

# Eating and drinking

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**People with dementia often experience problems with eating and drinking. Eating a healthy, balanced diet is important. It can help them maintain their physical and mental wellbeing. This factsheet looks at the importance of a healthy diet and the difficulties a person with dementia may have with eating and drinking. It will also look at some practical ways to support a person with dementia to eat and drink well.**

## **The importance of eating and drinking**

Eating and drinking well is important for staying healthy. A healthy diet is likely to improve a person's quality of life. Not eating enough can lead to weight loss and other problems including fatigue, higher risk of infection and less muscle strength.

People with dementia may become dehydrated if they are unable to communicate or recognise that they are thirsty, or if they forget to drink. This can lead to headaches, increased confusion, urinary tract infection and constipation. These can make the symptoms of dementia worse.

While a healthy, balanced diet is important, in the later stages of dementia the most important thing is making sure the person with dementia takes on nutrition, and a higher-calorie diet may be appropriate. A dietitian can give you advice on what is best in a particular situation.

## **Weight loss**

Weight loss is common in people with dementia, although the causes vary. They may include:

- lack of appetite
- difficulties cooking
- problems with communicating or recognising hunger
- poor co-ordination
- getting tired more easily
- difficulties with chewing and swallowing.

If the person is losing weight, speak to the GP. They can refer the person to a dietitian.

## **Common problems**

Poor appetite, cognitive impairment (problems with mental abilities), physical disabilities and sensory impairments (hearing and sight loss) can all cause the person with dementia to have problems eating and drinking.

Although eating and drinking difficulties are fairly common in people with dementia, each person's difficulties will be unique to them and their situation. Because of this you should take into account the person's preferences, beliefs, culture and life history. For example, their religious beliefs may mean they do not eat certain foods such as pork or shellfish, or they may be affected by the environment around them. You should tailor solutions to the person's individual needs and preferences.

As dementia progresses, the person is likely to need more support to meet their needs.

## Poor appetite

There are many reasons why a person may lose interest in, or turn down, food and drink.

- **Depression** – Loss of appetite can be a sign of depression. Depression is common in people with dementia. There are effective treatments for depression, including medication and other therapies. If you suspect that the person you care for has depression, consult your GP. For more information see factsheet 444, **Depression and anxiety**.

- **Communication** – The person with dementia may have problems communicating that they are hungry or that they don't like the food they have been given. They may communicate their needs through their behaviour. For example, they may refuse to eat or hold food in their mouth. Giving them a choice of food, or using prompts and pictures, may help. For more information see factsheet 500, **Communicating**.

- **Pain** – The person with dementia may be in pain, which can make eating uncomfortable. They may have problems with their dentures, sore gums or painful teeth. Oral hygiene and regular mouth checks are important. For more information see factsheet 448, **Dental care and oral health**.

- **Tiredness** – This can also be a cause of people with dementia not eating or giving up part way through a meal. It can also lead to other difficulties such as problems with concentration or difficulties with co-ordination. It's important to be aware of this and support the person to eat when they are most alert.

- **Medication** – Changes to medication or dosage can result in appetite changes. If you think this may be the case, speak to the GP.

- **Physical activity** – If the person is not very active during the day, they may not feel hungry. Encouraging them to be active will be good for their wellbeing and may increase their appetite. Equally, if the person is very active or restless (walking about or fidgeting) they may use extra calories and need to eat more to replace them. For more

information see factsheet 529, **Exercise and physical activity for people with dementia.**

- **Constipation** – This is a common problem and can result in the person feeling bloated or nauseous, making them less likely to want to eat. Try to prevent constipation by encouraging activity, offering the person fibre-rich foods and providing plenty of fluids. If constipation becomes a problem for the person, speak to the GP. For more information see factsheet 502, **Continence and using the toilet.**

### **Encouraging appetite: tips for carers**

There are lots of ways to increase a person's appetite and interest in food and drink. Knowing the person will help, as everyone has their own routines, preferences and needs. You will also have a better idea about their likes and dislikes. It's also important to think about what they can physically manage. Here are some ideas that may help:

- Make food look and smell appealing. Use different tastes, colours and smells. The aroma of cooking – eg freshly baked bread – can stimulate someone's appetite.
- Look for opportunities to encourage the person to eat. For example, if the person with dementia is awake for much of the night then night-time snacks may be a good idea.
- Give the person food they like. Try not to overload the plate with too much food – small and regular portions often work best.
- Try different types of food or drinks, eg milkshakes or smoothies.
- Food tastes may change, so try stronger flavours or sweet foods.
- Don't stop someone eating dessert if they haven't eaten their savoury meal. They may prefer the taste of the dessert.
- If food goes cold it will lose its appeal. Consider serving half portions to keep food warm. Use a plate warmer or a microwave to reheat food.

- If the person is having difficulties chewing or swallowing, try naturally soft food such as scrambled egg or stewed apple in the first instance, before considering pureed food.
- If you do consider pureed food, seek advice from a dietitian or speech and language therapist to make sure it's nutritious and has enough flavour.
- Encourage the person to get involved at mealtimes. They could help prepare the food or lay the table.
- Try to give the person encouragement and gentle reminders to eat, and of what the food is.
- A relaxed, friendly atmosphere with soft music may help.
- Use eating and drinking as an opportunity for activity and social stimulation. It may be an opportunity to talk about food from their childhood, and this can be used to encourage appetite.
- If the person refuses food, try again a bit later. If they continue to refuse food, speak to the GP.
- It is always best to aim for the least stressful solutions. Common sense and a creative approach often help.

## **Problems with mental abilities**

### **Recognising food and drink**

People with dementia may struggle to recognise food and drink, which can result in it going uneaten. This can be due to damage that dementia causes to the brain, unfamiliar food, or how food is presented. If the person with dementia has problems with their sight, they may not be able to see the food. It may help to explain what the food is and to use pictures. Make sure the person is wearing the correct glasses. It's important not to assume that the person doesn't want to eat.

## **Concentration**

People with dementia may not be able to concentrate well, which means they may have difficulties focusing on a meal all the way through. This may be because they are tired. Don't assume someone has finished because they have stopped eating. Finger foods and smaller portions can help to make the task easier. If you are helping someone to eat and it goes on for too long, it can turn into a negative experience – eg the food can become cold.

## **Motor difficulties**

### **Problems with co-ordination**

People with dementia may struggle to handle cutlery or pick up a glass. They may also have trouble getting food from the plate to their mouth. A person with dementia may not open their mouth as food approaches and may need reminding to do so. They may also have other conditions that affect their co-ordination, for example Parkinson's disease. This could lead them to avoid mealtimes because they are embarrassed by their difficulties or want to avoid struggling.

- If the person is struggling with a knife and fork, chop up food so it can be eaten with a spoon.
- If the person appears to have difficulty using cutlery, you may need to prompt the person and guide their hand to their mouth to remind them of the process involved.
- Try finger foods – eg sandwiches, slices of fruit, vegetables, sausages, cheese and quiche. These are often easier to eat when co-ordination becomes difficult.
- Let the person eat where they feel most comfortable.
- Speak to an occupational therapist about aids that can help, such as specially adapted cutlery, lipped (high-sided) plates or non-spill cups.

## **Chewing and swallowing**

A person with dementia may have difficulties with chewing food. They may forget to chew or they may hold food in their mouth. Certain foods, such as sweetcorn or dry biscuits, may be more difficult for the person to chew or swallow. These should be avoided if chewing is an issue. Good oral hygiene is important. If the person is feeling pain in their mouth, chewing will be uncomfortable and difficult.

If the person wears dentures, they should be comfortable and fitted properly. People with dementia can get tired easily. Eating soft, moist food that needs minimal chewing can help.

As dementia progresses, swallowing difficulties (called dysphagia) become more common, although they can vary from person to person. If a person is having difficulty with swallowing, a referral to a speech and language therapist can help. Difficulties can include holding food in the mouth, continuous chewing, and leaving foods that are harder to chew (eg hard vegetables) on the plate. Swallowing difficulties can also lead to weight loss, malnutrition and dehydration.

If the person is drowsy or lying down, they may struggle to swallow safely. Before offering food and drink, make sure they are alert, comfortable and sitting upright (or, if in bed, well positioned). A physiotherapist can advise on positioning techniques and an occupational therapist can advise on aids for eating and drinking. Ask the GP for a referral.

## **Sensory difficulties**

### **Temperature**

Some people with dementia will lose the ability to judge the temperature of food.

Make sure food is not too hot, as it could burn the person's mouth and cause eating to become uncomfortable.

## **Drinking enough**

The sensation of thirst changes as people get older, which can sometimes mean the person isn't aware they're thirsty. A person with dementia may also have similar problems. They may be less able to provide drinks for themselves. The person should be encouraged to drink throughout the day. The recommended amount is 1.5 – 2 litres a day.

Just placing a drink in front of someone doesn't mean they will drink it. Also, an empty cup doesn't always mean that the person has drunk its contents. It may have been spilled, drunk by someone else, or poured away.

### **Ensuring the person drinks enough: tips for carers**

- Have a drink on hand whenever the person is eating something.
- Use a clear glass so the person can see what's inside, or a brightly coloured cup to draw attention.
- If possible, offer the person the cup or put it in their line of sight.
- Describe what the drink is and where it is, so that if the person has a problem with their sight they are still able to find the drink.
- Offer different types of drink (both hot and cold) throughout the day such as soup, water, fruit juice and tea. All fluids count.
- Make sure the cup or glass is suitable – not too heavy or a difficult shape.
- Foods that are high in fluid can help, eg gravy, jelly and ice cream.



# Behavioural difficulties

## Eating behaviours

A person with dementia may refuse to eat food or may spit it out. This may be because they dislike the food, are trying to communicate something such as the food being too hot, or they are not sure what to do with the food. The person with dementia may become angry or agitated, or behave during mealtimes in a way that challenges. This can be for a variety of reasons, for example:

- frustration at any difficulties they are having
- feeling rushed
- the environment they are in
- the people that they are with
- not liking the food
- changed perceptions about mealtimes or the environment – eg not eating lunch because they assume they have to pay for it.

They may not want to accept assistance with eating. It can be a challenge to identify what the problem is, particularly if the person is struggling to find the words to explain it. It is important to remember that these reactions are not a deliberate attempt to be 'difficult', or a personal attack.

Try not to rush the person with dementia, and help them maintain as much independence as possible. Look for non-verbal clues such as body language and eye contact as a means of communication. If a person is agitated or distressed, do not put pressure on them to eat or drink. Wait until the person is calm and less anxious before offering food and drink. Knowing about someone's life history, including past routines, may help with understanding any behaviour around eating or drinking that seems unusual.

## Changes in eating habits and food preference

People with dementia can experience changes in eating habits, both in terms of how much food they eat and when and what food they prefer.

As a person gets older they may start to lose their sense of taste and smell, which can lead to food tasting less pleasant. People may prefer more sugar and salt in their food, or eat more sweet foods. People with dementia may enjoy unusual flavour combinations or ways of eating. Often people mix sweet and savoury food and flavours. People may start to have a less varied diet, only eating certain types of food.

Damage to specific parts of the brain or a change in taste may mean some people start to enjoy tastes they never liked before or dislike foods they always liked – it can help to be flexible. People with Alzheimer's disease can have even greater problems with their sense of smell, especially with remembering smells.

It is important to respect the person's preferences and beliefs when it comes to eating and drinking. For example, they may be a vegetarian or vegan, or have religious or cultural considerations regarding the food and drink they eat.

Sometimes people with dementia make food choices that do not match their usual beliefs or preferences. For example, a person who has been a lifelong vegetarian may want to eat meat. This could be for different reasons – for example:

- the person's preference has changed
- the person is remembering that they used to eat meat (before they became vegetarian)
- the person has forgotten they don't eat meat
- the person may see you eating meat and want the same, without knowing what it is.

For similar reasons, people who have other preferences may start to want something different – eg a person who does not eat pork for religious reasons may start to want pork.

It may be difficult to know what to do in these situations. Try to use what you know about the person and, if they are showing a different preference, consider what might be the reason for this. Be aware of any impact on the person's digestion – eg if they are finding something they don't usually eat difficult to digest – and always try to do what is in the person's best interests.

### **Catering for changing eating habits: tips for carers**

- If someone has a preference for sweet foods, fruit or naturally sweet vegetables (such as carrots or sweet potato) may be a healthier option.
- Add small amounts of honey or sugar to savoury food.
- Sweet sauces or chutneys (eg apple sauce or sweet chilli sauce) can be served with savoury dinners.
- Herbs and spices could be used to enhance flavours.
- Adding a small amount of syrup, jam or honey to puddings will increase sweetness.
- Try food the person has never eaten before but remember the person's personal preferences and practices.
- If the person asks for meat but isn't a meat eater, you could try meat substitutes.
- If the person is eating unusual food combinations it is best to accept it. It is unlikely to cause them harm.

As dementia progresses, a person may put things that aren't food into their mouths, eg napkins or soap. There could be a number of reasons for this, including:

- The person no longer recognises the item for what it is or understands what it is for. Remove from view the items that the person may confuse for food.
- The person may be hungry. Offer food as an alternative to the item. Make sure food is available, easy for the person to see (both within eyesight and in clear contrast with the plate or immediate environment) and easy to access throughout the day so they can eat when they want to.

## **Overeating**

Some people with dementia may eat too much or too often. They may have forgotten that they have recently eaten, or be concerned about where the next meal is coming from. If a person is overeating, they may also eat foods that aren't appropriate, or things that aren't food. They might be frequently asking or searching for food. This can be a stressful situation for everyone involved.

People with behavioural variant frontotemporal dementia are likely to experience excessive eating and other changes to eating behaviour, such as changes in dietary preference and obsession with particular foods. For more information see factsheet 404, **What is frontotemporal dementia (FTD)?**

### **Tackling overeating: tips for carers**

- Ensure that the person has something to do so they do not feel bored or lonely.
- Divide the original portion into two, and offer the second one if the person asks for more.
- Fill most of the plate with salad or vegetables.

- Leave bite-sized fruit or healthy snacks, eg chopped bananas, orange segments or grapes, within reach for the person to snack on when they want to.
- Offer the person a drink such as a milkshake or hot chocolate instead of more food.
- Some carers remove certain foods from the house and try to manage how much a person eats.
- If the person eats things that aren't food, then it may help to remove these and offer snacks as a distraction.
- If the person has developed a strong preference for particular foods, and is not eating enough of other foods, or they are struggling with excess weight gain, ask the GP for a referral to a dietitian.

## **Eating environment**

The environment plays an important part in the eating and drinking experience. It can affect how much a person enjoys eating and the amount they eat. A good mealtime experience can have a positive impact on the person's health and wellbeing.

### **Improving the eating environment: tips for carers**

- Make the environment as appealing to the senses as possible. Familiar sounds of cooking, smells of the kitchen and food, and familiar sights such as tablecloths with flowers can all help.
- Keep the table free from clutter.
- A noisy environment can be distracting. The eating environment should be calm and relaxing. Switch off background noise.
- Playing soothing music at mealtimes can help.

- Be led by the person on when they prefer to eat. Some people like a light lunch and larger evening meal and others prefer a main meal in the middle of the day.
- Let the person with dementia choose where they sit and eat. They should also be able to choose what they want to eat, within reason.
- Some people with dementia will also have problems with their sight. They may not be able to see the food in front of them. Make sure the food is colourful and the environment is well lit. It may also help to give a verbal description of the food.
- Use colour to support the person – the colours of the food, plate and table should contrast and be plain (eg a green table cloth, a red plate and mashed potato). Avoiding patterned plates is important.
- Try not to worry about mess – it's more important for the person to eat than to be tidy. Wipe clean mats and covers may help.
- It's important the person doesn't feel rushed and they are given enough time to eat.

## **Meal preparation**

Keeping people involved in preparing food and drink can help them to maintain certain skills, and to stay interested in food and drink. You could break down preparation into individual tasks, for example preparing the vegetables or buttering bread. It's important for the person with dementia to do as much as they can for themselves. If the person has carers coming in, they may be able to help with the shopping or preparing the food. Online ordering and delivery may be a good way to make sure there is fresh food in the house.

## **Living alone**

People with dementia who live alone may struggle to prepare meals, or food may spoil and be forgotten about. These can be more of an

issue when there isn't someone living with them to support them to eat and drink well. Finding a solution that works will depend on the person. It's important to consider that if the person is struggling with eating and drinking, it may be a sign they need more support.

However, there are things that may help a person with dementia who is living alone or who needs extra support.

- Buying frozen or refrigerated ready meals can help. They often require little preparation and may help the person cook more easily. Some meals are specifically made to be nutritionally balanced.
- Consider having meals delivered. A few areas offer a 'meals on wheels' service. It may also be possible for the person to have a week's supply of ready meals delivered. Contact your local council or Alzheimer's Society to see what is available in your area.
- Online shopping can be helpful if the person struggles with going to the shops. They can order what they want and have it delivered – usually on the date and at the time of day that they choose. Others may be able to help the person with this (eg a friend or family member) but it's important to make sure the food ordered is what the person would want.
- Simple notes about where food is, and pictures, may help – eg a picture of a sandwich on the fridge.
- Simple instructions can help people to prepare, cook or reheat food for themselves – eg 'microwave on high for 3 minutes'.
- Consider arranging a homecare worker to help the person with eating and drinking. For more information contact your local social services or the UK Homecare Association (see 'Other useful organisations').

Although a person with dementia may experience difficulties with eating and drinking, it's important to remember there are things that can support them. Offering solutions, making adaptations and increasing your knowledge about difficulties will mean that you can support the person with dementia to eat and drink well.

## **Other useful organisations**

### **British Dietetic Association**

5th Floor, Charles House  
148/9 Great Charles Street Queensway  
Birmingham B3 3HT

T 0121 200 8080  
W [www.bda.uk.com](http://www.bda.uk.com)

UK body representing dietetic workers, also provide a range of information for members or the public.

### **Nutrition and Diet Resources UK**

Suite 238–239, 2nd Floor  
50 Wellington Street  
Baltic Chambers  
Glasgow G2 6HJ

T 0141 202 0690  
E [info@ndr-uk.org](mailto:info@ndr-uk.org)  
W [www.ndr-uk.org](http://www.ndr-uk.org)

Provide information on a range of topics related to nutrition and diet, including a resource on eating well with dementia.



## **UK Home Care Association (UKHCA)**

Sutton Business Centre  
Restmor Way  
Wallington  
Surrey SM6 7AH

T 020 8661 8188  
E [enquiries@ukhca.co.uk](mailto:enquiries@ukhca.co.uk)  
W [www.ukhca.co.uk](http://www.ukhca.co.uk)

The representative body for organisations that provide personal care – including nursing care – to people in their own homes. They have details of home care providers available on their website.

## **Vegetarian For Life**

83 Ducie Street  
Manchester M1 2JQ

T 0161 2570887  
E [info@vegetarianforlife.org.uk](mailto:info@vegetarianforlife.org.uk)  
W [www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

UK Charity aimed at improving quality of life for older vegetarians and vegans.

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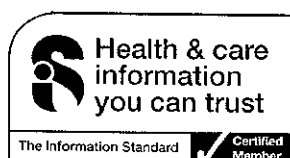
## Factsheet 511LP

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This factsheet has also been reviewed by people affected by dementia.

A list of sources is available on request.



## Alzheimer's Society National Dementia Helpline

England, Wales and Northern Ireland:  
**0300 222 11 22**

9am–8pm Monday–Wednesday  
9am–5pm Thursday–Friday  
10am–4pm Saturday–Sunday

## [alzheimers.org.uk](http://alzheimers.org.uk)

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers.

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