

Eating and Drinking Well with Dementia

Information for Relatives and Carers

This information leaflet contains general information and practical advice on how to help someone with dementia to maintain their nutrition and hydration.

If you require any further information or have any concerns or queries about nutrition in dementia for the person you are caring for, please speak to a dietitian, nurse or doctor.

What does eating well mean?

Eating plays an important role in our lives. Good nutrition is very important to maintain health, wellbeing and reduce the risk of developing illnesses.

In simple terms, eating well refers to someone having the appropriate amount of energy (calories) and other nutrients (such as fat, protein, carbohydrate, fibre vitamins and minerals) found in a variety of foods that make up a balanced diet.

Why is eating well so important in dementia?

Many people living with dementia may experience a change in their relationship with food, eating and drinking. As dementia progresses, the behavioural, emotional and physical changes that occur can make eating and drinking more challenging. Depending on the individual, these changes can result in dehydration, weight loss or weight gain.

As a carer, this can be upsetting and you may find it reassuring to understand how you can help the person you care for to eat and drink well. There are a number of reasons relating to dementia why problems with eating and drinking may occur. Some common problems with eating and drinking are described overleaf, alongside tips on how you may be able to help.



A person with dementia may:	How can I try to help?
<p>Have difficulty with their memory or become confused causing problems with eating and drinking.</p> <p>Meals may be missed due to the person losing sense of time or routine, or forgetting to eat.</p>	<ul style="list-style-type: none"> • Offer assistance or prompt the person • Remind them when mealtimes are due • Offer foods that are easy to eat/take little effort to chew • Gently help the person guide their hand to their mouth to demonstrate the eating or drinking • If your relative or the person you are caring for is staying in hospital, you may visit at mealtimes to support them
<p>Be easily distracted at mealtimes, such as wandering from the table or being unable to concentrate on eating and drinking, e.g. playing with food making mealtimes prolonged.</p>	<ul style="list-style-type: none"> • Check the person has everything they may need to enjoy their meal, such as ensuring they have been to the toilet if needed, or that they have their glasses, dentures or hearing aids to hand • Keep mealtimes relaxed and quiet, avoiding distractions • Try 'finger foods' - see information overleaf • Provide drinks in easily carried containers to ensure fluids are readily available • If the person is struggling to eat enough at mealtimes, serve small portions at a time so that food stays warm, and offer second helpings • If the person tends to stare at food without eating try verbal or manual cues, e.g. encouraging, placing cutlery into the hands and demonstrating eating • To make food easier to see: use plain plates in a colour that contrasts with the food and the table. Try to use primary colours (red, yellow and blue) as these are recognised for longer as dementia progresses • If the person tends to hold food in the mouth or is reluctant to open their mouth try to give verbal cues to open the mouth and to swallow • Gently massaging the cheek or touching the lips with a spoon and offering small amounts of varied flavours may help • Try to eat your meal with the person to ensure a social mealtime
<p>Find that their tastes or preferences have changed, or have difficulty expressing needs and preferences.</p> <p>It is not uncommon for tastes to change.</p>	<ul style="list-style-type: none"> • Try to be flexible; changes in preference may be quite dramatic for those with dementia • Offer a variety of foods. Try intensely flavoured foods, even if not previously liked • If sweeter foods are preferred, try to add sweeter foods to balanced meals, such as fruit to sandwiches • If the person mixes unusual foods together (e.g. sweet and savoury), do not prevent them from doing so as long as the food is enjoyed
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<p>Become low in mood or feel paranoid.</p>	<ul style="list-style-type: none"> • Reassurance may need to be given to the person, e.g. if there is paranoia that food is suspicious or that they cannot afford to pay for the meal • If the person is distressed or upset, do not pressurise them to eat and drink, rather wait until they are settled
<p>Experience physical changes such as chewing or swallowing difficulties as dementia progresses, which may affect how well a person eats.</p>	<ul style="list-style-type: none"> • If signs of chewing or swallowing difficulty are identified, action needs to be taken to reduce the risk of malnutrition or aspiration (food or fluids entering the airway) • Only a Speech and Language Therapist can provide advice to help a person with swallowing problems (such as advice regarding modified texture foods and fluids) • If the person struggles to chew foods because of their dentition, softer foods may help • Maintain good oral health by ensuring access to a dentist and assisting with regular mouth care, such as checking that no food residue is left in the mouth or refreshing the mouth after eating • If the person has a dry mouth, encourage regular fluids and sauces with meals • Ask the person's GP to review their medications as this may be caused by a side effect
<p>Become dehydrated.</p> <p>Dehydration can be common in older adults and can lead to complications, such as constipation.</p> <p>The person may be reluctant to drink or may not recognise thirst, forget to drink or not be able to communicate thirst.</p>	<ul style="list-style-type: none"> • It is important to try to encourage the person to consume at least 8-10 glasses of any fluid per day • Small cups or glasses of fluid may be more manageable, however these to be offered frequently • Gentle prompts may be required to remind the person of the need to drink • Transferring bottled fluids or drinks in cartons into a clear glass can increase the person's ability to recognise a drink • Fluid intake can also be achieved from foods such as soup, stews or foods with sauces, fruit and vegetables, yoghurt, jelly and ice cream
<p>Suffer from constipation.</p> <p>It can impact on a person's ability to eat and drink well.</p>	<ul style="list-style-type: none"> • Try to ensure plenty of fluid is consumed • Increase fibre in the diet (e.g. wholemeal bread, wholegrain breakfast cereal, oats, beans and pulses) • If possible, and only if safe to do so try to increase physical activity. Always check with the person's GP

Finger Foods

Problems with coordination may arise as dementia progresses, particularly struggling to use cutlery, can cause frustration and can reduce the amount a person manages to eat.

'Finger foods' can be an effective solution and may mean that independence and dignity can be maintained at mealtimes as there is no reliance on another person to eat.

They are everyday foods that are prepared in a way that makes them easy to pick up and eat with the hands only, such as small sandwiches, pieces of fruit or miniature foods and are ideal for those struggling to use a knife and fork or those who prefer to eat and drink away from the table or at alternative times of the day

If finger foods are more suitable for a person than regular meals, as long as a variety of different items and adequate fluids are taken, it is likely that the person will be able to meet their nutritional requirements and fluid needs.

Practical tips on preparing finger foods:

- Moist foods are most suitable as they may be easier to swallow
- Remember food items should be robust enough to be held
- Foods should look attractive with a variety of colours on the plate
- Serve items in small/bite-size portions – making mini versions of foods works well
- Foods are best served at room temperature so that the person can eat when suits them
- Avoid food that might spoil or easily become contaminated if left out
- Ensure hands are cleaned properly before and after meals
- Fluids should be offered regularly throughout the day

Examples of finger foods:

Breakfast	<ul style="list-style-type: none">• Fingers of buttered toast with jam or boiled egg cut into slices• Fresh fruit fingers, e.g. orange segments, melon,
Lunch	<ul style="list-style-type: none">• Small sandwiches (triangles filled with egg/tuna/pate/meat)• Cheese on toast cut into small pieces• Cucumber sticks/slices of pepper, apple slices• Soup in a mug with small bread roll• Party foods such as cubes of cheese, mini scotch eggs, half a small pork pie, mini sausage rolls
Evening meal	<ul style="list-style-type: none">• Fish fingers/bitesize pieces of chicken or meat• Filled potato skins/potato wedges• Cooked carrot fingers, green beans, broccoli florets
Snacks	Snacks may not be required if the person's appetite is good. If additional snacks are required, try: Cheese and biscuits, fresh fruit, scones or slices of fruitcake, fruit teacake, buttered toast fingers/crumpets/hot cross buns, cereal bars, milky drinks with a biscuit
Desserts	<ul style="list-style-type: none">• Fresh fruit e.g. berries, melon, apple or orange segments, tinned fruit• Tealoaf/maltloaf with butter• Mini sponge cakes or fruit pies or biscuits

Managing overeating and undereating

Overweight or obesity (overeating)

For some people with dementia, overeating can become a problem due to different reasons, including the person forgetting that they have already eaten, or sometimes an increased preference for sweeter foods that are high in sugar and calories (energy).

For older adults including those with dementia, it may not be beneficial to encourage someone to lose weight.

If health and mobility are not affected by a person's weight and their weight remains stable, it is more sensible to try to promote a well-balanced diet and healthy living as opposed to a weight-reducing 'diet'.

If you are concerned that the person with dementia who you are caring for is gaining weight rapidly or that their health is affected by their weight, please speak to their GP or dietitian for advice before trying to alter their eating habits.

Tips to help to prevent undesirable weight gain:

- Consider healthy snacks between meals if the person is frequently hungry, such as fruit portions, vegetable sticks
- Aim for 5 portions of fruit and vegetables per day
- Try to control portions by using smaller plates, as the person may only eat a large portion as it is what is provided to them
- Try to ensure that the person is relaxed, but stimulated, and not overeating for comfort or due to boredom
- If you are concerned that the person's weight is increasing undesirably due to excess calories, serve different meal components one at a time and keep desserts until the main course is finished
- Try to keep physical activity a regular part of daily life where possible. Always check with the GP if you are unsure how much exercise is safe for the person to be doing

Loss of appetite and weight loss (undereating)

This can result from a number of factors, including poor food intake due to the effect of dementia on the brain, low mood, physical discomfort or difficulty eating and drinking, or sometimes constipation. It may also occur due to an element of self-neglect, for example, not shopping or cooking for oneself.

With time, effort and knowledge of the person, food intake can be increased.

Tips to help prevent unintentional weight loss and increase food intake:

- Offer attractive food in smaller, more regular portions, such as 5-6 small meals across the day instead of a regular 3 meals
- Where smaller portions are required, ensure that meals and snacks are as nutritious as possible by adding high calorie ingredients. Ask the dietitian for advice further advice.
- Try to avoid lots of fluid at the same time or before meals as this may limit appetite
- Try to make drinks between mealtimes as nutritious as possible, e.g. milky drinks, full cream milk, fresh fruit juices and smoothies to help increase calorie intake

- Think of mealtimes as a social activity by helping the person to prepare to eat, such as laying the table, cooking in view of the person to encourage appetite
- Offer intensely flavoured foods if blander foods are not enjoyed (taste may be impaired)
- If mealtimes are difficult due to lack of concentration or behaviour, try nutritious snacks that can be eaten while moving around or require no assistance, e.g. finger foods – see further information
- Additional supplementation such as Complan® and Buildup® can be bought over-the-counter to provide extra calories, protein, vitamins and minerals which can help to provide nutrition that is missed due to a poor appetite.

What else can I do?

If you have concerns that the person you are caring for has lost weight or is not eating enough it is important that their weight is checked regularly.

You should seek advice from their GP or a dietitian to make sure that this can be investigated and practical help sought.

What next?

In the advanced stages of dementia, those with the condition may lose interest in eating and drinking or may have difficulty coordinating the muscles needed to chew and swallow foods safely.

This can be distressing to witness, as offering food and fluids is an integral part of caring for someone. However, in the final stages of life it is a natural process that a person stops eating and drinking. It has been shown that a person nearing the end of their life does not often feel hunger or thirst.

In addition, as mobility and activity levels drop, the amount of nutrition needed is less than previously. Even small amounts of food and fluid can satisfy any feelings of thirst and hunger a person may feel. It is therefore advisable to continue to offer food and drink to the patient, accepting that sometimes the patient will take very little of what is offered.

Can anything else be done?

If swallowing does become more difficult, a Speech and Language therapist can offer advice on how to modify the consistency of the food to make swallowing easier.

Giving a person with advanced dementia food or fluids by tube directly into the stomach may not help them to live longer or to have a better quality of life.

Indeed it has been shown that tube feeding for patients with advanced dementia is associated with high levels of complications and does not appear to have any additional benefits in terms of overall survival or quality of life. Therefore, in general, tube feeding is not usually considered appropriate in this condition.

It has been shown that careful feeding from carers is at least as good as tube feeding in terms of survival and quality of life and without the complications associated with tube feeding.

Where can I go for more information?

Please talk to the medical team looking after your relative / friend or contact the GP if you have any concerns or questions.

Alzheimer's Society <http://www.alzheimers.org.uk/site/index.php>

Age UK <http://www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/help-and-support7/>

NHS Choices <http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-help-and-support.aspx>



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

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