

# Eating and drinking

Factsheet 511LP  
July 2020



Keeping physically and mentally well will help people with dementia to manage their symptoms. A healthy, balanced diet can help with this. However, people with dementia often have problems with eating and drinking.

This factsheet looks at different ways that dementia can affect eating and drinking, and the difficulties a person with dementia can have. Throughout it, you'll find tips to support someone with dementia to eat and drink well. This includes day-to-day support that carers and other people can provide.

## Contents

- Why eating and drinking is important for a person with dementia
  - Eating and drinking: general tips for carers
- Poor appetite
  - Encouraging appetite: tips for carers
- Drinking
  - Ensuring the person drinks enough: tips for carers
  - Alcohol
- Changes in eating habits and food preferences
  - Coping with changing eating habits: tips for carers
- Overeating
  - Managing overeating: tips for carers
- Physical difficulties and problems with a person's senses
  - Problems with co-ordination
  - Chewing and swallowing
  - Constipation
  - Problems with eyesight
  - Taste and smell
  - Judging temperature
- Eating experience
  - Improving the eating experience: tips for carers
  - Preparing food
- Living alone
  - Supporting someone who is living alone: tips for carers
- Other useful organisations

## Eating and drinking

### Why eating and drinking is important for a person with dementia

A healthy, balanced diet can help improve a person's quality of life. However, common symptoms of dementia (such as memory loss and difficulties with thinking and problem-solving) can make it more difficult to eat and drink well. People with dementia often have physical difficulties including hearing and sight loss that can also cause problems with eating and drinking.

Although eating and drinking difficulties are fairly common in people with dementia, each person's difficulties will be unique to them and their situation. A person with dementia may struggle to recognise the food and drink in front of them. They may also be unsure how to begin eating. These problems may start because:

- of changes that dementia causes in the brain
- the person is given unfamiliar food
- the food is presented differently.

They may not eat or drink for these reasons, even when they feel hungry. This can lead to weight loss.

Respecting the preferences of a person with dementia will support them to eat and drink well. Similarly, eating and drinking can be made more difficult if a person's routine and diet are changed.

For example, if a person is not used to spicy foods, they may not enjoy the sensation of eating heavily spiced meals. The person may be used to having different portion sizes, eating more or less regularly throughout the day, and may also not eat some foods because of their religious beliefs. By understanding a person with dementia's preferences, you can support them to eat and drink.

As dementia progresses, the person is likely to need more support to meet their needs. While eating a balanced diet is recommended, sometimes it is more important to make sure they are eating enough, even if that means eating unhealthy foods. They may also need more support with drinking (see 'Drinking' on page 8).

### **Eating and drinking: general tips for carers**

It's important to remember that people with dementia don't need a special diet. You may find these tips helpful in supporting someone with dementia to eat and drink well:

- Keep in mind that problems with eating and drinking are common for people with dementia.
- There are approaches you can try. Aim for the least stressful solutions – common sense and a creative approach often help.
- Remember the person – think about what they like and don't like, and bear in mind their life history including past routines.
- Look for non-verbal clues such as body language and eye contact as a means of communication.
- Keep calm and try not to rush the person. It's important they don't feel hurried and they are given enough time to eat.
- Help them maintain as much independence as possible.
- Remember that you're not alone. If you're concerned about a person's diet, speak to the GP. A dietitian can also give advice on what is best in a particular situation.
- For more advice on a healthy, balanced diet, see the NHS website under 'Other useful organisations' at the end of this factsheet.

## Poor appetite

A person with dementia may lose interest in food. They may refuse to eat it or may spit it out. The person may become angry or agitated, or behave in a challenging way during mealtimes.

If a person isn't eating enough, it can lead to weight loss and less muscle strength. They may also feel tired and weak. This can make them frailer and less able to recover from infections or viruses.

A person may lose interest in, or turn down, food and drink because of physical difficulties, such as problems with chewing and swallowing, or constipation. For more information see 'Physical difficulties and problems with a person's senses' on page 13.

Other reasons include:

- Depression – loss of appetite can be a sign of depression which is common in people with dementia. There are effective treatments for depression, including medication and other therapies. If you suspect that the person you are caring for has depression, consult the GP. For more information see factsheet 444, **Supporting a person with dementia who has depression, anxiety or apathy.**
- Communication – the person with dementia may have problems communicating that they're hungry, that they don't like the food they have been given or that it's too hot. They may be unsure what to do with the food. They may communicate their needs through their behaviour. For example, they may refuse to eat or hold food in their mouth. You could try giving them a choice of food, or use prompts and pictures so they can choose the food they would like. For more information see factsheet 500, **Communicating.**
- Pain – the person may be in pain or discomfort, which can make eating difficult. They may have problems with their dentures, sore gums or painful teeth. Oral hygiene and regular mouth checks are important. For more information see factsheet 448, **Dental care and oral health.**

- Tiredness and concentration – tiredness can cause people with dementia to not eat or give up partway through a meal. It can also lead to other difficulties such as problems with concentration or with co-ordination. A person with dementia may have difficulties focusing on a meal all the way through. Try to support the person to eat when they are most alert.
- Medication – changes to medication or dosage can result in appetite changes. If you think this may be the case, speak to a pharmacist or the GP.
- Physical activity – if the person is not very active during the day, they may not feel hungry. Encouraging them to be active will be good for their wellbeing and may increase their appetite. Equally, if the person is very active or restless – for example, walking about or fidgeting – they may use extra calories and may be hungrier than usual or lose weight more quickly. For more information see factsheet 529, **Physical activity and exercise**.

### Encouraging appetite: tips for carers

There are lots of ways to increase a person's appetite and interest in food and drink. Knowing the person will help, as everyone has their own needs, routines, likes and dislikes. Here are some ideas that may help:

- Make food look and smell appealing. Use different tastes, colours and smells. The aroma of cooking – for example freshly baked bread – can stimulate someone's appetite.
- Try not to overload the plate with too much food – small and regular portions often work best. Consider serving half portions to keep hot food from going cold and losing its appeal.
- Give the person food they like. However, remember that a person's food preferences can change as their dementia progresses. See 'Changes in eating habits and food preferences' on page 9.
- Don't stop someone eating dessert if they haven't eaten their savoury meal. They may prefer the taste of the dessert.

- Try different types of food and drink with varying temperatures and textures, such as milkshakes or potato wedges.
- Give the person gentle reminders to eat, and remind them what the food is.
- Don't assume the person has finished because they've stopped eating.
- If the person is agitated or distressed, don't put pressure on them. Wait until they are calm and less anxious before offering food and drink.
- Use eating and drinking as an opportunity for activity and social stimulation. It may be an opportunity to talk about food from their childhood, and this could help to encourage their appetite. They could also help with preparing the food – see 'Eating experience' on page 16.
- If the person doesn't want to eat meals at set times or at a table, make finger foods available such as sausage rolls, falafel, samosas, spring rolls, sandwiches, slices of fruit and vegetables so they can snack on these instead. Some full meals could be served as finger foods, for example roast dinner, as long as they're presented in easy-to-hold pieces.
- Look for opportunities to encourage the person to eat. For example, if they're awake for much of the night then night-time snacks may be a good idea.
- If the person refuses food, try again a bit later. Remember that these reactions are not a deliberate attempt to be 'difficult'.
- If they continue to refuse food and you're concerned about the effect of this on their health, speak to a pharmacist or the GP.

## Drinking

Someone with dementia may become dehydrated if they're unable to communicate or recognise that they're thirsty, or if they forget to drink. This can lead to headaches, increased confusion, urinary tract infections and constipation. These can make the symptoms of dementia worse.

As people get older the sensation of thirst changes. This can mean they don't feel thirsty even though they're not drinking enough. Someone with dementia may experience similar changes. They may be less able or likely to get themselves a drink.

Placing a drink in front of someone doesn't always mean they will drink it. Also, an empty cup doesn't always mean that the person has finished the drink. It may have been spilled, drunk by someone else, or poured away.

### Ensuring the person drinks enough: tips for carers

- Encourage the person to drink throughout the day. The recommended amount is one and a half to two litres a day, which is around eight to 10 glasses, or 10 to 13 cups per day.
- Give the person a drink whenever they are eating something.
- Use a clear glass so the person can see what's inside, or try a brightly coloured cup to draw attention instead.
- If possible, offer the person the cup or put it where they can see it clearly.
- Offer different types of drink throughout the day such as tea, coffee, hot and cold milky drinks, fruit juice or smoothies, soup, squash and water.
- Make sure the cup or glass is suitable – not too heavy or a difficult shape.
- Encourage the person to eat foods that have a high liquid content, such as gravy, ice lollies, milk jellies and yoghurt.
- Nutritionists have created sweets called Jelly Drops®, which may help people with dementia to get more water into their diet. For more information go to [www.jellydrops.com](http://www.jellydrops.com)



## Alcohol

People with dementia can become more confused after they drink alcohol. You may need to limit the amount of alcohol the person drinks. A person with dementia may drink too much alcohol because they've forgotten how much they've had. If this happens, you could keep alcohol out of sight. You could also give the person low-alcohol or non-alcoholic substitutes, or watered-down alcoholic drinks.

People who have dementia related to past alcohol use should not drink alcohol. For more information see factsheet 438, **Alcohol-related brain damage (ARBD)**. Also, alcohol doesn't mix well with certain medicines. If in doubt, ask the GP for advice.

## Changes in eating habits and food preferences

People with dementia can experience changes in eating habits, both in terms of how much food they eat and when and what food they prefer. They may begin to develop changes in how they experience flavour. They may start to enjoy flavours they never liked before, or dislike foods they always liked.

Sometimes people with dementia make food choices that don't match their usual beliefs or preferences. For example, a person who has been a lifelong vegetarian may want to eat meat for reasons including:

- their preference has changed
- they remember that they used to eat meat (before they became vegetarian)
- they have forgotten they don't eat meat
- they see you or someone else eating meat and want the same, without knowing what it is.

For similar reasons, people who have other beliefs may start to want something different that they previously wouldn't have eaten. For example, a person who does not eat pork for religious reasons may start to want pork. It can be difficult to know what to do in these situations.

### Coping with changing eating habits: tips for carers

- If a person has a preference for sweet foods, fruit or naturally sweet vegetables may be a healthier option if the person isn't losing weight. Adding small amounts of honey or sugar to savoury food can also help.
- Use herbs and spices, sauces and chutneys to enhance flavours.
- Add small amounts of syrup, jam or honey to puddings to increase sweetness.
- Be led by the person on what they'd like to eat, even if the food combinations seem unusual.
- Be led by the person on when they prefer to eat. Some people like a light lunch and larger evening meal and others prefer a main meal in the middle of the day. This may be different to when they've previously wanted to eat.
- Try food the person has never eaten before but remember the person's personal preferences and practices. Their beliefs should be respected despite changes in eating habits.
- Try to use what you know about the person and, if they're showing a different preference, consider what might be the reason for this.
- Also be aware of any impact on the person's digestion. For example, if the person has always been vegetarian but asks for meat, offer meat substitutes instead. These may be easier for them to digest.
- Always try to do what's in the person's best interests, even if this is different to the best interests of those around them.
- The charity Vegetarian for Life campaigns for the respect and protection of people's vegetarianism and veganism in care homes. For more information see 'Other useful organisations' on page 18.

As dementia progresses, a person may put things that aren't food into their mouth, such as napkins or soap. There could be a number of reasons for this. For example, the person may no longer recognise the item or what it's for, or they may be hungry and mistake the item for food.

It can be helpful to:

- make sure everyone involved in the person's care is aware of this behaviour
- where possible, remove non-food items which could be mistaken for food, and lock away any harmful substances like cleaning products
- be vigilant and remove small items that may be easily placed in the mouth
- ensure food is available and easily accessible throughout the day
- during mealtimes, remove all non-food items from the dinner table, such as napkins and flowers
- season meals in the kitchen, so that the salt and pepper shakers and spice containers are not on the table.

## Overeating

Some people with dementia may eat too much or too often. They may have forgotten that they've recently eaten or be concerned about when the next meal is coming. If a person is overeating, they may also eat foods that aren't appropriate. They might be frequently asking or searching for food. This can be a stressful situation for them and the people around them.

People with certain types of dementia – such as frontotemporal dementia – may be more likely to experience excessive eating and other changes to eating behaviour. These may include changes in dietary preference and obsession with particular foods. For more information see factsheet 404, **What is frontotemporal dementia (FTD)?**

Someone with dementia may also drink too much alcohol – for more information see 'Alcohol' on page 9.

### Managing overeating: tips for carers

- Make sure that the person has something to do, so that they don't feel bored or lonely.
- Divide the original portion into two and offer the second one if the person asks for more.
- Fill most of the plate with salad or vegetables.
- Make sure the person is well hydrated as they may be mistaking thirst for hunger. Offer them a drink with their meal if possible.
- Leave bite-sized fruit or healthy snacks, such as chopped bananas, orange segments or grapes, within reach for the person to snack on when they want to.
- Offer the person a low-calorie drink instead of more food.
- Consider not having certain foods in the house, or substituting them with low-fat or low-calorie versions.

If the person has developed a strong preference for particular foods, and is not eating enough of other foods, or if they are struggling with excess weight gain, ask the GP for referral to a dietitian.

## Physical difficulties and problems with a person's senses

Some physical difficulties and problems with a person's senses will be symptoms of dementia. But people with dementia can also have problems such as constipation and sight loss.

### Problems with co-ordination

People with dementia may have difficulty picking up items such as cutlery or a glass. They may also have trouble putting food into their mouth. A person with dementia may not open their mouth as food approaches and may need reminding to do so. Some people may also have other conditions that affect their co-ordination, such as Parkinson's disease. This could lead them to avoid mealtimes because they are embarrassed by their difficulties or want to avoid struggling.

Some of the tips on page 6 for encouraging people to eat – such as trying finger foods – may help someone who has difficulties with co-ordination. You may find these other ideas helpful:

- If the person is struggling with using a knife and fork, cut up food into smaller pieces so it can be eaten more easily, perhaps with a spoon.
- If the person seems to have difficulty using cutlery, you may need to prompt them and guide their hand to their mouth to remind them of the process involved.
- If you are able to, speak to an occupational therapist about aids and equipment that can help, such as specially adapted cutlery, lipped (high-sided) plates or non-spill cups.

### Chewing and swallowing

A person with dementia may have difficulties with chewing food. They may forget to chew or they may get tired easily. Certain foods, such as hard vegetables or dry biscuits, may be more difficult for the person to chew or swallow. The person may leave these on the plate.

As dementia progresses, swallowing difficulties (called dysphagia) become more common, although they will vary from person to person. Difficulties may include the person chewing continuously or holding food in their mouth. Swallowing difficulties can lead to weight loss, malnutrition and dehydration. If the person is drowsy or lying down, they may struggle to swallow safely which may cause them to choke. You may find these ideas helpful:

- Make sure the person is fully awake, comfortable and sitting upright before you offer food and drink.
- Avoid foods that the person has difficulty chewing.
- Good oral hygiene is important. If the person has painful gums or teeth, or has mouth ulcers, then chewing will be uncomfortable and difficult. If the person wears dentures, make sure they are comfortable and fitted properly. For more information see factsheet 448, **Dental care and oral health**.
- If the person is having difficulties chewing or swallowing, talk to the GP about referral to a speech and language therapist. They can diagnose swallowing difficulties and give advice. In the meantime, try softer choices such as scrambled egg or stewed apple first, before considering pureed food.
- If the speech and language therapist does advise pureed food, seek advice from a dietitian too to make sure it's nutritious and has enough flavour.
- An occupational therapist can advise on aids for eating and drinking. Ask the GP for a referral.

## Constipation

Constipation is a common problem. It can result in the person feeling bloated or nauseated, making them less likely to want to eat. Try to prevent constipation by:

- encouraging activity
- offering the person fibre-rich foods, and
- encouraging them to drink plenty of fluids.

If constipation becomes a problem for the person, speak to a pharmacist or the GP. For more information see factsheet 502, **Continence and using the toilet**.

## Problems with eyesight

If the person with dementia has problems with their sight, they may not be able to see the food. It's important not to assume that the person isn't hungry if they don't start eating. The following tips may help:

- Make sure the person is wearing the correct glasses.
- If they aren't able to see the food in front of them, it may help to describe the food to the person.
- Make sure the environment is well lit.
- Choose contrasting, plain colours for the food, plate and table (for example a green tablecloth, a red plate and mashed potato).
- If you leave a drink out for someone, describe where it is so that they are able to find it.

## Taste and smell

As people get older they often begin to lose their sense of taste and smell, which can lead to food tasting less pleasant. People with dementia may begin to want more sugar and salt in their food, and it's common for them to begin eating more sweet foods. A person with dementia may also enjoy unusual flavour combinations or ways of eating. Often people mix sweet and savoury food and flavours. They may start to have a less varied diet, only eating certain types of food. See 'Coping with changing eating habits' on page 10 for tips on how to manage this.

## Judging temperature

The person may lose the ability to judge the temperature of food. Be careful of giving the person hot food or drinks that could burn their mouth and make eating uncomfortable.

## Eating experience

A person's surroundings can play an important part in their eating and drinking experience. If the person feels comfortable, it can affect how much they enjoy eating and the amount they eat. A good mealtime experience can have a positive impact on the person's health and wellbeing.

### Improving the eating experience: tips for carers

- Make the environment calm, relaxing and as appealing to the person as possible. Think about what environment they usually like to eat in.
- Keep the table free from clutter. Avoid patterned items that can cause confusion.
- Consider playing soothing music at mealtimes, as this can help create a relaxing environment. Try to switch off any distracting background noise and avoid distracting movement, for example on the television.
- Be led by the person with dementia on where they would like to sit and eat. Make sure that they are comfortable.
- Try not to worry about mess – it's more important for the person to eat than to be tidy. Wipe-clean mats and covers may help.
- If you or others are eating at the same time as the person, it may encourage them to eat.



## Preparing food

Staying involved in preparing food and drink can help people with dementia to maintain certain skills, and to stay interested in food and drink. Carers, friends or family members could help prepare meals. You could break down preparation into individual tasks, such as preparing vegetables or buttering bread. It's important for the person with dementia to do as much as they can for themselves.

## Living alone

People with dementia who live alone may struggle to prepare meals, or may forget about food, which then goes off. This can have a bigger impact on their wellbeing if there's no other support in place to help them with these issues. If the person is struggling with eating and drinking, it may be a sign they need more support. It's important to look at possible solutions for help and support that will work for the person.

## Supporting someone who is living alone: tips for carers

- Encourage the person to use frozen, refrigerated or room-temperature ready meals. They often need little preparation and may help the person cook more easily. Some meals are specifically made to be nutritionally balanced.
- If the person has difficulty using utensils for chopping or peeling, ready-prepared or frozen vegetables can be a quick and easy way to help them eat a balanced diet.
- Consider having meals delivered. A 'meals on wheels' service is available in some local areas. It may also be possible for the person to have a week's supply of ready meals delivered. Contact your local council to see what is available in your area.
- Organise online shopping if the person struggles with going to the shops. It can be a good way to make sure there is fresh food in the house. The person can order what they want and have it delivered – usually on the date and at the time of day that they choose. Others (such as friends or family members) could help the person with this, but it's important to make sure the food ordered is what the person would want.

- Leave simple notes or pictures to show the person where food is – for example a picture of a sandwich on the fridge.
- Leave simple instructions to help the person prepare, cook or reheat food for themselves – for example ‘microwave on high for three minutes’.
- Consider arranging a homecare worker to help the person with eating and drinking. For more information contact your local social services or the UK Homecare Association (see ‘Other useful organisations’).

## Other useful organisations

### British Dietetic Association (BDA)

0121 200 8080  
info@bda.uk.com  
www.bda.uk.com

The BDA is the UK body representing dietetic workers. They also provide a range of information for members or the public.

### NHS website

[www.nhs.uk/live-well/eat-well](http://www.nhs.uk/live-well/eat-well)

The NHS website provides information on eating a healthy, balanced diet.

### UK Home Care Association (UKHCA)

020 8661 8188  
enquiries@homecareassociation.org.uk  
www.ukhca.co.uk

UKHCA is the representative body for organisations that provide personal care – including nursing care – to people in their own homes. They have details of homecare providers available on their website.

## **Vegetarian For Life**

0161 257 0887

[info@vegetarianforlife.org.uk](mailto:info@vegetarianforlife.org.uk)

[www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

Vegetarian For Life is a UK charity aimed at improving quality of life for older vegetarians and vegans.

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## Factsheet 511LP

Last reviewed: July 2020

Next review due: July 2023

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

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This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email [publications@alzheimers.org.uk](mailto:publications@alzheimers.org.uk)

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