Kitchen aids

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Disabilities that cause problems in performing simple domestic tasks can occur at any age but are most common in elderly people. Of those aged 70-74 living at home, 7% are unable to cook a meal; this figure rises to 27% for those aged 85 and over. The proportions unable to open screw top bottles in these age groups are 8% and 24% respectively.¹ Such difficulties may cause great distress, obliging disabled people to rely on others for help or even to relinquish their homes and enter residential care.

Providing aids may make the difference between maintenance or loss of independence. Gadgets, however, are not always appropriate, and basic guidelines for providing aids merit repetition: obtain assessment by an occupational therapist; provide aids only when other coping strategies fail; supply aids that are simple and look as normal and attractive as possible.

Some problems may be solved by giving simple advice: rather than trying to pour hot water from a pan let the water cool first and then empty it with a jug; push heavy pans along work surfaces rather than trying to carry them; cook vegetables in a chip basket placed in the pan—the basket may then be used to strain the vegetables when cooked. The provision of a wheeled trolley can facilitate the moving of food and utensils within the kitchen or from room to room.

FOOD STABILISERS AND BOTTLE, JAR, AND CAN OPENERS

Sterilisers and openers are often particularly valuable to patients with only one useful arm. Spiked boards (fig 1) stabilise bread, vegetables, or meat for cutting, but care is needed to choose one without dangerously sharp spikes. Of the many bottle top and jar lid removers marketed only those that fix to work surfaces or shelves are suitable for one handed people. Undoit and Skyline both need no adjustment, but while Undoit has a good serrated grip it is too small for large lids, whereas the larger, unserrated Skyline is too big for small lids. Both these devices need considerable pressure to wedge the jar or bottle into the "V." Conventional wall mounted can openers need to be chosen carefully as some are difficult to operate if grip is weak whereas with others it is difficult to position the can in the mechanism.²

The aids and advice mentioned above may also apply when similar difficulties occur in patients with weakness, stiffness, pain, sensory loss, or tremor. In addition to wall mounted aids, however, a variety of hand held bottle, jar, and can openers are useful (figs 2-4). The Strongboy comprises a fulcrum and adjustable metal band that fits around the jar lid. Of all such devices it perhaps provides the greatest mechanical advantage and is suitable for those whose problem is weakness or pain, but adjustment of the band is difficult for those with tremor or lack of coordination.² The Twister (fig 5) is a conical rubber device needing no adjustment. It does, however, require heavy downward pressure and is therefore unsuitable if grip is poor. Patients whose main problem is lack of coordination find it the most helpful. In addition to wall mounted models, butterfly can openers with large knobs and handles are often suitable. Electrically operated openers can be helpful, though some are heavy.² Of the various jar stabilisers on the market,

FIG 3—One handed tin opener

Spill not is the simplest, needing no adjustment, but jars sometimes stick in its base.³

KNIVES

Knives, vegetable peelers, and other utensils with lightweight, large diameter handles are easier for those with poor grip. The Gustavasberg kitchen knives have large hand-saw handles, permitting a straight wrist (sawing motion) when cutting, with great mechanical advantage. Electric knives are heavy and often unsuitable.³ The Ritter and PPL vegetable peelers have wide grip handles,² but an alternative for these (and indeed all knives and similar utensils) is to attach foam rubber plastazote handles to conventional devices. Many patients with weak or painful hands have difficulty opening scissors, a problem overcome by selecting spring operated models.³

FOOD PROCESSORS

Food processors and mixers are a great boon to many disabled people. When choosing from conventional models prime considerations are simplicity, weight, and ease of assembly and operation of the on-off switch.⁴ They are, however, expensive, and the simple measure of spinning a normal hand whisk between the palms is often effective. Hand whisks with a spring

FIG 4—Electric tin opener with magnet to remove lid

FIG 1—Spiked board to stabilise food for peeling or cutting

FIG 2—Bottle top remover

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FIG 5—Twister

action, using up down motion (spring whips) are valuable if shoulder movement is limited.⁵

MISCELLANEOUS

Handiplugs (fig 6) ease difficulties inserting and removing electric plugs, and attachments to taps and cooker knobs make them easier to turn. Teapot tippers and kettle tippers (fig 7) obviate the need to lift heavy containers full of hot fluids, though kettle tippers should be (but are not) taller than the teapot tippers to facilitate teapot filling. Cup sized electric elements (originally designed for the use of travellers) may be more acceptable. A useful tip for those with poor reach or difficulty in bending is to use wax tapers instead of matches to light gas ovens or grills. Eye level grills, though easier to see, may be dangerous for disabled people to reach up to. Perching stools enable the user to sit at standing height for long periods without risk of toppling backwards. Microwave cookers may allow disabled people to prepare their own meals more easily (they can often be positioned more accessibly than conventional ovens and rings and they reduce cooking time) or allow them to reheat meals prepared by others. For those with visual impairment large bright utensils may be valuable, and alarms that bleep when a cup or pan is filled to preset levels might be considered.

Cognitive impairment poses specially difficult problems in preparing food. When moderate or severe it is not amenable to modification by aids, but when mild colour coded knobs may help safe use of a cooker as may timers with alarms. The simple provision of a whistle may prevent kettles burning dry. The increasing provision of the frozen meals service, which in many areas is replacing daily hot meal deliveries, may cause problems in heating the meal for moderately demented people. Microwaves are not usually appropriate here and may cause more trouble than benefit as confused elderly people may try to cook eggs or foil wrapped meals in them.

Conclusion

Detailed assessment and advice on availability and

FIG 6—Handiplug

FIG 7—Kettle tipper for controlling pouring, useful for patients with tremor or poor grip

suitability of kitchen aids can be obtained from hospital or community based occupational therapists or from disabled living centres. Given the prevalence of disability in the kitchen in otherwise fit elderly people living at home it might be appropriate for kitchen assessments or predischarge home visits, common in geriatric units, to be extended to other specialties. Many problems that disabled people experience in the kitchen result from bad design. As so many people cannot open screw top jars or cans should we not be trying to design better food containers?

Appendix

RECOMMENDED READING FOR PATIENTS

- Nichols P, Haworth R, Hopkins J. *Disabled: an illustrated manual of help and self-help*. Newton Abbot, Devon: David and Charles, 1981.
- Multiple Sclerosis Society. *Helpful hints around the home for the multiple sclerosis patient*. London: Multiple Sclerosis Society, 1980.
- Arthritis and Rheumatism Council. *Your home and your rheumatism: aids and gadgets in the home*. London: Arthritis and Rheumatism Council, 1985.

- Hunt A. *The elderly at home. A study of people aged sixty five and over living in the community in England in 1976*. London: OPCS, HMSO 1978.
- McIntosh R. *Aids assessment programme: food preparation aids for those with neurological conditions*. London: Department of Health and Social Security, 1983.
- Bradshaw ESR. *Aids assessment programme. Food preparation aids for rheumatoid arthritis. 2A. Kitchen knives, scissors*. London: Department of Health and Social Security, 1985.
- Bradshaw ESR. *Aids assessment programme. Food preparation aids for rheumatoid arthritis. 2B. Food choppers, graters, food processors*. London: Department of Health and Social Security, 1985.
- Bradshaw ESR. *Aids assessment programme. Food preparation aids for rheumatoid arthritis. 2C. Whisks, hand held blenders, electric mixers*. London: Department of Health and Social Security, 1985.

Correction

ABC of Major Trauma

Trauma of the spine and spinal cord—I

A printers' error occurred in this article by Mr Andrew Swain and others (7 July, p 34). This diagram was omitted from the section on secondary survey and should have been published above the legend: "Method of catheterisation in patients with spinal cord injury."