

# Dementia Care

## Support with eating and drinking

A practical guide for carers



**This leaflet is designed to provide practical information for anyone who is caring for someone with dementia on ways to tackle problems which can occur with eating and drinking in everyday life. It provides general advice which may not be suitable for everyone. The advice provided is not a substitute for dietary advice given by a registered Dietitian. If you have other dietary concerns, you should seek advice from a healthcare professional such as your GP, District nurse or Community Psychiatric Nurse.**

## Common Difficulties with Eating and Drinking

The way dementia influences a person's life is different for each individual. Remember that this is also true for eating and drinking, and not everyone will experience the same changes. This guide provides practical advice to help overcome challenges that can occur. When someone changes their eating habits or finds it difficult to eat, it can be difficult and distressing for the person and for those who care for them.

Challenges can occur because:

- There may be reduced or limited recognition of hunger and/or thirst. Subsequently they may feel they have already eaten or had something to drink. It can also mean that a person forgets to take regular food or fluid.
- Tasks such as preparing or cooking food may become difficult.
- Food preferences may change. For example the person may prefer sweet foods or spicy foods, which may be different from their previous likes and dislikes.
- The consistency of food that can be managed can change due to problems with recognising food, chewing or swallowing.
- Cutlery may become difficult to use due to reduced co-ordination or the person may forget how to use cutlery.

This publication is also available large print and on computer disk.  
Other formats and languages can be supplied on request.

Please call Equality and Diversity on (01224) 551116 or 552245 email  
grampian@nhs.net Ask for publication CGD 110555.

## Preparing for a Meal

Small changes can help to make mealtimes more enjoyable and less stressful. These changes can also help to improve the nutritional intake for the individual. Try to:

- Encourage the person to go to the toilet before meals if needed.
- Making sure that if glasses, a hearing aid or dentures are worn that these are in place for the meal.
- Consider using adapted cutlery or cups if the person is struggling to grip standard types. Try wide or chunky handled cutlery and cups.
- If additional time is needed to complete meals, provide one course at a time or consider using plate warmers to help keep the food warm.



- Use contrasting coloured plates. This can help to make food easier to see on the plate. Pastel colours are difficult to recognise. Try to use primary colours (red, yellow and blue) which are recognised for longer by people as their Dementia progresses.
- Avoid distracting items on the meal table such as vases or lots of condiments.
- Avoid patterned table coverings as these can be distracting and reduce focus on the food.

- Ensure good oral hygiene after eating, this helps to avoid infections, encourages good gum health and helps to maximise taste from food.
- As far as possible, eating should take place in a familiar place, without excessive distractions.
- Eating with familiar people can help prompt memory.
- Try to remain calm and offer lots of encouragement.
- Name the food or drink or describe it if necessary, so they are more aware of what they are eating.
- Check the temperature of food and drink before giving it to the person. Many people with dementia lose the ability to gauge temperature.

## Taste Changes

### What if a preference for sweet foods develops?

When you are trying to encourage a good balance of foods to promote adequate nutrition it can be difficult when a person seems to only want to eat sweet foods. Sweet foods are often seen as unhealthy. However, with a little planning, sweet and sweetened foods can provide the nutrition needed.

So how can you encourage a good variety of foods?

- Try naturally sweet vegetables such as carrots, sweetcorn, turnip, peppers or peas. Vegetables provide a wide range of vitamins and fibre essential for good health.
- Use sweet and sour sauces, table sauces such as sweet chilli sauce or ketchup, chutneys or pickles to naturally sweeten dishes.
- Add honey to vegetables such as carrots, parsnips, peas or green beans before serving.
- Try adding a little sugar to mince, stew or potatoes or serve with sweet sauces such as apple or cranberry sauce. If excess weight gain is a problem try a granulated sweetener instead.
- Encourage milk based puddings such as custard and stewed fruit, rice pudding, mousse, trifle, whipped desserts, ice-cream, evaporated milk or cream with tinned or fresh fruit. A small amount of maple or golden syrup, jam or honey can be used to increase the sweetness if needed. Milk is a good source of protein, energy and calcium.



## What if a food that has been enjoyed for years is now refused?

---

People can experience changes in the food they prefer. This can be due to a change in the way flavours are recognised as well as a reduction in the number of taste buds as we get older. Strong flavoured foods, spicy foods or foods previously disliked may now be enjoyed. This can include a change to enjoying foods such as lasagne, curry, chilli or pizza.

If strong flavours are preferred or tastes change:

- Keep an open mind. Don't exclude any food and try a range of foods until you find what that person enjoys now. Try to keep a list of current preferences and re-try foods from time to time.
- Try adding additional spices, herbs, onion, garlic, chilli, pepper, lemon juice or Worcester sauce to give dishes enhanced flavours. Avoid adding extra salt if possible especially if the person has vascular dementia as this can contribute to increased blood pressure.
- Offer table sauces, chutney, pickles and relishes, vinegar, mustard, salad dressings or tomato ketchup.



## What if foods are being mixed together?

---

*(For example mixing desserts with main meals or adding drinks to savoury meals)*

It may not look pleasant but it may be that the person is unsure which items should go together.

If meals and/or drinks are being mixed:

- Avoid putting several plates on the table at one time as this can be confusing. Instead serve one course at a time.
- Offer drinks after the meal instead of at the same time or offer small amounts during the meal and a full drink after the meal.

## What if food is being spilled at meals?

---

- Try using wipe clean table mats and coverings and allow the person to eat as they wish even if this looks messy. Use a napkin to protect clothing from spillages, whilst maintaining dignity.
- Encourage the person to eat independently where possible. Although it may be difficult, try not to comment on the way they are eating as this could be upsetting. Where required try verbal prompts and if necessary provide some assistance.
- If using cutlery is a problem offer finger foods instead (see section below).
- Try using a lipped or high rimmed plate to allow food to be moved around easily reducing spillages.

image used with permission from: <http://www.flickr.com/photos/lenore-m/386171060/>

## What if the person is struggling to complete meals?

- Allow extra time for meals as needed.
- Serve one course at a time to keep food warm, this also helps to avoid confusion with foods.
- Prompting such as giving verbal advice or placing cutlery or a cup in the person's hand can help. Prompting also helps to maintain dignity and independence for as long as possible. As the condition progresses it may be necessary to assist with eating.
- Dish up a small amount of food at any one time. Once eaten a further portion can always be served.
- Consider offering 5-6 small snacks during the day rather than 3 main meals.
- Consider plate warmers or insulated cups to keep food and drink warm for longer.
- When people with dementia are eating together for example in a ward, care home or at a lunch group, avoid removing plates until everyone is finished. Removing plates early can be seen as a signal to stop eating.



## What if wandering or becoming easily distracted at meals is a problem?

No matter how hard you try it can be difficult to get someone to eat a plated meal if they are unable to sit down long enough to complete it. The constant movement used by pacing or agitation will also burn up extra energy and can contribute to weight loss.



### Try:

- Leaving out snacks along the route the person walks or place foods in their hand to prompt them. Try a variety of finger foods (see section on Finger foods for suggestions).
- Encouraging high energy foods where possible (see section on adding extra energy and protein).
- Changing the environment. Some people will benefit from the television or radio being switched off to limit distractions. Others may react better to background noise such as soothing music.
- If you notice that there are times in the day when the person is more settled, consider changing mealtimes or offer additional snacks at these times.

image used with permission from: <https://chrome.google.com/extensions/detail/enanfmkkidfgnjmodabfikemiaojphg>

## Adding Extra Energy and Protein

Adding extra energy and protein can be a challenge, especially if the amount someone will eat is small. The answer is not always to add extra foods, instead try changing the way food is offered or using foods such as butter, sugar, full cream milk or jam to add extra energy and protein can be more beneficial.

Try to:

- Encourage 5-6 smaller meals and snacks rather than 3 larger meals per day.
- Encourage food at times in the day you notice they eat better. Some people eat better as the day goes on. Whereas other people find that they eat better in the morning and this reduces as the day goes on.
- Avoid low calorie, reduced fat or reduced sugar foods unless you have been advised otherwise by your health professional.
- Add extra butter, grated cheese, soft cheese or cream to potatoes, soups, sauces or vegetables to add extra calories without increasing the volume.
- Spread jam, honey, marmalade and butter thickly on breads, toast, scones, crumpets and pancakes.
- Add extra sugar to puddings, cereals or hot drinks if taken.
- Use whole milk or cream in cereals, sauces, puddings and drinks.
- Add a teaspoon of jam, syrup or honey to porridge, custard, rice pudding or semolina.
- Fortify full cream milk by adding 4 tablespoons of milk powder to 1 pint of milk. Use this as normal, on cereal, in sauces and drinks. This will help add energy and protein.



## Finger Foods and Nourishing Drinks

Finger foods and nourishing drinks can be a good alternative to plated meals when cutlery becomes difficult to use, or the person is always on the move.

Try:

- Milk based drinks such as hot chocolate, malted drinks, milkshakes or milk based coffee. Be careful with hot drinks. Using insulated cups with lids will reduce the risk of injury for someone who paces a lot
- Fresh fruit juices such as orange, apple, cranberry, grapefruit or pineapple. These juices are also a good source of vitamins especially vitamins A, C and E. Some diluted blackcurrant drinks are also fortified with vitamin C and can be useful to include.
- Sandwiches cut into small squares, triangles or rolled into a sausage shape. Why not try fillings such as egg mayonnaise, tuna mayonnaise (try adding sweetcorn, peppers or diced cucumber), meat or fish paste, corned beef (try adding chopped tomato), cold meats (try adding relishes, pickles or chutneys) cheese or peanut butter (try with mashed banana).
- Small savoury biscuits, crackers or mini oatcakes with spreading cheese, meat/fish paste or pate.
- Scones with butter, jam or jam and cream, teacakes with butter, crumpets with honey, jam, syrup or butter, fruit or chocolate muffins, cereal bars, fruit or malted loaf with butter, gingerbread or individual cake slices.

- Pieces of fruit or vegetables such as sticks of carrot, slices of cucumber, cherry tomatoes, pineapple chunks, chunks of banana, berries, or mandarin segments.
- Toast fingers with cheese spread or roasted cheese, mashed or sliced boiled egg, jam, marmalade, pate, meat paste, peanut butter or yeast extract spreads.



- Slices of pizza, quiche or garlic bread.
- Small sausage rolls, cooked chicken pieces, cocktail sausages or meatballs.
- Fish fingers, scampi pieces or fish cakes.
- Cut pieces of potato waffle, potato croquettes, chips, roast or boiled potatoes.

## Overeating

Weight can be difficult to control when a person forgets that they have already had a meal. Being told you have already eaten can be distressing for the individual and can be a challenge for those who care for them.

The following tips can help:

- Try dividing the original meal portion into two smaller portions, when food is requested the second time around give the second portion.
- Alternatively serve only a small portion of the main dish (fish, meat, poultry or vegetarian option) and starchy foods such as potatoes, rice, pasta or bread. Fill up the majority of the plate with salad or vegetables which are low in energy.



- Offer snacks such as fruit or light yoghurt as an alternative to an extra meal.
- Make ice-lollies with sugar free or diet drinks, these can then be offered as a snack or a second dessert.

- If a meal has already been eaten offer a drink instead – try lower calorie drinks such as tea or coffee (with sweetener – optional), reduced sugar flavoured water or diluted drinks, diet or sugar free fizzy drinks or water.



## What if Constipation is a Problem

It is important to encourage good bowel health as constipation can reduce appetite and contribute to increased confusion and agitation. Foods high in fibre help to bulk up stools and make them softer and easier to pass. However, powdered bran should be avoided as this can be a difficult type of fibre for the body to cope with and can reduce the absorption of important minerals such as iron.

Try:

- Including extra fruit and vegetables – such as a side salad, diced or pureed vegetables in savoury sauces or dishes, stewed fruit, dried fruit or chopped fresh fruit such as banana with cereal, fruit as a snack or fruit juices with meals.
- Including fibre containing snacks such as cereal bars, a handful of dried fruit, digestive or oat based biscuits or multigrain or seeded crackers.
- Using wholemeal breads and cereals such as Weetabix, Shreddies, Just Right, Muesli or porridge.
- Have soups which contain beans and pulses such as broth or lentil soup.

If fibre is being increased, this should be done gradually to avoid discomfort and excess flatulence.

At the same time fluids should also be increased. Aim for at least 8-10 cups of fluid per day which will help to make stools easier to pass.



Image used with permission from: [http://s0.geograph.org.uk/photos/00/89/008937\\_420b4c52.jpg](http://s0.geograph.org.uk/photos/00/89/008937_420b4c52.jpg)

## What if Fluids are a Problem?

In general 8-10 cups of fluid (1 ½ - 2 litres or 4 pints) should be included everyday to keep well hydrated. On hot days, when sitting in centrally heated areas or if there is an infection present try to encourage an extra 1-2 cups. Remember that poor hydration can contribute to constipation, increase feelings of tiredness, increase risk of urinary infections, reduce concentration and add to confusion.

Try:

- Offering small amounts frequently, about half or ¾ a cup at a time if larger amounts are not being taken.
- Using flavoured ice-cubes (made with juices) or ice-lollies to add extra fluids.
- Placing the cup in the person's hand as a prompt if needed.
- If someone has a familiar or regular cup that they prefer, try to encourage its use.
- Remember fluids include soup, tea, fruit juices, cordials, diluted or fizzy drinks and water. A variety can help to maintain interest in drinking.
- If you are unable to be there to prompt the person to take fluids try making up a jug or bottle of juice and placing it within view. Ideally try to use a clear plastic jug or bottle so that the fluid can be seen. If other carers such as relatives, friends or care services are going in, this can be pre-prepared and placed in the fridge.

## Who can help?

Your **GP or community nurse** can provide you with advice or information about dementia and can refer you to a Community Dietitian or Speech and Language Therapist if there are difficulties with eating and drinking.

### Alzheimer Scotland Dementia Advisors

Aberdeenshire and Moray	07731772764 (mobile)	01467 629292
Aberdeen City		01224 644627
Moray		01343 552080

### Grampian Dietitians

People can be referred to their local community dietitian for assessment, advice and support. They can also provide written information for help with particular problems. They can see people in clinic, their own home or care home.

Aberdeen City/Aberdeenshire	01224 555258
Moray	01343 567350
Royal Cornhill Hospital dietitians	01224 557530

### Speech and Language Therapists

Aberdeen City	01224 555565
Aberdeenshire Central	01467 672731
Aberdeenshire South	01569 792027
Aberdeenshire North	01346 585250
Aberdeenshire Moray	01343 553100

### For clients with Learning Disability

Aberdeen City	01224 558340
South Aberdeenshire	01224 785070
Central Aberdeenshire	04167 672708
North Aberdeenshire	01261 818126
Moray	01343 562111

### Community Meals

Aberdeen City	CommunityMeals@aberdeencity.gov.uk	01224 814744
Aberdeenshire Council		07795127429
Moray		01343 567100
Wiltshire Farm Foods		0800 773773

### Further information:

<b>Alzheimer Scotland</b>	(free) 24hr helpline 0808 808 3000
Alzheimer Scotland	helpline@alzscot.org
22 Drumsheugh Gardens	www.alzscot.org
Edinburgh, EH3 7RN	