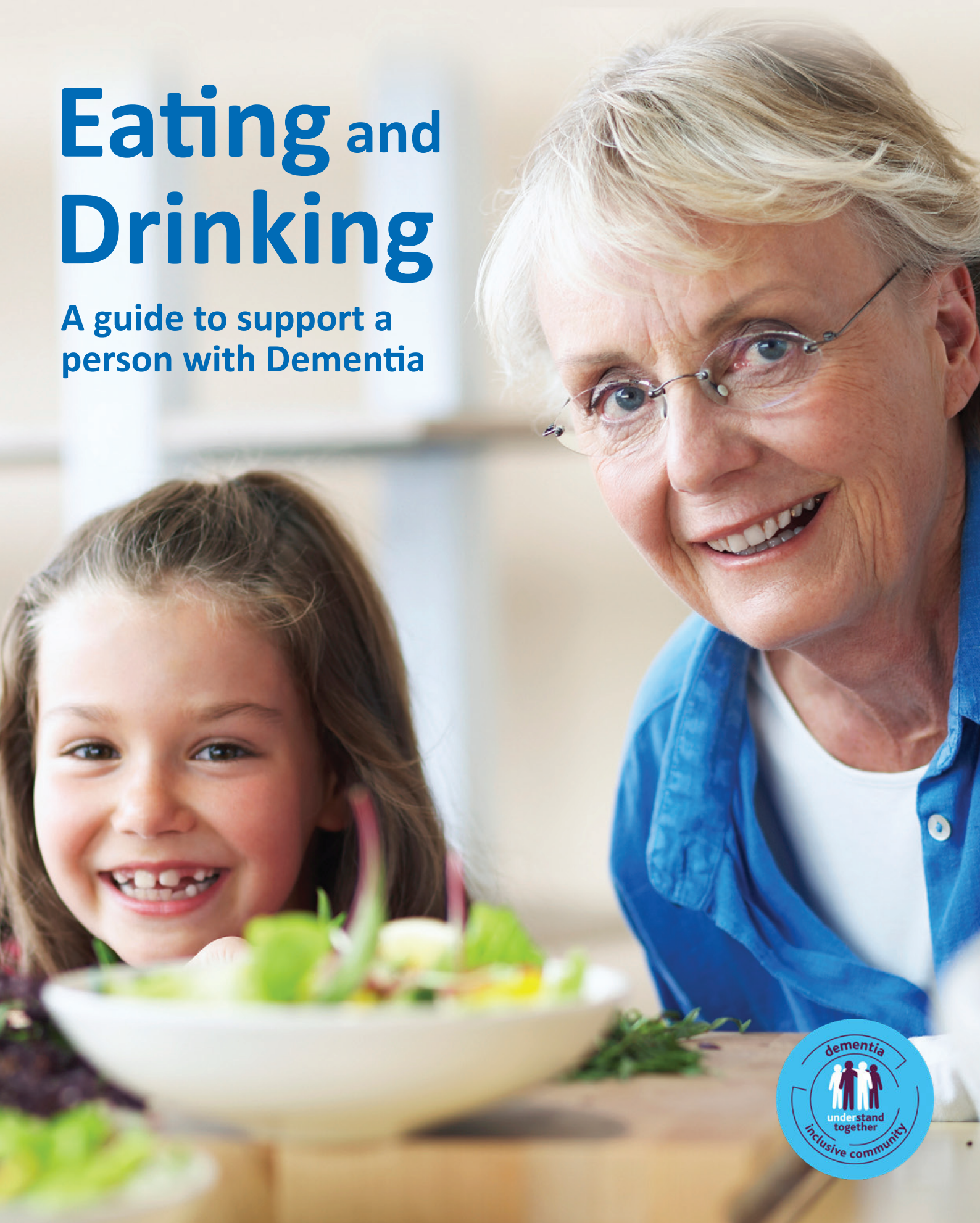




THE Alzheimer
SOCIETY OF IRELAND

Eating and Drinking

A guide to support a
person with Dementia



Welcome

Some of our favourite memories involve preparing and sharing food and mealtimes with family and friends. This makes food, eating, and mealtimes an important part of our everyday lives.

For many people with dementia and their families, mealtimes can become a stressful time. It can be upsetting to see someone we care for losing interest in eating, forgetting how to eat or losing weight. This guide was developed for family members and carers to help support a person with dementia to enjoy their food and mealtimes in a safe and comforting way.

The guide which is supported and developed by the Irish Nutrition + Dietetic Institute and the Alzheimer Society of Ireland, provides suggestions for mealtimes, taste changes, weight loss, nourishing foods and drinks, constipation, swallowing difficulties, and other dietary concerns. The guide is divided into parts. This means it can act as a “go to” guide to read over time rather than reading it all at once.

Every person with dementia is different, and every family member and carer is different. This means everyone’s experience is different. We hope this guide is sensitive to the needs of the person with dementia and maintains their dignity, comfort and positive memories of food and mealtimes as a priority at all times.



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Introduction

Food and eating are an enjoyable and social part of our lives, and mealtimes provide structure to our day. Many people with dementia may experience difficulties with eating and drinking. It can be upsetting to see someone we care about reduce their intake of food and lose weight.

If you are supporting or caring for a person with dementia, you may have noticed mealtimes can become challenging and at times a source of distress. A person with dementia may sit and stare at food on a plate and have difficulty recognising what the food is, and what it isn't. They may have difficulty knowing what to do with a fork or have difficulty holding it correctly. Even if hungry, a person with dementia may not be able to put the steps in motion that would allow them to pick up a fork, place food on it, put it in their mouth, chew it and then swallow it.

These are all things we all take for granted, so a person with dementia may become frustrated at this lack of ability and become distressed. It is important to remember that these reactions are not the person trying to be "difficult".

For a person with dementia, it is possible to lose sense of time, which can contribute to forgetting to eat or sometimes difficulty connecting feelings of hunger to eating. Dementia can be associated with a loss of the ability to eat "normally".

When someone you care about has a diagnosis of dementia it can be a challenging time. As a carer, it is very important that you look after your own health and wellbeing too. There are likely to be times when you need some additional help and support from elsewhere. You might like support on practical issues or training or on what services are available in your area. Alternatively, you might like to chat to someone else and share your experiences. There are a number of information sources to help your family member or friend to live well with dementia. [See page 46 for a list of useful links.](#)

Every person with dementia is different, so it is important to remember that this guide provides general advice which may not be suitable for everyone. Please talk to your Doctor, Public Health Nurse or Dietitian if you need any further advice. A multidisciplinary approach to care is important, and advice from different healthcare professionals may be needed, for example, a Speech and Language Therapist (SLT), Occupational Therapist (OT), Dietitian or Physiotherapist. If a person is on a particular diet, for example coeliac, diabetic or renal diet, they may need individualised input from a Dietitian. If they are on a modified consistency diet, they may need specific input from a Speech and Language Therapist.



How much should a person with dementia eat to have a healthy balanced diet?



A balanced diet is recommended for everyone to keep us as healthy as possible. Choosing a variety of foods from different food groups each day can help achieve that balance. This is because no food group on its own will provide all the nourishment we need to stay healthy.

The food pyramid is a guide to show which foods are in each food group, and how much, including portion sizes, an older person with dementia should eat. It is important to remember that every person with dementia is different. If the person you are caring for is underweight, they might need to eat more foods from each food group ([see page 22](#)). If the person is overweight, they might need to eat less foods from each food group ([see page 31](#)) to keep their weight healthy. If you need more help deciding how much the person should eat, your Doctor or Dietitian will be happy to guide you.

Some information on each food group:

Vegetables, salad and fruit:

This food group includes fresh fruit, fruit juice, tinned fruit, soup made from vegetables, and all cooked and raw vegetables and salad. These foods contain important vitamins, minerals, and fibre which can help keep your gut healthy. Try to eat fruit and vegetables every day, and if possible, include 5-7 fruit or vegetables in your diet every day.

Wholegrain cereals and breads, potatoes, pasta and rice:

These foods give us energy, and the higher fibre types, along with fluids, can help prevent constipation and keep your gut healthy. Try to include these foods at breakfast, lunch and dinner time every day. Include a good portion of porridge oats frequently and choose products that have been fortified with different vitamins and minerals such as B vitamins and Iron. It is best to avoid adding bran to foods.

Milk, yoghurt and cheese:

This food group gives us calcium for strong bones and teeth, so it is important to include 3 to 4 portions of these foods in your diet every day. Choose milk and yoghurt products that have been fortified with vitamins and minerals.

Meat, poultry, fish, eggs, beans and nuts:

This protein food group gives us iron and helps to keep our muscles strong. Try to include protein foods at each mealtime and include oily fish in your diet once per week, for example salmon, trout, mackerel. Aim to include fruit, vegetables or fruit juice at mealtimes to help you to absorb iron from protein foods.

Fats, spreads and oils:

Healthy fats in small amounts can help to keep our heart healthy. Choose small amounts of healthy fats such as rapeseed oil or olive oil for cooking and in salads.

Foods and drinks high in fat, sugar and salt:

This food group includes biscuits, fizzy drinks, cakes, sweets and treats. They do not have much nourishment and should only be taken in small amounts, unless the person is underweight. Healthier alternative suggestions for snacks are wholemeal scones, fresh fruit, yoghurt, wholemeal crackers with cheese, fruit and nut mix. Try milk or water instead of sugary drinks. Herbs, spices or garlic will add flavour to foods instead of salt.

Are there any other key recommendations to consider for a healthy diet?

- ✓ Fluid is important. It is recommended that women aim to take 6 – 8 glasses of fluids per day and men aim to take 8 – 10 glasses per day. However, there may be specific fluid guidelines advised by your Doctor or Dietitian.
- ✓ If the person is 65 years of age or older, it is advised to take a 15 micrograms Vitamin D supplement daily for health.
- ✓ Short sessions of 10-15 minutes of exercise or physical activity every day is recommended. Ideally, this should be before meals to get the most benefit from the protein eaten during the meal. Avoid sitting for long periods of time if possible and encourage regular walking using any supports required.

Try not to worry if a person cannot manage a balanced diet every day. If they are not eating three meals every day, encourage regular nourishing snacks which can be easier to eat than larger meals. Please see our guide on nourishing snacks on page 24



Food Pyramid for Older Adults

A guide for adults aged over 65



Foods and drinks high in fat, sugar and salt



Foods from this shelf should not be eaten every day
– maximum once or twice a week



NOT
every
day

Fats, spreads and oils

Foods from this shelf provide essential fats, but use these in very small amounts.



In very
small
amounts

Meat, poultry, fish, eggs, beans and nuts

Foods from this shelf are the best sources of high-quality protein and iron, for strong muscles and healthy blood.



2-3
Servings
a day

Milk, yogurt and cheese

Dairy foods are the best sources of the calcium you need to keep your bones strong. Low-fat is best. These foods are also high in protein.



3-4
Servings
a day

Wholemeal cereals and breads, potatoes, pasta and rice

Choose high-fibre foods from this shelf to help prevent constipation.



3-5
Servings
a day

Vegetables, salad and fruit

Choose brightly coloured fruits and vegetables – they are good sources of vitamin C to help your body absorb iron.



5-7
Servings
a day



Boost your B vitamins

B vitamins support brain function as we age. Eat plenty of fruit and vegetables, high-quality protein foods, cereals and milk with added B vitamins to ensure you are getting enough.



Eat enough high-quality protein in at least two meals a day

High-quality protein promotes and maintains good muscle strength as you age. Muscle loss can lead to frailty and a higher risk of falls so choose foods from the Meat (and alternatives) as well as from Milk (and alternatives).



Be active everyday

Small bouts of exercise for 10–15 minutes several times a day is much better than doing all your activity in one go. Strengthening exercises are also important.



Daily vitamin D

You need to take a 15 microgram (µg) vitamin D supplement every day of the year. A good diet and sunlight is not enough to keep your bones strong and prevent falls.

Does a person's surroundings affect eating and drinking?



The dining environment and surroundings can affect how well a person with dementia eats. Relaxed and social surroundings can add a sense of security, familiarity and structure to the day. Busy and loud surroundings can distract or overwhelm.

The room:

A room dedicated for eating may help develop familiarity. Going into the dining room may signal that it is a mealtime, and a room close to the kitchen allows the smell of food to pass through, encouraging appetite and reminding the person that a mealtime is about to take place. Think about the direction a person is facing. Do they eat better when they can see other people eating? Will they be distracted by looking out a window or a door? Encourage the person to sit in the same place at each mealtime to provide familiarity.

A person with dementia may find it difficult to concentrate on meals. The environment should be free from distraction and excessive noise to allow them to focus. Provide good lighting to help them identify food and cutlery. Mirrors in the dining room can create disorientation so it may be useful to cover them or remove them completely. While pots and cutlery noise can help to remind the person that a meal is about to take place, during the meal it can be distracting.

Colours and tastes:

Dementia can make it difficult to see the difference between plates and bowls from the surface they are placed on. Use plain, non-patterned plates and bowls which differ from the colour of the tablecloth or plate setting, for example, a white plate on a green tablecloth. Only put out what is needed – avoid the full table setting of a knife, fork and spoon if unnecessary. If the person prefers to use a spoon, just put out a spoon. A person with dementia may eat better in company, as they may copy others, and this can help prompt memory. Talk about the smell and taste of the different foods you are offering, so that the person can identify what they are eating.

Colourful foods are more appealing. Foods with stronger flavours (depending on the person's preferences) may help with the safety of the person's swallowing as it may help them to be more aware of the food in their mouth or throat. Avoid serving meals of the same colour, for example chicken, cauliflower and potato on a white plate. Taste preferences may change, so try to be flexible. Some people with dementia who previously preferred savoury foods, may develop a taste for sweet foods, and other people may develop a taste for hot and spicy foods.

Take your time:

Meals should be relaxed and unhurried. Appetite can vary at certain times in the day. Some people eat more as the day goes on or some people may eat more in the morning. Change your meal time to suit the person rather than trying to make them fit in with your routine.

Have a large, easily seen clock on the wall and a sign showing times of breakfast, lunch and dinner. Avoid removing plates until everyone is finished. Removing plates early can be seen as a signal to stop eating. Avoid interruptions and people entering the room during mealtimes.

If the person takes a long time to eat their meal, try plate warmers or insulated cups to keep food and drinks warm for longer. Use non-slip placemats or dinnerware with suction pads to prevent dishes sliding. Try a large lipped bowl rather than a plate. Plate guards and dishes with a bowl shape make it easier to scoop food onto a spoon. Use cups with 2 handles and a spout, or cups which do not spill if they tip.

Spoons with large handles or coated spoons can be easier to use and can help protect lips and teeth. Try lightweight, coloured, adapted cutlery (the Occupational Therapist can advise). Avoid plastic eating utensils and Styrofoam cups because the person may try to eat them which can increase the likelihood of choking. Consider adapted mugs or Kapi cups to allow sufficient nose clearance to empty its contents. This can help the safety of the swallow. If you are concerned about the person's swallow, request a referral to the Speech and Language Therapist.



Kapi Cup



Adaptive Cutlery

How do I support a person with dementia at mealtimes?



The experience of dementia can have a big effect on ‘usual’ eating habits. Changes in mood and behaviour can cause stress to the person and the carer. The most important step is to encourage the person to eat and drink on their own, as much as possible. Sometimes extra help in cutting or chopping food may be needed.

The following colour coded tables provide information and possible solutions to help manage some of these difficulties. The tables are divided as follows:

Table 1: Preparing food and drinks – grocery shopping, preparation of food, storage of food and checking for spoiled foods.	Table 2: Before mealtimes – what to consider to prepare a person for a mealtime.	Table 3: During mealtimes – difficulties which may occur during a mealtime, and suggested solutions.
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Table 1:

Preparing food and drinks – grocery shopping, preparation of food, storage of food and checking for spoiled foods.

Common difficulties	Possible solutions
Difficulties with grocery shopping.	Help with grocery shopping or arrange meal delivery service.
Trouble with complex meal preparations.	Encourage simple menus or use pre-prepared foods such as chopped vegetables or ready meals.
Unable to prepare food without support.	Consider meal delivery services, or prepare meals when there is support.
Limited variety in the person’s diet. They might eat mostly sweet foods or a select few liked foods. This can result in vitamin deficiencies.	- Make a wide variety of nourishing foods and drinks available. - Choose foods with longer shelf life and easy access, for example soups with pull-top opening, pre-sliced cheese, prepared fruit and vegetables.
Forgets that food is cooking on the stove resulting in burning or fire.	- Look for burned pots and pans. - Encourage use of microwave. Supply microwave safe containers (no metal).
Loses track of cooking times and serves food that is not fully cooked.	Consider meal delivery services, or prepare meals when there is support.
Uses dirty dishes or containers that have not been properly cleaned.	Consider providing help with washing dishes or using disposable dishes.
Unaware of spoiled food in fridge or cabinets.	Check fridge and cabinets regularly. Remove out-of-date food items.

Table 2:

Before mealtimes – what to consider to prepare a person for a mealtime.

Common difficulties	Possible solutions
Person is frustrated or impatient before meals.	- Encourage the person to use the toilet before sitting down for the meal. - Bring the person to the dining room just before the meal is served. - Include the person by giving them a task while they wait for their meal, for example setting the table.
Person is too drowsy to eat or is difficult to wake for the meal.	- Try a gentle touch to wake the person before encouraging them to eat. - Try offering meals at a different time. - Make the most of times when the person is alert (which may not be a mealtime). - Contact GP to review medications which may contribute to drowsiness.
Says ‘I can’t afford to eat’ or wants to pay for meal.	- Reassure the person. - Provide ‘meal tickets’ or ‘vouchers’ in exchange for meals.

Table 3:

During mealtimes – difficulties which may occur during a mealtime, and suggested solutions.

Common difficulties	Possible solutions
Needs help to eat or drink.	• Maintain dignity at all times. • Ensure help is available. • Take as much time as needed.
Forgets to eat or doesn't know when to eat.	• Encourage the person to eat by telling them it is a meal or snack time. • Consider leaving notes, alarms or phone call reminders to eat during the day. • Leave snacks in sight, for example, on a counter or table close to them.
Forgets they've eaten, then eats again (only concern if obesity).	• Limit high calorie foods and drinks left on counters or table. • Buy low fat or diet versions of liked foods and drinks.
Loss of interest in food.	• Sometimes a person's taste changes - consider new foods, textures and flavours.
Reduced sense of smell or taste.	• Offer foods and drinks with a stronger smell and taste, for example, sweet, salty, spicy, sour. Sometimes sweeter cold foods are preferred to hot savoury meals.
Stares at food without eating.	• Explain what the food is and reassure them it is ok to eat. • Place food or cutlery into the person's hand. • Talk through steps with them (place food on fork, lift fork, bring to mouth, chew, swallow).
Distracted during mealtimes or leaves the table to walk around.	• Create a relaxed and social mealtime routine, with limited distractions. • Minimise condiments and remove items such as vases and books. • Avoid using plates and tablecloths with patterns. • Reduce distractions such as the TV or vacuum cleaner, or move to a quieter room. • Provide 'finger foods' (refer to Speech and Language Therapy guidelines if provided).
Unsettled during mealtimes (hits out, shouts or throws food).	• Play soothing or relaxing music at mealtimes. • Is it a problem with the food? For example, too hot, too cold, too bland or too spicy? • Encourage eating at another time instead.
Sucks their fingers.	• Keep the person's hands busy holding a book or familiar object.
Plays with food.	• Remind the person to eat, or consider a later time to eat. • Offer to help the person. They may have forgotten how to eat at mealtimes. • Consider if the person dislikes the food.
Holds food in mouth.	• Provide encouragement and reminders to 'chew' and 'swallow' during the meal. • Massage the person's cheek gently to encourage them to swallow the food.

Common difficulties	Possible solutions
Refuses to eat (pushes caregiver or food away, turns head, refuses to open their mouth).	• Sit down and make eye contact with the person while you encourage them to eat. • Provide 'liked' and familiar foods and drinks. • Offer different tastes and textures, or 'finger foods' (refer to Speech and Language Therapy guidelines if provided). • Check if the person has mouth pain or sores if they appear to be in pain. • Touching a cold empty spoon on the cheek or lips can help open the mouth. • Do not attempt to force feed. Look for help from a family member or friend. • Encourage eating at another time instead. • Consider referral to Speech and Language Therapy for assessment.
Cannot see food on the plate or see the plate on the table.	• Make sure the plate, food and tablecloth are all different colours. • Ensure the table is free from clutter, for example salt, pepper, vases, newspapers.
Overwhelmed by too many foods on the plate.	• Serve foods on small plates. • Offer a limited number of foods on the plate at the same time.
Struggles to keep plate on table.	• Use a suction plate or a non-slip place mat.
Struggles to move food from plate to mouth.	• Adapted cutlery, plate guards or lipped plate may help. • Offer to help the person. • Allow person to use hands to eat and offer 'finger foods' (refer to Speech and Language Therapy guidelines if provided). • Consider referral to Occupational Therapy for assessment.
Struggles to use cutlery.	• Make sure the person can hold the cutlery comfortably. • Consider adapted cutlery such as spoons with large handles. Refer to Occupational Therapy. • Plate guards or bowl-shaped dishes make it easier to scoop food onto a spoon. • Help the person to cut up food. • Provide bite-size portions to reduce need for cutting.
Struggles to use their cup or glass.	• Remind the person how to use the cup or glass. • Use the 'hand over hand' approach. • Offer a cup with handles or a straw. • Referral to Speech and Language Therapy guidelines if provided.
Bites on cutlery.	• Consider 'finger foods'. • Refer to Speech and Language Therapy guidelines if provided. • Check if the person has sore gums or teeth? • Use plastic utensils or coated spoons to protect the lips and teeth.
Eats other people's food.	• Keep other people's food out of reach. • Encourage the person to focus on their own plate. • If on a modified texture diet, sit the person with others eating similar suitable foods.

Common difficulties	Possible solutions
Hides food.	• Reassure the person it is ok to eat the food. • Check if the person prefers a different meal, or to eat at a later time. • Monitor pockets, handbags and bins.
Mixes foods together.	• Sometimes a person’s taste changes. Accept this, as long as the food is eaten.
Eats too fast.	• Offer food in small portions or serve one food at a time to slow the pace of eating.
Takes a long time to eat meals.	• Keep food on warm plates. • Give small food portions and offer second helpings. • Offer help if needed and allow time for the person to finish eating.
Falls asleep during mealtimes.	• Encourage person to eat with a gentle touch to wake them. • Try offering meals at a different time. • Make the most of alert times when meals are more likely to be consumed. • Contact Doctor to review medications in case they cause drowsiness.
Chewing difficulties: Chews for a long time. Does not chew for long enough.	• Cut food into bite size pieces or offer softer foods. • Check dentures fit well or refer to Dentist. • Consider referral to Speech and Language Therapy for assessment.
Swallowing difficulties, for example gags, chokes or coughs when eating, delayed or multiple attempts to swallow, recurrent chest infections.	• Ensure the person is seated in a supported chair in an upright position while they are eating. • Consider referral to Speech and Language Therapy for assessment.
Says “no more”, “finished” or “not hungry”.	• Encourage and support the person to eat, but do not force food. • The person may be trying to communicate another issue through refusal of food. Take time to find out what the issue could be (for example, they might be thirsty but you are offering food, or they might need the toilet). • Consider referral to Speech & Language Therapy to help person to express preferences. • Offer the meal later or offer an alternative such as a dessert or a nourishing drink.

Common difficulties	Possible solutions
Spits out food.	• Explain what the food is. Does the person like the food? Is the texture right? Is it too hot or too cold? Have their tastes changed? • Check if person has difficulty or pain chewing. Consider referral to Speech and Language Therapy.
Forgets to drink.	• Keep drinks in sight to encourage the person to drink more. • Leave drinks on counter or table if possible. • Ensure all drinks are correct consistency if prescribed by Speech and Language Therapy.



What if a person's taste and food preferences change?



Taste changes can occur for a number of reasons:

- Part of the brain responsible for taste and food preference may be affected and taste changes can happen.
- Taste buds weaken as we get older. We need a stronger flavour to get the same taste as we age.
- A person who previously did not like strong tasting food may now like very sweet, savoury or spicy foods.

What if a person prefers sweet foods?

- If there is a preference for sweeter foods try naturally sweet foods such as sweet corn, sweet potato, grilled red onion, peppers or parsnips and carrots coated with honey.
- Sauces are a great way to add flavour, for example, sweet and sour chicken. Cranberry sauce, chutneys or pickles can be used in sandwich fillings or on the side as a dip, for example with chicken curry.
- Fruit can be added to savoury foods, for example, pineapple on ham and cheese pizza, grapes with cheese, sliced banana in curry, mint sauce with lamb, or apple sauce and pork.
- A sweet dessert may take preference over a savoury meal if served together, so bring the dessert later. Puddings and milk-based desserts, for example, custards, milk pudding, rice pudding, semolina and tapioca are a good source of protein, calcium and energy. Jams or honey can be added to add more flavour if needed.

What if a person prefers savoury foods?

- If salty and spicy foods are preferred, try adding extra flavours such as curry powder, spices, herbs, pepper, lemon juice, garlic or soy sauce. Avoid adding lots of salt to foods as this can lead to high blood pressure especially for people with vascular dementia.
- Try sauces such as pickles, garlic mayonnaise, garlic butter, pepper sauce, vinegar, tomato ketchup and mustard.

Tips:

Try a range of foods and dishes to determine what the person likes or dislikes.

Re-try foods from time to time as taste preferences may change.

What to do if a person is losing weight or not finishing meals?



If someone is eating less than usual, or is losing weight without trying, it is important that the food they eat contains as much nourishment as possible.

Have protein at each meal.

Encourage dessert or pudding once or twice a day.

Aim to have bread, pasta, rice, potatoes, or cereal at every meal.

Ten Top Tips:

1. Encourage little and often, aiming for 3 small meals and 2 to 3 snacks or milky drinks every day. Smaller portions are often more appetising. Avoid skipping meals.
2. Encourage food at times in the day that you notice the person eats better. Some people eat better as the day goes on, whereas others find they eat better in the morning and this reduces as the day goes on.
3. Include meat, chicken, fish, eggs, beans, yoghurt, nuts or cheese at each meal. These foods are rich in protein.
4. Aim to have bread, pasta, rice, potatoes, or cereal at every meal. These foods are rich in carbohydrates, which gives energy. Choose wholemeal options to help provide fibre.
5. Include fruit and vegetables every day. If the person feels full quickly, offer the meat, chicken or fish and the potatoes, pasta or bread parts of the meal first. Offer a glass of fruit juice or squash with added vitamin C if little fruit is eaten.
6. Encourage dessert or pudding once or twice a day, for example, creamy yoghurt, trifle, ice cream, rice pudding, fruit pie, sponge with custard and cream.
7. Use at least 1 pint of enriched milk daily ([see page 26 on nourishing drinks](#)).
8. Snacks between meals can help to boost intake ([see page 34 on finger foods](#)).
9. Have a stock of favourite foods that are easily prepared, for example, tins of baked beans, tinned fish, tinned rice pudding, tinned or carton soup, crackers or crispbreads.
10. Offer women 6-8 glasses of fluids every day and offer men 8 – 10 glasses of fluid every day. Try milky drinks, fruit juice, fruit squash or soup instead of tea or coffee. Offer drinks after meals to avoid filling the person up before meals ([see page 26 on nourishing drinks](#)).



How do I make food and drinks more nourishing?



Use the tables to add an extra 100-125 calories to your foods.

For savoury foods such as potatoes, soups, casseroles, curries and pasta:

What do I add?	How much do I add?
Butter (full-fat)	2 pats of butter (15g)
Mayonnaise (full-fat)	1 tablespoon (15g)
Oil	1 tablespoon (12g)
Double cream	1 ½ tablespoons (24g)
Dried skimmed milk powder	2 ½ heaped tablespoons (32g)
Cheddar cheese (full-fat, grated)	1oz (30g)
Cream cheese (full-fat)	3 tablespoons (45g)
Mascarpone cheese	2 tablespoons (30g)
Hummus (full-fat)	1 ½ tablespoons (45g)
Nut butter (smooth)	1 tablespoon (15g)

For porridge and sweet foods such as desserts, puddings and smoothies:

What do I add?	How much do I add?
Sugar	2 tablespoons (26g)
Jam or lemon curd	2 tablespoons (40g)
Golden syrup or honey	2 tablespoons (40g)
Chocolate sauce	2 tablespoons (42g)
Condensed milk	2 tablespoons (35g)
Crème fraiche (full-fat)	2 tablespoons (30g)
Dried skimmed milk powder	2 ½ heaped tablespoons (32g)
Double cream	1 ½ tablespoons (24g)



Are nourishing drinks useful if a person is not eating or has lost weight?

- Nourishing drinks can be made at home or can be bought in supermarkets or chemists.
- Special powdered drinks such as Build Up® & Complan® are examples of drinks sold in supermarkets in chemists without a prescription. Sweet and savoury flavours are available. Use them as a nourishing snack between meals. Try blending with fresh fruit, yoghurt or ice cream for a change.
- There are also nourishing drinks available on prescription. Your doctor or dietitian can guide you on these.
- Choose nourishing drinks which contain energy, protein, vitamins and minerals such as milk-based drinks, fresh fruit juice or fortified drinks rather than having water, fizzy drinks or tea too often.
- Good milk-based drinks include enriched milk, hot chocolate, malted drinks, Horlicks®, Ovaltine®, cocoa, milkshakes or milk-based coffee ([see page 27 & 28 for recipes](#)). Be careful with hot drinks. Using insulated cups with lids will reduce the risk of injury for someone who paces a lot.
- You will find ready-made smoothies and milk shakes such as Innocent®, Yazoo® or Nesquik® beside the fresh milk or long-life milk products in shops.
- Try fresh fruit juices such as orange, apple, cranberry, grapefruit or pineapple. These juices are also a good source of vitamins especially vitamins A, C and E. Some diluted blackcurrant drinks are also fortified with vitamin D and can be useful to include.
- Offer women 6 – 8 glasses of fluids every day and offer men 8 – 10 glasses of fluids every day. However, there may be specific fluid guidelines advised by your Doctor or Dietitian.

Nourishing drinks can be made at home using the following recipes:

Nourishing milkshake

½ pint [300ml] full-fat milk
4 dessertspoons [30ml] double cream
4 dessertspoons [20g] milk powder
4 dessertspoons [30ml] syrup

*

Mix, whisk or liquidise together. Try adding pureed fruit, ice cream, fresh cream, full fat yoghurt or honey.

Fortified soup

180 mls of soup (ideally homemade, but if this is not possible use a carton or tin)
1 heaped tablespoon of skimmed milk powder (for example Marvel®)
1 tablespoon of cream
1 tablespoon cheese

*

Heat soup. Add milk powder and stir to dissolve. Stir in cream and cheese before serving. Add croutons for extra nourishment.



Enriched milk

5 heaped teaspoons of skimmed milk powder
(for example Marvel®)

500ml (1 pint) full-fat milk

Mix or whisk together. Store this in the fridge and use whenever you would use ordinary milk (cereals, porridge, soups, sauces, milk puddings and milk drinks such as Horlicks®, Ovaltine®, Bournvita®, drinking chocolate or cocoa). Keep in the fridge for a maximum of 24 hours.

Smoothie

150mls of full-fat milk

125ml pot of Greek natural yoghurt

2 heaped tablespoons of skimmed milk powder (for example Marvel®)

1 dessertspoon of honey (optional)

Flavouring (see ideas below)

Ideas for flavourings: Fresh or frozen fruit, chocolate or strawberry syrup, flavoured ice cream, drinking chocolate or coffee powder.

What are Oral Nutritional Supplements?

These are available with a prescription from your doctor or dietitian on the Drugs Payment Scheme or will be covered by the Medical Card. There are a wide range of supplements and flavours available.

For more information visit www.hse.ie/nutritionsupports where there is information on topics such as: “How to use Oral Nutrition Supplements”, “When illness reduces your appetite”, and recipes on “Making the most of every bite”.

What if a person is not drinking enough?



Offer women 6 – 8 glasses of fluids every day and offer men 8 – 10 glasses of fluids every day, unless specific fluid guidelines are advised by your doctor or dietitian. More fluid may be needed on hot days or when sick. It is important to make sure the person drinks enough fluid every day.

Not drinking enough fluids can lead to constipation, confusion, tiredness and may increase the chance of getting a urinary infection. Fluids include water, tea, coffee, milk, juice and all the nourishing drinks previously mentioned.

If a person is not drinking enough fluids, the following tips may help:

- Encourage small amounts of fluids regularly throughout the day.
- Try flavoured fluids, for example, adding cordial to water.
- Offer ice-lollies or ice-cubes made with cordial or juice.
- Remember fluids include soup, tea, jelly, fruit juices, diluted or fizzy drinks.
- It may help to use a cup or small glass rather than a mug or large tumbler. If someone has a familiar cup that they prefer, use it.
- Give the cup to the person and prompt them to drink rather than leave the cup on the table.
- Have a drink with them to encourage them to follow your example.
- Keep fluids where they can be seen. Try placing a clear plastic bottle or jug where it can be seen to help remind the person to drink.

What if a person is overeating?



Managing weight can be difficult for a person with dementia for many reasons:

1. They may prefer sweet, high calorie or high fat foods.
2. They may be less active or unable to walk, but are still eating the same amount of food.
3. They may forget they have already eaten and eat extra portions of food.

The following may help with weight management issues.

Portion sizes:

Meal portions can be reduced or original meal can be divided into two smaller portions and second portion kept for later. Soup as a starter may help to fill a person up. Give large portions of salads or vegetables on the plate. Aim for leaner meats such as chicken, turkey or fish. Cut visible fat off meat and remove skin from chicken and turkey. Avoid processed meats such as sausages, rashers, black and white pudding. Offer healthy protein foods such as eggs, beans and lentils.

Sugar free options:

If sweet foods are preferred over savoury foods, try replacing sugar with a low-calorie sweetener. Sugar free mints, gum or sugar-free boiled sweets can replace regular sweets.

Sauces:

Reduce high fat sauces such as mayonnaise, creamy sauces, coconut-based sauces or peanut butter. Choose lower fat options such as low-fat dressings, ketchup or tomato-based sauces instead. Switch from butter to low fat olive, sunflower, or rapeseed spreads.

Desserts:

Keep desserts as a treat, for example, birthdays or celebrations. Reduce high fat pastries, cakes, cream, ice-cream and buttered icing. Choose sugar-free jelly, low fat yoghurt, fruit salad or sugar free ice lollies instead.

Snacks:

Healthy snacks include fruit, diet yoghurt, rice cakes or crackers with cottage cheese.

Drinks:

If a meal has already been eaten and the person is still looking for more food, offer water, tea, sugar free squashes or sugar free fizzy drinks.

Searching for food:

If a person has a habit of looking for food when they have already eaten their meals and snacks, try techniques such as engaging activities that the person enjoys to help distract them.

What if a person is constipated?



Constipation can be a common difficulty as a person gets older and may reduce a person's appetite. There are many causes, such as being less active or not getting enough fluid or fibre. Fibre is found naturally in fruit, vegetables and wholegrain cereals, which help bulk up stools and make them softer and easier to pass.

Recommendations:

- Include extra fruit and vegetables, for example, a glass of fruit juice, a portion of soup or a side salad. Other suggestions include adding fresh or frozen vegetables to savoury dishes, and stewed fruit, dried fruit or chopped fresh fruit into sweet dishes, desserts, yoghurts or cereal.
- Offer snacks containing fibre, such as fresh fruit, a handful of dried fruit or nuts, cereal bars, oat or multigrain crackers, digestive, golden grain or oat biscuits.
- Use wholegrain cereals including muesli, All-Bran, porridge, Shredded Wheat, Weetabix and wholegrain products such as wholemeal, brown bread, crackers, pasta and brown rice.
- Add beans, chickpeas, peas, corn, lentils and pulses into soups and stews.
- Eat potatoes with their skins.
- Add dried fruit, nuts or seeds to salads, cereals, desserts or homemade bread.
- Prune juice and pear juice are naturally occurring laxatives. A small glass every day can help prevent constipation for some people, but for others it can cause bowel motions to become quite loose. Try adding milled flaxseed, linseed or chia seeds in teaspoons amounts to cereals, desserts or yoghurts as an alternative. It is important to encourage fluids at the same time as giving seeds.
- Avoid powdered bran.

Teeth:

If there is a problem with the person's teeth, or chewing is an issue, choose softer options such as porridge or Weetabix soaked in milk, well cooked brown pasta, sliced pan brown bread without crusts and softer fruits such as melon, kiwi, tinned pears, banana or well-cooked vegetables.

Fluid:

Fibre should be increased slowly to avoid discomfort, and fluids should be increased at the same time. Fluid intake is important to help soften the stools and prevent constipation and dehydration. Offer women 6 – 8 glasses of fluids every day and offer men 8 – 10 glasses of fluid every day. This can include tea, juice, soups, diluted squashes, minerals, jelly and ice lollies.

Medications:

Some medications can cause constipation, such as iron supplements or pain medication.

If constipation is persistent and an increase in fluid and fibre have not helped, contact the pharmacy for natural laxatives or bulking agents.



What if a person paces a lot or is too distracted to eat?



Try finger foods?

Finger foods are foods that can be easily picked up and eaten with hands and are sometimes preferred to meals that require a knife and fork. They may be useful to help improve intake for those with a small appetite, those who are very active and those who do not like sitting down for meals.

They are an important way of encouraging independence and confidence for people with dementia by giving them control over what they are eating. This can encourage people to eat more, at their own pace, and improve dignity.

Be cautious when using finger foods if the person is moving around due to an increased risk of choking, particularly for people with swallowing difficulties (dysphagia). Finger foods may also be quite hard in texture, which may not be appropriate for people with swallowing difficulties. Please consult a Speech and Language Therapist if you suspect swallowing difficulties. For further information, refer to the section on what to do if there are swallowing difficulties on [page 37](#).

Starting out – some tips

- Finger foods are suitable as main meals or snacks.
- Think about size and shape. Food made too small will be difficult to pick up, while food made too big will be hard to handle.
- Consider a person's likes and dislikes and ability to manage different types of food. If finger foods are rejected to start with, offer them again at other mealtimes over several days.
- Aim for little and often with finger foods between meals.
- If the person is walking a lot throughout the day, a pouch bag containing finger food may be useful.
- Check the temperature. Make sure it is cool enough to hold when serving.
- Choose wholemeal options to help increase fibre intake.
- Use nourishing fillings and toppings on food such as bread and pizza.
- Keep the skin on fruit such as apples and pears to retain extra fibre and make them easier to hold. Remove stones from stoned fruit as this can be a choking hazard. A sprinkle of lemon juice will stop fruit turning brown as quickly.
- Give the person time to look at the finger food and eat at their own pace.
- Eat together if possible. Some meals such as pizza don't require cutlery and can be enjoyed by everyone.

Mealtime finger food ideas (serve as small pieces)

- Meat, fish and other protein alternatives; sliced meat, cut up into pieces, chicken fingers in breadcrumbs, cocktail sausages, sausage rolls, burgers, meatballs, fish fingers or fishcakes, smoked mackerel slices, vegetable burgers and vegetarian sausages.
- Serve with potatoes: cut pieces of potato waffle, potato croquettes, small roast potatoes, baby boiled potatoes, potato wedges and chunky chips or pieces of pasta such as penne pasta.
- Vegetables can be steamed, boiled or served raw, depending on what the person prefers and can manage, for example, broccoli florets, carrot, turnip or parsnip, cut into sticks or cubes, brussels sprouts, cucumber slices or sticks, cherry tomatoes, or salad tomatoes sliced or cut into wedges, sliced peppers, mushrooms.
- Finger sandwiches or toasties cut into small squares or triangles with soft fillings such as egg mayonnaise, tuna mayonnaise (try adding sweetcorn, peppers or diced cucumber), meat or fish paste, corned beef (try adding chopped tomato), cold meats (try adding relishes, pickles or chutney) cheese or peanut butter (try with mashed banana).
- Bread roll-ups make an interesting change to sandwiches. Take slices of medium thick wholemeal bread, cut off the crusts, and spread with butter. Spread thinly with a soft, sticky filling such as soft cheese, pâté or peanut butter. Take one end of the bread and roll it up (as though making a Swiss roll) to form a bread roll-up.
- Slices of pizza, quiche or garlic bread.
- Hard boiled eggs quartered, cold meats, cubes of cheese with buttered bread.

Finger Foods – Snacks and Dessert Ideas

- Scones with butter, jam and cream, teacakes with butter, crumpets with honey, jam, syrup or butter.
- Pancakes rolled into fingers.
- Fruit or chocolate muffins or buns.
- Fruit cake, tea brack with butter.
- Individual cake slices, for example, lemon cake, finger bread, sponge cake.
- Cheese sticks or cubes, for example, pineapple and cheese sticks.
- Crackers, cheese biscuits or mini oatcakes with soft cheese or butter.
- Soft cereal bars or chocolate.

What if there are difficulties with swallowing?



For some people with dementia, you might notice that swallowing different types of food and fluids becomes difficult. This is known as dysphagia, which is the medical term for swallowing difficulties. Swallowing difficulties are likely to change throughout different stages of dementia.

Regular review by a Speech and Language Therapist (SLT) will be required to ensure that the guidelines provided are appropriate to maintain safety and quality of life when eating and drinking. For more information, please speak to a Speech and Language Therapist. The Speech and Language Therapist may discuss positioning during eating and drinking and the consistency or temperature of foods and drinks. They may also discuss taste changes, changes in eating behaviour, the approach to eating, the environment, and saliva management.

Difficult foods for people with swallowing difficulties

Some foods can be especially hard to chew or swallow safely. For people with swallowing difficulties, these foods need to be avoided or specially prepared to make them safe to eat. Please exercise caution with these foods and seek guidance from an SLT if you suspect a swallowing difficulty.

Some types of food that may be difficult

Type of Food	Examples
Stringy, floppy or fibrous foods	Pineapple, lettuce, spinach, dry roast beef, cabbage.
Foods with skins, husks, pips, seeds, pith, gristle, or bones	Beans, peas, sweetcorn, seeded breads, popcorn, fruit skins.
Mixed consistency foods	Soups or yoghurts with lumps, hard cereals in milk.
Crispy or crunchy foods	Toast, crackers, flaky pastry, crisps.
Dry or crumble foods	Cake, bread, pie crusts, biscuits.
Round or long foods	Sausages, grapes, chunks of hard fruits.
Hard or chewy foods	Hard sweets, toffee, nuts.
Sticky foods	Peanut butter, marshmallows.

Avoid ice-cream, ice pops, or jelly if a person is on thickened fluids unless advised otherwise by a SLT.

Bread is a high choking risk food, and a SLT can advise on whether or not bread is suitable for a person with swallowing difficulties.



Mouth Care



A person with dementia may have difficulties with mouth care and dental health. They may not be able to tell if they are in pain and may simply decline food instead. A sore mouth, toothache or badly fitting dentures may affect their ability to chew their food.

This may reduce their intake and enjoyment of food, which can lead to poor nutrition and weight loss. Reduced saliva or a dry mouth can be a side effect of medicines prescribed for dementia. Saliva has a cleaning effect on teeth and gums and keeps the mouth moist, so with less saliva there can be a build-up of plaque and bacteria on the teeth.

Why is good mouth care important?

- Increases comfort in the mouth.
- Increases taste, smell, and enjoyment of food.
- Alerts carers to food left behind in the mouth, which might be due to swallowing difficulties.
- Reduces the risk of chest infections by preventing build-up of bacteria in the mouth.

Some tips on what to do?

- Clean the teeth and mouth 2-3 times every day with a toothbrush and toothpaste. Gently brush the teeth, gums, tongue and roof of the mouth.
- If the person has no teeth, it is still important that mouth care is completed 2-3 times every day.
- Dentures (if worn) must be removed and cleaned thoroughly using a soft toothbrush at least once every day, for example, when removed at nighttime.
- A soft child's toothbrush and mild toothpaste may be better tolerated than a larger toothbrush. Oral swabs with a foam head may pose a choking risk and are not effective at removing plaque.
- If the person has difficulty spitting out the toothpaste, try a non-foaming toothpaste from the pharmacy.
- Create a quiet environment and position the person near a sink, with a mirror where possible.
- A person with dementia may still be able to brush their teeth even when they are not managing other aspects of self-care. Always let the person try.
- If required, use short simple commands, and pretend to brush your own teeth with a toothbrush to help cue the person to start brushing their teeth.
- If required, provide hand-over-hand over full assistance. Be gentle and explain what you are doing in a respectful tone. Provide a relevant mouth care item to hold, for example, a toothbrush or comfort item while oral care is being performed.



End of Life Care



What is end of life care?

End of life care refers to all aspects of the care related to dying, death and bereavement which is provided towards the end of life. Almost 90% of people with dementia have difficulty with eating and drinking in the last three months of life. A decrease in appetite and a loss of interest in food and fluid is a natural and expected part of the dying process due to a decline in the digestion and absorption of food.

Many people at the end of life no longer experience hunger or thirst. The body is slowing down and eating and drinking may increase levels of discomfort. Caring is the best form of nourishment that family and staff can provide at this stage. Continuing to eat and drink despite the associated risks from having difficulty from eating, drinking and swallowing (dysphagia) is referred to as 'Eating and Drinking with Acknowledged Risk'. These risks may include food or fluids going down the wrong way into the airway or lungs which can lead to infections, choking, malnutrition and dehydration.

What might happen towards end of life?

- Significantly reduced appetite or declining food and drink completely.
- Foods or fluids going down the wrong way into the airway or lungs (called aspiration).
- Frequent infections.
- Difficulties recognising cutlery, what they are for and how to use them.
- Reduced recognition of, or sensitivity to food or drink in the mouth.
- Difficulty bringing food or fluid to the mouth and holding of food or fluid in the mouth.
- Requiring increased help and support at mealtimes.
- Dehydration.
- Significant weight loss.
- Becoming more unsettled and sleepier.

How can I help at this stage?

As dementia progresses, quality of life, comfort and dignified care should be the priority and meeting nutritional needs becomes less important. Offer food for comfort. Let the person choose if and when they want to eat and offer small amounts of favourite foods and drinks. Give foods with an appealing taste and texture. Try not to focus on the amount eaten at mealtimes, but rather the enjoyment of food and drinks. Have a variety of foods available so that if a meal is declined you can offer something else, for example soup, milky pudding, mousse, yoghurt, stewed fruit and custard. Some people may find it easier to drink rather than eat.

Offer nourishing drinks like milk, milkshakes, yoghurt drinks, smoothies or oral nutritional supplements (nourishing drinks that might be recommended by the doctor or dietitian) rather than solid food. Pay attention to the signs that the person doesn't want to eat or drink. Signs can include making sounds or changing the tone of their voice, saying things like "No. I just can't", calling out as you offer food or drink, turning their head away from the spoons or cup, closing their lips, or closing their eyes. Continue good oral hygiene ([see section on maintaining good mouth care on page 39](#)).

What is Tube Feeding?



There are two main types of feeding tubes, a nasogastric tube (NG) or a gastrostomy tube (RIG or PEG). A nasogastric tube is a thin tube which is passed through the nose down into the stomach, and a gastrostomy tube is passed directly into the stomach through the stomach wall. These tubes are used to give a liquid feed straight into the person's stomach. A feeding pump is usually used to slowly drip the feed into the stomach.

Will tube feeding help?

Studies have found that people at the end of their life do not often feel hungry or thirsty. Feeding a person by tube will not help them to live longer and may not improve their quality of life. They are more likely to need to pass water and move their bowels more frequently. For those at the end of their lives, it is often more compassionate and caring to allow the natural dying process to take its course in a dignified way.

Tube feeding is not recommended in people with severe dementia or at the end of their life. Tube feeding may be recommended for a limited period in people with mild to moderate dementia to overcome a crisis situation where there is poor dietary intake which is caused by a reversible condition.

A person with dementia may not be able to decide for themselves whether or not they want to be fed by tube. Decisions about tube feeding can be made with the help of co-decision makers or assistant such as relatives and carers. A person with dementia will not be fed using a tube if the medical team caring for them feel it would do more harm than good. Deciding about tube feeding will be thought about very carefully and will be very individual to each person with dementia. If you wish to discuss these topics further, contact your doctor or dietitian.

Sample Meal Plan



Cutting up bread, pancakes, cold meats, eggs and fruit into smaller pieces may allow a person to hold the food and feed themselves (finger foods).

Encourage a nourishing drink or nourishing snack between meals and before bed if a person is underweight or refusing meals. (see *nourishing drinks* on pages 26 - 29 and *nourishing snacks* on page 24)

Breakfast

Cereal with milk and sugar

Bread or toast with butter and jam or honey (cut into quarters if needed)

Or boiled egg with bread or toast

Or french toast with maple syrup and rashers

Or cooked breakfast (rasher, sausage, pudding, egg, hash browns) with bread or toast

Or pancakes with fresh fruit and syrup

*

Fruit juice or fresh fruit, such as sliced kiwi or orange segments

Milky tea or milky coffee

Light Meal

Offer a buffet style meal if a person prefers finger foods:

Buttered soft bread rolls or bread fingers

with cheese cubes, hard-boiled eggs cut into quarters, cooked meat cut into pieces

Or slices of quiche or pizza

Main Meal

Meat, poultry, fish, eggs, cheese, beans with gravy or creamy sauce

Or chicken goujons, fish fingers, quiche (if easier to hold)

Potatoes, rice, pasta with butter or cheese

Vegetables with butter (try broccoli florets, green beans and carrots if easier to hold)

Dessert

Milk pudding, ice-cream and jelly or fruit with full cream yoghurt.

Fresh fruit such as strawberries or banana served with cream for dipping

Pancake rolls with chocolate spread

Other ideas

Bread or toast with scrambled egg and grated cheese

Or baked potato with tinned fish and mayonnaise or butter and grated cheese

Or grilled cheese on toast Or beans on toast with grated cheese

Or homemade soup (add cheese and cream for extra goodness)

Useful links for people with dementia and their carers (Ireland):

Alzheimer Society of Ireland	https://alzheimer.ie/
Irish Nutrition and Dietetic Institute	https://www.indi.ie/
The Dementia Services Information and Development Centre	https://dementia.ie/
Understand Together	https://www.understandtogether.ie/
HSE Dementia Pathways	https://www.hse.ie/eng/dementia-pathways/
Engaging Dementia	https://engagingdementia.ie/sonas-programme/
Alzheimer Café	https://alzheimercafe.ie/
Family Carers Ireland	https://familycarers.ie
Dementia Friendly Communities	
https://www.understandtogether.ie/get-involved/partners-and-supporters/communities/communities.html	
HSE	www.hse.ie/nutritionsupports

Further information sources:

Chang & Roberts. *Strategies for Feeding Patients with Dementia. How to individualize assessment and intervention based on observed behaviour.* AJN (2011).

Improving dementia care; A resource for training and professional development. Loveday B, Kitwood T et al, (1998).

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The Alzheimer Society of Ireland.

The Caroline Walker Trust. *Eating well: supporting older people and older people with dementia. Practical guide* (2011).

ESPEN guidelines on nutrition in dementia. Volkert D (2015).

ESPEN guideline on nutrition and hydration in dementia – update 2024. Volkert (2024).

HSE Healthy Eating for Older Adults (2021).

If you wish to order more copies
Call 1800 341 341 or Email info@alzheimer.ie

Thank you to...

This guide was originally developed by the Dietitians of the Older Persons Nutrition Interest Group (OPNIG) of the Irish Nutrition and Dietetics Institute (INDI), in association with the HSE National Dementia Education project in 2016.

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Mealtime Memo

Make sure I am comfortable, in a good position and not in pain.

Everybody is different, find out what I like.

Appetising smells and presentation help me enjoy my food.

Let me feed myself, if possible, but help me if I need it.

Tell me what I am eating and go at my pace.

I like a calm environment without clutter, clatter and chatter.

Modify the consistencies to suit me.

Eat with me when you can.

Mealtime Memo reproduced with consent from NHS Dumfries & Galloway: Communication & Mealtimes Toolkit, helping people with dementia to eat drink and communicate. Rebecca Kellett & Colleagues, Speech and Language Therapy Adult Services 2012.

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Notes:



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