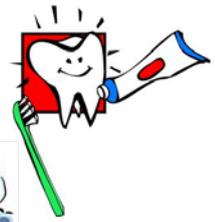


First things first

Look for things that can interfere with appetite and food

Constipation or diarrhoea
see the G.P. There are many things that can upset bowel function.

Poor dentition.
Can the dentist help?



or

Medication
Discuss with the pharmacist, G.P. or hospital doctor.



or



Poor eyesight.
Can the Optician help?

Eating and drinking **expect the unexpected**

Changes in eating habits and eating problems are common in dementia and can greatly affect the relationship with food, and the mechanical processes of eating.

Lifelong food habits and preferences may change and keep changing. Foods that were enjoyed may no longer be a favourite. Foods normally disliked may become favourites.

Mealtimes can become a frustrating time, but remember dementia can limit understanding in the person affected.

Keeping calm and using distraction by changing the subject can sometimes help.



Try keeping a list of current preferences but still retry foods now and again. Try to adapt to food challenges, but be reassured there may never be a perfect answer.

Hunger or thirst may no longer be recognised, or a person may forget to eat and drink

Have frequent small meals and snacks and offer regular drinks

Before A Meal

As far as possible eating should take place in calm, familiar surroundings without distractions e.g. loud T.V. or radio. If eating is slow plate warmers can be useful.



Eating with familiar people can help to prompt memory and generally people eat better when in company. Talking about favourite meals and foods or special occasions (favourite restaurant meals) can help with intake. If possible try to provide one course at a time to avoid confusion.



Plates are better kept to one solid colour, blue, yellow and red are easiest to recognise and make food stand out. Contrast the colour the plate with the table/ or tablecloth.



the
of

Put the bare minimum objects on the table to avoid distraction.



If getting up and wandering from the table is a problem, foods which can be held (finger foods) and eaten on the move can help.

e.g. - sandwiches, chips, croquettes, fish fingers, sausage rolls, pizza, quiche, sliced vegetables, crackers & cheese, scones/cakes or pieces of fruit.

Choose high energy (fattening) foods
Finger foods are also useful if cutlery is no longer recognised.

- If very little is eaten at one time start with a smaller portion then offer more.
- Encourage snacks/snack meals throughout the day.

The Importance of Fluids



- It is very important to keep an eye on how much fluid is being drunk, as a reduced fluid intake can increase confusion and contribute to urinary infections and constipation.
- Everybody should aim to drink approx 2 litres every day; that's about 8-10 cups. Clear plastic cups/bottles can be useful as they allow the liquid to be identified.
- If someone has a regular/favourite cup they use, it can help to use this as much as possible.



Give prompts e.g.

- Place cutlery or cup in the hand.
- Naming foods and drinks can help trigger memories which may help with the recognition of food items and improve food intake. Offer ongoing reassurance.

Nutritional Care in the Advanced Stages of Dementia

- Gradually more help to eat and drink will be needed and at this stage food & fluid intake usually reduces.
- As dementia advances, quality of life is the priority; this includes trying to reduce anxiety and frustration around eating and drinking.

Further Information

Alzheimer's Society: www.alzheimers.org.uk Eating & drinking fact sheet
 Social Care Institute for Excellence www.scie.org.uk/publications/dementia/eating/
 Alzheimer Scotland: www.alzscot.org.uk Tel: 0808 808 3000
 Stirling University Dementia Centre: www.dementia.stir.ac.uk Tel: 01786 467740
 Age UK www.ageuk.org.uk Tel: 0800 169 655
 Patient UK: www.patient.co.uk