

# Eating and drinking for people with dementia



## Introduction

Eating is a complicated process. Healthy adults are aware when we feel hungry and recognise edible food. We recognise when to chew and swallow mouthfuls without thinking.

The swallowing mechanism is controlled by our brains and involves the coordination of many different nerves and muscles working together. Dementia can damage these structures and have an effect on the way we can eat and drink.

## How does dementia affect eating?

Having dementia affects each person differently. Some or all of these problems could arise at different stages of the disease:

- **Senses** – older people experience changes in their senses of smell and taste, and often don't enjoy food as much. This problem will often be worse in patients with dementia.
- **Swallowing** – the nerves and muscles controlling the action of swallowing may not work together as well as they once did. In this case we might refer to a speech and language therapist, who would assess the difficulties the patient has with swallowing and offer advice on textures that would promote a safer swallow.
- **Changes in behaviour** – people with dementia often need to be reminded to continue eating and to swallow their mouthfuls of food or fluids. They might keep food in their mouth or cheeks, or they may refuse food or resist help with feeding. They could also develop unusual thoughts about food, for example they might think it has been poisoned. They might also be easily distracted at meal times.

## How can I help someone with dementia eat and drink?

- **Finger food**

If a person finds it hard to feed themselves, try different foods that can be picked up and eaten such as chopped fruit, vegetables, cocktail sausages, chocolate or pieces of cheese. There is a finger food menu in the hospital that the ward host/hostess can order from.



- **Variety**

As people's tastes can change, try experimenting with different flavours, textures and temperatures. Some people with dementia can start to enjoy foods they didn't previously like. Ice cream may stimulate a swallow. A dietician will be able to offer advice and help devise a nutritional treatment plan.



- **Little and often**

People with dementia may have changes to their appetite. They may prefer smaller portions and benefit from smaller meals more often during the day. Some people might prefer eating at different times, for example earlier in the day. It is important to think about boosting the energy content of the diet by using high energy foods such as butter, cream and full fat milk. These can help when somebody is eating small amounts.



- **Extra time**

As dementia progresses, people often need more help with eating. They will often need somebody to feed them by hand. A calm environment can help. Try to reduce distractions, and plan for the extra time that meals will take.



## **What is artificial nutrition and hydration?**

When a person with dementia is admitted to hospital there may be reversible illnesses to treat. As such they may receive fluids into a vein (intravenous) or through nasogastric feeding tube (NGT) for a short period of time (1-2 weeks) to give medication, fluid and food.

This decision would be made depending on the individual's circumstance and their type of dementia. The plan would be documented clearly in the notes and family members/carers should be involved in the decision making process of feeding tubes.

To avoid long-term poor nutrition or lung infections, it is possible to artificially feed a person with dementia through tubes put into the stomach down the nose (nasogastric tube) or by an operation through the abdomen (PEG tube). However, there are possible complications such as infections and diarrhoea. Long term tube-feeding has not been shown to improve wellbeing, prolong life or avoid lung infections, so is not usually advised in the later stages of dementia.

## **What happens at the end of life?**

Artificial fluids and food may be withdrawn in the final stages of dementia as they may no longer be appropriate. This is particularly relevant towards the very end of a person's life as intravenous fluid lines and treatment can be uncomfortable and even harmful for the patient. It may be that after a discussion with the medical team fluids, food or medications are no longer prescribed and a palliative approach is taken. This is known as care of the dying patient, and is for those patients who we recognise as nearing the end of their lives.

## **Any questions?**

Your medical and nursing teams will answer any questions or concerns you may have about the fluid and food needs of your relative. The nurse in charge of the ward / department (nurse wearing a red badge) can answer most questions and also organise a time to speak with the ward doctors and /or consultant, if you wish.

**Published in partnership:**

Royal Cornwall Hospitals NHS Trust  
Cornwall Partnership Foundation NHS Trust

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