

Public consultation for the Review and Update of the Australian Dementia Clinical Practice Guidelines and Principles of Care

**Response to consultation
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Recipient

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in supporting people with dementia with medical nutrition therapy and practical support to address the ways that dementia affects their food and fluid intake.

This submission was prepared with and peer-reviewed by Accredited Practising Dietitians including members of the Dietitians Australia Aged Care Reforms Reference Group and the Dietitians Australia Rehabilitation and Aged Care Interest Group following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia.

Summary

Thank you for the opportunity to provide feedback on the public consultation for the *Review and Update of the Australian Dementia Clinical Practice Guidelines and Principles of Care*.

Dietitians Australia supports the development of these evidence-based guidelines and commends the Guideline Development Group for the comprehensive consideration of post-diagnostic care, rehabilitation, palliative care and behavioural symptoms in people living with dementia.

Nutrition is relevant across the continuum of dementia care, including risk reduction, post-diagnostic care, rehabilitation, management of feeding and swallowing difficulties, behavioural symptom management, frailty prevention, maintenance of function, and end-of-life care (Volkert et al., 2024).

Dietitians Australia encourages greater recognition of nutrition and hydration as important components of holistic dementia care throughout the guideline.

Dementia may affect appetite, recognition of food and drink, hunger and thirst recognition, swallowing function, food intake and the ability to self-feed. People living with dementia may also experience confusion around meals, reduced interest in eating, food refusal, difficulties recognising utensils, altered eating behaviours and challenges participating in social and mealtime activities. These changes may contribute to reduced nutritional intake, dehydration, weight loss and diminished quality of life. Recent Australian evidence suggests that approximately 27% of people living with dementia in long-term care are malnourished, 57% are at risk of malnutrition and almost 80% are either malnourished or at risk of malnutrition (Perry, Walton & Lambert, 2023).

Nutrition-related issues are common, clinically significant, and addressed throughout the guideline. Therefore, the profession with recognised expertise in nutrition assessment and medical nutrition therapy should be explicitly included within multidisciplinary dementia care.

These findings highlight the importance of recognising nutrition and hydration throughout the dementia care journey and support greater visibility of Accredited Practising Dietitians within dementia care pathways.

Recommendations

Dietitians Australia respectfully submits the following priority recommendations.

Priority 1: Explicit inclusion of Accredited Practising Dietitians within multidisciplinary care teams

People living with dementia frequently experience challenges relating to nutritional intake, hydration, weight loss, feeding difficulties, dysphagia, frailty, sarcopenia and malnutrition. Given the prevalence and clinical significance of these issues, Dietitians Australia recommends explicit inclusion of Accredited Practising Dietitians (APDs) wherever multidisciplinary care teams are described throughout the guideline.

Despite nutrition-related issues being addressed across multiple sections of the guideline, dietitians are not consistently identified as members of multidisciplinary dementia care teams. Explicit recognition of APDs would strengthen the guideline's emphasis on comprehensive, person-centred and multidisciplinary care.

This recommendation is consistent with contemporary dementia care resources, including the NSW Agency for Clinical Innovation's Better Health for People Living with Dementia program, which recognises nutrition and eating well as important components of dementia care across the disease trajectory.

Suggested addition:

"Where nutrition, hydration, malnutrition risk, weight loss, eating difficulties, feeding difficulties, dysphagia, frailty or sarcopenia are identified, referral to an Accredited Practising Dietitian should be considered as part of multidisciplinary care."

Priority 2: Post-diagnostic assessment and care planning

Dietitians Australia recommends inclusion of nutrition and hydration assessment within comprehensive post-diagnostic assessment and ongoing care planning.

Suggested addition:

"Assessment of nutritional status, hydration status, weight history, swallowing concerns and risk of malnutrition should be considered as part of comprehensive post-diagnostic assessment and ongoing care planning."

This reflects the importance of identifying nutrition-related issues early in the disease trajectory and supporting ongoing monitoring as dementia progresses.

Priority 3: Dysphagia, eating and drinking difficulties

Dietitians Australia recommends strengthening references to multidisciplinary management of dysphagia and eating and drinking difficulties.

People living with dementia commonly experience feeding difficulties, swallowing impairment and reduced oral intake, which may increase the risk of malnutrition, dehydration and reduced quality of life.

Suggested addition:

"Management of dysphagia and eating and drinking difficulties should involve collaboration between speech pathologists, Accredited Practising Dietitians and other members of the multidisciplinary team to support nutritional adequacy, hydration and quality of life."

Priority 4: Carer education and support

Dietitians Australia recommends greater recognition of nutrition and hydration within carer education and support.

Families and carers frequently require support regarding:

- Reduced appetite and food intake
- Weight loss
- Mealtime challenges
- Food refusal
- Difficulties recognising food, drinks or eating utensils
- Adapting meals and use of finger foods where appropriate
- Swallowing difficulties
- Texture-modified diets
- Hydration strategies
- Supporting quality of life, enjoyment and social connection through food and mealtimes

Suggested addition:

"Carers should have access to education and support regarding nutrition, hydration, eating difficulties, mealtime adaptations, and maintaining quality of life, enjoyment and social connection through food and mealtimes."

Priority 5: Physical rehabilitation

Dietitians Australia supports Recommendation 10 regarding physical rehabilitation.

People living with dementia are at increased risk of malnutrition, sarcopenia, dehydration and unintended weight loss, all of which may adversely affect rehabilitation outcomes, physical function, strength, falls risk and independence.

Nutrition support may also contribute to maintaining independence, functional capacity and participation in meaningful daily activities, including meal preparation and eating, particularly for people living with younger onset dementia.

Suggested addition:

"Consider assessment of nutritional status, hydration status and risk of malnutrition as part of rehabilitation planning. Where indicated, referral to an Accredited Practising Dietitian should be considered to support nutritional adequacy, preservation of muscle mass and optimisation of rehabilitation outcomes."

Priority 6: Communication regarding end-of-life care

Dietitians Australia supports Recommendation 12 and recommends strengthening recognition of nutrition and hydration-related discussions as part of advance care planning and end-of-life communication.

Suggested addition:

"Where relevant, discussions regarding nutrition, hydration, eating and drinking, enteral nutrition and goals of care should involve an Accredited Practising Dietitian and other appropriate members of the multidisciplinary team."

This recommendation is consistent with contemporary international guidance regarding nutrition and hydration in dementia, including the 2024 ESPEN Guideline on Nutrition and Hydration in Dementia, which highlights the importance of multidisciplinary decision-making regarding eating and drinking, nutrition support and end-of-life care (Volkert et al., 2024).

Priority 7: Behavioural symptoms and hydration

Dietitians Australia recommends expanding Good Practice Statement 8 regarding physical health factors contributing to behavioural and psychological symptoms of dementia.

Suggested amendment:

"Physical health factors may include pain, hunger, thirst, dehydration, poor nutritional intake, swallowing difficulties, constipation, toileting needs, medication side effects and intercurrent illness."

People living with dementia may express distress, agitation or behavioural changes in response to unmet nutrition and hydration needs. Explicit recognition of these factors may improve assessment and management.

Future Guideline Updates

Dietitians Australia encourages future guideline updates to consider dedicated guidance relating to:

- Nutrition assessment and monitoring in dementia
- Malnutrition and sarcopenia prevention and management
- Hydration assessment and support
- Oral nutritional supplements

- Mealtime support and dining environments
- Eating and drinking with acknowledged risk
- Nutrition and quality of life in advanced dementia
- Practical mealtime strategies to support people experiencing cognitive, behavioural and functional barriers to eating and drinking, including:
 - Reduced recognition of food and drink
 - Difficulties recognising or using eating utensils
 - Food refusal and altered eating behaviours
 - Reduced appetite and interest in eating
 - Mealtime confusion and distraction
 - Adaptation of meals, including finger foods where appropriate
 - Strategies to support independence, dignity and enjoyment at mealtimes
 - Approaches to maintaining social connection through food and shared meals

Thank you again for the opportunity to provide feedback on these important guidelines.

References

1. Perry E, Walton K, Lambert K. Prevalence of malnutrition in people with dementia in long-term care: a systematic review and meta-analysis. *Nutrients*. 2023;15(13):2927. doi:10.3390/nu15132927.
2. Volkert D, Beck AM, Faxen-Irving G, et al. ESPEN guideline on nutrition and hydration in dementia – update 2024. *Clinical Nutrition*. 2024;43(4):1598–1626.
3. NSW Agency for Clinical Innovation. Eating well – food and nutrition: Better health for people living with dementia. Sydney: Agency for Clinical Innovation; accessed 2026.

Appendix A -

Table: Potential Opportunities for Explicit Inclusion of Accredited Practising Dietitians within Dementia Care Pathways

Guideline Area	Current Focus	Why Nutrition is Relevant	Suggested Addition
Multidisciplinary Care	Describes multidisciplinary dementia care teams	Nutrition-related issues are common throughout dementia, including malnutrition, dehydration, weight loss, frailty, sarcopenia, dysphagia, feeding difficulties, eating difficulties, bowel health concerns and other nutrition-related complications.	Include Accredited Practising Dietitians (APDs) within multidisciplinary team descriptions.
Post-diagnostic Assessment and Care Planning	Comprehensive assessment and care planning following diagnosis	Dementia may affect appetite, recognition of food and drink, hunger and thirst recognition, food intake, nutritional status, weight and participation in mealtimes from early in the disease trajectory. Early screening for malnutrition and sarcopenia, alongside assessment of nutritional and hydration status, may support timely intervention and ongoing monitoring as dementia progresses. Medication-related nutritional issues, including drug–nutrient interactions and impacts on appetite, gastrointestinal function and hydration status, may also require consideration.	Include screening for malnutrition and sarcopenia, assessment of nutritional and hydration status, weight history and swallowing concerns, with referral to an APD where indicated.

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Rehabilitation	Physical rehabilitation and maintenance of function	Adequate nutrition and hydration are essential to support muscle mass, strength, physical function, rehabilitation outcomes, independence and participation in meaningful daily activities, including meal preparation and eating.	Include nutrition assessment and referral to an APD as part of rehabilitation planning to support rehabilitation outcomes, independence and functional capacity.
Frailty and Functional Decline	Maintenance of independence and physical function	Malnutrition and sarcopenia contribute to frailty, falls risk, functional decline and loss of independence.	Consider APD involvement where frailty, sarcopenia or unintended weight loss are identified.
Dysphagia and Eating/Drinking Difficulties	Swallowing assessment and management	People living with dementia may experience feeding difficulties, swallowing impairment, reduced oral intake, food recognition difficulties, inability to recognise or use eating utensils, food refusal and other eating and drinking challenges that increase the risk of malnutrition, dehydration and reduced quality of life.	Include APDs alongside speech pathologists in multidisciplinary management of dysphagia and eating and drinking difficulties.
Behavioural and Psychological Symptoms of Dementia	Identification of factors contributing to distress and behavioural symptoms	Hunger, thirst, dehydration, constipation and poor nutritional intake may contribute to behavioural symptoms.	Expand Good Practice Statements to explicitly include nutrition and hydration factors.
Carer Education and Support	Education and support for family members and carers	Carers often support food intake, hydration, meal preparation, feeding assistance, texture modification, food refusal, eating difficulties and adaptation of meals to maintain quality of life and social connection.	Include nutrition and hydration education, mealtime adaptation strategies and referral pathways to APDs.

Residential Aged Care and Ongoing Support	Ongoing management of people living with dementia	People living in residential care are at particularly high risk of malnutrition and dehydration.	Include routine screening for malnutrition and sarcopenia, ongoing nutrition monitoring and APD referral pathways.
Advance Care Planning	Future planning regarding care preferences	Nutrition, hydration, eating and drinking preferences are often important considerations for people living with dementia and their families.	Include nutrition and hydration discussions as part of advance care planning, with APD involvement where appropriate.
End-of-Life Care	Goals of care discussions and symptom management	Decisions regarding eating, drinking, artificial nutrition and hydration frequently arise at end of life.	Include APDs as contributors to discussions regarding nutrition, hydration, enteral nutrition and comfort feeding.
Mealtime Support	Assistance with eating and drinking	Mealtime environment, food recognition, feeding assistance, utensil use, meal adaptation and social connection influence nutritional intake, dignity and quality of life.	Consider APD involvement in development of person-centred mealtime strategies and support for cognitive, behavioural and functional barriers to eating and drinking.
Mealtime Participation and Eating Independence	Supporting daily living, participation and independence	People living with dementia may experience food recognition difficulties, altered eating behaviours, food refusal, difficulties recognising or using eating utensils, reduced interest in eating and challenges participating in mealtimes. These factors may reduce nutritional intake, independence, dignity and quality of life.	Consider inclusion of practical mealtime strategies and APD involvement to support eating independence, participation, dignity and quality of life, including meal adaptation, finger foods where appropriate and strategies to address cognitive, behavioural and functional barriers to eating and drinking.
Quality of Life	Person-centred care and wellbeing	Food, eating and drinking are strongly linked with comfort, enjoyment, identity, independence, routine and social connection.	Recognise nutrition and mealtime participation as important contributors to quality-of-life outcomes.

Potential overarching wording:

"Where nutrition, hydration or food-related challenges are identified—including malnutrition risk, weight loss, feeding or eating difficulties, dysphagia, frailty, sarcopenia, bowel health concerns and other nutrition-related complications—referral to an Accredited Practising Dietitian should be considered as part of multidisciplinary dementia care."