Nutrition and Dementia

A Guide for Carers

Diabetes and Nutrition Services

Community Dietitians

Telephone: 0300 124 5908

Email: sirona.dans@nhs.net

Scan the QR code to view the Diabetes and Nutrition page on the Sirona care and health website.

Service provided by

Sirona care & health

Contents

About this leaflet:

This information is designed for people who are caring for someone with dementia. It provides practical advice on everyday eating and drinking.

People with dementia may find eating difficult and/or there may be a change in their eating habits and preferences. Sometimes changes in preferences may be quite dramatic, and this can be distressing for the person with dementia and for those caring for them.

People with dementia can have reduced or limited feelings of hunger/thirst They may:

- Forget to eat and drink
- Feel they have already eaten or had something to drink so decline food and drinks
- Start to over-eat, if they have forgotten they have already eaten
- Struggle to find the words to tell you that they are having difficulty with eating and drinking
- Preferences and habits may change
- People with dementia may start to enjoy foods and drinks they have previously had a strong dislike for, or avoided
- It is common to develop a preference for sweet or spicy foods, when they didn't like these tastes before
- People with dementia may prefer certain routines and have fixed meal times and food choices, or appear more interested in eating at "unusual" times (such as during the night)

Recognising, preparing or cooking food and using cutlery may become difficult.

Chewing and swallowing can become increasingly difficult as dementia advances;

- The most appropriate texture and consistency of foods must be served to ensure food is both acceptable to the person and safe.
- If chewing or swallowing becomes difficult, ask your GP to refer the person you care for to a Speech and Language Therapist.
- A Speech and Language Therapist will assess and advise on the best food and fluid consistency for the person with dementia.

Section 1: Preparing for mealtimes

Eating with others

Eating together indicates it is time to eat and can help the person with dementia see what to do. Involving the person with dementia as much as possible in preparing the meal may help, if they can do this, such as washing fruit/vegetables, stirring, laying the table, or watching the food being prepared.

Ensure it feels like mealtime

Keep the room brightly lit. The sound of cutlery, smell of food, and the sight of others eating helps to ensure a maximum sensory reaction and can result in a more successful mealtime.

Personal hygiene and care

- Ensure the individual has been to the toilet before mealtimes
- Ensure the person's hands are clean
- Ensure glasses, dentures and hearing aids are in place and are well fitting (and switched on!)

Setting the table

- Keep table settings simple and avoid distracting decorations e.g. vases or patterned table coverings
- Keep condiments to a minimum on the table
- Try wipe clean mats and coverings and use napkins to protect clothing from spillages, this allows the person to eat as they wish, even if this looks messy

Positioning

- Ensure the person is sitting upright
- Table and chairs should be at a suitable height
- If you are helping the person eat, ensure you are sat at the same level as the person, i.e. sat on a chair rather than standing over them

Use appropriate crockery, cutlery and aids

- Use plain plates in a colour that contrasts with the food and the table. Primary colours (red, yellow and blue) are recognised for longer as dementia progresses
- Try using a lipped or high rimmed plate. This will allow food to move around easily without being spilt
- If the person is having soup, offer a cup, a cup with a spout or a bowl
- Try using appropriate equipment for drinking such as a spouted beaker, straw, 2 handled cups etc
- Find out what cutlery the person would normally use e.g. fork/ spoon
- Occupational Therapists can advise on adapted eating aids such as cutlery, cups and plate guards. Ask your health care professional for further information about this.

Section 2: Mealtimes

Helo with food choices

- Ask the person with dementia about what food and drink they like. Families, carers and friends are a valuable source of information if the person is struggling to communicate
- Avoid asking the person to choose a meal too long in advance, or calling out a long list of options which may be confusing. If this is an issue, try offering two options based on the person's preferences
- The person with dementia may not recognise foods from hearing words alone. Showing the person the food or plated meal, or using pictures, packaging or photographs of food can help them make a choice. They may be able to choose with words or gestures.
- Focus on food preferences
- If you have limited information about the person's likes and dislikes, offer a wide variety until you find what the person enjoys now, and keep a list of current preferences.
- You should re-try foods from time to time as preferences will change.
- Childhood favourites which link to older memories may be appreciated, so take some time to find out about the person's past which may help them re-connect to familiar foods
- People with dementia may be unsure which food items go together. They may like to have their dessert first, mix desserts with their main meal or add drinks to meals. This will cause no harm, so accept unusual combinations
- Try spices, herbs, onion, garlic, chilli, pepper, lemon juice or
- Worcestershire sauce to enhance flavours
- Offer sauces, chutney, relishes, vinegar, mustard, salad dressings or tomato ketchup, as appropriate.
- Avoid adding salt if possible, especially if the person has vascular dementia as this can increase blood pressure
- Sweet foods may be better accepted. Ensure sweet foods offered do not lead to a diet of little variety and poor nutritional quality. Think about

offering alternatives e.g. jam on wholemeal bread may be better compared to sweet biscuits.

Serving food

- Many people with dementia respond to having 5-6 small meals/ snacks during the day rather than focusing on 3 main meals.

Extra portions can always be served later

- Serve one small course at a time. This will help to keep food warm and avoid confusion. Try using a plate warmer or insulated cup to keep food and drink warm for longer. Avoid putting several plates on the table as this can be confusing
- Avoid removing plates until everyone is finished as this can be seen as a signal to stop eating.

Assistance with Feeding

- Encourage the person to eat independently. Try placing cutlery or a cup in the person's dominant hand to prompt them if necessary
- Sight problems may make it difficult for the person to recognise food, so always describe the food you are offering
- As dementia progresses it may be necessary to provide assistance with eating. Present the food "ready to eat". Cut food into pieces so that the person can eat it with a spoon or with their fingers if required. 'Hand over hand' feeding can be successful-encourage the person to hold the cutlery loaded with food and guide it with your hand over theirs
- Visual tools e.g. holding up the plate and saying 'here's your dinner' can help. If this fails, touch the food against the individual's lips as a non-verbal cue to open their mouth
- Provide time for the person to look at the foods and to eat at their own pace. Allow time for them to swallow each mouthful before continuing
- Giving verbal support by prompting to start or continue eating is helpful e.g. 'open your mouth', 'chew', 'swallow'
- Use simple questions to establish preference e.g. 'is this cool enough', 'Is this too hot?' Discourage other conversation as this can be distracting
- Do not comment on the way the person is eating as this can be upsetting.

Section 3: Snack, finger foods and nourishing drinks

People with dementia can have a small appetite so it is important not to give them too much food at a time. Offer snacks, finger foods and nourishing fluids in between meals e.g. mid-morning, mid afternoon and evening time.

Providing nutritious snack or finger foods

Finger foods should be easy to eat by hand and served at room temperature. Finger foods promote and prolong the person's independence and can improve nutritional intake.

You could try a variety of:

- Sandwiches cut into small squares/triangles/rolled into a sausage shape – try a range of breads including pitta, tortilla wraps, naan, chapatti or roti
- Toast fingers with cheese spread/toasted cheese, mashed or sliced boiled egg, jam/marmalade, pate/ meat paste, peanut butter or yeast extract spread
- Small savoury biscuits/ crackers/mini oatcakes with cheese, hummus, cream cheese, mashed avocado, meat or fish paste, pate
- Cooked chicken pieces, meatballs
- Fish fingers, scampi pieces, fish cakes, crab sticks
- Potato waffle, potato croquettes, chips, roasted or boiled potatoes
- Pieces of hard-boiled egg
- Cheese cut into cubes
- Teacakes/crumpets/scones with butter and marmalade/ jam
- Slice of malt loaf, fruit or gingerbread with butter
- Individual small pastries, flapjacks, cakes, buns or muffins
- Mini fruit pies, egg custard tarts
- Sponge pudding cut into chunks
- Square of chocolate/ chocolate shapes
- Fruit such as pineapple or melon chunks, sliced banana , berries, or mandarin segments; soft dried fruit such as dates or apricots
- Vegetables such as carrot sticks, cucumber slices, cherry tomatoes, button mushrooms
- Slice of pizza, quiche or garlic bread
- Small sausage rolls, cocktail sausages, scotch egg, cheese straws
- Samosa, bhaji, pakoras or spring rolls
- Corn snacks which 'melt in the mouth' e.g. Quavers, Wotsits, Skips.

It may be helpful to keep some finger foods in sight; if the person with dementia finds it difficult to sit for a meal and prefers to walk around, leave some food items in visible places e.g. living/ dining room rather that the kitchen. Make sure that food left out does not perish and is discarded of appropriately if uneaten.

When choosing finger foods ensure they are in line with Speech and Language Therapist recommendations for people with swallowing difficulties.

Providing nourishing drinks

Drinking full fat milk, homemade milkshakes and milky hot drinks such as malted drinks, hot chocolate, provides the person with dementia with more energy and protein compared to other fluids.

Aim for a minimum of 1 pint of full fat milk per day. This can be fortified by adding 2-4 tablespoons of skimmed milk powder

There are a range of shop-bought products (milkshakes or savoury soups) that can also be helpful, such as Meritene, Aymes

Retail, Complan, Nurishment, or supermarket own brand products.

Section 4: Fluid and fibre

Fluid

Inadequate fluid intake is common in people with dementia and can contribute to constipation, tiredness, increased risk of urinary infections, reduced concentration and increased confusion.

Fluids include milk, tea and coffee, water, fruit juice, and other soft drinks and liquid foods. A total of approximately 6-8 cups (1.5 – 2 litres) of fluid a day is recommended, unless otherwise specified by a doctor or specialist nurse. To help the person with dementia drink enough:

- Offer fluids frequently throughout the day in an appropriate cup.
- Gentle reminders and prompts to drink may help such as placing the hand on the cup. Offering the cup rather than leaving it on the table may prompt a person to drink.
- Consider carbonated drinks to stimulate the senses.
- Encourage the consumption of foods with a high fluid content e.g. jelly, soup, ice cream, yoghurts and sauces.
- Offer drinks after, instead of with the meal, or only offer small amounts during the meal and a full drink afterwards.

Fibre

An adequate fibre intake helps to prevent constipation.

Constipation can reduce appetite and increase confusion and agitation. Any increase in fibre intake should be gradual to avoid discomfort and excess wind. An adequate fluid intake is also important to soften stools so these are easier to pass. Sources of fibre include the following:

Fruit and vegetables:

- Diced or pureed vegetables in savoury sauces

- A side salad
- Fresh, stewed, dried or chopped fruit – great on its own, with cereal or in desserts
- Fruit juice
- Cereals and grains
- Wholegrain cereals such as porridge, muesli, Weetabix, Bran
- Flakes, Shredded Wheat (or supermarket own brand versions)
- Wholemeal pasta or brown rice
- Cereal bars, digestive/oat biscuits or multigrain/seeded crackers
- Pulses (lentils, peas, beans)
- Add to soups e.g. broth or lentil soup
- Add to savoury dishes such as stews, curries, casseroles, chilli, shepherd's/cottage pie

Note: For people with a poor appetite and weight loss, high fibre foods can fill them up before they have eaten enough energy to meet their needs. In this case, lower fibre options may be better or introduce higher fibre options in small portions and monitor.

Section 5: Nutritional deficiencies

The following nutritional deficiencies can be common:

- Folate-deficiency anaemia is common in people with dementia.
    - Good examples of folate are fruits, vegetables, fortified breakfast cereals and yeast extract. Try and include these in your daily diet.
- Vitamin and mineral intake can be inadequate in people with dementia.
    - A general multivitamin supplement may be beneficial, especially if dietary intake is very limited. A GP or Dietitian can provide guidance on this.

Section 6: Feeding difficulties

If the person finds sitting down for a long time is difficult, eating a plated meal can be challenging. Agitation burns extra energy and can contribute to weight loss.

Consider:

- Changing the environment e.g. limit distractions by turning off the television or radio and provide background noise such as soothing music
- Whether there are times in the day when the person is more settled and then change mealtimes or offer additional snacks at these times
- Placing food in the person's hand to prompt them
- People with dementia can get 'stuck' saying the same thing. If food is verbally refused, offer something again 15-30 minutes later. If food

refusal continues, seek advice from a GP as this may indicate other issues.

Section 7: Overeating

Sometimes people with dementia may start to gain excessive weight or eat more than usual, or start asking for food even though they have just eaten a full meal.

This can be distressing for people looking after them, and carers can feel uncomfortable telling someone that they have already eaten. Weight gain or eating extra portions should only be a concern if it is causing health related problems, or if the person is uncomfortable or distressed. There are many reasons which may contribute to over-eating:

- Consider whether the person may be depressed or had a medication change which has impacted on their appetite or weight – ask their GP for a review

- Consider if the person is bored or lonely and is finding comfort in food – in

Tips to help manage eating habits:

- Divide meals into two smaller portions and when food is requested the second time, give the second portion
- Serve a small portion of protein (fish, meat, poultry or vegetarian alternative) and starchy carbohydrate foods (potatoes, rice, pasta or bread) and fill most of the plate with salad or vegetables
- Offer low calorie snacks such as fruit or light yoghurt as an alternative to an extra meal
- Make ice-lollies with sugar-free or diet drinks. Offer these as a snack or a second dessert.
- Provide lower-energy drinks such as tea or coffee, diet, sugar free or reduced-sugar squash/fizzy drinks, or water
- Use sweeteners instead of sugar
- Use low fat dairy products like low fat cheese, and skimmed or semi skimmed milk
- Grill or oven cook foods instead of frying
- Encourage the person to be as active as they are able
- Try and determine whether the person is aware of the changes in their eating habits and how they feel about this. Food and drinks should never be taken away or hidden from a person who has capacity to make choices about what they want to eat.

Section 8: Mouth care

- Good mouth care helps to improve taste from food, avoid infections and encourage good gum and dental health. Ensure teeth and mouth (gums and tongue) are clean:
- Brush teeth with fluoride toothpaste twice a day for at least two minutes to help keep teeth and mouth healthy
- If strong mint flavours aren't enjoyed, try milder or fruit flavoured varieties of toothpaste
- Clean dentures (false teeth) thoroughly twice a day, and after eating when necessary
- If toothbrush bristles cause irritation, try soft bristled or 'finger' brushes.

Content for this leaflet has been developed with thanks to:

Weston General Hospital dietetic team

Eating well for people with Dementia – a guide for carers HSC

Northern Health and Social Care Trust

Dementia Gateway: Social Care Institute for Excellence (SCIE).

Other formats

We want you and the people who help you to understand what we send. If you need help with this letter or leaflet, please tell us.

We can help with larger print, audio (a message to listen to), Easy read, British Sign Language or this information in another language.

You can phone us on 0300 124 5908 email us at sirona.dans@nhs.net
Please scan the QR code to listen to an audio version of this statement.

Date of creation: **06/2026** **Date for review:** **06/2028** **URN:** **0076**

Siona care & health CIC, Badminton Rd Office, 2nd Floor, Badminton Rd, Yate, BS37 5AF

/SironaCIC / SironaCIC /sirona-care-&-health

Accessibility Approved