

When someone has dementia, eating and drinking can become more difficult as the condition progresses. They may not recognise foods and fluids like before, have difficulty communicating their needs, have a smaller appetite, experience taste changes or swallowing problems, struggle to prepare food or drinks and feed themselves or forget to eat and drink. This can contribute to weight loss and malnutrition. On the other hand, some people may forget they have already eaten which could lead to weight gain.

It can be distressing as a family member or carer watching your loved one struggle to eat and drink. This leaflet provides some tips on how to support someone's food and fluid intake when they have dementia.

Why is it particularly important for someone with dementia to eat and drink well?

If someone does not eat and drink well, they are at risk of becoming malnourished and/or dehydrated. This can lead to:

- Pressure sores or skin breakdown
- Falls and fractures
- Muscle weakness and frailty
- Fatigue and lack of energy
- Poor wound healing
- Dizziness and confusion, mood changes
- Constipation
- Urinary tract infections and other infections
- Low blood pressure or sugar
- Poor oral health

Gaining too much weight can also add to health problems. All these symptoms can then worsen the quality of life and health outcomes of someone living with dementia.

What is the goal when supporting someone with dementia to eat and drink?

As their condition progresses, following healthy eating guidelines and having a balanced diet is less important than prioritising the person's quality of life. The focus may move more towards making sure the person is offered food and drink foods they enjoy, as and when they want to and that they are offered a variety of different foods.

Sometimes people with dementia prefer sweeter foods or may struggle to sit down for a meal, so finger foods may be better for them.

Remember what they like and don't like in terms of food/drink choices and routines. It is worth trying their favourite foods, but also trying new options if their preferences have changed.

Don't feel disheartened if a meal or drink is refused, try again later or offer another option.

Top tips for supporting someone with dementia to eat and drink:

Struggling to sit down for meals or finish a full meal

- Offer smaller meals 'little and often' e.g. six smaller meals a day.
- Prioritise finger foods that can be eaten 'on the go' such as small sandwiches, sausage rolls, cocktail sausages, scotch eggs, fish fingers, falafels, samosas, spring rolls, slices of pizza or quiche, cheese and crackers, scones or teacakes with cream and/or jam, cereal bars, biscuits or chopped fruit and vegetables. *See the sweet and savoury snack options on page 3 of this resource.*
- Make the environment calm, relaxing and similar to what the person is used to. Keep the table free from clutter and avoid loud distractions and background noise such as the TV. Consider calming music at mealtimes.
- Eat with the person so they are not eating alone.
- Help with eating and drinking if needed. Allow extra time for meals and consider using a plate warmer and insulated cups to keep food and drink warm for longer.
- Ask the person where they would like to sit and feel most comfortable. Make sure they have been to the toilet and are prepared to sit down for a meal.
- Make the most of times that the individual wants to eat, even if that is at nighttime.

<p>Has no interest in mealtimes, refusing to eat, getting distressed at mealtimes or pushing food away:</p>	<ul style="list-style-type: none"> ▪ Check if the individual has tooth ache, sore gums, oral thrush or a dry mouth and ensure mouth care is being completed at least twice daily. ▪ Explore whether the person has constipation or an infection. ▪ Be led by what they want to eat, even if it is an unusual combination. ▪ Try again at a different time and try different routines e.g. offer a larger lunch and lighter dinner or vice versa if preferred. ▪ Involve the person in deciding what to eat and offer choices. Invite them to prepare food and drink with you. The smell of food being prepared can make their appetite better appetite or bring back positive memories or associations. ▪ Ensure the food looks and smells appealing. ▪ Try not to overload the plate with too much food, focus on little and often. ▪ Consider speaking to the individual's GP about mental health assessment.
<p>Having chewing or swallowing difficulties with a normal diet:</p>	<ul style="list-style-type: none"> ▪ Use verbal cues to remind the individual to chew and swallow. ▪ Try softer or purée textures that may be easier to chew. ▪ Avoid dry foods or try adding sauces to meals. ▪ Make sure the person is fully awake and sitting upright before offering food/drink. ▪ Check dentures fit properly and that mouthcare is completed at least twice per day. ➤ Ask your GP for a referral to a Speech and Language Therapist (SALT) if the person is coughing or choking on food.
<p>Struggles to know what a food and drink is:</p>	<ul style="list-style-type: none"> ▪ Use picture cards/menus and provide explanations for each meal. ▪ Ensure that foods look like what they are i.e. aren't made into shapes/objects. ▪ Use clear glasses so that they can see what fluid is inside. ▪ Use plain coloured plates with no patterns so they can see the food easily. Sometimes a blue or red coloured plate makes food easier to see and stand out. ▪ Avoid distracting items on the table or patterned table coverings.
<p>Is experiencing taste changes or wants sweeter options rather than a savoury meal:</p>	<ul style="list-style-type: none"> ▪ Allow them to still have a pudding and sweet foods if that is their preference. ▪ A sweet meal can still be nutritious if you use a variety of ingredients e.g. porridge or muesli with milk, fruit, nuts and seeds. ▪ Try sweeter vegetables such as carrots, sweetcorn, parsnips, peppers and peas. ▪ Use spices/herbs for flavour or add sweeter sauces to savoury meals e.g. sweet and sour, sweet chilli sauce, ketchup, chutneys or pickles. ▪ Add honey to vegetables/potatoes when cooking. Add a small amount of sugar to meals or serve with apple sauce, cranberry sauce or red currant jelly. Add apricots, sultanas, pomegranate seeds or apple to casseroles, salads or tagines.
<p>Forgetting to eat:</p>	<ul style="list-style-type: none"> ▪ Set timers or put reminders around the home. ▪ Ensure food and drink is always within sight/reach.
<p>Having poor fluid intake:</p>	<ul style="list-style-type: none"> ▪ Offer different types of drinks across the day e.g. milkshakes, smoothies, tea, coffee, squash, juice or water. Try different drinks at different temperatures. ▪ Encourage them to eat foods with a high liquid content e.g. gravy, casseroles, soups, ice lollies, jellies, yoghurt, melon, cucumber, ice lollies/cream and sauces. ▪ Support them regularly to take a drink or consider tick charts/reminders. ▪ Try a brightly coloured cup to draw attention.
<p>Struggles to use cutlery or drink from a cup:</p>	<ul style="list-style-type: none"> ▪ Use verbal cues and show correct use. Place the utensils into their hands. ▪ Consider adapted equipment e.g. wide-handled cutlery, beakers with handles. Lipped rim plates, suction/non-slip plates or plate guards can be trialled also. ▪ Cut food up into smaller pieces or try finger foods. ▪ Prompt them and guide their hand to their mouth to remind them what to do.
<p>Is over-eating or gaining weight:</p>	<ul style="list-style-type: none"> ▪ Ensure that the person is stimulated and isn't eating out of boredom or loneliness. ▪ Provide smaller portions and offer more if asked for. ▪ Fill half the plate with salad or vegetables. Offer fruit and low fat yoghurt for pudding. ▪ Make sure they are well hydrated and not mistaking thirst for hunger. ▪ Leave bite-sized fruit or healthy snacks within reach. ▪ Offer lower calorie drinks such as water, sugar-free squash, skimmed milk, tea or coffee with sweetener. ▪ Substitute foods for low fat or lower calorie versions.

What if the individual has lost weight or is underweight?

When someone is at risk of malnutrition it is recommended to follow a ‘food first’ approach. This involves ‘fortifying’ and enriching meals by adding small amounts of high energy and protein ingredients to increase the calorie and nutrient density of a meal, without significantly increasing the portion size. It also focuses on prioritising milky drinks and high energy snacks.

This may go against certain ‘healthy eating’ guidelines, but the priority is to prevent further weight loss and a deterioration in nutritional status. Here are some tips to help manage and prevent malnutrition.

Fortify each meal, drink and snack to increase the energy and nutrient density:

Food or drink	Ways to fortify/add more calories
Toast or sandwiches	Butter, margarine, sandwich fillers, cheese, mayonnaise, salad cream, nut butters, jam, marmalade, chocolate spread, cream cheese, avocado.
Mashed potato and soups	Fortified whole milk, milk powder, double cream, grated cheese.
Cereals and porridge	Milk powder, sugar, honey, syrups, jaggery, jam, fortified whole milk, double cream, dried or fresh fruit, coconut cream, ground nuts and seeds.
Main meals	Cheese, cream cheese, mayonnaise, creamy sauces, double cream, milk powder, butter or margarine, oil, ghee, coconut cream or milk.
Puddings e.g. rice pudding, custard, crumble	Condensed milk, evaporated milk, ice cream, full fat Greek yoghurt, double cream, squirty cream, custard made with fortified milk, Elmlea® Plant cream, Oatly® cream, honey, syrup, sugar, stewed fruits.
Hot drinks	Milk powder, double cream, sugar, marshmallows, fortified milk.
Scrambled eggs or omelette	Grated cheese, oil or butter, cream, fortified milk, chorizo, ham or bacon.

Offer foods and drinks ‘little and often’ every 2-3 hours to avoid overwhelming the individual and to stimulate appetite. Try smaller meals or finger foods that can be eaten on the go:

Sweet options

- Full fat yoghurt, fromage frais or lassi
- Dried fruit – plain or coated
- Chocolate bar or squares
- Biscuits, cookies or shortbread
- Slice of cake, iced bun, donut
- Mini rolls, muffins or other cake bars
- Croissant, pain au chocolat or other pastries
- Malt loaf or fruit cake with butter
- Scone with clotted cream and jam
- Jam or custard tarts, cereal bars or flapjacks
- Tinned fruit with evaporated or condensed milk
- Rice pudding, custard, semolina or crème brûlée
- Chocolate mousse
- Instant dessert e.g. Angel Delight®
- Seekhund, Pak or Sero with extra milk
- Cake rusk, mishri, shakar paray, kheer, mithai
- Trifle or full sugar jelly (can make with milk)
- Waffles or pancakes
- Peanut butter on banana or toast
- Slices of melon, pineapple or orange segments
- Grapes, berries or slices of banana
- Ice cream or lolly, kulfi

Savoury options

- Cheese and crackers, cheese triangles
- Cracker/bagel with cream cheese and salmon
- Nuts or trail mix, Bombay mix
- Onion bhaji, poppadoms, pakora, samosas
- Crisps, popcorn or pretzels
- Sandwiches or wraps
- Crumpet with butter
- Cocktail sausages or sausage rolls
- Mini pork pies or scotch eggs
- Hard boiled or devilled eggs
- Eggs and soldiers, omelette or quiche
- Oatcakes/rice cakes with nut butter
- Carrot sticks or pitta with houmous
- Chapatti and dahl, falafels
- Bread or crackers with paté
- Chicken nuggets or breaded strips
- Mini pizzas
- Pasties or cheese straws/twists
- Avocado on toast, crackers or rice cakes
- Creamy soup with buttered bread
- Sushi, rice rolls, gyoza or bao buns

Aim to have at least 1 pint of full fat (whole milk) each day:

- **Swap to full fat (whole milk) as this contains extra calories.**
- **Fortify a pint of whole milk by adding 4 tablespoons of skimmed or whole milk powder.**
- Add the milk powder to a jug, stir in a small amount of milk to make a paste then slowly add the remaining milk whilst mixing to remove any lumps. Cover and store in the fridge, using within 24 hours. Use for making hot drinks, cereal, porridge, desserts and in cooking e.g. in mashed potato.
- **If using milk alternatives, soya is the highest in terms of protein content.** Whichever you use, choose the one that has the highest calories (kcal) and protein per 100mls and one fortified with calcium and iodine. 'Barista' and 'Whole' versions are higher in energy.
- **Prioritise higher energy drinks** rather than filling up on tea, coffee and water. For example you could offer a homemade or shop-bought milkshake, hot milky drink e.g. hot chocolate or malted drink, fruit juices or smoothies or fortified soups.

Offer a homemade milkshake twice per day:

Homemade milkshakes can be more affordable and just as nutritious as shop-bought or prescribed options. Give our recipe a go:



- **180mls of full fat (whole) milk**
- **4 tablespoons (36g) of skimmed milk powder** (*supermarket own or Marvel®. If you can obtain whole milk powder e.g. Nido®, it will provide more calories but is slightly lower in protein.*)
- **4 teaspoons (16g) of milkshake powder with added vitamins and minerals** (*e.g. Aldi® Cowbelle Milkshake Powder, Lidl® Goody Cao, Asda®, Morrisons® or Tesco® Milkshake Mixes, Nesquik®*)

Directions: Using a fork or a shaker, blend the dried milk powder and milkshake powder together with a little milk. Gradually mix in the remaining milk until dissolved, then serve.

Recipe made with skimmed milk powder provides approximately 320kcal and 19g of protein.

You can increase the calories further by adding double cream, whipped cream or ice cream.

Food first strategies should always be trialled initially as they provide equivalent (and sometimes superior) nutrition to prescribed Oral Nutritional Supplements (ONS). ONS should only be commenced by a Doctor or Dietitian if food first interventions have not been successful in preventing and/or treating malnutrition.

There are also many over-the-counter milkshakes and powdered meal replacement shakes available in supermarkets and online, for example: Complian®, Meritene®, Energis, Nurishment®, Aymes® Retail, Huel® Powder and Protein Works® Complete 360 Meal. Make these up with whole milk rather than water.

Ready-made examples include Huel® Ready-to-drink, For Goodness Shakes®, Ufit®, Pro Milk®, Barebells®, Grenade®, Arla® Protein, Bol®, Yazoo®, Friji®, Fuel®, Yop® or supermarket-own milkshakes.

Prefer hot drinks?

Swap out the milkshake powder for 3-4 tsp of hot chocolate, Ovaltine® or Horlicks® powder (follow quantity on the instructions). A hot chocolate with 2 tbsp of double cream stirred in can provide 440kcal and 16g protein. Adding whipped cream and marshmallows will increase it even further!



If you need further support, speak to your GP for advice and ask whether a referral to a Dietitian may be appropriate.

References: [Eating and Drinking with Dementia \(Bournemouth University\)](#), [Dementia UK](#), [Alzheimer's Society](#)