

# Eating well with dementia

Advice for patients, families and carers



**Nutrition & Dietetics Department**

## **Who is this leaflet for?**

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The information in this leaflet is for you if you:

- Have a family member or friend with dementia
- Work with or support a person with dementia
- People with dementia

## **What is eating well and why does it matter?**

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Eating well means having the right amount of energy and nutrients for the body to function. Eating a healthy, balanced diet is important for maintaining physical and mental wellbeing.

Not eating enough causes weight loss, can make someone tired and reduces strength. It also increases the chance of getting an infection, so increases the chance of coming into hospital. Therefore, not eating enough can affect quality of life.

## **What is drinking well and why does it matter?**

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Drinking well means having the right amount of fluid for the body to function. Not drinking enough causes dehydration. Dehydration can make someone feel tired, dizzy and confused. It can also cause constipation.

## **What will this leaflet tell me?**

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This leaflet will:

- Help explain why people with dementia can have problems eating and drinking.
- Give ideas for ways to create the right mealtime environment.
- Give ideas for appropriate food to offer, including snacks and finger foods.
- Demonstrate ways to fortify foods, to make them higher in energy and/or protein.

- Give ideas of nourishing drinks.
- Help explain how we can care for someone with dementia at the end of their life.

## **Why can people with dementia have problems eating and drinking?**

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- Some people have a small appetite. This could be due to depression, constipation, poorly fitting dentures or pain.
- Old age and dementia can cause changes in taste. Some people prefer sweeter, spicier or saltier foods than before. Some people cannot communicate their likes and dislikes as well as they did previously.
- Reduced hearing, sight, taste or smell may decrease enjoyment of mealtimes.
- People with dementia may miss meals as they can forget to eat or don't recognise they are hungry.
- Some people store food in their mouths as they forget to swallow or don't recognise they have food in their mouth.
- People with dementia may forget how to use cutlery or find cutlery difficult to use.
- Some people can become agitated and leave the table, or find it hard to sit down and concentrate during mealtimes.
- Some people struggle chewing and swallowing food, so care must be taken to ensure that people don't choke. If you are worried about this, please discuss it with a Speech and Language Therapist, Dietitian or GP.

## What type of food should I offer?

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- Healthy eating principles that have previously been recommended might not be appropriate at this time. If someone is eating very little, a high calorie diet may be appropriate.
- Avoid 'low fat' or 'diet' foods, as this can limit the amount of energy in the diet.
- Make food look and smell appealing. Use different tastes, colours and smells. The aroma of cooking can stimulate someone's appetite.
- Try different types of food if you think that the person with dementia has had some taste changes. Experiment with stronger flavours e.g. sweeter, spicier or saltier foods.
- Do not withhold desserts if the person hasn't eaten their savoury meal. They may prefer the taste of the dessert.
- If the person has difficulties chewing/ swallowing, try soft food e.g. scrambled egg, shepherd's pie or stewed apple. If this is not successful, you may need to consider mashed or pureed food. Seek advice from a Dietitian, Speech and Language Therapist or GP to make sure it is safe and nutritious.
- 'Finger foods' that can be picked up and eaten without crockery increase independence with eating. This may be better for people who struggle with coordination, wander or are easily distracted.
- Some people with dementia become sensitive to foods with a mixed texture, e.g. minestrone soup. Single texture foods may be more appropriate e.g. smooth thick soups, yoghurt or custard. Offering single consistencies too early in the disease process can reduce the strength of their swallow. Check with a GP, Dietitian or Speech and Language therapist before modifying the consistency of the diet.

## How often should I eat?

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- Offer small, nutritious meals and drinks regularly. Try 'little and often' by having snacks between meals.
- Choose a meal pattern to suit the individual. For some people, routine can provide comfort and reassurance. Other people with dementia do not stick to specific mealtimes. If this is the case, do not worry about sticking to routine.
- Try to maximise nutritional intake at the person's best times of day. Often people with dementia are the most awake at breakfast, so would benefit from a larger meal in the morning. If they are awake for much of the night then night-time snacks may be a good idea.

## How can I create the right mealtime environment?

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- Avoid assisting people to eat when they are not fully alert, as this may increase the risk of choking. This also applies to people at the end of their life.
- A relaxed, friendly atmosphere with some soft music may help.
- Make use of meal delivery services for practicality.
- Encourage the person to get involved at mealtimes. They could help prepare the food or lay the table.
- Use eating and drinking as an opportunity for activity and social stimulation. Company during mealtimes is important to promote the social side of eating. The friend, relative or carer can act as an example for the confused person. You can make use of meals served in luncheon clubs and day centres.
- Some people can become distracted or sit in front of their meal without eating. Positive encouragement and gentle reminders to eat can be useful. Readily give reminders of what the food is and where on the plate it is.

- Hand over hand assistance can be useful if the person with dementia is struggling with coordination. Gently put the utensils in their hand then using your hand over theirs gently guide the food to their mouth. They may then be able to continue unassisted.
- Serving one familiar food or course at a time may help to overcome confusion. Avoid laying the table with multiple sets of cutlery e.g for a main course and pudding.
- Do not worry about tidy eating habits or unusual food combinations.

## **What sort of crockery or cutlery should I use?**

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- Experiment with cups with one or two handles, different weights, materials, transparencies and colours to encourage independent drinking. Wide necked mugs are often easier to use. Your Occupational Therapist will be able to advise you on adapted cutlery.
- Try using cutlery of different weights. Shorter-handled cutlery can be easier to control.
- Use plates and bowls which do not slip, or with higher sides to prevent spillage. You could try non-slip placemats.
- Use insulated crockery or heat bowls and plates before mealtimes. If the meal takes a long time, this will help to keep the food warm. You can also try serving smaller portions but more regularly, or microwaving the food part way through the meal.
- Special straws are available for patients with a weaker suck. Check with your Speech and Language Therapist if you are able to use a straw.
- Avoid using a plate the same colour as the food. Use contrasting colours to make the food stand out from the plate.

## How do I add extra nutrition to food?

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If the person is underweight, losing weight or only managing small portions, you can make the meal higher in energy, using the table below:

Add sugar, jam, honey to:	<ul style="list-style-type: none"> <li>■ Cereal or porridge</li> <li>■ Puddings</li> <li>■ Hot Drinks, milkshakes or smoothies</li> </ul>
Add extra fats (e.g. butter, margarine, spread, oils, mayonnaise) to:	<ul style="list-style-type: none"> <li>■ Mashed potato or pasta dishes</li> <li>■ Toast or bread</li> <li>■ Sauces</li> </ul>
Add cream, crème fraiche, full cream milk to:	<ul style="list-style-type: none"> <li>■ Sauces and soups</li> <li>■ Mashed Potato or pasta dishes</li> <li>■ Puddings, pastry and cakes</li> <li>■ Cereal or porridge</li> <li>■ Milkshakes or smoothies</li> </ul>
Add grated cheese to:	<ul style="list-style-type: none"> <li>■ Sauces and soups</li> <li>■ Mashed potato or pasta dishes</li> <li>■ Pizza</li> <li>■ Scrambled eggs or omelettes</li> <li>■ Beans or spaghetti on toast</li> </ul>
Add skimmed milk powder to:	<ul style="list-style-type: none"> <li>■ Full fat milk</li> <li>■ Porridge</li> <li>■ Mashed potato</li> <li>■ Creamy sauces and soups</li> <li>■ Custard and milky puddings</li> <li>■ Milkshakes</li> </ul>
Add cream, evaporated or condensed milk, yoghurt, crème fraiche, custard or ice cream to:	<ul style="list-style-type: none"> <li>■ Puddings and deserts</li> <li>■ Fruit, fruit pies or crumbles</li> <li>■ Jelly, cakes and pastries</li> </ul>

For example, you can fortify a bowl of porridge for breakfast.

- Porridge made with semi-skimmed milk: 160 calories, 5.5g protein
  - 1/3 cup porridge oats
  - 2/3 cup semi skimmed milk
- Fortified porridge: 490 calories, 10g protein
  - 1/3 cup porridge oats
  - 2/3 cup full fat milk
  - 2 tbsp. double cream
  - 30g raisins (small mound in palm of hand)
  - 1 tbsp. honey

## **What snacks should I offer?**

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If the person with dementia is only eating a small amount, high calorie snacks might be appropriate between meals. 'Finger food' snacks that can be eaten between meals may help. Here are some examples.

### **Sweet 'finger food' snacks:**

- Toast 'soldiers' with plenty of butter, jam, honey, marmalade, lemon curd or chocolate spread
- Dried fruit e.g. raisins, cranberries, banana chips, papaya, mango
- Flapjacks
- Millionaire shortbread
- Mini cakes e.g. bakewell tarts, jam and custard tarts, lemon slices
- Cereal or chocolate bars
- Mini chocolates, sweets or marshmallows
- Cakes, pastries, chocolate éclairs or doughnuts

- Plain scones, malt loaf, brioche, scotch pancakes, tea cakes or hot cross buns with butter, spread and jam (cut into small pieces)
- Sweet biscuits, especially chocolate or cream filled biscuits
- Fruit e.g.: apple slices, grapes or tangerine segments

### **Savoury ‘finger food’ snacks:**

- Mini quiches
- Chicken goujons
- Fish fingers
- Cubes of cheese or cheese strings
- Potato wedges
- Toast ‘soldiers’ with soft cheese, fish or meat pate
- Hard boiled eggs
- Scotch eggs
- Pork pies
- Mini Indian or Chinese party food e.g. samosas, onion bhajis, spring rolls
- Breadsticks, pitta bread with dips e.g. hummus, sour cream, taramasalata or tzatziki
- Crisps or tortilla chips
- Savoury pastries e.g. cheese straws
- Savoury biscuits Mini Cheddars, TUC sandwich biscuits
- Muffins and crumpets with butter or spread and cheese (cut into small pieces)
- Nuts and seeds

## What should I offer to drink?

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It is desirable to include at least 8-10 cups/6-8 mugs of fluid per day to prevent dehydration. This may be rather a lot if you have a small appetite. Spread them evenly through the day and try not to drink with meals, as you may find this fills you up.

Nourishing drinks may be a helpful way of adding calories and protein to the diet. Examples include:

- Full cream, Channel Island, Jersey or gold top milk. You can use this as drinks, on cereals or to make milky puddings
- Add 2-4 tablespoons of milk powder to each pint. Mix a little milk with the milk powder to make a paste and then stir as you add the rest of the pint.
- Cold milk, milkshake or yoghurt drinks
- Hot milky drinks e.g. coffee, hot chocolate, cocoa, malted milk, Ovaltine, Horlicks, Milo
- Full sugar fizzy drinks or squash/cordial added to water or lemonade
- Fruit juices or smoothies, with added full cream milk, Greek yoghurt or ice cream
- Nesquik, Crusha syrup or Complan Shakes (flavoured or unflavoured)
- Build-up or 'gourmet' soups

Some people who struggle swallowing need to have their fluids thickened. This is not appropriate for everyone, and should be discussed with your Speech and Language Therapist or GP.

The government has guidelines for safe alcohol consumption, which still apply in dementia. They suggest that men and women should drink less than 14 units per week. This equates to 4½ pints of lager or glasses of wine. Alcohol intake should be spread over a few days of the week, not 'saved up' for one day.

## Are nutritional supplements needed?

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If fortifying foods and drinks proves insufficient to maintain weight, nutritional supplements may need to be prescribed. Please discuss this with your Dietitian or GP.

## End of Life Care

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Food and drink intake often declines in the person with advanced dementia towards their end of life. Some families or carers worry that their loved one will be feeling hungry and thirsty. However, there is growing evidence that people at the end of life don't really suffer from hunger and thirst. They can experience comfort from very small intakes of food and drink. Comfort should be a priority at the end of life, when meeting a person's nutritional requirements is not possible. Your doctor can advise you if this is relevant to you.

## Reference sources

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- Gandy, J. Manual of Dietetic Practice (2014) Fifth Edition, Blackwell publishing, Oxford.
- Alzheimer's Society (2016). Eating and Drinking. [online] Available: [https://www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=1799](https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1799) [accessed on 3rd June 2016]
- The Caroline Walker Trust (2011). Eating well: supporting older people and olderpeople withdementia.[online] Available: <http://www.thecarolinewalkertrust.org.uk/pdfs/EW-Old-Dementia-Practical-Resource.pdf> [accessed on 3rd June 2016]

This leaflet is produced by the dietetic department at the Royal Surrey County Hospital, NHS Foundation Trust. It is not a substitute for dietary advice given to a specific individual by a Dietitian. If you need to see a Dietitian, ask your GP or consultant for a referral.

Please note that the information in this leaflet was correct at time of writing. The ingredients of manufactured products can change.

## Contact details

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If you have any questions about the information in this leaflet please contact the dietetic department at the address below:

### Department of Nutrition and Dietetics

Royal Surrey County Hospital, Egerton Road,  
Guildford, GU2 7XX

**Telephone:** 01483 464119

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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