Good hydration for a person with dementia
A person living with dementia may not always recognise when they are thirsty or be able to express their thirst. This may mean that they do not drink enough and become dehydrated, which can lead to other health problems.

This can be very worrying for family and friends, especially if they are unable to encourage the person they care for to drink.

In this leaflet, we share advice on recognising the signs of thirst and dehydration in a person with dementia, and tips for supporting them to stay hydrated.

**Why does good hydration matter?**

Keeping hydrated is important for all of us to maintain our health and wellbeing. The percentage of water stored in the body reduces past the age of 50 so the chances of dehydration increase as we get older – but regardless of age, if a person doesn’t drink enough, their body will not work as efficiently as it should.

This can worsen the symptoms of dementia – for example, if someone is even mildly dehydrated, their cognitive function can fall by 10%, making them more confused.

If their urine becomes concentrated from not drinking enough, it can irritate the bladder and make urinary incontinence worse. Being dehydrated can increase the risk of falls, too – for example, because it can cause low blood pressure and dizziness.

Staying hydrated is also important if the person takes medication, as it will help their body process their medicine more effectively.

**Reasons for not drinking enough**

There are many different types of dementia, and each person living with the diagnosis will experience their own individual challenges. However, dehydration is a risk for many people with dementia.

The reasons for this include:

- forgetting to drink due to memory problems
- difficulty recognising and/or expressing that they are thirsty
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- loss of interest in drinking due to low mood
- concentration issues that may make finding the time to drink more challenging
- difficulty in recognising drinks, even if they are in the person’s usual cup/mug/tumbler
- loss of ability to drink independently, eg because of impaired co-ordination
- changes in taste – perhaps preferring sweeter or stronger tasting food and drink
- mouth problems that cause the person discomfort when they drink, such as tooth decay, ill-fitting dentures, oral thrush and/or painful mouth ulcers
- infections, constipation and pain
- difficulty swallowing

**Signs and symptoms of mild to moderate dehydration**

- increased confusion
- agitation
- appearing vacant, sleepy or withdrawn
- changes in mood
- headache
- increased thirst – but be aware that the person may not recognise or be able to communicate this
- dry mouth and lips
- bad breath
- fatigue
- dizziness/lightheadedness
- infrequent urination/dark urine – see Sources of support on p11 for a urine colour chart
- constipation – see Sources of support on p11 for a link to a stool chart
- dry or shrivelled skin or skin that has lost its elasticity
- sunken eyes
- muscle cramps

If any of these occur, you can try the tips that follow in this leaflet. It is also a good idea to contact the person’s GP or other healthcare

**Signs of dehydration**

It is important to recognise the signs and symptoms of dehydration so you can take steps to help the person with dementia to take more fluids, reducing the risk of health complications.
professional or phone NHS 111 for advice if their symptoms do not improve despite taking steps to improve their hydration.

**Signs of severe dehydration**

If the person has any of these signs of severe dehydration, they may need immediate treatment. You should contact the person’s GP to ask for an urgent appointment, take them to A&E or call 999 for an ambulance.

- delirium (extreme and often sudden confusion – see Sources of support on p10 for more information)
- extreme thirst
- rapid breathing
- rapid heartbeat
- low blood pressure
- severe dizziness or lightheadedness
- not urinating or passing very dark urine in small amounts
- altered state of consciousness

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**How to encourage a person with dementia to drink**

The general advice is that everyone should drink six to eight cups (1.5-2l) of fluids per day – but you are often the best judge of the person with dementia and what is right for them. Here are some ways to support them to stay hydrated.

**General advice**

- Allow the person time to drink without rushing
- Sit and have a drink with them – this will encourage interaction and they may copy what you do when you drink
- Make sure the person is happy and relaxed in the social context and environment they are in
- Think about how you can best communicate that they need to drink – for example, you could mime taking a drink, or use pictures to remind them. See Sources of support on p10 for more communication tips
- If carers are coming in, ask them to make sure every visit starts and ends with a drink
• Offer a drink whenever anyone visits – drinking is a sociable activity
• Consider their beliefs, culture, life history, routines, preferences and needs to help find a solution tailored to them
• Attending a memory café, a day care facility or a lunch club may encourage the person to drink – they may imitate what other people are doing, and if they tend to get frustrated with you, they may be more willing to take direction from a staff member or volunteer
• Consider if there are any underlying barriers to drinking, such as dental problems, depression or an infection – if in doubt, contact their GP
• Think about joining a carers’ support group locally or online – sharing experiences and tips can be very helpful
What to offer

- All fluids count (except alcohol) so try a range of different drinks – water, tea, coffee, hot chocolate, milk, fruit juice and squash
- Water temperature can have a huge impact on how appealing a drink is. Some people prefer an ice-cold drink, while others would rather have a warm drink
- Try offering stronger flavours, like a less diluted squash
- Consider what drinks the person enjoyed in the past and offer those
- People with dementia may find their tastes change – they may develop a preference for sweet drinks, or begin to like unusual combinations of flavours
- If the person struggles to drink enough, their fluid intake can come from food, too – foods like jelly, soup, yoghurt, custard, watermelon, pineapple,
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cucumber, pears, and even jacket potatoes contain fluid

Serving suggestions

• Offer the person their favourite mug, glass or beaker, if they have one

• Offer different sizes and shapes of cup to see if they have a preference

• A clear glass may help by allowing the person to see what’s inside, while colourful cups or beakers may attract their attention

• Ensure the person is sitting upright and is well positioned

• If the person is struggling to pick up or drink from a cup, help them – but do encourage them to be as independent as possible

• Ensure the person always has a drink close to them, within easy reach

• Check that their cup or glass isn’t too heavy or a difficult shape to grasp

• Offer the person their cup in their line of sight, and describe the drink to them

Dementia, drinking and medical conditions

People with heart failure, kidney disease and some other health conditions may need different amounts to drink from the usual recommended guidelines, so always follow their medical professional’s advice on how much fluid intake to aim for.

If the person with dementia has problems with swallowing, ask their GP for a referral to a speech and language therapist, especially if there are safety concerns, for example choking.
they last had alcohol, or they may have problems controlling their impulses. Low-alcohol and alcohol-free versions of many drinks are widely available and are good replacements for an alcoholic drink.

### Hydration at the end of life

As a person with dementia comes to the end of their life, their body no longer has the same need for food and drink. This is a natural part of dying.

It can be hard for family and friends to accept, but it is usually better to focus on offering drinks for comfort and enjoyment rather than to give fluids through a drip or feeding tube, for example, which can be highly distressing for a person at the end of life.

If the person’s mouth is dry, you can help by wetting their lips with a damp sponge or a baby toothbrush. You don’t need to move the toothbrush too much – they will suck it if they want to get the fluids. Avoid using a sponge on a stick as if the person with dementia bites it, the sponge could come off in their mouth, causing a choking hazard.

### Dementia and alcohol

Drinking alcohol in moderation can be an enjoyable part of life, but it may have a negative impact on the person’s health and safety, for instance by increasing the risk of falls. A healthcare professional can offer advice on whether the person with dementia should reduce their alcohol intake and help devise a plan for managing this.

If the person with dementia appears to be drinking too much alcohol, they may have forgotten how much they have had, or when

- Keep the cup topped up so they can see it’s full and it’s easy to drink from
- If you’re measuring fluid intake, pour drinks from a jug so that you can monitor how much has gone at the end of the day

If, despite trying these tips, the person with dementia is not drinking enough – or at all – speak to their GP for advice and support. You could also consider seeing a dietitian for specialist advice on hydration for people with dementia.
Towards the end of life, it is okay to dip the baby toothbrush into any favourite drink that you know they like the taste of. However, fruit juice can be quite acidic so it is best mixed with water.

You can offer small sips of fluid if the person is able to swallow and willing to take it but do ask their health or care professional if there are any difficulties such as swallowing problems or risk of choking. As an alternative, you could put ice chips inside a clean cotton handkerchief for the person to suck on.

If the person appears to like having their teeth or dentures cleaned, you can help them using a separate baby toothbrush and baby/mild mint toothpaste, or a non-foaming toothpaste.

You can also apply lip balm or Vaseline to their lips sparingly.

If you are unsure of the benefits and risks of encouraging the person to continue to drink, you can discuss these with their doctor, district nurse or a dementia specialist Admiral Nurse – see Sources of support on p10 for information.
Sources of support

If you would like to speak to a dementia specialist Admiral Nurse about finding care and assistance at home or any other aspect of dementia, please call our free Helpline on **0800 888 6678** (Monday-Friday 9am-9pm, Saturday and Sunday 9am-5pm, every day except 25th December) or email **helpline@dementiauk.org**

If you would prefer to pre-book a phone or video call with an Admiral Nurse, please visit [dementiauk.org/get-support/closer-to-home](dementiauk.org/get-support/closer-to-home)

**Dementia UK resources**

**Eating and drinking in a person with dementia**
[dementiauk.org/eating-and-drinking](dementiauk.org/eating-and-drinking)

**Mouth care for people with dementia**
[dementiauk.org/get-support/mouth-care-dementia](dementiauk.org/get-support/mouth-care-dementia)

**Tips for better communication**
[dementiauk.org/tips-for-better-communication](dementiauk.org/tips-for-better-communication)

**Delirium**
[dementiauk.org/get-support/understanding-changes-in-dementia/delirium](dementiauk.org/get-support/understanding-changes-in-dementia/delirium)

**Understanding dying**
[dementiauk.org/understanding-dying](dementiauk.org/understanding-dying)

**Recognising the final stages of dementia and moving towards end of life care**
[dementiauk.org/end-of-life-care](dementiauk.org/end-of-life-care)
### Urine colour chart

1 – very good  
2 – good  
3 – fair  
4 – mildly dehydrated  
5 – dehydrated  
6 – very dehydrated  
7 – severely dehydrated

### Other resources

**Bristol stool chart**  

**Swallowing problems and dementia**  
hey.nhs.uk/patient-leaflet/swallowing-difficulties-in-dementia

**NHS guide to dehydration**  
nhs.uk/conditions/dehydration
The information in this booklet is written and reviewed by dementia specialist Admiral Nurses.

We are always looking to improve our resources, to provide the most relevant support for families living with dementia. If you have feedback about any of our leaflets, please email feedback@dementiauk.org

We receive no government funding and rely on voluntary donations, including gifts in Wills.

For more information on how to support Dementia UK, please visit dementiauk.org/donate or call 0300 365 5500.

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If you’re caring for someone with dementia or if you have any other concerns or questions, call or email our Admiral Nurses for specialist support and advice.

Call 0800 888 6678 or email helpline@dementiauk.org

Open Monday-Friday, 9am-9pm
Saturday and Sunday, 9am-5pm

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