

Eating and drinking well

Supporting people living with dementia



Wessex
Academic Health
Science Network



Why are those with dementia at risk of undernutrition and dehydration?

Losing weight is common in people living with dementia, who may find eating and drinking difficult or refuse food or drink for a number of reasons:

- Problems **expressing hunger/thirst**, or dislike of a particular food or drink
- A lack of interest in food may be caused by **low mood**
- Confusion in **recognising food** and remembering how to eat
- **Concentration** can be poor, making it difficult to sit down and finish a meal

Other challenges associated with dementia include:

- Reduced **thirst sensation**
- Limited **recognition of hunger**
- **Paranoia** surrounding food
- Difficulties **chewing** and **swallowing**

Why is eating and drinking well important?

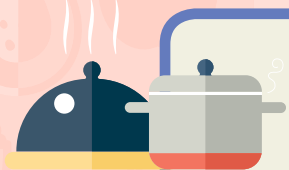
Becoming **dehydrated** can put older people **at risk of many health conditions**, such as reduced cognitive status, incontinence, constipation, increased tiredness, low blood pressure, and can increase the risk of falls as a result of dizziness and confusion.

It is recommended to drink around **6-8 glasses (1500ml) of fluid a day**, however any increase in fluid intake will be beneficial.

Undernutrition and loss of body mass can cause a more **rapid progression of dementia** as well as increasing the risk of **complications** such as pressure sores, infections, and falls and fractures.

This leaflet is designed to provide advice on how to increase food and fluid intake for those living with dementia.

The eating environment



Sensory cues such as the smell of food being cooked and setting a table to eat can help people recognise it's mealtime.



Create a **social** environment at mealtimes and the opportunity to sit around a table together. This increases enjoyment of meals and means some can **copy eating behaviours**.

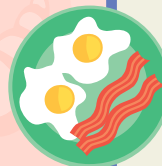


Comfortable environment free from distractions such as loud background noise or TV, unpleasant smells and unnecessary items on the table.



Positioning is important – sitting properly will help with chewing and swallowing and prevent feelings of early fullness.

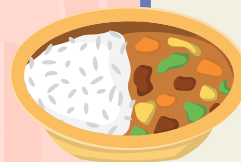
The eating environment



Support people to **eat independently** for as long as possible – guiding their hands, verbal prompts to remind, and the use of tools such as lightweight cups, high sided bowls, plain coloured plates.



Allow more **time** for those with dementia to finish their meals, without making them feel rushed.



Stimulate **interest** and **enjoyment** of food through celebrating special occasions or events (e.g. Chinese New Year), and participating in tea dances, coffee mornings, or curry evenings.



Communication

Get to know personal preferences – discuss **old favourites** and family **food traditions**. Preferences will also likely change as dementia progresses, so do occasional **taste tests** to see what is liked and disliked.

Get to know life stories, for example any strong **memories associated with food** or food preparation. **Conversations about food** can evoke memories and help to establish food preferences.

Show **pictures** of foods or **food packaging** to help with recognition and choosing food. Reading a list of options to choose from may be confusing. Allow **time** for them to answer.

Activity

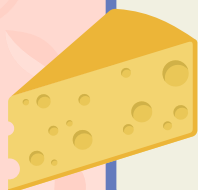
Physical activity such as moving to music, walking in the garden, or chair based exercises can increase **appetite**.

Food based activities can help prepare those with dementia for eating and also **stimulate hunger**:

- Picking herbs or fruit in the garden/watering plants
- Baking – stirring mixture, cake decorating
- Helping prepare vegetables
- Helping with mealtimes – laying the table, gathering dirty dishes



Top tips



Tastes can change as dementia develops and **stronger flavours** are often preferred. Try using mild spices and flavour enhancers such as herbs, cheese and Marmite.



People with dementia often prefer **sweeter** foods so try things such as adding honey to porridge, or jam in sandwiches.



Mini meals – providing **smaller portions** at mealtimes and then offering seconds can be less daunting and easier to manage.



Grazing menus/snacks – **finger food** such as sandwich bites, sausage rolls, chopped fruit, and mini rolls can help to increase food intake for those who struggle to concentrate/walk round while eating.

Top tips



If possible, drinks and snacks could be made **readily available** for people to help themselves to, but individuals should also be encouraged and prompted to eat and drink.



Offer a **variety** of different drinks – tea, coffee, hot chocolate, squash/water served in jugs, ice lollies, and foods with a high water content such as melon and jelly.



Encouragement to drink throughout the day as those with dementia may not be able to sense when they are thirsty. Try making them a drink rather than just offering.



Fortifying food is a good way of getting more calories in without increasing portion size. Try adding things like full-fat milk, cheese, and cream to everyday foods such as mashed potato and soups.

Healthy meals

People living with dementia should be able to enjoy food. Meals and snacks can be **adapted** in order to meet **changing personal preferences**, whilst meeting **nutritional needs**.

People with dementia can aim to have a **healthy & balanced diet** by eating plenty of fruits and vegetables, basing meals on starchy foods, and having two portions of fish a week. This is the same recommendation for the general population.

Examples of balanced meals could include:

- Porridge with fruit such as berries on top
- Vegetable soup with added cream and a bread roll
- Main meal e.g. mini pizza (with toppings such as vegetables, tuna, or egg), mini quiche, scotch eggs, or mini fish cakes, with potato wedges, carrot sticks, or cucumber sticks.
- Chopped bananas and custard



Where to go for help

If you or someone you know are concerned or are losing weight unintentionally, it's best to seek individual advice from your **Practice Nurse** initially, unless you have a medical issue, in which case you should make an appointment with your **GP**. Your community pharmacist may also be able to provide support and advice.

Your **local community organisation** (e.g. Age Concern, Age UK) and the **council** can also provide information, and a range of support options for you.

Email **nutrition@wessexahsn.net**
for more information about malnutrition

