

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. This leaflet explains 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 our bodies not functioning as well. A reduced appetite can lead to:

- ❖ 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
- ❖ Becoming ill more frequently

How can dementia affect appetite and dietary intake?

Memory difficulties

- ❖ Forget to eat and miss meals
- ❖ Forget that they have already eaten and so eat several more meals than usual
- ❖ Forget the enjoyment of a mealtime and the routine that it helps to bring to the day.



Cognitive changes

- ❖ Changes in the brain may affect the process of eating and drinking e.g. putting food into the mouth, chewing, swallowing
- ❖ Changes may also make it harder to use cutlery



Sensory and perceptual changes



- ❖ Taste changes- foods may taste different, blander or people may start to prefer sweeter foods.
- ❖ Sense of smell may become “dampened” or certain smells may become unpleasant
- ❖ Difficulty seeing meals or foods on a plate due to vision changes
- ❖ Hearing changes making it difficult to filter out background noise

Physical Health



- ❖ Other physical health conditions can affect our appetite especially as we get older
- ❖ For example: nausea, pain (including oral pain and discomfort), digestive changes, constipation
- ❖ 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.
- ❖ Regular brushing of teeth with a soft toothbrush and a low foaming toothpaste can help to maintain good oral health.
- ❖ Ensure dentures fit well and are comfortable.
- ❖ Seek advice and support from your local oral health team or dentist if you identify any oral health issues.



Fluid intake

Fluid is important for health and for our body to function. People living with dementia may find it difficult to drink enough at times for the same reasons as their food intake may become reduced

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?

The next part of this leaflet is a “toolkit” of ideas for you to try if you have concerns about a reduced dietary intake.



D - Diet

- Small and frequent meals and snacks throughout the day
- Offer milk-based drinks or high calorie snacks before bed to aid sleep
- When appetite is good offer bigger portions and extra helpings at these times
- Offer milk and cream based puddings e.g. semolina, custard, rice pudding, trifle, ice cream, mousse, crème brûlée
- Offer 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, with 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
- 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
- Place the cup or glass in view and within easy reach
- Clear glasses make it easier to see the fluid
- 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 careful when using these to avoid scalding with overly hot fluids
- Have a drink together
- Offer and encourage 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
- Offer fluid rich foods e.g. lollies and ice creams, soups, stews, milk based puddings (yoghurt/rice pudding/custard/semolina), jelly, fluid rich fruits



I – Involvement

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. (see separate information for more details).
- Provide meals on plain coloured plates e.g. blue or red plates will make meals easier to see
- Sitting in an upright and comfortable position



If additional support is required:

- Provide the least amount of support required to help maintain independence
- Prompt and encourage
- Cut up food or 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.
- Adaptive cutlery to suit a person's abilities or non-slip mats and plate guards can be helpful.



E - Environment

- Keep only what is required in the eating area to limit distractions but act as visual cues that it is a mealtime
- Calm music during a meal can be relaxing and enjoyable
- Turning off the TV and avoiding other loud and distracting noises to reduce distractions
- Cooking smells can stimulate appetite
- Make sure the room is well lit
- Eat together to make it a social event unless they prefer to eat alone
- If additional assistance is needed, provide engaging conversation whilst providing assistance
- Allow plenty of time.
- But don't allow mealtimes to become too long as it can become tiring and food will go cold.



T - To try

- Establish a regular mealtime routine or continue with previous mealtime routines
- Food preferences may vary and change over time. Try offering new meals/foods or go back to offering previously enjoyed meals/foods.

- For people who move around a lot, finger foods can be handy to eat on the go
- 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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