



Eating and drinking in dementia

Helping people with dementia with eating and drinking

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Many people living with dementia may experience a change in their relationship with food, eating and drinking. As dementia progresses, the behavioural, emotional and physical changes that occur can make eating and drinking more difficult. Everyone is different, but some common difficulties include:

- ❖ holding food/drink in the mouth without swallowing
- ❖ eating very quickly or very slowly
- ❖ chewing food for longer than is needed, leading to reduced intake; or chewing less than is needed, leading to choking risk
- ❖ playing with food, or becoming distracted from eating and drinking
- ❖ failure to open the mouth for food and drink, or refusal to eat and drink
- ❖ spitting out lumps or “bits” in food

There are many things you can do to help. These may involve adapting the environment or routine, your interaction style/how you assist the person, or the food/drink itself. You might consider using a combination of strategies or trying one approach at a time. Some examples are below.

Environmental/routine changes:

- ❖ **Reduce the amount of possible distractions** (e.g. TV, other people, other activity) so that the person can focus on eating and drinking. This may include reducing glare by closing curtains and/or removing distracting items in the immediate vicinity e.g. napkins, flower vases on tables etc.
- ❖ Try **brightly coloured/contrasting** cutlery, plates and bowls, and ensure there is a contrast between chairs, floor, plates and table, if possible.
- ❖ **Be flexible with the times** you offer food/drink. Some people manage more easily at certain times of the day. Others may prefer smaller, more frequent snacks rather than three regular meals.
- ❖ The person may say that they do not want anything to eat or drink, but will accept it if and **when physically offered**.
- ❖ Allow the person to **eat with their hands** if they prefer. Finger foods can be helpful.

Adaptations to your interaction style/assistance:

- ❖ Try **varying portion size or cutlery size**, e.g. try a teaspoon if the individual “crams” or eats too quickly.
- ❖ **Talk about eating/drinking** e.g. “Are you ready, here is some potato”, “have a nice drink of tea”. Talk about what flavour the food is, how good it smells etc.
- ❖ In the later stages of dementia, the person may no longer understand that the food is there

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to be eaten. You may need to **keep reminding them to eat or guide the food into their mouth.**

- ❖ **Gently prompt the person** to chew and swallow e.g. “Swallow what’s in your mouth”, “you still have some food in your mouth”.
- ❖ **Do not give the next mouthful until the previous one is cleared.**
- ❖ Give the person an ‘**empty**’ spoonful to ‘eat’ as sometimes the physical feel of the spoon in their mouth will trigger a swallow.
- ❖ If the person is better with a drink, then offer a very small sip of drink from a cup regularly throughout a meal to encourage them to clear what’s in their mouth. Be careful and **stop if this causes coughing.**
- ❖ Try **stroking gently from the lower lip down the chin** to encourage mouth opening if this is difficult.
- ❖ If the individual does not like to be assisted, it may be helpful to **cut food up** before bringing it to them.

Adaptations to the food/drink itself:

- ❖ **Try enhancing flavours** e.g. adding spices, herbs, garlic, lemon, sugar etc. Many people **prefer sweeter foods** as dementia progresses.
- ❖ In the case of prolonged chewing, make a note of problematic foods and consider avoiding or modifying these e.g. providing softer meats, if this helps. Similarly, with reduced chewing before swallowing, consider modifying difficult textures. **Spitting out “bits” can be resolved by avoiding these types of foods.**

If further advice is required regarding provision of modified diets, please contact a speech and language therapist.

- ❖ **Difficulties caused by dementia can be variable and you may need to assess the person’s ability to safely eat and drink on a meal-by-meal basis.**
- ❖ **If any of the above problems are affecting a person’s overall nutritional intake, then please contact a dietitian for advice.**
- ❖ **If the individual is coughing or showing other signs of aspiration when eating and drinking, make a note of the pattern and frequency of this. If this is frequent and/or occurs alongside recurrent chest infection or weight loss, please refer to a speech and language therapist.**

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