

Nutrition and Dietetics

Helping Someone with Dementia to Eat Well

People with dementia often experience various problems with eating and drinking, which may lead to them losing weight, becoming malnourished or dehydrated. Although eating and drinking difficulties are fairly common in people with dementia, when a problem occurs it will be unique to the individual and when looking for a solution, the person's beliefs, culture and life history should be considered. Any solutions should be tailored to meet the person's needs.

If a person with dementia is unable to recognise that they are hungry or thirsty, or if they are unable to communicate their needs they may start to lose weight/become dehydrated quickly, and the symptoms of dementia may worsen.

Some causes of decreased oral intake

- A decline in appetite – due to changes in smell, taste or food preferences.
- Inability or forgetting to chew or swallow.
- Have a difficulty sitting still at mealtimes, difficulty choosing meals or easily distracted at mealtimes.
- Forgetting to shop, prepare or eat meals.

While a healthy, balanced diet is important to maintain physical and mental health, in the later stages of dementia the priority should be making sure the person with dementia takes any nutrition, and a higher-calorie diet may be appropriate.

Weight loss – How can you help?

- Introduce high energy snacks using a little and often approach. These may include cubes of cheese, full fat yoghurts, fruit and cream/ice cream, chocolate biscuits and milkshakes.
- Add extra butter, cheese, cream and mayonnaise to mashed potatoes, vegetables, scrambled eggs, soups and pasta sauces
- Add extra cream, honey, jam or chocolate to puddings, stewed fruits and cereals
- Replace skimmed or semi-skimmed milk with a full cream version or enrich it further with dried milk powder.
- Finger food may be more appropriate for patients who struggle to stay in one place or for those with dexterity problems.

Mealtimes

- Does the person need to use the toilet before the meal is served? Encourage them to wash their hands.
- Try and get the person involved in preparing the meal. This can be by tasting and smelling the ingredients, stirring the food or by setting the table.
- Try using plain crockery of a different colour to help the person see the meal more clearly. Also coloured drinks in clear glasses may help.
- A regular meal time routine may help – eating at the same time, playing the same piece of music and sitting in the same place. This helps to create a calm and familiar routine.
- Where possible sit and eat with the person, offering encouragement and prompting to “open your mouth”, “chew” or “swallow”.

Other ideas

- Is the person able to see their food clearly? Do they need new glasses/check up with the optician.
- Can they hear the food choices offered to them? Is the Hearing aid working correctly.
- Weight loss can cause loose fitting dentures which can cause a sore mouth and difficulties chewing. A check up with the dentist may be needed.
- A person is more likely to enjoy their meal if they have good oral hygiene and their teeth/dentures are cleaned regularly.

Support from other health professionals

- The dietitian may be able to offer more ideas and advise appropriate nutritional supplements that may minimise weight loss.
- Speech and language therapists (SALT) can offer support when a person may have difficulty swallowing certain textures and advise which food and drinks are the safest to swallow.
- A GP will be able to prescribe appropriate supplements such as Vitamin D, Iron and Calcium. They will also facilitate referral to the dietitian and SALT.

Fluid intake

You can maximise a person’s nutritional intake by offering regular nourishing drinks throughout the day instead of water. All drinks contribute to fluid intake and ideally 6 – 8 cups a day will be enough to meet a person’s needs and help to prevent constipation. Some examples of nourishing drinks are fresh fruit juice, milk, milkshakes, lemonade, milky coffee or hot chocolate. Try to avoid large drinks immediately before a meal as this may make the person feel too full to eat.

Finger food examples

- Buttered toast/crumpets/crackers cut into fingers (add soft cheese/jam for more calories)
- Sandwiches in quarters
- Pizza slices
- Chappati and pitta bread fingers
- Biscuits
- Crisps/breadsticks and dips
- Flapjack or cake slices
- Waffles/potato croquettes
- Dried fruit and nuts
- Sliced apple/pear/bananas/peaches
- Strawberries/raspberries/blueberries

- Grapes
- Melon pieces/pineapple chunks
- Vegetable sticks and dips
- Fishfingers/fishcakes
- Pork pie
- Quiche
- Chicken nuggets
- Sausage
- Hard-boiled egg/scotch egg – quartered
/boiled new potatoes/potato wedges
- Spring rolls
- Meatballs
- Bhajis/pakora

Support for you

Caring for someone with dementia requires a lot of energy and effort.

Practical and emotional support for you may be available via **The Carers Well Being Project** on **01422 369101**

Further support is also available from www.alzheimers.org.uk

If you have any comments about this leaflet or the service you have received you can contact :

Department of Nutrition and Dietetics

Calderdale Royal Hospital Telephone No: 01422 224267

Huddersfield Royal Infirmary Telephone No: 01484 342749

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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