RCTs are needed.

BACKGROUND	METHODS	RESULTS	RESULTS, CONTINUED	DISCUSSION & CONCLUSION
• ADRDs cause progressive cognitive, sensory, and functional decline that disrupts cooking, meal preparation, and mealtime engagement • ~14% of people with ADRDs show signs of malnutrition shortly after diagnosis; malnutrition and social isolation are both well-documented predictors of disease progression • ~70% of people with ADRDs live at home, yet ~60% cannot independently manage mealtime tasks (shopping, cooking, meal preparation) • Shared mealtimes support family identity, belonging, and stress relief, but most existing interventions target advanced-stage ADRDs, leaving early-stage support underdeveloped • Objective: Summarize the qualitative and intervention literature on cooking/mealtime programs for community-dwelling people with subjective cognitive decline, mild cognitive impairment, or early ADRDs and their caregivers	• Design: Scoping review following PRISMA-ScR guidelines; protocol registered on OSF (osf.io/guezx) • Searched Embase, MEDLINE, PsycINFO, and CINAHL through May 2025 • Included: qualitative and quantitative studies (observational, case studies, pilot/controlled trials, theses) on cooking/mealtime experiences or interventions for subjective cognitive decline, MCI, or ADRDs in community-dwelling individuals and/or family caregivers • Excluded: formal/professional caregiver studies, long-term/residential care settings, systematic reviews, commentaries, and opinion papers • ≥2 reviewers independently screened titles/abstracts and full texts in Covidence; disagreements resolved by consensus • Data charted on study design, population characteristics, intervention components, and outcomes; narrative synthesis without formal critical appraisal, per PRISMA-ScR	• Study selection: 1,513 articles identified → 922 after de-duplication → 22 studies included • 22 studies, 9 countries (Canada n=5, US n=4, UK n=4, Sweden n=3, others n=1–2), published 2007–2024 • Qualitative/mixed-methods (n=12) and intervention trials (n=10, 3 RCTs) • Participants: persons with dementia (n=13), caregivers (n=16), healthcare professionals (n=3) • Perceived challenges: cognitive/functional difficulties (forgetfulness, executive dysfunction, visuospatial/coordination problems) led to food-safety concerns, role changes, social isolation, caregiver guilt, anxiety, and strained relationships • Coping strategies/ targets: cognitive strategies (simplified tasks, visual/written cues, decluttering, color-contrast dishware), eating together, minimize distractions, familiar meals, more time, and caregiver skills (patience, flexibility, honoring dignity, distress tolerance)	• Cooking training + cognitive rehabilitation (n=3): RCT (N=36) significant executive function gains vs. recreational control; dyadic cooking RCT (N=60, SCD + caregivers) improved well-being and cooking competence vs. waitlist; nurse-led home pilot (N=5 dyads) preliminary gains in breakfast-preparation independence • ADL/skills engagement programs (n=3): community empowerment program; goal-setting intervention (NIDUS-Family, N=15, >75% feasibility/acceptability) • Educational programs (n=2): caregiver training (N=3) increased quality of life/confidence and increased recipient food intake; psychoeducational booklet rated credible and supportive (N=20) • Meal delivery/assistive devices (n=2): Meals-on-Wheels vs. frozen-meal RCT (N=243) trended fewer nursing-home admissions; stove-timer device study (N=788) was underused	• Across all 10 intervention studies: feasible/ acceptable, few randomized trials, no efficacy testing • Cooking interventions with embedded cognitive rehabilitation have the strongest preliminary RCT evidence • No intervention yet directly targets the emotional coping and communication skills identified as important in qualitative findings — a clear gap for future research CONTACT Sarah.Bannon@mountsinai.org  