

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Whittington Health NHS Trust  
Magdala Avenue  
London  
N19 5NF  
Phone: 020 7272 3070  
[www.whittington.nhs.uk](http://www.whittington.nhs.uk)

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## Eating and drinking in dementia

A guide for patients, families and carers



People living with dementia may have problems with eating and drinking. This leaflet explains what this may look like, and ways in which others can support them to eat and drink.

## What can happen?

People living with dementia may:

- Forget to eat or drink, or have difficulty connecting the feeling of hunger with eating
- Have difficulty preparing food or drink
- Have difficulty recognising items as food/drink
- Have an altered taste or appetite
- Become distracted at mealtimes, particularly in a busy environment with lots of people around
- Have difficulty using cutlery
- Have problems chewing and/or swallowing (this is called dysphagia). They may hold food in their mouths without swallowing. Swallowing may become difficult and they may cough or choke when eating and/or drinking
- Experience dry mouth or constipation and therefore may feel discouraged from eating

## Contact us

For any questions about swallowing difficulties in dementia please speak to the speech and language therapy team. You can contact 0207 288 5546.

For any questions about nutrition in dementia, please speak to the dietetics team. You can contact 0207 288 5552.

## What if my friend/relative has stopped eating?

In the advanced stages of dementia, a person may stop eating and/or drinking altogether. There may also be a risk of aspiration (food and drink entering the airway and lungs) or choking. In cases where the person is close to the end of their life the focus will be on making them as comfortable as possible. As part of this, the decision may be made to continue to offer them food and drink for pleasure, despite the risk of aspiration.

Tube feeding, which is an alternative route for nutrition, is not normally recommended for people living with severe dementia. Evidence shows that tube feeding does not prolong or improve quality of life for people living with severe dementia, nor does it reduce risk of aspiration.

Decisions about feeding are made with the individual, or if they are unable to decide for themselves, with the help of family and carers, as well as the medical team/GP and multidisciplinary team. The treating team will always act in the best interests of the individual and will not tube feed someone if they feel it would do them more harm than good.

## How can others help?

- Prompt and remind the person to eat and drink
- Offer food and drink – a little and often approach may be better
- Keep mealtimes quiet and calm – avoid having the television or radio on
- If required, provide gentle hand-over-hand support to hold cutlery and guide it to the person's mouth
- Choose meals that are easy to eat e.g. finger foods
- Speak to an occupational therapist about specially adapted cutlery and other mealtime equipment may be useful to enable the person to be as independent as possible when eating and drinking
- Soft, smooth foods can be easier to chew and swallow. A speech and language therapist can assess the person's swallow and can advise about safe food and drink options and optimal feeding techniques
- Make sure the person is sitting upright and has a slow pace of feeding
- The person may benefit from verbal prompts to chew and swallow
- A person may be more responsive to strong stimuli e.g. hot or cold temperature, intense flavours

- In hospital, it can be helpful for loved ones to assist with mealtimes (with prior agreement).
- Eating with someone can help to make meals more social and the person may be able to copy you.
- Support the person with oral hygiene after meals if they have residue in their mouth. This may involve using mouth care sponges or a toothbrush

### To help increase nourishment, foods can be fortified as follows

- Add honey/skimmed milk powder/yogurt to cereals/ porridge
- Add cheddar cheese/double cream/olive oil or yoghurt to sauces/soups or casseroles
- Add sugar/jam or honey to puddings, evaporated milk to cold puddings
- Drinks suggestion: full cream milk OR add ice cream to liquidised fruit or yogurt

### General points on nutrition

- Serving food and drink in brightly coloured cups and plates
- Eating little and often e.g. having a snack in between meals or a dessert after main meals

- Sip fluids after a meal to avoid feeling too full
- Opt for full-fat dairy options
- Taste buds change as we age. Older people may prefer sweet foods

### Tips for increasing fluid intake

- Leave a glass or jug within reach in a brightly coloured cup
- Make drinking a social occasion e.g. drinking tea or coffee with family/friends
- Setting reminders for a person to drink e.g. using an alarm or notes around the home
- If appropriate encourage high water content foods e.g. ice lollies in hot weather, soups, jelly, ice cream or melon

### Oral nutritional supplements

- If you are unable to meet your nutritional requirements through food and drink alone you may be prescribed supplements by your GP or dietitian.
- Available in various flavours and consistencies (including liquid, pudding and powdered form). They can be added to foods