

Nutrition & Dementia

Information for Family, Carers & Friends

Dementia is a term used to describe a number of brain disorders which are usually progressive and can be severe. The most common types of Dementia are; Alzheimer's disease, Vascular Dementia and Dementia with Lewy bodies.

They share a gradual decline in a person's ability to remember; with memory loss and communication problems. Understanding and reasoning may also be affected.

Changes in habits and behaviours at mealtimes result in **eating problems** and are common in Dementia. The relationship with food, appetite, taste and the mechanical process of eating can become altered.

Other health problems can impact upon appetite, so make sure these are addressed:

- **Poor dentition** – Visit the dentist or dental nurse regularly
- **Poor sight** – Consult an optician
- **Constipation or diarrhoea** – make an appointment with the GP. Many things, often simple can upset bowel function and should be managed where possible
- **Medications** – attend routine medication reviews, or discuss with the pharmacist, GP or hospital doctor
- **Difficulty holding cutlery or cups, or food being pushed off the plates** – adapted cutlery, plates with lips/plate guards and cups with spouts are available and can help preserve some independence.



Each person with Dementia remains an individual and as a carer, relation or friend, it is likely you will know them best, so don't be afraid to adapt some of the following ideas or make up your own.



Tips to encourage eating and drinking:

- Lifelong food habits may change and keep changing, e.g. somebody who was previously a big eater may become a small eater and may be easily put off by a full plate with various different foods on it. If you come across this, try using 2 x smaller plates with fewer foods on them.
- Insulated plates can be useful if mealtimes are long and coloured plates may help people recognise there is something on the plate. Try to adapt to food challenges but be reassured there is no perfect answer.
- As far as possible, eating should take place in calm, familiar environments without excessive distractions such as a loud TV or radio.
- Eating with familiar people can help to prompt memory and generally people eat better when in company so try to sit down as a family, a couple or with others.
- Try the '**watch me**' technique, for example hold the spoon and show the person how to eat the soup or drink from the cup. They may copy you.
- Attempts to eat non-food items may happen due to confusion. If this becomes a regular habit, it may mean the person is hungry; check they are eating enough.
- Agitation can make sitting for any length of time difficult. Some people with dementia may pace or wander up and down for periods and refuse to sit at a table. This

can burn lots of energy. Foods which can be held in the hand (finger foods) and can be eaten on the move can help to maintain their dietary intake, try things like:

- o Sandwiches
- o Chips
- o Fish fingers
- o Sausage rolls
- o Cakes/biscuits
- o Fruit

Finger foods can also be helpful for those unable to recognise cutlery.

- The texture of food offered may need to be altered if chewing, swallowing and tiredness reduce the amounts eaten. Try offering foods that are soft (easily chewed) and moist (plenty of gravy/sauce)
- If you regularly notice coughing after eating/swallowing, ask their GP for a referral to speech and language therapy who can assess swallowing and offer advice and support.
- Offer lots of encouragement with gentle reminders and prompts to eat. Naming foods and drinks can help trigger memories which in turn may help with the recognition of food items and improve food intake. Continual reassurance may be needed.
- It may help to talk about their favourite foods and drinks or remember meals they have eaten out at special occasions.
- Arguing or losing your temper over food at the table will achieve little as your loved one's understanding may be poor. Keeping calm and using distraction by changing the subject can work better.
- Many dementia sufferers lose the ability to gauge temperature so always check the temperature of foods and drinks before serving.



Encouraging foods high in energy and protein

If you notice that oral intake has declined and their appetite is poor or they have lost a lot of weight quite quickly, please remember there are no 'rules' around diet and following what is traditionally considered to be a healthy diet is not necessary.

Alternative foods high in energy and calories can be useful for those with small appetites since they are energy dense.

Sometimes people with dementia naturally develop a sweet tooth and this is OK. **Please note** that if they have a history of diabetes, they may need their medications altered too, so check with the GP.

- Try to offer energy dense foods such as full cream milk and cream instead of skimmed or semi skimmed milk
- Fortify foods with extra cream, butter, cheese and dried milk powders where possible
- Choose creamy versions of soups and sauces where possible
- Offer milky (hot) drinks and regular snacks and puddings, even if this is the preferred option at breakfast time for example.



Fluids

- It is very important to keep an eye on how much fluid is being drunk as a reduced fluid intake can lead to confusion.
- Everybody should aim to have 3 pints or 2 litres every day; that's about 6-8 mugs or tall glasses.

Nutritional care in the later stages of dementia.

- As dementia advances, quality of life is the priority rather than being anxious or frustrated about eating and drinking.
- Gradually more and more help to eat and drink will be needed and this may result in less being taken.
- There may come a time when food and drink are refused, this is part of the natural process and does not cause the person distress or discomfort.

For further information, please see:

www.alzheimers.org.uk

www.ageuk.org.uk

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