

Managing Nutrition in Dementia

Information for patients, relatives and carers



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This information booklet provides some useful tips to help with some of the eating and drinking problems often faced by people living with dementia. People with dementia may find eating difficult and/or change their eating habits and preferences. This can be distressing for the person with dementia and for those caring for them.

The most common issues that can cause difficulties with eating and drinking in dementia are:

- Poor appetite
- Reduced dietary and fluid intake
- Changes in food choices
- Difficulty chewing and swallowing
- Problems with co-ordination
- Unstimulated environment

In the later stages of dementia, people may not feel hungry, may not be able to recognise food or know why it should be eaten.



Poor appetite/reduced dietary intake

If appetite is poor then a high calorie, fat and sugar diet is recommended. Below are some tips to help increase the calories in your diet:

- Offer five to six smaller meals and snacks rather than three larger meals per day
- Try to encourage food at times in the day where you notice the person eats better, some people eat best in the morning while others eat better as the day goes on
- If dietary intake is low, encourage high calorie drinks instead
- Fortify milk by adding two tablespoons of dried milk powder to one pint of full-fat milk, this can be purchased from most supermarkets
- Use full-fat or fortified milk in cereals, sauces, puddings and drinks
- Add extra butter, cheese, cream to meals
- Add extra sugar, syrup or fortified milk to puddings, or hot drinks
- If a person refuses to eat, try again a little later.

Always discuss this with your healthcare professional if you have a diagnosis of diabetes as closer monitoring may be required.

Please refer to our 'Food First' leaflet for more information.



Low fluid intake

Adequate fluid intake is important to help prevent many problems such as urine infections and constipation. People with dementia also have reduced sense of thirst. Some of the following may/will assist with increasing fluid intake.

- Give the person drinks that they like, get to know their preferences and make a record of them
- Use a clear glass so the person can see what the drink is or brightly coloured cup so it draws their attention
- Provide aids for drinking if needed such as easy grip cups
- Encourage wet foods such as pureed fruit, yogurt, jelly, custard, sauces and soup
- Encourage thicker drinks if tolerated better such as shop bought or homemade milkshakes (e.g. 125ml full fat milk, 3 tbsp dried milk powder, 3 tsp milkshake powder)
- Encourage extra fluids with medications
- Ensure fluid is available at all times or prompt/remind at frequent intervals
- Ensure easy access to toileting facilities at all times
- Offer a variety of drinks throughout the day to their preference, e.g. hot and cold.

Changes in food choices

People who have dementia may change the types of foods they prefer as the dementia progresses. Suggestions for people whose tastes have changed include the following:

- Give the person foods that they like, get to know their preferences and make a record of them
- If the person is eating unusual food combinations, let them. It is unlikely to cause harm and at least they are eating
- Provide foods/cook new dishes that are stronger in flavour or that the person may not have previously tried, e.g. spicy, sweet, salty, sour
- Add a small amount of sugar, honey, lemon juice, herbs and/or spices to your cooking/foods
- Serve sweet sauces or chutneys with meals
- Offer double puddings instead of meals if this is preferable to the person



- Make sure food stays warm, food that has cooled will lose its appeal
- Ensure food maintains the social aspect, use the other senses, e.g. smell, touch, appearance.

Difficulties with chewing and swallowing

Poor oral and dental health or ill-fitting dentures (false teeth) can affect a person's ability to chew or eat certain foods. People with dementia may not be able to tell you that they have a problem, e.g. toothache and may simply refuse food if it hurts to eat. Regular dental care (e.g. teeth brushing twice daily with fluoride toothpaste) and check-ups are vital to ensure that gums and teeth are healthy and that dentures fit well.

As dementia progresses some people find chewing or swallowing difficult, here are some options to try:

- Offer a softer, moister diet
- Avoid difficult items, e.g. hard, dry, tough, chewy, crispy, crunchy, sticky, stringy or floppy foods



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- Where possible use an open cup when drinking. Avoid drinking from straws, bottles or spouted cups/beakers (unless advised by a swallowing healthcare professional)
- Take slow, small mouthfuls of fluid or food. Wait until each mouthful has cleared before taking another
- Sit fully upright when having any food or drink and at least 30 minutes afterwards
- Avoid talking while eating or drinking, save conversation for afterwards.

Coughing shortly after food and drink times, choking episodes or repeat chest infections can be signs of more serious swallowing problem. Contact the patient's GP for a referral to the Speech and Language Therapy service.

Problems with co-ordination

Eating with cutlery or drinking from a glass can be difficult for people with dementia due to problems with co-ordination. This can be frustrating and it may lead to feelings of embarrassment if dropping food or if the task becomes



messy. This can be enough to put a person off eating. To support independent eating, the following suggestions may help:

- Explain what the food or drink is prior and during serving
- Cut the food up before serving so the person can eat with a spoon
- Use non-slip mats to prevent the plate from sliding on the table
- Obtain some equipment that may help such as specially-adapted cutlery
- Serve one familiar food at a time to reduce confusion
- Pace the feeding around what suits the person being fed if they need assistance
- Use plain and colourful plates and tableware that contrast with each other so they are easily separated, e.g. green plate and red tablecloth. Avoid patterned plates
- If a person makes a mess and they are not embarrassed by it, let them. The goal is that they eat something!
- Provide plenty time for them to eat/drink
- Offer finger foods which can be easily eaten (these are a good option if sitting down for a meal is difficult).

Finger food ideas

Breakfast: Toast fingers, buttered muffins, quartered hardboiled egg, soft cereal bar, waffles, pancakes, crumpets.

Main meals: Soft sandwiches, cheese on toast, soup in a mug, slices of pizza, fish fingers, pieces of fish cakes, quiche slices, potato wedges, chips, small burgers.

Snacks: Sausage rolls, crisps, cakes, biscuits, crackers and cheese, fruit segments, pork pies, cubes of cheese, flapjack, scone, fruit loaf.

Creating the right environment

Ensuring the environment is positive can help with eating and drinking as people with dementia can suffer with reduced concentration span and attention. Try the following suggestions:

- The room should be bright and well lit
- Meal times should be given priority and emphasis in the daily routine
- Allow an opportunity to go to the toilet and wash before eating and drinking
- Avoid distractions e.g. TV or loud music – but calm quiet music can reduce agitation
- Serve food and drinks where the person feels comfortable and most relaxed
- Ensure the eating and drinking area is not too cluttered as this can overstimulate and be overwhelming
- Some people enjoy company, others don't. This can change from meal to meal, ensure this is considered
- Meal times should not be rushed
- Images of food can be used for reminiscence activities, helping stimulate interest in food by reconnecting with familiar foods from the past.

Advanced dementia

As dementia progresses into the later stages, patients can begin to refuse meals, lose weight, and sadly become malnourished. At this stage, the main aim is to maximise and improve quality of life including comfort, symptom relief and enjoyment of food and drink. The calorie content of food and drink is not of prime importance because the aim of providing calorie dense items is to reverse malnutrition and encourage weight gain. However due to the progression of the condition, this is unlikely and will not increase a person's length of life. Weight loss is normal at this stage and quality of life takes priority. Aggressive/enforced feeding can cause discomfort to the person and, distress and anxiety for all those involved. This includes the use of a prescribed oral nutritional supplements which should not be requested or provided at this stage.

Please contact your GP for further support to best manage other areas of care needed during advanced dementia.

Further information and support can be found at:

Alzheimer's Society

Telephone: 0300 222 1122

Dementia UK

Telephone: 0800 888 6678

If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 0800 015 4334.

Amharic

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Arabic

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Bengali

আপনি যদি এটা বড় অক্ষরের ছাপায়, ব্রেইল-এ, বা কানে শোনার টেইপ-এ পেতে চান অথবা আপনি যদি এই কাগজটা অন্য কোন ভাষায় পেতে চান, তাহলে দয়া করে 0800 015 4334 নম্বরে পেশেন্ট এ্যাডভাইস এন্ড লিয়েজন্স সার্ভিসের সাথে যোগাযোগ করবেন।

Cantonese (traditional Chinese)

如果你希望本文件是采用大字印刷、盲文或录音磁带等格式，或者希望本文件是使用其它的语言，请联络病患建议与联络服务（Patient Advice and Liaison Service），电话号码：0800 015 4334。

Czech

Pokud byste chtěli dokument psaný většími písmeny, brailovým písmem nebo na zvukové kazetě nebo v jiném jazyku, prosím, kontaktujte poradenskou službu pacientům na tel. 0800 015 4334.

Farsi

در صورت تمایل به داشتن این سند به نسخه ای با چاپ درشت تر، به خط بریل یا نسخه صوتی، و یا به زبانی دیگر، لطفاً با دفتر خدمات مشاوره و هماهنگی بیماران به شماره تلفن ۰۸۰۰۱۵۴۳۳۴ تماس حاصل نمایید.

French

Si vous désirez ce document en gros caractères, en braille, enregistré sur cassette audio ou dans une autre langue, veuillez contacter le service de conseils et liaison des patients [Patients Advice and Liaison Service] au 0800 015 4334.

Kurdish Sorani

ئەگەر تۆم ئێستا بە زانیاریاتە بە چاڵی گەورە، بریل یان لەسەر شریتی دەنگی دەخوازیت یاخود نەم بەلگەنامە بە زمانیکی دیکە دەخوازیت، تکایە بەیوهندی بکە بە خزمەتگوزاری زینمایی و هاوناھەنگی نەمۆشەو بە ژمارە 0800 015 4334.

Polish

Jeżeli dokument wymagany jest w wersji drukowanej dużą czcionką lub alfabetem Braille'a, na kasecie audio lub w innym języku, prosimy o kontakt z zespołem ds. kontaktów z pacjentami (Patient Advice and Liaison Service) pod numerem telefonu 0800 015 4334.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਵੱਡੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ ਚੁੱਟੇ ਹੋ ਜਾਂ ਇਸ ਸਮਰਾਥਨ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚੁੱਟੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਰੀਜ਼ ਸਲਾਹ ਅਤੇ ਤਾਲ-ਮੇਲ ਸੇਵਾ (Patient Advice and Liaison Service) ਨਾਲ 0800 015 4334 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Somali

Haddii aad jeclaan lahayd in aad kan ku hesho far waaweyn, farta braille ee dadka indhaha la' ama cajalad dhegeysi ah ama haddii aad jeclaan lahayd in aad dukumeentigan ku hesho luqad kale, fadlan Adeegga Talobixinta iyo Xiriirinta ee Bukaanleyda (Patient Advice and Liaison Service) kala soo xiriir lambarka 0800 015 4334.

Turkish

Bu belgeyi büyük yazı, braille (kör alfabesi) veya ses kaydı olarak veya başka bir dilde almak istiyorsanız, lütfen 0800 015 4334 no.lu telefondan Hasta Danışmanlık ve İrtibat Hizmetleri ile bağlantıya geçiniz.

Urdu

اگر آپ یہ بڑی چھپائی، بریل میں یا صوتی ٹیپ پر حاصل کرنا چاہیں یا یہ دستاویز کسی قابل زبان میں چاہیں تو برائے کرم پیٹینٹ ایڈوائس اینڈ لیاؤن سروس سے 0800 015 4334 پر رابطہ کریں۔

Vietnamese

Nếu muốn có tài liệu này dưới dạng in chữ cỡ lớn hơn, chữ nổi braille hay băng ghi âm, hoặc bằng một ngôn ngữ khác, xin quý vị liên hệ bộ phận Dịch vụ Tư vấn và Liên lạc với Bệnh nhân theo số 0800 015 4334.

This information is correct at the time of publishing
Last Reviewed: November 2020