

Eating and drinking



A healthy, balanced diet is important for everyone's physical and mental health, but people with dementia may experience problems with eating and drinking. They might:

- forget to eat or drink
- forget they have already eaten
- have difficulty recognising hunger or thirst
- find it hard to prepare food or drinks
- have difficulties with chewing or swallowing
- have changes in appetite or tastes
- overeat due to appetite changes, boredom or loneliness
- have problems with coordination that make it hard to use cutlery or drink from a cup or glass

Not eating and drinking enough can increase the risk of dehydration, weight loss, urinary tract infections (UTIs) and constipation. These can increase confusion in a person with dementia, increase the risk of delirium (see Sources of support on p13), and make the symptoms of dementia worse.

Overeating may also cause problems if it leads to weight gain, as this increases the risk of health issues like heart disease, type two diabetes and high blood pressure. It could also affect mobility and balance. Overeating may be a symptom of frontotemporal dementia in particular, which is most common in people aged 40 to 60 – please see Sources of support on p13 for information.



Changes in diet

When supporting a person with dementia to eat well, it is important to consider their food likes and dislikes. Bear in mind that changes in tastes may occur in people with dementia. They may find certain colours, textures or smells off-putting, even if the food was a previous favourite. Or they may start to enjoy certain foods that they previously disliked – an increasingly sweet tooth is common. There may also be changes in lifelong eating and drinking preferences – for example, suddenly wanting sugar in tea or coffee when they have always taken their drinks sugar-free.

The changes in taste that often come with dementia, along with other factors like a loss of appetite, may make it more difficult for the person to stick to specific diets such as diabetic, coeliac, religious or cultural diets. It is helpful to find out about any rules, routines or restrictions so you can support the person to follow them.

Poor appetite and weight loss are common as dementia progresses, but there may be medical reasons why a person loses interest in food and drink that are not directly linked to their dementia, including:

- depression, which can reduce appetite – please see Sources of support on p13 for information on anxiety, depression and dementia
- mouth pain and dental problems, which can cause discomfort when eating or drinking – please see Sources of support on p14 for information on mouth care and dementia
- constipation
- infections

If you are concerned that the person may have health or dental issues that are affecting their appetite, please speak to their GP or dentist for advice.

Setting the scene for mealtimes

A relaxed, familiar and sociable environment may help a person with dementia feel more comfortable when eating and drinking. You could try:

- turning off the TV or radio, which may be distracting, or playing some soothing, familiar music
- being flexible about mealtimes, avoiding times when the person is tired or distressed
- if the person has children, keeping to regular family mealtime routines to maintain a sense of familiarity and encourage them to eat. Some people, however, find family meals too noisy and busy and might prefer to eat at a different time



- giving the person lots of time to eat to reduce any pressure on them
- eating with the person, if they enjoy the social side of mealtimes. Seeing you eating may prompt them to eat too, but bear in mind that some people are self-conscious about eating in company
- making sure the room is well-lit and describing the food to help the person recognise what they are eating
- using plain coloured plates and cups to make the food stand out
- using adapted cutlery if the person has difficulty using regular cutlery – please see Sources of support on p14 for our information on assistive equipment for people with dementia
- finding out about lunch clubs or day centres where the person can enjoy a meal in a social situation with other people

Encouraging a person with dementia to eat

While it is important not to put too much pressure on the person with dementia, these tips may encourage them to eat.

- If the person is able and interested, involve them in preparing food
- Offer two meal options that you know they like and can manage – this will help them feel more in control without overwhelming them with choices. You could use pictures to illustrate their options
- Offer something easy to eat, such as finger foods or foods that are easy to chew and swallow
- Try giving small, regular portions rather than large meals
- Be flexible: a person with a sweet tooth might like to eat dessert first, or you could add sweet condiments like ketchup or apple sauce to savoury food
- Offer a small snack before a meal to see if that helps the person recognise that they are hungry
- Use different tastes, smells and colours to stimulate the appetite

If the person with dementia has difficulty swallowing, soft or pureed food may be easier for them to eat, but please consult a speech and language therapist first as purees may lack nutrients – you can ask their GP to make a referral. While you wait for an appointment, keep offering food that you know the person likes and can manage.

Encouraging a person with dementia to drink

Most people should aim to drink six to eight glasses or mugs of fluid a day, but a person with dementia may not always recognise when they are thirsty or be able to communicate their thirst. You could try:



- always having a drink beside the person and within their eyeline
- having a drink yourself – this may act as a prompt for the person to have a drink too
- setting reminders to drink on a phone or smart device, or sending them regular messages to remind them
- placing the cup in the person's hand as a prompt or if they are struggling to pick it up
- offering a variety of hot and cold drinks – tea and coffee both count towards someone's daily fluid intake
- offering squash if the person is not keen on water
- offering different shapes and sizes of cup – a cup with a lid or a sports bottle may help if they have difficulty drinking from an open cup or glass

- using a water bottle with measures on it so you can keep track of how much the person has had to drink
- finding out if they have a favourite mug, glass or beaker to drink from
- offering foods with a high fluid content (such as soup, sauces, gravy, yoghurt, jelly, cucumber, watermelon) if the person is reluctant to drink

Please see Sources of support on p13 for information on good hydration for people with dementia and how to spot dehydration.

Stocking up and storing food

A person with dementia might need help with keeping track of what food they have at home and storing food safely. You could try:

- storing food in ways that are easy to access and eat, such as pouring cereals into clear containers or cutting cheese into cubes and keeping them in a sealed tub in the fridge
- keeping frequently used items like teabags, coffee, cereal and bread on the worktop rather than in cupboards so they are easy to find
- putting written labels or pictures on the doors of cupboards, the fridge and freezer to remind the person what is inside
- buying ready meals – but be mindful that the person might need help reheating them safely. You could put labels with clear cooking instructions on the top of the meal, and a list of simple instructions for operating the microwave or oven on the door
- buying ambient temperature ready meals: these do not need to be refrigerated or frozen, so may be more accessible for some people



- buying tinned food that has a long shelf life
- finding out if Meals on Wheels is available in your area – please see Sources of support on p14 for information. If not, there are many private companies that deliver ready-to-cook meals
- regularly checking the fridge and cupboards and removing out of date food

Weight loss

Some of the eating and drinking issues associated with dementia can lead to weight loss, frailty and even malnutrition.

It is important to note that there is different nutrition and healthy eating advice for people with dementia. For most younger people, the standard advice is to follow a low fat, low sugar diet. But older people and those with dementia – including young onset dementia, where

symptoms develop before the age of 65 – may need more calories and nutrients. Speak to your pharmacist or GP if you would like any advice on adding supplements to the person's diet.

Younger people with dementia may also be more physically active and need a higher calorie intake to meet their energy needs.

If you are concerned about weight loss in a person with dementia, please speak to their GP, who can offer advice or refer them to a specialist such as a dietitian.

If the person with dementia needs to eat pureed food because of chewing or swallowing difficulties, be aware that this can be less nutritious and may lead to weight loss. In this instance, you could try:

- mixing skimmed milk powder with milkshake powder and full-fat milk to create a high nutrient drink. Choose milkshake powders that are fortified with vitamins
- offering protein or meal replacement drinks

You can also ask the person's GP for a referral to a speech and language therapist for help with swallowing difficulties, or you can make an appointment with a private therapist – please see Sources of support on p14.

Weight gain

If the person with dementia is overeating or gaining weight, you could try:

- serving food in a portion rather than bringing out the packet or whole dish
- replacing sweet or high-calorie foods with healthier alternatives such as fruit or low-calorie jelly



- limiting access to sweet foods by keeping them out of reach or only putting a few items in the cupboard at a time
- encouraging the person to become more active, for example by walking or joining a suitable exercise class. If the person enjoys running or cycling but you are concerned that they may get lost or confused, see if an exercise buddy could go with them. Seated exercises are good for people with mobility issues
- engaging in other activities together such as life story work, exercise or crafts as a distraction from wanting to eat and to reduce boredom and loneliness – please see Sources of support on p14 for information on life stories

For information on staying healthy with dementia, please see Sources of support on p14.



Eating and drinking at the end of life

In the later stages of dementia when the person is approaching the end of life, they are likely to have a reduced appetite or not want to eat or drink at all. This can be very upsetting for family and friends but is a natural part of the dying process.

Interventions like a feeding tube or drip are unlikely to have any benefit at this stage and may cause distress, so it is often better to focus on offering food and drink for comfort and enjoyment rather than for nutrition. For example, you might carefully offer the person a few mouthfuls of a favourite food or drink from a teaspoon or give them ice chips to moisten their mouth if it is dry.

For more information on recognising the later stages of dementia and moving towards end of life care, please see Sources of support on p14.

Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, ‘Dementia: what next?’ at [▶ dementiauk.org/dementia-what-next](https://dementiauk.org/dementia-what-next)

To speak to a dementia specialist Admiral Nurse, 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](mailto:helpline@dementiauk.org)

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit [▶ dementiauk.org/book](https://dementiauk.org/book)

Dementia UK resources

Anxiety, depression and dementia

[▶ dementiauk.org/managing-anxiety-and-depression](https://dementiauk.org/managing-anxiety-and-depression)

Creating a life story

[▶ dementiauk.org/creating-a-life-story](https://dementiauk.org/creating-a-life-story)

Delirium

[▶ dementiauk.org/delirium](https://dementiauk.org/delirium)

Frailty and dementia

[▶ dementiauk.org/frailty](https://dementiauk.org/frailty)

Frontotemporal dementia

[▶ dementiauk.org/frontotemporal-dementia](https://dementiauk.org/frontotemporal-dementia)

Good hydration for a person with dementia

[▶ dementiauk.org/hydration](https://dementiauk.org/hydration)

Living aids and assistive technology

➤ dementiauk.org/living-aids-and-assistive-technology

Mouth care and oral health

➤ dementiauk.org/get-support/mouth-care-dementia

Recognising the later stages of dementia and moving towards end of life care

➤ dementiauk.org/end-of-life-care

Staying healthy with dementia

➤ dementiauk.org/staying-healthy

Other resources

British Dietetic Association (BDA) free food fact sheets

➤ bda.uk.com/food-health/food-facts.html

Find a speech and language therapist

➤ rcslt.org/speech-and-language-therapy/how-to-find-a-speech-and-language-therapist

Meals on Wheels

➤ gov.uk/meals-home

NHS: dehydration

➤ nhs.uk/conditions/dehydration

NHS eat well guide

➤ nhs.uk/live-well/eat-well

NHS: malnutrition

➤ nhs.uk/conditions/malnutrition



**To speak to a dementia specialist Admiral Nurse
about any aspect of dementia:**

Contact our Helpline:

0800 888 6678 or ➔ **helpline@dementiauk.org**

Book a virtual appointment:

➔ **dementiauk.org/book**

**Our charity relies entirely on donations to fund our
life-changing work. If you would like to donate to help us
support more families:**

- Call **0300 365 5500**
- Visit ➔ **dementiauk.org/donate**
- Scan the QR code



Thank you.



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