Hyperoral Behavior

Changes in eating behavior are symptoms of FTD that the individual cannot control. Talking and logic will not stop compulsive eating behavior. The caregiver must take different actions to interrupt or manage the behavior. The following techniques can be used in home, adult day program and residential settings.

FTD Medical Approaches

- Assess changes in eating to distinguish possible medical issues from disease progression.
- Arrange a dental consult to assess teeth grinding as a possible sign of mouth discomfort or pain. Watch for: sensitivity to hot/cold when eating; refusing to eat; mouth odor; or infection.
- Check lab work for nutritional deficiencies that might contribute to food cravings. Monitor sugar levels if the individual eats excessive sweets, as sweets may increase risk of diabetes.
- Consult with a physician about a trial of medication. While behavioral interventions are often most effective, SSRI antidepressants (e.g.: sertraline, citalopram) or epileptic agents (e.g.: Topamax®, Depakote®, lamotrigine) may be helpful.
- Monitor urgent bowel issues and fecal incontinence as triggered by eating behavior (e.g.: binge eating, sugar-free candy). [Read more on incontinence in FTD in the Winter 2014 Issue].

Behavior Responses

- Keep a behavior log to track information about behavior and correlate with medication changes.
- Enlist input from all professional disciplines for possible intervention strategies: speech therapy; occupational therapy; or see a physician for a medication trial.
- Arrange for the person to eat in an atmosphere with less stimulation and potential anxiety; provide an opportunity for an individual pursuit while others are eating.
- Draw the person away from the table and into a different activity when she or he is finished eating.
- Use fiblets or lies with a positive purpose, e.g. ., if chocolate cake is more likely to promote binge eating, say, "We are out of chocolate cake, but we have Jell-O for dessert."
- Provide smaller amounts of healthy foods throughout the day.
- Monitor chewing behavior closely, i.e.: 15 minute safety checks and encouraging use of Chew Stixx® (available online) to reduce risk of choking on non-food items.

Modifications in the Environment

- Store food out of sight and out of context, i.e.: put food in the linen closet and put linens in the pantry. Do not put non-food items that might be ingested in places where food is typically stored; particularly avoid colorful objects that would attract attention.
- Avoid attending buffet-style social events or all-you-can-eat restaurants.

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Hyperoral Behavior

Modifications in the Environment, *continued*

- Serve food in a single portion or put food in a squat food bowl to limit quantity; remove the rest.
- Lock cabinets and the refrigerator to limit access.
- Remove inedible objects from eating area or tray, including straws, paper products, Styrofoam cups and plastic silverware.
- Provide a safe alternative for chewing that can occupy the person's attention. Gum may work for some people for a time.
- Purchase clothing with no buttons and a sport collar that cannot be easily put in the mouth.
- Purchase Chew Stixx and attach to the person's shirt via a retractable badge holder to avoid loss.
- Open a package of food and remove most of the contents, leaving only a few items or pieces of food rather than allowing the person to eat all that was inside.
- Disguise "trigger foods" (e.g.: put ice cream bars in emptied frozen vegetable bags or the box of waffles). Put the linens in the pantry and put food in a linen closet with a locking door handle to create a "safe closet."
- Lock items that state "Seek medical attention if swallowed. Contact Poison Control Center if swallowed." Cleansers, soap, etc. may be mistaken for food.
- In a healthcare community, escort the individual to the dining room when most of the residents are finished eating. Seat individually or with a resident who requires assistance with eating to provide monitoring.
- Place food and beverages in non-clear plastic and top-lidded containers. This will limit visibility and accessibility.
- Limit visual pictures of food, such as magazines and cooking books.
- Do not display artificial fruit or vegetable arrangements.
- Schedule one day per week for preferred food, such as chocolate cake on Wednesday.

Support for Family Members

- Educate caregivers and, to the extent possible, the person diagnosed about possible complications of over-eating. These may include: the increased cost of bigger clothes and a larger food budget; more chance of injury with falls; the person being harder to lift if they do fall; difficulty walking; incontinence issues; skin issues if folds develop; and dental and medical issues.
- Consider an FTD support group or individual counseling. Family members may feel reluctant to limit food if it is seen as all the person has to enjoy, and often experience guilt for restricting preferred foods and setting limits.
- Create a partnership between FTD family members and the care team; enlist active support and assistance from all parties with the care plan. Creating a partnership is critical to consistent implementation and success.
- Integrate FTD family into facility culture. Changing access to food in assisted living facilities is a change from the culture expected by other residents and staff and can add to the isolation of FTD caregivers.
- Encourage family caregivers to attend social functions even if they are not able to take the person with FTD.