

EATING WELL

Whilst Living With Dementia



This information leaflet is for those living with dementia and their care partners. It explains how living with dementia may affect eating and drinking and provides practical suggestions and tips to support eating well.

Provided by: _____

Contact Details: _____

Dementia and dietary intake

Dementia can affect appetite and dietary intake in a number of ways. The aim of this leaflet is to understand why this happens and how to eat well if any of these issues arise.



Why is good nutrition important?



What we eat and drink affects how we think, feel and function. Changes to appetite and intake can lead to not eating the correct amount of nutrients such as protein, carbohydrates, fats, vitamins and minerals to enable our bodies to function well. This can lead to what is known as undernutrition or malnutrition.

'Malnutrition' refers to when someone is not eating nutrients in the right amounts for their body to function at its best. Some people's appetite may not be affected or they may eat more overall whilst living with dementia. However, if a person's diet has become more limited and they are eating more of certain foods or food groups, they could be at risk of malnutrition, even if weight loss hasn't been experienced or if weight actually increases.

'Undernutrition' means someone is not eating enough nutrients to keep their body functioning at its best, often due to a reduced appetite. Things to look out for include weight loss (dropping a clothing size, jewellery becoming looser, dentures become looser, weight decreasing on scales), feeling more run down or tired all the time and becoming ill more frequently.

How can dementia affect appetite and dietary intake?

Memory difficulties

People living with dementia often experience difficulties with their memory, in particular, their short term memory. It can lead to people forgetting to eat, and so missing meals; or some people may forget that they have already eaten and so eat several more meals than usual per day. People with dementia may also start to forget the enjoyment of a mealtime and the routine that it helps to bring to the day.



Cognitive changes

The act of eating and drinking requires the processing of many different pieces of information, for example, the sequences of taking in food, chewing, swallowing and using cutlery correctly to name a few. Changes in the brain may affect the ability to process this information and therefore impact on intake and mealtimes.



Sensory and perceptual changes



The five senses of taste, sight, smell, touch, and hearing all contribute to our overall experience of eating and drinking. Alterations in these senses can affect dietary intake.

For example:

- ❖ Taste changes mean foods may taste different, blander or there may be a preference towards sweet tastes as sweet is the last taste that we lose.
- ❖ Sense of smell may become “dampened” or smells that were previously “nice” like freshly baked bread, ground coffee, flowers and perfume may now start to smell different, causing a reduction in appetite or even a feeling of nausea at mealtimes.
- ❖ Reduced vision or perceptual changes may affect eating and drinking in several ways, for example, difficulty seeing similar coloured foods on a plate (mashed potato on a white plate), patterned plates may look dirty or like the pattern is moving.

There are other colours of crockery that could be tried to improve the contrast between the food and the plate e.g., plain blue or plain red.

- ❖ Hearing changes can make it more difficult to filter out background noise and so noisy environments could become distracting and for some, unsettling.

Physical Health



The aging process and other health conditions can impact on appetite, intake, weight and muscle mass and this is the same for people with dementia. As a result of these, any symptoms such as nausea, constipation or pain can directly impact on appetite and intake. However a person with dementia may be unable to communicate these issues as easily.

It is important that any symptoms are identified and advice sought from healthcare professionals. If you feel that the person you are caring for may be in pain or experiencing another physical health condition, which is impacting on their dietary intake, then seek advice and support from your GP.

Swallowing abilities may also change. This can mean that someone needs more assistance and/or a change to the texture of their diet and/or fluids. Your health care professionals can refer you to a Speech and Language Therapist to offer advice and support if you have any concerns.

Maintaining good oral health is also important, as if people experience oral pain or discomfort, it can cause a reduced dietary intake.

Regular brushing of teeth with a soft toothbrush and a low foaming toothpaste may help. Ensuring dentures fit well and are comfortable is also important. Seek advice and support from your local oral health team or dentist if you identify any oral health issues.



Fluid intake

Fluid plays an important role in maintaining good health and helping our body to function well. People living with dementia may find it difficult to drink enough at times, as similarly to eating food, fluid intake can be affected by the same issues.

Some signs of dehydration can include:

- ❖ passing darker colour urine in smaller amounts
- ❖ urine having a stronger smell
- ❖ increased confusion, irritability or dizziness
- ❖ increased amounts of falls
- ❖ experiencing headaches
- ❖ having a dry mouth, tongue or lips



Seek advice from your health care team if you have any concerns about decreased fluid intake or dehydration.

D.I.E.T. TOOLKIT

What can we do?

As discussed, appetite and dietary intake can be affected by a number of factors, so it can be difficult to pinpoint one practical change. The next part of this leaflet is a “toolkit” of ideas for you to try.



D - Diet

- Try smaller and more frequent meals and snacks throughout the day
- If someone has difficulty sleeping, try offering milk-based drinks or high calorie snacks, which may also help to provide extra nutrition
- Make the most of periods of better appetite by encouraging bigger portions and extras at these times
- Try milk and cream based puddings e.g. semolina, custard, rice pudding, trifle, ice cream, mousse, crème brûlée
- Try milk-based drinks such as home-made smoothies, milkshakes, hot chocolate, Horlicks, Ovaltine, milky coffee, glass of milk



To enhance flavour

- Use strong flavours and add seasoning such as herbs, spices, pepper, and lemon to prevent meals from tasting “bland”
- Use sweet flavours with savoury dishes e.g. honey roasted vegetables, sweet sauces e.g. apple sauce, cranberry sauce, sweet chilli sauce, tomato ketchup, pickles, chutneys
- Offer naturally “sweet” vegetables e.g. carrots, parsnips, sweet potato, peppers



Add extra calories and protein to meals

- Swap to full fat milk and use in hot drinks, cereal, porridge and in cooking
- Add 3 tablespoons of skimmed milk powder to a pint of full fat milk. Use this ‘fortified milk’ to make hot drinks/porridge/cereal/sauces
- Use butter rather than lower fat spreads
- Swap to full fat products e.g. yoghurt, cheese
- Add milk, butter and cheese to mashed potato
- Add butter to vegetables, spread thickly on toast/crumpets/sandwiches/add to jacket potatoes
- Use cream/cheese-based sauces
- Add grated cheese to pasta dishes/on beans on toast/jacket potatoes/soup
- Serve cream with or add into puddings
- Spread nut butters on bread/toast/crumpets/pancakes
- Serve fruit with cream/ice-cream/full fat yoghurt



To increase fluid intake

- Rule out any physical causes for a poor fluid intake e.g. swallowing difficulties, poor oral health, poor dentition, feeling unwell or uncomfortable
- Sitting as upright as possible will make eating and drinking easier
- Use a familiar or preferred cup or glass
- A wider cup can make drinking easier as it doesn't require the head to be tipped back as far to drink from
- Having a cup or glass in view and within easy reach
- Clear glasses make it easier to see the fluid and serve as a reminder to drink. Alternatively, a brightly coloured glass or cup might draw attention to the drink
- An insulated cup can help a slow drinker to keep drinks warmer for longer. Be cautious when using these to avoid scalding with overly hot fluids
- Taking a break to drink together, as well as offering and encouraging small amounts of fluid regularly throughout the day
- People's preferences for drinks may change. Offer a variety of fluids throughout the day e.g. water, squash, juice, tea, coffee, smoothies, milkshakes, hot chocolate, Ovaltine, Horlicks, fizzy pop
- Fluid rich foods can contribute to fluid intake e.g. lollies and ice creams, soups, stews, milk based puddings (yoghurt/rice pudding/custard/semolina), jelly, fluid rich fruits



I – Independence

Being involved in food choice and preparation can maintain interest in food and drink, and maintain independence

Ideas that can help are:

- Involvement in the meal preparation and discussion about meals, snacks and drinks
- Involvement in preparing the table for a mealtime e.g. setting out cutlery/condiments
- Involvement in choosing and serving food rather than being provided with a pre-plated meal
- Showing examples of food, as this may help with any communication problems e.g. showing different boxes of cereal/different toast toppings/different vegetables with dinner



- Providing finger foods such as pasties, fish fingers, cooked vegetables sticks, small sandwiches, cakes etc. if there is a preference to move around during a mealtime or to not use cutlery (see separate information for more details).
- Provide meals on plain coloured plates contrasting with the colour of food e.g. blue or red plates will make meals easier to see
- Sitting in an upright and comfortable position

If additional support is required:

- Having the least amount of support as possible will be helpful in maintaining independence rather than someone 'taking over'. Having someone prompting and encouraging, cutting up food, loading up a fork or spoon can be helpful to support self feeding.
- The technique of 'Hand under hand' can be very useful, where if needed, a care partner can help to guide a hand when eating and drinking. This may only be needed to start off eating or drinking, or guiding the hand to the mouth can be used throughout a meal.
- Using adaptive cutlery to suit a person's abilities, non-slip mats and plate guards can be helpful to aid and maintain independence at mealtimes.



E - Environment

- Keeping only what is required in the eating area such as cutlery and condiments can help limit distractions and also help as visual cues that it is a meal time
- Some people find calm music during a meal to be relaxing and enjoyable. Turning off the TV and avoiding other loud and distracting noises can also help with focussing on the meal.
- Cooking smells can build anticipation and stimulate appetite in the lead up to eating
- Make sure a room is well lit during a mealtime.
- Eating and drinking is often a social event, and eating and drinking with others tends to naturally encourage intake. Sitting down together to eat and drink maintains this social aspect of food and drink and helps to take the focus off how much and what we are eating.
- Some people however prefer eating alone and this should be respected also.



- If additional assistance is needed, it is reassuring to hold a general conversation, along with helpful, encouraging dialogue about the food or drink as it is being consumed.
- Allow plenty of time, so that mealtimes don't feel rushed. If mealtimes become long, this can be tiring and food becomes less appealing when it's cold!

T - To try

- As creatures of habit, continuing with our usual or previous mealtime routines provides cues to initiate and continue eating and drinking. If this is not possible, establishing a regular mealtime routine will help this also.
- People's preferences for food vary. Whilst some prefer familiar looking foods and foods that are usually enjoyed, re-trying foods that have previously been disliked, as well as trying some new and alternative foods can be appealing for others
- For people who move around a lot, finger foods can be handy to eat on the go, for snacks or even full meals.
- A softer texture diet can be helpful if chewing becomes difficult or if dentition is poor.
- Texture modification can help with dietary intake if swallowing difficulties have been identified by a Speech and Language Therapist. Speaking to a Dietitian can help to ensure texture modified meal and snack choices are nutritious, practical and enjoyable.
- Where possible, a varied diet is good for health. However, if someone has strong preferences for certain foods, then having these more often will help to maintain dietary intake, food enjoyment and maintain weight.



And finally....

If you have any concerns about food or drink intake or concerns around weight, speak to a health care professional who can refer to a dietitian for further advice if needed.



Created by Dietitians in Wales with a Special Interest in Dementia, subgroup of the Allied Health Professions (AHP) Dementia Network for Wales

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