

# Nutritional considerations when supporting someone with Dementia

A practical guide when caring for a person with dementia



## Thank you to.....

This guide was developed by the Dietitians of the Older Persons Nutrition Interest Group (OPNIG) formerly Older persons and dementia Interest Group (OPDIG) of the Irish Nutrition and Dietetics Institute (INDI), in association with the HSE National Dementia Education Project in 2016. The content was updated in 2021 by members of the OPNIG with input from speech and language therapists.

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# Welcome

Many of our favourite experiences and memories involve preparing and sharing food with family and friends. This makes food, eating and mealtimes an important part of our everyday lives. We hope this guide will help you, as family members and caregivers, to support the person you are caring for, to enjoy their food and mealtimes in a safe and comforting way.

As Dietitians, we recognise that family members and caregivers play the most important part in encouraging eating and noticing eating related problems for the person they are caring for. However, despite increasing numbers of people with dementia in Ireland, there are very few practical guides available, to give possible solutions to these eating difficulties.

Following feedback from family members, caregivers and health professionals, this practical guide was developed by the dietitians of the Older Persons and Nutrition Interest Group (OPNIG) formerly Older Persons Dementia Interest Group of the Irish Nutrition and Dietetics Institute (INDI). The guide includes suggestions for managing difficulties at mealtimes, taste changes, weight loss, swallowing problems and other dietary concerns. Our guide is divided into parts. This means you can use it as a "go to" guide to read over time rather than reading it all at once. Not all parts might be relevant to you now, but you might find them useful in the future.

We recognise that as dementia progresses, a person's ability to swallow safely may change. This can be an upsetting time for family members and caregivers, especially if the person is losing weight and avoiding food. For this reason, we have discussed end of life concerns and options in order to focus on the person's quality of life and comfort in these difficult situations.

We hope this practical guide will support and reassure you, as family members and caregivers at home, in residential settings and in hospitals, to provide food and nourishment in a thoughtful and practical manner. We hope the guide is sensitive to the needs of the person with dementia and maintains their dignity and comfort as a priority at all times.

**“Focus on one person with dementia; identify one person's well-being that you think could be improved...and when you succeed in improving the well-being of one person with dementia, know that you have achieved something profoundly important” (Loveday, 1998)**

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# Introduction

**Food and eating are an enjoyable and social part of our lives and mealtimes provide structure to our day. Many people with dementia may experience problems with eating and drinking and it can be upsetting to see someone we care about reduce their intake of food and lose weight.**

If you are supporting or caring for a person with dementia, you may have noticed mealtimes can become challenging and at times a source of distress. A person with dementia may sit and stare at food on a plate but have difficulty recognising what the food is, and what it isn't. They may have difficulty knowing what to do with a fork at mealtimes or have difficulty holding it correctly. Even if hungry, a person with dementia may not be able to put the steps in motion that would allow them to pick up a fork, place food on it, put it in their mouth, chew it, and then swallow it. These are all things we all take for granted so a person with dementia may become frustrated at this lack of ability and become distressed. It is important to remember that these reactions are not the person trying to be “difficult”. Dementia can be associated with a loss of the ability to eat “normally”. For a person with dementia it is possible to lose a sense of time, which can contribute to forgetting to eat and / or sometimes difficulty associating hunger feelings with eating.

When someone you know and care about has a diagnosis of Dementia it can be challenging time. As a carer, it is very important that you look after your own health and wellbeing. There are likely to be times when you need some additional help and support from elsewhere. You might like support on practical issues or training or on what services are available in your area. Or, you might like to chat to someone else and share your experiences. There are a number of places you can access information for yourself and for your family member or friend to live well with dementia.

See page 35 for a list of useful links.

## The aim of this guide

Difficulties with eating and drinking vary according to the type of dementia. This guide provides practical information and tips for anyone who is caring for a person with dementia. Advice is offered on how to prepare for mealtimes and provide the most suitable surroundings at mealtimes. The guide also discusses some of the eating and drinking difficulties a person with dementia may have and suggests possible solutions. Every person with dementia is different so it is important to remember that this guide provides general advice which may not be suitable for everyone. Please talk to your GP, Public Health Nurse or Dietitian if you need any further advice. A Multidisciplinary approach to care is important and advice from different team members may be needed i.e. Speech and language therapist (SLT), Occupational therapist, dietitian or physiotherapist etc. If a person is on a specific diet for e.g. coeliac, diabetes, renal; they may need specific input from a dietitian

# How does dementia affect eating and drinking?



## How might the different stages of dementia affect eating and drinking?

Some people with dementia may experience problems with eating and drinking as the dementia progresses. This page lists some of these problems. It also includes some basic tips to help. There will be further suggestions and tips throughout the rest of this guide.

### Possible problem

- Reduction in the variety of foods eaten
  - Forgetting to eat or drink
  - Unaware of spoiled food in fridge
  - Forgetting about food cooking on the stove
  - Problems with grocery shopping
  - Trouble with complex meal preparations
  - Weight loss or loose clothes noticed
- 
- Forgetting to eat
  - Reduced attention span at mealtimes
  - Distracted by patterns on plates and table cloths
  - Overwhelmed by too many foods on the plate
  - Loss of interest in food
  - Reduced sense of smell
  - Unable to communicate hunger
  - Unable to prepare food without supervision
  - Unable to recognise or forgetting how to use forks, knives and spoons
- 
- Losing weight even with a good appetite
- 
- Cognitive, sensory, behaviour and physical difficulties with swallowing
  - Increased chest infections
- 
- Needs help to eat

### Tips which might help

#### Goal: To support the person to be independent

- Provide a variety of nourishing foods
- Check fridge for spoiled foods regularly
- Encourage microwave cooking with suitable cookware instead of stove
- Help with grocery shopping
- Encourage simple menus
- Choose foods with longer shelf life such as tinned fish, soups, beans, rice pudding with easy pull top openings
- Choose foods with easy access such as pre-sliced cheese, frozen or pre-made meal options
- Keep track of the persons weight monthly-
- Check weight on same scales at same time of day

#### Goal: To keep the person well-nourished and hydrated

- Create a relaxed and social mealtime routine, with limited distractions.
- Remove items from the table such as vases and books, that could be distracting at mealtimes
- Consider favourite foods and a variety of fluids and offer regularly
- Avoid using plates and table cloths with patterns
- Serve foods on small plates
- Offer finger foods regularly, especially if the person leaves the table and walks around a lot at mealtimes (If the person has dysphagia then consult a Speech and language therapist before offering finger food) (See finger food section for more information)

#### Goal: To help support and reassure the carer

- Seek a Dietitian if you are concerned the person is losing weight as they might benefit from oral nutritional supplement drinks to supplement their diet
- Seek a SLT; they can provide recommendations on how to support a person to eat and drink in all stages of dementia, to make it comfortable and to recommend strategies that may improve function and safety
- If help with eating is needed, maintaining dignity is very important and taking as much time as possible may be needed

## Consider the dining environment

The dining environment and surroundings can affect how well a person with dementia eats. Helping a person with dementia to eat may take a long time. Relaxed and social surroundings can add a sense of security, familiarity and structure to the day for a person with dementia. The following practical ideas may serve as a guide for planning mealtimes for a person with dementia:

### 1. Have a dedicated dining room

- ✓ A room dedicated for eating may help develop familiarity. Going into the dining room may signal that it is a mealtime.
- ✓ A dining room close to the kitchen allows the smell of food to pass through, encouraging appetite and reminding the person that a mealtime is about to take place.
- ✓ If a person feels more comfortable eating in a different room other than a dining room, for example, the living room, go with it. Every person is different.

### 2. Meal preparation is the key to success

- ✓ Allow enough time to prepare the person for the meal.
- ✓ A short walk or time outdoors before a meal may encourage appetite.
- ✓ Encourage the person to get involved at mealtimes. Helping prepare food or laying the table can remind a person that it is time to eat.
- ✓ The smell of food, the sound of cooking or the noise of pots and cutlery can help to stimulate appetite and act as a reminder that it is mealtime.
- ✓ Think about the direction the person is facing. Do they eat better when they can see other people eating? Will they be distracted by looking outside the window or the door?
- ✓ Encourage the person to sit in the same place at each mealtime to provide familiarity.
- ✓ Ensure the person is comfortable, does not need the toilet and is sitting in a good position before a mealtime.
- ✓ Make sure the person is ready to eat: glasses on, hearing aids on, dentures are clean, fit well and in place.
- ✓ Ensure that cutlery is easy to reach and use.

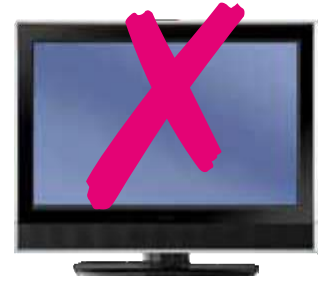




### 3. Create a calm, quiet and soothing environment

The person with dementia may find it difficult to concentrate on meals. The environment should be free from distraction and excessive noise to allow them to concentrate on meals.

- ✓ Provide good lighting to help them identify food and cutlery. Mirrors in the dining room can create disorientation and it may be useful to cover them or remove them completely from dining rooms.
- ✓ Pots and cutlery can help to remind the person that a meal is about to take place, but during the meal it can be distracting. Vacuum cleaners and washing machines should not be turned on during meals.
- ✓ Turn off the television and radio.
- ✓ Soothing background music may be comforting, especially for people eating alone. However, preference for music is personal and must be assessed individually.
- ✓ Meals should be relaxed and unhurried. Try not to become stressed at the mealtime if difficulties arise. Stress can be sensed. If you seem to be in a hurry a person with dementia will be aware of this and may not eat as much. Try to keep food visible or it may be forgotten and left uneaten.
- ✓ When eating together at home or in a day-centre, avoid removing plates until everyone is finished. Removing plates early can be seen as a signal to stop eating.
- ✓ Avoid interruptions and people entering the room.
- ✓ Avoid talking to other people as the person may be distracted by this.



### 4. Table settings – keep it simple and use contrasting colours

- ✓ The person with dementia may not always identify their own space at the table and take food belong to someone else. Use a placemat or tray to help the person to recognise their place.
- ✓ Salt, pepper, condiments, napkin holders, flowers and candles may look nice and can help create a calm environment for some, but for others can be distracting.
- ✓ Dementia can make it difficult to see the difference between plates and bowls from the surface they are placed on. Use plain, non-patterned, plates and bowls with a contrasting colour to the table cloth or plate setting, for example, white plate on green table cloth can help make it easier to see.



**Pastel colours are difficult to recognise. Use primary colours (red, yellow and blue).**

- ✓ Choose a plain tablecloth as the person may try to pick items off a patterned tablecloth. Coloured glasses may suit some people but if using clear glasses make sure the drink is coloured e.g. Tomato Soup
- ✓ Avoid the full table setting of a knife, fork and spoon. Only put out what is needed. If the person prefers to use a spoon, just put out a spoon. Cutting out choices at mealtimes can help to reduce distress or frustration.

**5. Try to eat with the person**

- ✓ A person with dementia may eat better in company, as they may copy others and this can help to prompt memory.
- ✓ Talk about the smell and taste of the different foods you are offering, so that the person can identify what they are eating.
- ✓ Encourage the person to eat independently where possible, even if it is only one bite per meal. Do not comment on the way the person is eating as this could be upsetting.
- ✓ Prompt the person to eat by placing cutlery or a cup in their hand if they have forgotten what to do at mealtimes.
- ✓ Keep a good level of eye contact if the person with dementia is holding eye contact and it doesn't appear to be causing distress.
- ✓ As the dementia progresses it may be necessary to help the person at mealtimes. Always treat the person with dignity.
- ✓ Ask if the food is too hot or cold, and tell the person which food or drink you are serving with each bite or sip of fluid.



**6. Does the person with dementia have a best time of the day for eating?**

- ✓ Appetite can vary at certain times in the day. Some people eat more as the day goes on or some people may eat more in the morning. If you notice that there are times in the day when the person with dementia eats better, change your meal time to suit the person rather than trying to make them fit in with your routine.
- ✓ Serve one course at a time to keep food warm and to help avoid confusion with foods.
- ✓ Serve half portions and keep the rest of the food warm until the first portion is finished. Insulated plates may be useful.
- ✓ Offer drinks after the meal instead of at the same time, or offer small amounts during the meal. Drinks can be filling and they may put someone with dementia off their meal.



- ✓ Allow the person plenty of time for eating. A person may not be finished, even if they have stopped eating.
- ✓ Have a large, easy seen clock on the wall with a sign showing the times of breakfast, lunch and dinner.

## 7. Would you eat the same meal?

- ✓ Colourful foods are more appealing. Foods with increased taste (depending on the person's preference) may help with the safety of someone's swallowing as it may help them to be more aware of the food in their mouth/throat.
- ✓ Watch food temperatures. The person may not be able to tell if a food or drink is too hot.
- ✓ Serve foods that the person previously liked. Don't worry if the person wants to eat the same meal twice in a row. Tastes may change so try to be flexible. Do not feel the need to prepare fancy meals, but rather concentrate on the person eating and enjoying their meal.
- ✓ Expect the unexpected. People may enjoy unusual combinations of food. Some people with dementia, who previously preferred savoury foods, may develop a taste for sweet foods and other people may develop a taste for hot and spicy foods.
- ✓ Avoid serving meals of the same colour, for example chicken, cauliflower and potato on a white plate. Dark-coloured plates highlight light-coloured food well. Does the colour of the food stand out against the background of the plate? It is hard to see a poached egg or mashed potato on a white plate?
- ✓ Do not overload the plate with too much food.
- ✓ If taking a modified consistency diet you can buy pre made ready meals of the different levels or you can purchase food moulds to make the food look more appetising.



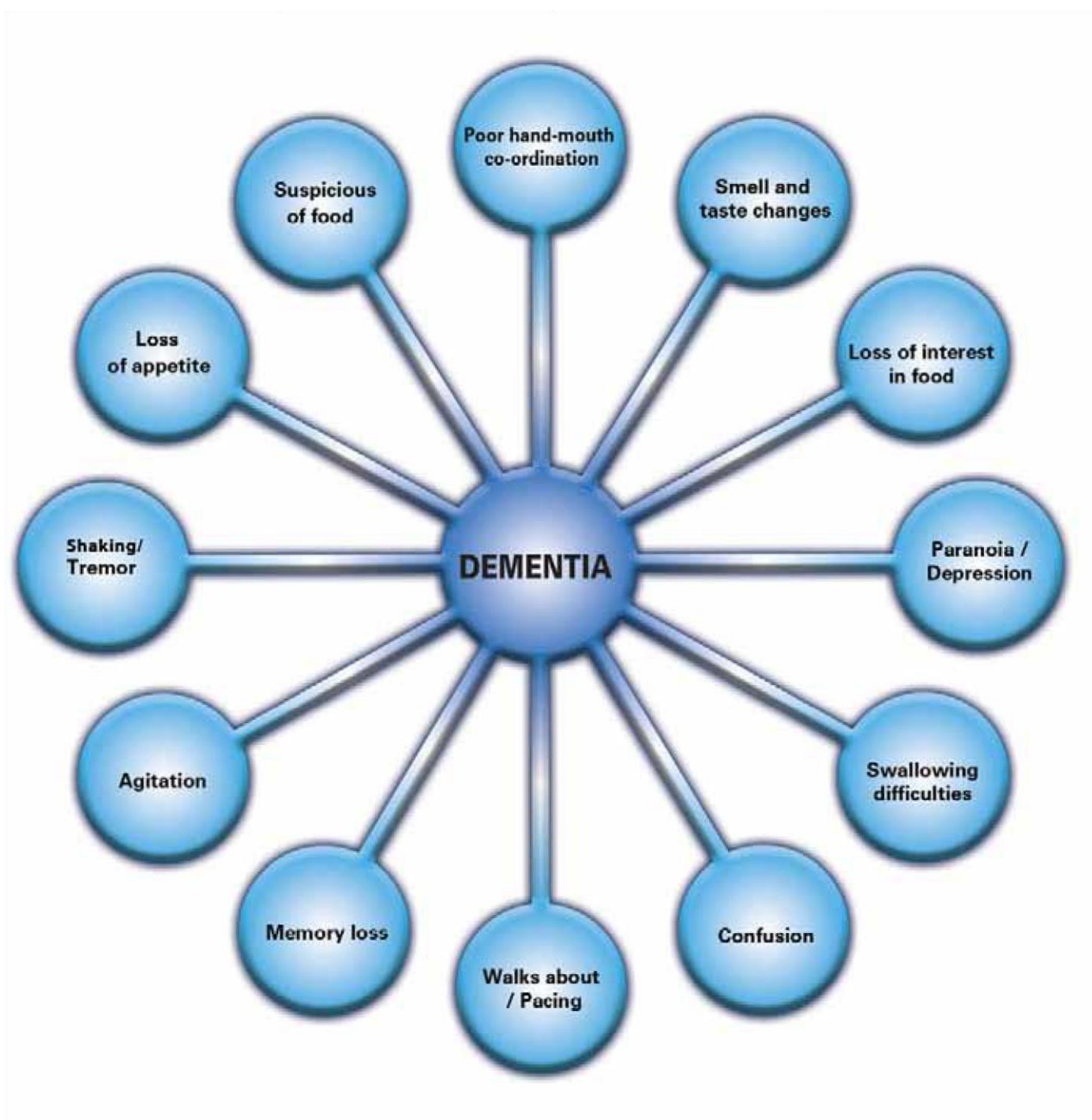
## 8. Adapted cutlery and crockery can help promote independence and can help with poor coordination

- ✓ Try plate warmers or insulated cups to keep food and drinks warm for longer.
- ✓ Use non-slip placemats or dinnerware with suction pads to prevent dishes from sliding.
- ✓ Use a large lipped bowl rather than a plate.
- ✓ Use cups with 2 handles and a spout or cups which tip without spilling.
- ✓ Try lightweight, coloured, adapted cutlery (the Occupational Therapist can advise).
- ✓ Use a familiar mug/china cup/plate as this may help to orientate the person.
- ✓ Using matching cups and plates may help the person to recognise which cup and plate is theirs.
- ✓ When it is obvious that the person can no longer use a spoon or fork, continue to encourage them to feed themselves but introduce finger foods. See section on finger foods for more information.
- ✓ Avoid plastic eating utensils and Styrofoam cups because the person may try to eat them which can increase the likelihood of choking.
- ✓ If concerned about swallowing consider the addition of dysphagia mugs and or kapi cups to allow sufficient nose clearance to empty its contents, without having to tilt the head back, which can help the safety of the swallow



## Difficulties you might manage at mealtimes

The experience of dementia can have a big effect on 'usual' eating habits. Changes in mood and behaviour can cause stress to the person and the carer. Here is some information to help you manage some of these difficulties. The most important step is to continue to **encourage** the person to eat and drink on their own, as much as possible. Sometimes extra help in cutting or chopping food may be needed. Possible difficulties with dementia that may affect food intake can be seen below.



## What if the person cannot tell me what is bothering them about eating?

A person with dementia might not be able to tell you what is bothering them about eating. They might shout or hit out when you try to help them or help them to eat. There is always a reason for these unusual behaviours. Try to consider why the person is distressed. What could be causing the behaviour? Are they in pain? Are they thirsty but you are offering them food? Do they need to use the toilet? Try to respond positively and be gentle and thoughtful of the person's efforts and needs. Otherwise you might add to their frustration and make the behaviour worse. Here are some possible solutions which might help:

Issue	Possible solution
<p>Variety in the person's diet might reduce. They might eat mostly cereal, soup, sweets and drink only minerals. This can result in vitamin deficiencies.</p>	<p>Make a variety of nourishing foods available. Choose foods with longer shelf life and easy access (for example, nutritional soups with pull-top can opening, pre-sliced cheese, fresh fruit). Discuss vitamin supplements with the doctor or dietitian.</p>
<p>May forget to eat, or forget that they have already eaten, and then eat again. May forget to drink, or may restrict drinks resulting in dehydration.</p>	<p>Keep juice and water in sight to encourage the person to drink more. Leave drinks on counter or table if possible. Ensure that these drinks are thickened to the correct consistency if prescribed by a Speech &amp; Language Therapist (SLT)</p>
<p>An increase in caffeine consumption may add to incontinence and/or agitation.</p>	<p>Reduce drinks with high caffeine, for example espressos. Provide a variety of drinks to encourage fluid intake (decaffeinated coffees or teas)</p>
<p>May be unaware of spoiled food in fridge.</p>	<p>Check fridge and cabinets for spoiled foods</p>
<p>May eat from dirty dishes or containers that have not been properly cleaned.</p>	<p>Check cabinets and rooms for containers and dirty dishes. Consider help washing dishes or consider disposable dishes.</p>
<p>May forget that food is cooking on the stove resulting in burning or fire. May lose track of cooking times and serve food that is not cooked sufficiently.</p>	<p>Look for burned pots and pans, encourage use of microwave instead and supply microwave safe cooking items (remove/store metal cookware). Consider disconnecting or modifying the stove. Care with gas stoves.</p>
<p>Alcohol consumption patterns may change. The person may start to drink more alcohol or they may forget that they already had a drink.</p>	<p>Remove bottles of alcohol from sight. Add water to bottles of alcohol.</p>
<p>If the person is experiencing difficulties with eating cannot express it</p>	<p>A referral to Speech &amp; Language Therapy is helpful. The Speech &amp; Language Therapist can support the person to discuss the issue using tools such as talking mats.</p>

Some people with dementia have particular eating difficulties at mealtimes. The table below describes some of these difficulties and makes some suggestions to help. In some instances below there are recommendations to reason with the person with dementia. This may not always be possible as at times some people with dementia may not have the ability to reason things out.

### When starting to eat

Type of eating difficulty	Resulting behaviour	When starting to eat: How to help
Refuses food or tries to avoid food and eating.	<ul style="list-style-type: none"> <li>• Pushes carer away. Pushes food away.</li> <li>• Turns head. Spits food out.</li> <li>• Refuses to open mouth.</li> <li>• Indicates that he/she does not want help.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage eating at another time.</li> <li>• Look for help from family member/friend.</li> <li>• Offer words of encouragement.</li> <li>• Sit down and make eye contact with the person while you encourage them to eat.</li> <li>• Consider “liked” and familiar foods first. Keep a list handy for carers of preferred foods and drinks</li> <li>• Offer fingerfoods. Provide enough time for the person to eat.</li> </ul>
Violent reaction to eating.	<ul style="list-style-type: none"> <li>• Hits carer.</li> <li>• Throws food at carer.</li> <li>• Shouts at carer.</li> <li>• Complains about food.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage eating at another time.</li> <li>• Introduce quiet or relaxing music to reduce agitated behaviour.</li> <li>• Check if there is a problem with the food, for example is it too hot, too cold, too bland or too spicy?</li> </ul>
Cannot see food on the plate or plate on the table.	<ul style="list-style-type: none"> <li>• Finds it hard to find food or plate.</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure plate, food and table cloth are all different colours.</li> </ul>
Stares at food without eating.		<ul style="list-style-type: none"> <li>• Remind the person to eat.</li> <li>• Explain the purpose of food and reassure them that it is ok to eat.</li> <li>• Place food / cutlery into the person’s hand.</li> </ul>

## Keeping attention during eating

Type of eating difficulty	Resulting behaviour	Keeping attention during eating: How to help
Person is distracted.	<ul style="list-style-type: none"> <li>• Cannot start eating.</li> <li>• Doesn't continue to eat after starting.</li> <li>• Holds food in mouth, without swallowing.</li> <li>• Cannot sit still, gets up from chair or leaves the table.</li> </ul>	<p><b>Keeping attention during eating: How to help</b></p> <ul style="list-style-type: none"> <li>• Encourage the person to start eating. Remind them to chew and swallow food during the meal.</li> <li>• Continue to encourage them to eat during the meal.</li> <li>• Massage the person's cheek gently to encourage them to swallow the food.</li> <li>• Check if the person has mouth pain/sores if they appear to be in any pain when food is in their mouth.</li> <li>• Use the "hand over hand" approach where the carer puts their hand over the person with dementia's hand and guides them to use cutlery to pick up food and steer it towards their mouth.</li> <li>• Increase oral stimulation by offering ice or cold water before eating (refer to Speech and Language Therapist guidelines if in place), or try different tastes and textures.</li> <li>• Introduce relaxing music.</li> <li>• Remove distractions such as the TV or vacuum cleaner or move to a quieter room.</li> <li>• Offer foods of different colours or textures (refer to Speech and Language Therapy guidelines if in place).</li> <li>• Provide Finger Foods to eat "on the go". If the person has dysphagia this may not be safe and can increase the risk of choking. Please check with the SLT.</li> </ul>
Person is too drowsy to eat or is difficult to wake to eat.	<ul style="list-style-type: none"> <li>• Falls asleep while eating.</li> <li>• Is difficult to wake, even after verbal encouragement and physical contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage person to eat with a gentle touch to wake them.</li> <li>• Try eating at another time.</li> <li>• Reduce dose of medications that cause drowsiness.</li> </ul>
Eats other people's food.  Hides food.		<ul style="list-style-type: none"> <li>• Keep other people's food out of reach.</li> <li>• Limit amount of food available at one time</li>   <li>• Reassure person that it is ok to eat the food</li> </ul>



## Getting food into the mouth

Type of eating difficulty	Resulting behaviour	Getting food into the mouth: How to help
Unable to move food from plate into mouth.	<ul style="list-style-type: none"> <li>• Not able to eat independently.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide adapted cutlery. Refer to Occupational Therapist for assessment.</li> <li>• Allow person to use hands to eat and consider Finger Foods.</li> <li>• Refer to Speech and Language Therapist for assessment if any concerns with swallowing</li> </ul>
Not using spoon, fork or knife correctly.	<ul style="list-style-type: none"> <li>• Struggles to use cutlery correctly.</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that the person can hold the cutlery comfortably.</li> <li>• They may benefit from extra aids. Consult with Occupational Therapist.</li> </ul>
Not able to cut meat or vegetable.	<ul style="list-style-type: none"> <li>• Struggles to cut up food.</li> <li>• Pushes food around the plate.</li> <li>• Avoids eating meat or vegetables.</li> </ul>	<ul style="list-style-type: none"> <li>• Give bite size portions.</li> <li>• Help person to cut up food.</li> <li>• Don't assume liquidised food is needed.</li> </ul>
Difficulty getting food onto spoon/fork.		<ul style="list-style-type: none"> <li>• Plate guards or lipped plate may help.</li> <li>• The food may be easier to eat with a spoon alone or with hands.</li> </ul>
Plate moves on the table.	<ul style="list-style-type: none"> <li>• Unable to steady plate on table.</li> </ul>	<ul style="list-style-type: none"> <li>• Use non-skid place mat or suction plate.</li> </ul>
Not able to use cup or glass correctly.		<ul style="list-style-type: none"> <li>• Remind person how to use the glass / cup.</li> <li>• Use the "hand over hand" approach.</li> <li>• Offer cup with handles or a straw.</li> </ul>
Mixes food together.		<ul style="list-style-type: none"> <li>• Accept this, as long as the food is eaten.</li> <li>• May need some flavourings added to food such as lemon/ sauce/chutney.</li> </ul>
Slow eating so mealtimes take longer.		<ul style="list-style-type: none"> <li>• Keep food on warm plates.</li> <li>• Give small food portions and offer second helpings.</li> <li>• Offer help if needed.</li> </ul>

## Chewing food

Type of eating difficulty	Resulting behaviour	Chewing food: How to help
Finds chewing difficult.	<ul style="list-style-type: none"> <li>• Chewing fails to reduce food to a form that can be swallowed.</li> <li>• Doesn't chew for long enough.</li> </ul>	<ul style="list-style-type: none"> <li>• Cut food into bite size pieces or offer softer foods. Refer to dentist or check dentures fit well.</li> <li>• Seek guidance from a Speech &amp; Language Therapist for as these difficulties could result in choking.</li> </ul>
Eats too fast.		<ul style="list-style-type: none"> <li>• Offer food in small portions. Serve one item at a time: see snack ideas, high calorie, and high protein foods first.</li> </ul>

## Swallowing food

Type of eating difficulty	Resulting behaviour	Swallowing food: How to help
Difficulty swallowing.	<ul style="list-style-type: none"> <li>• Gagging and choking when trying to swallow. Multiple attempts to swallow food.</li> <li>• Risk of aspiration ("food goes down the wrong way") and delay in swallow initiation</li> </ul>	<ul style="list-style-type: none"> <li>• Sit person in an upright position while they are eating.</li> <li>• Refer to Speech and Language Therapist for assessment of swallow.</li> <li>• SLT will complete an assessment and will recommend specific strategies to try to maximise safety at mealtimes</li> </ul>
Sucking reflexes.	<ul style="list-style-type: none"> <li>• Sucking their fingers, preventing the food from entering the mouth.</li> <li>• Won't open their mouth.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep the person's hands busy holding a book or familiar / favourite object.</li> <li>• A touch on the cheek with an ice cold spoon can help to open the mouth.</li> <li>• It is recommended that a Speech &amp; Language Therapist assess this and provide recommendations based on an understanding of the cause.</li> </ul>
Refuse to eat. Says: "No more", "Finished" or "Not Hungry".		<ul style="list-style-type: none"> <li>• Take away the meal for 5 to 10 minutes and then serve again.</li> <li>• Ask them the reason for refusing.</li> <li>• Encourage and support.</li> <li>• The person may be communicating something through refusal of food. Referral to a Speech &amp; Language Therapist may be indicated to help the person to express their preferences through supported conversation or assessment of behaviours and environment.</li> </ul>

## Other difficulties

Type of eating difficulty	Other difficulties: How to help
Wants to help prepare or serve a meal.	<ul style="list-style-type: none"> <li>• Give the person a role in getting the meal ready for example setting table, pouring water, buttering bread and soon.</li> </ul>
Plays with food.	<ul style="list-style-type: none"> <li>• Remind the person to eat.</li> <li>• Help them.</li> <li>• Does the person like/dislike the food?</li> </ul>
Says "I can't afford to eat" or wants to pay for meal.	<ul style="list-style-type: none"> <li>• Reassure the person.</li> <li>• Provide 'meal tickets' or 'vouchers' in exchange of meals.</li> </ul>
Frustrated or impatient behaviour during or before meals.	<ul style="list-style-type: none"> <li>• Bring the person to the dining room just before serving meals.</li> <li>• Avoid waiting at the table before meals are served.</li> <li>• Lay the table close to meal times.</li> </ul>
Bites on spoon or fork.	<ul style="list-style-type: none"> <li>• Encourage the person to relax. Perhaps use hands to eat or "Finger Foods".</li> <li>• Check if the person has sore gums / teeth?</li> </ul>
Spits out food.	<ul style="list-style-type: none"> <li>• Does the person like the food? Is the texture right? Is it too hot or too cold?</li> <li>• Check if they have difficulty chewing or if they have pain.</li> <li>• Has their tastes changed – is food sweet or bitter?</li> </ul>

*Adapted from the Caroline Walker Trust and Strategies for Feeding Patients with Dementia: How to individualize assessment and intervention based on observed behavior. Chia-Chi Chang, PhD, RN, and Beverly L. Roberts, PhD, FAAN, FGSA. AJN April 2011. Vol. 111, No*

# Your questions answered



## How much should a person with dementia eat?

A balanced diet is recommended for everyone, including you, me and for people with dementia, in order to keep us as healthy as possible. Choosing a variety of foods from the different food groups each day can help achieve that balance. This is because no food group on its own will provide all the nourishment we need to stay healthy.

This page tells which foods are in each food group. It gives you a general guide on how much a person with dementia should eat. It is important to remember that every person with dementia is different. If the person you are caring for is underweight they might need to eat more foods from each group (see page 17).

If the person is overweight they might need to eat less foods from each group (see page 22) to keep their weight healthy. If you need more help deciding how much the person should eat, your dietitian or GP will be happy to guide you.

### Fruit and vegetables

This food group includes fresh fruit, fruit juice, tinned fruit, soup made from vegetables and all cooked and raw vegetables. These foods contain important vitamins, minerals and fibre and can help to keep your digestive system healthy. Try to eat these every day, and if possible include 5-7 fruit or vegetables in your diet every day.

### Bread, cereals, potatoes, pasta and rice

These foods give us energy and the higher fibre types can help prevent constipation. Try to include these foods at breakfast, lunch and dinnertime every day.

### Milk and dairy

This food group includes milk, cheese, yoghurt and milky desserts. They give us calcium for strong bones and teeth so it is important to include these foods in your diet every day.

### Meat and protein

This food group includes meat, poultry, fish, eggs, beans and nuts. These foods give us iron and they help to keep our muscles strong. Try to include protein foods at each mealtime.

### Reduced fat spreads and oils

Choose small amounts of healthy fats such as rapeseed oil or olive oil for cooking and in salads. Healthy fats in small amounts can help to keep our heart healthy.

### Fats and sugary foods

This food groups includes biscuits, fizzy sweet drinks, cakes, sweets and treats. They do not have much nourishment and should only be taken in small amounts, unless the person is underweight.

Don't worry if the person you are caring for can't manage a balanced diet every day. If they are not eating three meals every day, encourage snacks and finger foods. They can be very nourishing and can be easier to eat than larger meals. Please see our guide on finger foods and meal ideas for ideas on how to manage this (page 24).

## What if the person's taste and food preferences change?

### Taste changes can occur for a number of reasons:

- ✓ Part of the brain that is responsible for taste and food preference may be affected and taste changes can happen.
- ✓ Taste buds also weaken as we get older. We need a stronger flavour to get the same taste as we get older.
- ✓ A person who previously did not like strong tasting foods may now like very sweet, savoury or spicy foods.
- ✓ Try a wide range of foods and dishes to determine what the person likes or dislikes. Re-try foods that were previously disliked from time to time as the person taste preferences may change over time.

### What if the person prefers sweet foods?

- ✓ If there is a preference for sweeter foods try naturally sweet foods such as sweet corn, sweet potato, grilled red onion, peppers or parsnips and carrots with a coating of honey.
- ✓ Sauces are a great way of adding flavours, for example, sweet and sour chicken. Cranberry sauce, chutneys or pickles can be used in sandwich fillings or on the side as a dip, for example, with chicken curry.
- ✓ Fruit can be added to savoury foods, for example, pineapple on ham and cheese pizza, grapes with cheese, sliced banana in curry's, mint sauce with lamb or apple sauce and pork.
- ✓ A sweet dessert may take preference over a savoury meal if served together. Serve dessert separately after the person has finished or attempted to finish their main meal. Puddings and milk based desserts, for example, custards, milk pudding, rice pudding, semolina and tapioca are a good source of protein, calcium and energy. Jams or honey can be added to add more flavour if needed.



### What if the person prefers savoury foods?

- If very salty & spicy foods are preferred, try adding extra flavours to dishes such as curry powder, spices, herbs, pepper, lemon juice, garlic, soy sauce, for example. Avoid adding lots of salt to foods as this can lead to high blood pressure especially for people with vascular dementia.



- Other sauces such as pickles, garlic mayonnaise, garlic butter, pepper sauce, vinegar, tomato ketchup and mustard can add more flavour to foods. If unusual

flavour combinations are preferred, for example, vinegar and garlic butter help increase food intake, then go with it.

#### Note

A person with dementia may develop a preference for combining unusual foods together, for example, scrambled eggs with sweet porridge. As long as the foods are served separately but the person shows a preference for combining these foods then go with it.

## What to do if the person is losing weight or not finishing meals?

If someone is eating less than usual, or is losing weight without trying to, then it is very important that the food they eat contains as much nourishment as possible.

### TEN TOP TIPS

1. Encourage little and often, aiming for 3 small meals and 2 to 3 snacks or milky drinks daily. Large portions at meals may put someone off their food. Avoid skipping meals.
2. Encourage food at times in the day that you notice the person eats better. Some people eat better as the day goes on. Whereas other people find that they eat better in the morning and this reduces as the day goes on.
3. Offer at least 8 to 10 cups of fluid daily. Try milky drinks, fruit juice, fruit squash or soup instead of tea or coffee. Offer drinks after meals, to avoid filling the person up before meals' (see section on nourishing drinks for more information).
4. Use at least 1 pint of enriched milk daily (see section on nourishing drinks for the recipe).
5. Include meat, chicken, fish, eggs, beans, yoghurt, nuts or cheese at least twice a day. These foods are rich in protein.
6. Aim to have bread, pasta, rice, potatoes, or cereal with every meal. These foods are rich in carbohydrate, which give energy. Choose wholemeal options to help provide fibre.
7. Offer fruit and vegetables every day, but if the person feels full quickly offer the meat/chicken/fish and potatoes/pasta/bread part of the meal first. Offer a little glass of fruit juice or squash with added Vitamin C if little fruit is eaten.
8. Offer dessert/pudding once or twice a day (for example, thick and creamy yogurt, trifle, ice cream, rice pudding, fruit pie, sponge with custard and cream).
9. Snacks in between meals can help to boost intake (see section on finger foods).
10. Have a stock of favourite foods that are easily prepared (see store cupboard ideas).



## How do I make food and drinks more nourishing?

Adding extra energy and protein can be a challenge, especially if the amount someone eats is small. The answer is not always to add extra foods. Instead try changing the way food is offered or using butter, sugar, milk or jam to add extra nourishment to the food or drinks. Try to:

- ✓ Avoid low calorie, reduced fat or reduced sugar foods unless you have been advised otherwise by your health professional. Add extra fats, butter, grated cheese, soft cheese or cream to potatoes, soups, sauces or vegetables to add extra calories without increasing the volume.
- ✓ Use cooking methods that include the addition of oil, for example, shallow fry, roast or grill and coat or spray the food with oil first.
- ✓ Add extra sugar and honey to puddings, cereals or hot drinks if taken.
- ✓ Spread jam, honey, marmalade and butter thickly on breads, toast, scones, crumpets and pancakes
- ✓ Add a teaspoon of jam, syrup or honey to porridge, custard, rice pudding or semolina.
- ✓ Add milk powder to full cream milk, yoghurts, sauces or puddings.
- ✓ Add ice-cream to milk shakes and puddings.
- ✓ Eggs can be used in many ways, for example, poach, boil, scramble.
- ✓ Add mayonnaise/salad cream to foods where possible, for example, on sandwich fillings. Try tuna and sweet corn with mayonnaise.
- ✓ Cheese: Always use full fat varieties. Sprinkle grated cheese into soups, sauces, egg dishes or onto fish, potatoes and vegetables or in an omelette.
- ✓ Cakes, pastries, chocolate, biscuits and crisps provide some extra energy. Offer these at the end of a meal or as a snack to make sure they do not spoil appetite for more nourishing foods.





## Store Cupboard Ideas

It is useful to have a store of basic foods so you are always prepared. For example:

- Dried Milk Powder / Long life milk
- Jam, Marmalade, Honey
- Horlicks®, Ovaltine®, Bournvita®, drinking chocolate or cocoa
- Milk puddings (always choose full fat dairy products)
- Bottle of full sugar squash with added Vitamin C
- Breakfast cereals, crackers, biscuits
- Instant mashed potato, rice and pasta
- Small tins of meat or fish
- Tinned vegetables including baked beans
- Tinned fruit or long-life fruit juice
- Tinned or packet soups
- Frozen Ready meals and vegetables

*Always check use by dates*

## Are nourishing drinks useful if a person is not eating or has lost weight?

- Aim to have 3 pints or 2 litres of fluids every day; that's about 6 to 8 cups or tall glasses.
- Choose nourishing drinks which contain energy, protein, vitamins and minerals such as milk based drinks, fresh fruit juice or fortified drinks rather than having water, fizzy drinks or tea too often.
- Nourishing drinks can be made at home or can be bought in a shop (without a prescription) or in a chemist (with a prescription from your doctor).
- Good milk based drinks include enriched milk, hot chocolate, malted drinks, Horlicks®, Ovaltine®, cocoa, milkshakes or milk based coffee (see recipes below). Be careful with hot drinks. Using insulated cups with lids will reduce the risk of injury for someone who paces a lot.
- You'll find ready-made smoothies and milk shakes such as Innocent®, Yazoo® or Nesquik® beside the fresh milk or long-life milk products in the shops.
- Fresh fruit juices such as orange, apple, cranberry, grapefruit or pineapple. These juices are also a good source of vitamins especially vitamins A, C and E. Some diluted blackcurrant drinks are also fortified with vitamin C and can be useful to include.
- Special powered drinks such as Build Up® & Complan® are sold in chemists and supermarkets. Sweet and savoury flavours are available. Use them as a nourishing between meal snack or occasionally to replace a meal. Try blending with fresh fruit, yogurt or ice cream for a change.

### Nourishing drinks can be made at home using the following recipes:

<p><b>Nourishing Milkshake</b></p> <ul style="list-style-type: none"> <li>• ½ pint [300ml] full cream milk</li> <li>• 4 dessertspoons [30ml] double cream</li> <li>• 4 dessertspoons [20g] milk powder</li> <li>• 4 dessertspoons [30ml] milkshake syrup</li> </ul> <p>Mix, whisk or liquidize together. Try adding pureed fruit, ice cream, fresh cream, full fat yoghurt or honey.</p>	<p><b>Enriched milk</b></p> <ul style="list-style-type: none"> <li>• 5 heaped dessertspoons of milk powder (for example Marvel®)</li> <li>• 1000mls of full cream milk</li> </ul> <p>Mix or whisk together. Store this in the fridge and use whenever you would use ordinary milk (cereals, porridge, soups, sauces, milk puddings and milky drinks such as Horlicks®, Ovaltine®, Bournvita®, drinking chocolate or cocoa). Keep in the fridge for a maximum of 24 hours</p>
<p><b>Fortified Soup</b></p> <ul style="list-style-type: none"> <li>• 180 mls of soup (ideally homemade, but if this is not possible a carton/can)</li> <li>• 1 heaped tablespoon of skimmed milk powder</li> <li>• 1 tablespoon of cream</li> <li>• 1 tablespoon cheese</li> </ul> <p>Heat soup. Add milk powder and stir to dissolve. Stir in cream and cheese before serving. Add croutons for extra nourishment also.</p>	<p><b>Smoothie</b></p> <ul style="list-style-type: none"> <li>• 150mls of full-fat milk,</li> <li>• 1 pot Greek natural yoghurt,</li> <li>• 2 heaped tablespoons of skimmed milk powder,</li> <li>• 1 dessertspoon of honey (optional),</li> <li>• Flavouring (see ideas below).</li> </ul> <p>Ideas for flavourings: Fresh or frozen fruit, chocolate or strawberry syrup, flavoured ice cream, drinking chocolate or coffee powder</p>

## Oral Nutritional Supplement Drinks

You may have been recommended to take a supplement drink by your dietitian or GP. These drinks are available with a prescription from your doctor on the Drugs Payment Scheme or will be covered by the medical card. There are a wide range of supplement drinks and flavours available. Some supplements need to be approved by Primary care reimbursement service (PCRS), your GP or dietitian can apply for approval. For more information visit [www.hse.ie/nutritionsupports](http://www.hse.ie/nutritionsupports) where there is information on how to use Oral Nutritional supplements, when illness reduces your appetite and recipes on making the most of every bite.

## What if the person is not drinking enough?

We need about 8 cups of fluid every day to keep the body healthy. More fluid may be needed on hot days or when sick. It is important to watch how much fluid is being taken as not drinking enough fluids can cause constipation, worsen confusion, tiredness and increase the chance of getting a urinary infection. Fluids include water, tea, coffee, milk, juice and all the nourishing drinks as previously mentioned,

If low fluid intake is a problem, the following tips may help:

- Offer small amounts of fluids regularly throughout the day.
- Offer flavoured fluids, for example, add cordial to water.
- Offer ice-lollies or ice-cubes made with cordial or juice.
- Remember fluids include soup, tea, jelly, fruit juices, diluted or fizzy drinks.
- It may help to use a cup or small glass rather than a mug or large tumbler.
- Give the cup to the person and prompt them to drink rather than leave the cup on the table.
- If someone has a familiar cup that they prefer, use it.
- Keep fluids where they can be seen. Try placing a clear plastic bottle or jug where it can be seen to help remind the person to drink.



## What if the person is overeating?

**Managing weight can be difficult for a person with dementia for a number of reasons:**

1. They may prefer sweet, high energy or high fat foods.
2. They may be less active or unable to walk but eating the same amount of food.
3. They may forget they have already eaten and eat extra portions of food. Being reminded that you have already eaten your meal can be distressing for the individual.

**The following may help with weight management issues.**

**Portion sizes:** Meal portions can be reduced or original meal can be divided into two smaller portions and 2nd portion kept for later. Soup as a starter may help to fill the person up. Give large portions of salads or vegetables on the plate which are lower in calories. Aim for leaner meats, for example, chicken, turkey, fish. Cut all visible fats off meat and remove the skin. Avoid processed meats such as sausages, rashers & black/white pudding. Offer other healthy protein foods such as eggs, beans and lentils which are full of nutrients.

**Sugar free options:** If sweet foods are preferred over savoury try replacing sugar with a low calorie sweetener. Sugar free mints, gum or sugar free boiled sweets can replace regular sweets.

**Sauces:** Avoid high fat sauces such as mayonnaise, creamy sauces, coconut based sauces or peanut butter. Choose lower fat options such as low fat dressings, ketchup, or tomato based sauces instead. Switch from butter to low fat spreads, for example, olive, sunflower, or rapeseed spreads.

**Desserts:** Keep desserts only as a special treat, for example, birthdays, celebrations or on Sundays. Avoid high fat pastries, Madera cakes, cream, ice cream and buttered icings. Choose sugar free jelly, low fat yogurt, fruit salad or sugar free ice lollies instead.

**Drinks:** Offer water, tea, sugar free squashes or sugar free fizzy drinks in place of sugary fizzy drinks. If a meal has already been eaten and the person is still looking for more food offer a drink instead.

**Snacks:** Healthier snacks include a piece of fruit, diet yogurt, crackers with cottage cheese, rice crackers or cup of vegetable soup, instead of chocolate bars, crisps or biscuits.

**Searching for food:** If a person has a habit of looking for food when they have already eaten their meals and snacks, then keep food out of sight and out of reach of the individual. Try techniques such as engaging activities that the person enjoys, to help distract them from the thoughts of food.

## What if the person is constipated?

Constipation can be a common problem as a person gets older and may reduce a person's appetite. There are many causes such as being less active or not getting enough fluid or fibre. Fibre is found naturally in fruit, vegetables and wholegrain cereals which help to bulk up stools and make them softer and easier to pass.

### Recommendations:

- Include extra fruit and vegetables, for example, one glass of fruit juice, a portion of soup, a side salad, add fresh/frozen vegetables into dishes add stewed fruit, dried fruit or chopped fresh fruit into desserts/yoghurts/cereal.
- Offer snacks containing fibre, for example, fresh fruit, a handful of dried fruit or nuts, cereal bars, oat or multigrain crackers, digestive/golden grain/oat biscuits.
- Use wholegrain cereals including Muesli, All bran, Porridge, Shredded-wheat, Weetabix and wholegrain products such as wholemeal/brown bread, crackers, pasta and brown rice.
- Add beans, chickpeas, peas, corn, lentils and pulses into soups and stews.
- Eat potatoes with skin on.
- Add dried fruit, nuts or seeds to salads, cereals, desserts, homemade breads or curries.
- Prune juice and pear juice are naturally occurring laxatives. A small glass a day can help prevent constipation for some, but for others it can cause bowel motions to become quite loose. Try adding milled flax seed or linseed in teaspoon amounts to cereals, desserts or yogurts as an alternative. It is important to encourage fluids at the same time as giving these seeds.
- Avoid powdered bran.



**Dentition:** If there is a problem with the person's teeth or chewing is an issue, then choose softer food options such as porridge or Weetabix soaked in milk, well cooked brown pasta, sliced pan brown bread without crusts and softer fruits such as melon, kiwi, tinned pears, banana or well cooked vegetables.

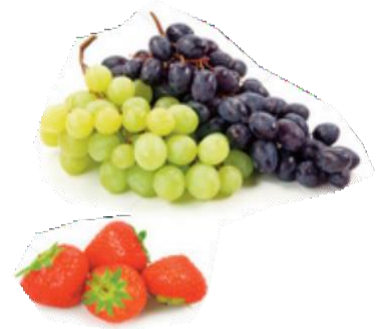
**Fluid:** Fibre should be increased slowly to avoid discomfort and fluids should be increased at the same time. Fluid intake is equally important to help soften the stools and prevent constipation and dehydration. Aim for at least 8 to 10 cups of fluid per day. This can include tea, juice, soups, diluted squashes, minerals as well as jelly and ice lollies.

**Medications:** Some medications can cause constipation such as Iron supplements and pain medication. If constipation is persistent and changes in fluids and fibre have not helped then contact the pharmacy for naturally occurring laxatives or bulking agents. Stronger laxatives may have to be prescribed by the GP.

# What should I do if the person paces a lot or is too distracted to eat?

## Finger foods:

- are foods that can be easily picked up and eaten with hands and are sometimes preferred to meals that require a knife and fork.
- may be useful to help improve intake for those with a small appetite, who are very active and do not like to sitting down for meals.
- are an important way of encouraging independence and confidence in people with dementia.
- allow people to have complete control over what they are eating, which can encourage people to eat more, at their own pace with fewer spills and improved dignity.
- caution is recommended with the suggestion to use finger foods if moving around due to the increased risk of choking, particularly for people with dysphagia.
- Finger foods may also be quite hard in texture which may not be appropriate for many people with mild dysphagia. Please consult the SLT if there is swallowing problems.



## Starting out - some tips

- Finger foods are suitable as main meals or snacks.
- Think about size and shape. Food made too small will be difficult to pick up, food made too big will be hard to handle.
- Take into account a person's likes and dislikes and ability to manage different types of food. If finger foods are rejected to start with, offer them again at other mealtimes over several days.
- Aim for little and often. If large finger food meals are a struggle to finish, try serving a smaller size with lots of finger food snacks in between.
- If the person is walking around a lot throughout the day, a pouch bag containing finger food may be useful.
- Provide finger food snacks in between meals to help boost food intake for people who have small appetites or are very active (see snack and dessert ideas).
- Check the temperature. Make sure it's cool enough to hold when serving.
- Choose wholemeal options to help increase fibre intake.
- Keep food moist. Dry foods and overcooked meats can be difficult to eat.
- Use moist nourishing fillings and toppings on food such as bread and pizza or use as a dip.
- Keep the skin on fruit such as apples and pears to retain extra fibre and make them easier to hold. Remove stones from stoned fruit as this can be a choking hazard. A sprinkle of lemon juice will stop fruit turning brown as quickly.
- Remember to encourage fluids aiming for 6 to 8 cups/day. Try different cups and beakers to see what works best. A beaker with a lid can be used for drinks to avoid spillage.
- Give the person time to look at the food on the plate and to eat at their own pace.
- Try eating together if possible. Some meals such as pizza don't require cutlery and can be enjoyed by everyone.



## Main Meal Finger Foods Ideas (Serve as small pieces)

- Meat, fish and other protein alternatives; sliced meat, cut up into pieces, chicken fingers in bread crumbs, cocktail sausages, sausage rolls, burgers, meatballs, fish fingers or fishcakes, smoked mackerel slices, vegetable burgers or vegetarian sausages.
- Served with potatoes: Cut pieces of potato waffle, potato croquettes, small roast potatoes, baby boiled potatoes, potato wedges and chunky chips.
- Vegetables can be steamed, boiled or served raw, depending on what the person prefers and can manage, for example, broccoli florets, carrot, turnip or parsnip, cut into sticks or cubes, brussels sprouts, cucumber slices or sticks, cherry tomatoes or salad tomatoes, sliced or cut into wedges, sliced peppers, mushrooms.
- Finger sandwiches or toasties cut into small squares or triangles with soft fillings such as egg mayonnaise, tuna mayonnaise (try adding sweetcorn, peppers or diced cucumber), meat or fish paste, corned beef (try adding chopped tomato), cold meats (try adding relishes, pickles or chutneys) cheese or peanut butter (try with mashed banana).
- Bread roll-ups. These make an interesting change to sandwiches! Take slices of medium thick wholemeal bread, cut off the crusts and spread with butter. Spread thinly with a soft, sticky filling, such as soft cheese, pâté or peanut butter. Take one end of the bread and roll it up (as though making a Swiss roll) to form a bread roll-up!
- Slices of pizza, quiche or garlic bread.
- Hard boiled eggs quartered, cold meats, cubes of cheese with buttered bread.



## Snacks and Dessert Ideas

- Scones with butter, jam and cream, teacakes with butter, crumpets with honey, jam, syrup or butter
- Pancakes rolled into fingers
- Fruit or chocolate muffins/ buns
- Fruit cake, tea brack with butter
- Individual cake slices, for example, lemon cake, gingerbread, sponge cake
- Cheese sticks or cubes, for example, pineapple and cheese sticks
- Crackers, cheese biscuits or mini oatcakes with soft cheese or butter
- Soft cereal bars, chocolate
- Soft crisps or corn snacks which melt in the mouth, for example, Quavers, Wotsits, Skips.
- Pieces of fruit or fruit salad, for example, pineapple chunks, chunks of banana, berries, mandarin segments, slices of apple or pear, melon wedges, apricots (stone removed & cut into halves), nectarines or peaches (stone removed, cut into slices or chunks), seedless grapes
- Dried fruit such as ready-to-eat apricots, pears, apple rings or stoned prunes
- Vegetable sticks or pieces, for example, carrot or celery sticks, baby tomatoes.

## What if there are problems with swallowing?

For some people with dementia, you might notice that swallowing different types of food and fluids have become difficult. This is known as dysphagia. Dysphagia is the medical term for swallowing difficulties. Swallowing difficulties are likely to change throughout different stages of dementia and therefore Speech & Language Therapy (SLT) reviews will be required to ensure that the guidelines provided are appropriate at that time to maintain safety and quality of life when eating and drinking. For more information about this please speak with the speech and language therapist and consider discussing support with positioning, diet modification, consistency of food, taste, temperature, and change in eating behaviour or approach to eating, the environment and saliva management with the SLT.



## Mouth Care



A person with dementia can have difficulties with mouth care and dental health. They may not be able to tell if they are in pain and may simply decline food instead. A sore mouth, toothache or badly fitting dentures can reduce a person's appetite, affect their ability to chew their food, reduce their intake of particular foods and overall reduce enjoyment of food. This can lead to poor nutrition and weight loss.

Reduced saliva or a dry mouth can be a side effect of medicines prescribed for dementia. Saliva has a cleaning effect on teeth and gums and keeps the mouth moist. With less saliva there can be a build-up of plaque and bacteria on the teeth.

### Why is good mouth care important?

- Increases comfort in the mouth.
- Increases taste, smell, and enjoyment of food.
- Alerts carers to food left behind in the mouth, which might be due to swallowing difficulties.
- Reduces the risk of chest infections by preventing build-up of bacteria in the mouth.

### Some tips on what to do:

- Clean teeth and mouth 2 to 3 times everyday day with a toothbrush and toothpaste. A soft child's toothbrush and mild toothpaste may be better tolerated than a larger toothbrush.
- A person with dementia may still be able to brush their teeth even when they are not managing many other aspects of self-care. Always let the person have a go first.
- If the person is approaching end of life and is not eating or drinking, their mouth and breath may become stale and dry. It is important to keep their mouth fresh and clean with regular mouth care. Even if the person does not have any teeth, they still need mouth or oral care.



## Will tube feeding help?

As dementia progresses, quality of life and comfort should be our priority rather than being worried and frustrated about how much the person is eating and drinking. Gradually more and more help will be needed to eat and drink and this may result in less and less food and drinks being taken. There may also be an increased risk of choking if the person's swallowing difficulty gets worse. Offering food and drinks is an important way of showing care and concern for someone, so it can be upsetting when this is no longer safe or possible. There may also come a time when the person completely refuses food and drinks. This is part of the natural process and not having food or drink does not cause the person distress or discomfort.

### Won't they be hungry and thirsty?

Studies have found that people at the end of their life often do not feel hungry or thirsty. Offer food and drinks "as tolerated" but never put pressure on the person to eat or drink if they do not want to. Respectful and dignified care is the priority at this stage. Instead, those caring for the person with advanced dementia can concentrate on keeping their mouth clean and fresh by offering regular mouth care.

### Won't they starve?

In the last stages of life it is part of the natural process of dying that a person stops eating and drinking. Feeding a person by tube will not help them to live longer and may make them more uncomfortable. They are more likely to need to pass water and move their bowels. This means that they would need to be moved more often or to have a catheter inserted. For those who are dying, the time comes when it might be more compassionate and caring to allow the natural dying process take its course in a peaceful and dignified way.

### What is tube feeding?

There are two types of feeding tubes, a nasogastric tube (NG) and a percutaneous endoscopic gastrostomy (PEG) tube. These tubes are used to give a liquid feed similar to the "nourishing drinks" straight into the person's stomach. A feeding pump is used to slowly drip the feed into the stomach.

- Nasogastric tube feeding (NG feeding) – a nasogastric tube is a thin tube which is passed through the nose down into the stomach. Inserting the tube can be uncomfortable, but the discomfort usually (although not always) passes. Nasogastric tubes are not ideal for using long term as they can irritate the passages of the nose. People who are restless or agitated might not be suitable for NG feeding as they might dislodge the tube resulting in the feed passing into the lungs. This can cause choking and pneumonia, known as aspiration. For this reason, NG feeding might not be considered for people with dementia who are restless and agitated.
- PEG feeding – a PEG tube is passed directly into the stomach through the stomach wall. This is done using a local anaesthetic and under sedation and is usually a relatively simple surgery. Once inserted and healed, the PEG is more comfortable than a nasogastric tube and can be left in place long term. It is important that a person is fit enough to go through this procedure but many people with advanced dementia are not well enough and there is a risk that they may become even more unwell.

The PEG may cause infection and soreness around the tube site. Studies show that PEG feeding in end-stage dementia does not prolong or improve quality of life, therefore although you might want to ensure that the person is getting enough nourishment, PEG feeding is usually not appropriate in people with advanced dementia.

### **Making the decision about tube feeding**

A person with dementia may not be able to decide for themselves whether or not they want to be fed by tube. All decisions about tube feeding are made with the help of relatives and carers. If a person has previously made a written statement (sometimes called an advance directive) stating they do not wish to be fed by a tube, these wishes are respected. If it is unclear if tube feeding would benefit the person, it may be tried for a period of time (a trial of NG feeding). A person with dementia will not be tube fed if the medical team caring for them feel it would do more harm than good. Making a decision about tube feeding will be thought about very carefully and will be very individual to each person with dementia



# Putting it all together



# Sample meal plan



## REGULAR OPTIONS

### Breakfast:

Cereal with enriched milk and sugar / honey with Bread/toast with butter and jam.

Boiled egg with Bread/toast with butter and jam.

Cooked Breakfast, for example, Rasher / sausage / pudding with Bread / toast with butter & jam. Fruit Juice / Milky tea / Milky coffee.

### Mid-Morning:

Nourishing drink and finger food snack.

### Main Meal:

Meat / poultry / fish / eggs / cheese / beans (add gravy / creamy sauce). And Potatoes / rice / pasta – With butter/cheese.

And Vegetables with butter/margarine

### Dessert:

Milky pudding / ice-cream and jelly / fruit and full cream yoghurt.

### Mid Afternoon:

Nourishing drink and finger food snack.

### Light Meal:

Toast/bread with either: Scrambled egg and cheese, Tinned fish with mayonnaise.

Beans and cheese OR Soup – Fortified Milky pudding/ ice-cream and jelly / fruit and full cream yoghurt.

### Supper:

Nourishing drink and finger food snack



## FINGER FOOD OPTIONS

### Breakfast:

Buttered toast or bread fingers and a boiled egg, cut into quarters.

Fresh fruit, such as sliced kiwis or orange segments.

Fruit Juice / Milky tea / Milky coffee.

### Mid-Morning:

Nourishing drink and finger food snack.

### Main Meal:

Chicken goujons,

Small roast potatoes. Broccoli florets and carrots with butter.

Sliced quiche. Small boiled potatoes. Green beans and carrots.

### Dessert:

Fresh fruit, such as strawberries or banana, served with cream for dipping.

Pancake rolls with chocolate spread.

### Mid Afternoon:

Nourishing drink and finger food snack.

Light Meal: Grilled cheese on toast, cut into 'fingers', or small toasties.

Buffet style! Provide a selection from the following: Buttered, soft bread rolls or bread fingers, cheese cubes, hard-boiled eggs cut into quarters, cooked meat, cut into pieces, small Scotch eggs, slices of quiche or pizza.

### Supper:

Nourishing drink and finger food snack.

## Quick guide for Carers

### Meal preparation and taste changes:

- Encourage the person to go to the toilet before meals if needed.
- Remind the person when meals are due and try to maintain routine.
- Make sure that glasses, dentures or hearing aids are worn during the meal, if needed.
- Specially adapted utensils including cutlery, non-slip mats, high sided plates or guards and two handed or spouted cups are available from occupational therapy for people struggling to use standard types. These can promote a person's independence for longer.
- Avoid patterned table coverings and distracting items on the table that are not needed.
- Use contrasting coloured plates: red, yellow or blue which are recognised more easily by people as their dementia progresses.
- Serve food on small plates if small appetite.
- Consider the person's food likes and dislikes and their ability to manage different foods, keeping in mind that taste changes are common in dementia.

### Difficulty Eating or Reduced food intake :

- Taste changes often occur over time may prefer sweet or savoury options.
- Provide encouragement and assistance as required at mealtimes.
- Encourage a little and often meal pattern. Large meals may be off-putting.
- Offer favourite foods.
- Encourage foods at times in the day you notice the person eats better.
- Offer nourishing snacks and drinks regularly over the day.
- Finger foods may be useful for people that walk about or take small amounts.
- If someone is losing weight or has a poor intake: avoid low calorie, reduced fat or reduced sugar foods unless you have been advised otherwise.
- Oral nutritional Supplements may be required in certain circumstances, please discuss further with your Dietitian.



### During the meal/eating out:

- Ensure mealtimes are relaxed with minimal noise or distractions.
- Allow person time to look at the food on the plate and to eat at own pace.
- If the person appears agitated wait until they become calm before offering food and drink.
- If a person is struggling to use cutlery, use gentle prompts and reminders of how to use items. If this fails load spoon / fork with food and gently guide the persons hand to mouth. Alternatively offer foods that can be eaten without cutlery, for example, “finger foods”. If a person has dysphagia check with the SLT first before offering finger food.
- Finger foods are also ideal in between meals to help boost calorie intake for those with a small appetite or those who are very active.
- Avoid mixing foods as a person may dislike one particular ingredient and end up declining all of the meal.
- Naming foods and drinks as you offer them can help trigger memories which in turn may help with the recognition of food items and improve food intake.
- Offer drinks after the meal instead of at the same time or offer small amounts during the meal and a full drink after the meal.
- Continue to eat sitting up in a chair at a table for as long as person is able.



## Mealtime Memo

**M**ake sure I am comfortable, in a good position and not in pain.

**E**verybody is different, find out what I like.

**A**ppetising smells and presentation help me enjoy my food.

**L**et me feed myself if possible, but help me if I need it.

**T**ell me what I am eating and go at my pace.

**I** like a calm environment without clutter, clatter and chatter.

**M**odify the consistencies to suit me.

**E**at with me when you can.

Reproduced from the NHS Dumfries and Galloway: Communication and Mealtimes Toolkit, helping people with dementia to eat drink and communicate. Rebecca Kellett and Colleagues, Speech and Language Therapy Adult Services 2012.

# What is important for me?

This page can be used to share information about food and mealtimes with carers who do not know me well

## The environment that suits me best

I like  / dislike  to prepare meals *(tick appropriate)*

I am independent  / need encouragement  / need help to cut food or open packaging  / need full assistance

I like  / dislike  eating with others at a table.

I use cutlery  / adapted cutlery  / prefer finger food

My best time of day for eating is: \_\_\_\_\_

I feel most comfortable eating (location): \_\_\_\_\_

It can take me \_\_\_\_\_ minutes to finish a meal

## The way I like my meals

I wear  / do not wear  dentures

I like small  / medium  / large  portioned meals

I like sweet food: Yes  / No

I like savoury food: Yes  / No

My favourite foods and drinks are: \_\_\_\_\_

I dislike the following foods or drinks: \_\_\_\_\_

## Communication:

I am able to tell you if I am hungry or thirsty Yes  / No

I need help to choose from a menu Yes  / No

I need you to tell me what I am eating Yes  / No

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## Useful links for people with dementia and their carers (Ireland):

The Alzheimer Society of Ireland ([www.alzheimers.ie](http://www.alzheimers.ie)) Useful link for carers  
<https://youtu.be/EoDeWqJOtRY>

The Dementia Services Information and Development Centre ([www.dementia.ie](http://www.dementia.ie))

The Dementia Elevator Project ([www.dementiaelevator.ie](http://www.dementiaelevator.ie))

Alzheimer Cafe ([www.alzheimercafe.ie](http://www.alzheimercafe.ie))

Living Well With Dementia ([www.livingwellwithdementia.ie](http://www.livingwellwithdementia.ie))

Irish National Dementia Strategy ([www.health.gov.ie/blog/publications/the-irish-national-dementia-strategy/](http://www.health.gov.ie/blog/publications/the-irish-national-dementia-strategy/))

Sonas ([sonaspc.ie](http://sonaspc.ie))

Dementia Friendly Communities ([www.alzheimer.ie/Get-Involved/Dementia-Friendly-Communities.aspx](http://www.alzheimer.ie/Get-Involved/Dementia-Friendly-Communities.aspx))

The Crystal Project ([www.crystalproject.ie](http://www.crystalproject.ie))

Irish Nutrition and Dietetic Institute ([www.indi.ie](http://www.indi.ie))

Understand together support [www.understandtogether.ie](http://www.understandtogether.ie)

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The Alzheimer Society of Ireland.

The Caroline Walker Trust. Eating well: supporting older people and older people with dementia. Practical guide (2011).

Volkert D. ESPEN guidelines on nutrition in dementia (2014).





This booklet was updated by members of the Older Persons Nutrition Interest Group (OPNIG) Maria McKenna, Bernie Dennehy and Catherine Culleton formally OPDIG and in collaboration with Speech and Language therapists Saerlaith Murphy and Sophie Furey. March 2021. A comprehensive update with all members of the Multi-Disciplinary Team will be completed in due course.