

Eating well with dementia

Patient information leaflet

Difficulties and changes to eating and drinking are commonly experienced in those with dementia and may include the following.

Abnormal eating behaviour

- Agitation and inability to concentrate on eating.
- Holding food or drink in the mouth.
- Eating non-food items.

Change in preferences

- Likes and dislikes can change frequently, and people may like foods they previously disliked.
- Sweeter foods are often preferred.
- May go off certain food textures.

Memory problems

- Forgetting to eat or that they have eaten.
- Forgetting how to use cutlery.
- May not recognise common objects such as cups or spoons and may not know what to do with them.

Mental health

- Low mood or do not feel like eating.
- Paranoia regarding food, for example the meal must be paid for or the food has been poisoned.

Physical changes

- Difficulty chewing and processing food in the mouth.
- Swallowing difficulties (dysphagia).
- Losses in sight, hearing, taste, and smell.



Use positive food memories from the past to encourage food intake.



Top tips

- Reduce mealtime distractions such as noise, bright patterns or colours or lights, strong smells and untidy tables.
- Prompt to eat and encourage eating with others (as appropriate) as this can sometimes help to remind the person what to do.
- Encourage independence by ensuring that adapted cutlery, non-slip mats and plate guards are provided where appropriate.
- Avoid tricky foods like spaghetti.
- Assist the person where necessary by giving a spoon or fork already loaded with food and helping guide it to their mouth if needed (hand-over-hand feeding).
- Make food attractive by using different coloured foods.
- Switch from white plates to blue plates. The contrasting colour makes food easier to see and has been shown to increase intake.
- Offer foods you know they like.
- Try new foods and offer stronger flavours, for example spicy, sour, salty, as these may be preferred.
- If sweeter foods are preferred, try adding fruit or sweet sauces to main meals.
- If the person is holding food or drink in their mouth or forgetting to swallow, trial promoting alternate flavours or temperatures for each mouthful to give a new sensation to wake up the mouth each time.
- If a person tires easily with eating, offering small meals more frequently rather than 3 main meals may be preferable.
- Use positive food memories from the past to encourage intake, for example fish and chips served in newspaper.
- Ensure regular mouth care is carried out to rule out pain and discomfort, ill-fitting or lost dentures, wobbly or broken teeth, a dry mouth, or ulcers as factors in a person refusing food.

If a person is struggling with weight loss or poor appetite, please ask your health professional or use the resources section for more information.



Finger foods

Finger foods can be useful for those who struggle to sit down to eat. They can be used to supplement the meals a person has or may make up most of their food intake. It is important to offer a variety of food to make sure the diet is balanced and nutritious, especially when finger foods make up most of the diet. Many foods can be served as finger foods, not just buffet-type food. Finger foods should be easy to hold, robust and moist but not too messy.

For anyone with dysphagia, please ensure that all foods offered comply with their International Dysphagia Diet Standardisation Initiative (IDDSI) texture guidance.

Breakfast finger food ideas

- Fingers of toast, bread, eggy bread, crumpet, or bagel with spread (see ideas for spreads or fillings for more details).
- Hard-boiled egg, pieces of firm omelette.
- Sausages or cocktail sausages.
- Fresh or dried fruit (see sweet and pudding section for more details).
- Pancake rolled with filling.
- Cereal or breakfast bar.
- Tube of yogurt.

Main meal and snacks

Aim to include fruit, vegetables, protein containing and starchy foods across the day.

Protein foods

- Cheese cubes.
- Chicken nuggets.
- Pieces of firm omelette.
- Fish fingers or fish cakes.
- Hard-boiled eggs.
- Crab or seafood sticks.
- Meatballs or slices of meat loaf.
- Mini beef burgers.
- Cubes or slices of cooked meat or meat substitute.
- Buffet type food, for example mini quiche, sausage roll, pork pie, pasty, samosa.
- Crackers or bite size sandwiches with a spread containing protein (see below).

Starchy foods

- Pieces of bread, toast, crumpets, tortillas, pitta breads.
- Potato: wedges, waffles, croquettes, chips, new potatoes.
- Yorkshire pudding.
- Crackers or bread sticks.
- Sushi.
- Pancake rolled with filling.



Include fruit and vegetables, protein containing foods and starchy food.

Vegetables

Exercise caution in vegetables with tough skins as they can be a choking risk. They may need to be cut in half or to an appropriate size.

- Cherry or baby tomatoes (cut in half).
- Cucumber or pepper slices or sticks.
- Button mushrooms.
- Steamed or raw vegetable fingers or spears, such as carrot sticks, green beans, broccoli florets.
- Sweet potato wedges.

Ideas for spreads or fillings

Try to regularly include fillings higher in protein where you can.

- Higher in protein: egg mayonnaise, cheese spread, tuna mayonnaise, meat or fish paste, pate, peanut butter, cheese, cold meats, houmous.
- Lower in protein: jam, marmalade, chocolate spread, honey, banana, butter, margarine, cream cheese, mayonnaise, salad cream.
- Vegetables made into a topping or filling, for example avocado or salsa.

Sweet and puddings

Exercise caution in fruits with tough skins or that are stringy as they can be a choking risk. They may need to be cut in half or to an appropriate size.

- Cereal bar or flapjack.
- Mini caramel shortbread, fruit pies, jam tarts, egg custard, biscuits, brownies, muffins.
- Pancake rolled with filling.
- Malt loaf, fruit loaf or scone, spread with butter.
- Tube of yogurt.
- Cold pudding cut into chunks, for example sponge pudding, bread and butter pudding.
- Fresh fruit: chunks or slices of banana, melon, pineapple, mango or apple, orange segments, berries, grapes (cut in half).
- Dried fruit: raisins, sultanas, apricots, prunes, dates, dried mango, or pineapple.

Later and end stages of dementia

In the later stages of dementia more problems are experienced with eating and drinking due to loss of appetite, pain, swallowing and chewing difficulties and changes in sensation and sensory awareness, or a sore mouth or sensitive teeth. Try to identify why intake has decreased. For a sore mouth a health professional can recommend appropriate treatment and offering soft and moist foods can be helpful.

For individuals who are experiencing swallowing difficulties (dysphagia), texture modification or other strategies may be required. Let your health professional know if a person shows signs of dysphagia including coughing at mealtimes, distress while eating and drinking, breathing or voice changes or recurrent chest infections as they may need to see a speech and language therapist. Alternatively, you can submit a referral directly to the speech and language therapy team.

During the end stages of dementia (the last few weeks or months) food and fluid intake tend to decrease, and it is thought that the hunger and thirst part of the brain has stopped functioning for most people. Still continue to encourage intake making use of fortified foods and nourishing drinks, but make sure this encouragement does not cause distress as your main aim is optimising their quality of life. When a person's intake has reduced it is especially important to carry out regular mouth care of teeth, lips, and gums to maintain a clean mouth and keep them comfortable.

Resources

NHS Cornwall and Isles of Scilly has several nutrition resources which you might find helpful:



- [food first advice for adults with a small appetite](#)
- [homemade fortified drinks information](#)
- [managing malnutrition first line advice](#)

Further information

- Cornwall Partnership NHS Foundation Trust: [Speech therapy referral](#)
- [Dementia UK mouth care information](#). Please note this encourages reduced sugar intake between meals. If a person is at risk of malnutrition, sugar intake between meals may be necessary as a means of increasing intake.
- [Alzheimer's society eating and drinking sheet](#).
- [Marie Curie eating and drinking sheet](#).
- Torbay and South Devon NHS Foundation Trust: [Short videos](#) on a range of topics, including dementia.

Contact the ICB

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