



Eating well for people with Dementia - a guide for carers



Northern Health
and Social Care Trust

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Introduction

Eating plays an important role in our lives and is often a social event, a time shared with family and friends. It can also provide structure to the day.

For people with dementia, eating and drinking can become difficult. They may be less able to feed themselves and may also have a poor appetite or lose interest in food making it more challenging to achieve good nutrition. This can be a source of great distress for families and carers.

This booklet is for anyone caring for a person with dementia. It is hoped the information will be useful and help you to deal with everyday issues including swallowing difficulties, feeding problems and mouth and dental care.

Look after yourself

When you are caring for someone with dementia it is easy to neglect your own health and wellbeing. As well as eating well, try to get some time for rest, relaxation, physical activity and for social occasions with family and friends.

As a carer you are entitled to a separate assessment of your own needs. Your social worker or other health professional will be able to discuss this with you. Don't think that you have to cope with everything by yourself, seek help.

Social services and your local Alzheimer's Society can also provide advice and support. See page 22 for further information on how to contact the Alzheimer's Society in the Northern Trust area.



Good nutrition

Everyone, including the carer needs to eat a healthy balanced diet. No one food group provides all the nutrition we need.



Choosing a variety of foods from each of the food groups is the best way to ensure a balanced diet. The Eatwell plate shows how much of what you eat should come from each food group. This includes all the meals and snacks you eat during the day.

Don't worry if the person you are caring for can't manage this balanced diet every day. They may not be following their usual eating pattern of three regular meals. However they may be able to achieve good nutrition through eating little and often including more snack foods and finger foods. (See page 14). The dietitian can advise you on what to eat to achieve a balanced diet and will recommend ideas for suitable meals and snacks.

If the person has a problem preparing meals, cooked chilled meals can be delivered daily. These meals come with reheating instructions and are to be eaten on the day delivered. Meals can be chosen from a menu a week in advance. Frozen meals are also available. Ask your social worker for more information.

For some people who have problems with their appetite or who may be losing weight, frequent high calorie meals and snacks, full-fat spreads and dairy foods will be required, with smaller portions of bulkier foods such as fruit and vegetables. Prescribed nutritional supplements may also be required. Sometimes people with dementia may overeat or forget they have already eaten. This is often a temporary phase. Offer frequent small meals and healthy snacks. Keep excess sweet food out of sight.

If you have any concerns about food intake, appetite or weight, ask for a referral to the dietitian.

Fluids

As well as eating a balanced diet, it is important to aim for at least 8 cups of fluids a day. Fluids can include water, tea, coffee, fruit juice and squashes, soup and milk.

Some people with dementia may not recognise that they are thirsty or may forget to drink. A lack of fluids can cause dehydration. This can lead to constipation, increased risk of urinary tract infections and can also worsen confusion and irritability.

Tips to increase fluid intake

- Make drinks available frequently throughout the day.
- If safe to do so use a clear glass so that the drink is visible.
- Transfer drinks from a carton with straw to a cup or glass as a person with dementia may not be able to use a straw.
- Lighter plastic cups or feeder cups with two handles may be helpful.
- Put the cup/glass into the person's hand to prompt them to drink, rather than leaving it on the table.
- Some people may need thickened fluids – as advised by the speech and language therapist.

Constipation

Constipation can reduce appetite and cause bowel discomfort. If not resolved seek advice from your doctor, as laxatives may be required for some people.

To prevent constipation, good fibre and fluid intakes and daily activity are important.



Fibre

High fibre foods include:

- Wholemeal/wheaten bread.
- Porridge.
- Weetabix/Bran Flakes/All Bran/other high fibre breakfast cereals.
- Fruit – fresh, stewed, tinned, frozen and dried.
- Vegetables – fresh, frozen, tinned and soups, broth/lentil.

Do not add raw bran to foods as this can cause bloating and it can reduce the amount of calcium and iron absorbed from the diet.

Tips

- Gradually introduce high fibre foods if the person is not used to eating them.
- Extra fluids are required when increasing fibre.
- Try to include small portions of fruit and vegetables at each meal e.g vegetables in casseroles.
- Offer pieces of soft peeled fruit and cooked vegetables as finger foods.
- Stewed or pureed fruit can be added to puddings e.g. apples or prunes (without stones).
- Encourage daily activity for those who are able e.g. a short gentle walk.
- Remind the person to maintain a regular, daily toilet routine if they are able to use the toilet/commode.

For people with a poor appetite and weight loss high fibre foods including fruit and vegetables may be too bulky and the person can become full before they have eaten enough calories

Offer small portions along with high calorie foods, e.g half a weetabix /half bowl porridge made with full cream milk and added cream and sugar; one to two spoonfuls of soft vegetables added to main meals e.g peas or carrots cooked with mince or stews, full cream milk puddings with a little fruit.



How dementia affects food intake?

People with dementia can experience many difficulties in relation to food and nutrition often reducing their appetite. They may eat less food or may not be able to eat. For example:

Increased Nutritional Requirements

A person may use up extra calories due to increased activity eg if agitated and restless even when sitting, or through wandering and pacing. Extra food is required.

Chronic disease states e.g. Parkinson's Disease

Poor coordination and tremor increases calorie requirements and affects ability to eat

Loss of senses with ageing

Decreased sense of taste/smell.
Food needs to be tasty to encourage eating.

Difficulty swallowing and chewing

Dental Problems
Not able to feed themselves

Confusion/Memory loss or lack of recognition of food/cutlery

Forgetting to eat or tendency to eat with hands

Depression & Paranoia

Loss of interest in food or suspicion of food

Effects of Medication

Drowsiness, taste changes, dry mouth

Dealing with the difficulties of eating

There can be many reasons why a person with dementia may not be eating well.

People living alone may need support at mealtimes to encourage them to eat. Depression, a sore mouth, ill-fitting dentures or other eating/swallowing difficulties may be overlooked as a cause of poor appetite and food refusal.

Seek advice from your social worker, dentist, dietitian, occupational therapist, speech and language therapist or doctor to address these issues. Your doctor can refer you to these healthcare professionals.

The Dietitian

A dietitian:

- Is a professional with a legally recognised qualification in diet and nutrition
- Will give you safe, practical and evidence-based advice
- Is qualified to assess and treat a range of medical conditions (e.g. diabetes, cancer, bowel problems) with dietary therapy tailored to individual needs
- Will educate, provide training and promote health and wellbeing

A person referred to the dietitian will receive a detailed nutritional assessment to determine if dietary intake is meeting their needs. This will take account of factors including eating behaviours, appetite and interest in food, mental state, ability to chew and swallow, activity level and if a person is losing or gaining weight. The dietitian will advise on how to achieve the best possible nutrition within the limits of the effects of dementia.

The Occupational Therapist

People with dementia may refuse food as they do not recognise that it is time to eat or cannot communicate that they do or do not wish to eat. The occupational therapist (OT) will help you explore this problem.

The role of the occupational therapist is to help people to be as independent as possible for as long as possible at meal times. The OT will offer advice and practical assistance as follows:

- The OT will advise on the environment which best meets the needs of the person with dementia.
- Chairs should be comfortable and easy to get down into and rise from. Chairs should be well balanced.

- Tables need to be sturdy enough to support people with mobility problems. Clear leg space under tables makes it easier for wheelchair users.
- Having the correct crockery and cutlery is important. The OT will advise on the right tool for the job. Large handled utensils and cups, plate guards and suction mats are useful.

A specialist team of occupational therapists who work within the field of dementia are available in the Northern Trust.

Contact Tardree House, Holywell Hospital, Antrim Tel: 028 94413463
or Rosebrook House, Coleraine Tel: 028 7034 3084

The Speech and Language Therapist

The impact of dementia, including Alzheimer's disease, on swallowing and independent eating/feeding will change as dementia progresses. As well as difficulties with chewing and eating, food and fluids may go down the 'wrong way' causing coughing and choking – this is known as aspiration.

The speech and language therapist plays a vital role in assessing specific swallowing and feeding difficulties and advising solutions eg. if food needs to be made softer or pureed/blended or if fluids need to be thickened. Individual advice and feeding tips will also be given to ensure safe swallowing. The speech and language therapist will recommend the specific texture of food and thickness of liquids required.

The speech and language therapist can also offer specialist advice, strategies and alternative communication methods to help aid understanding and effective communication.

Signs of chewing/swallowing problems and/or aspiration

- Eating very slowly or long periods chewing food.
- Extra effort or pain on chewing/swallowing.
- Coughing/choking/change of colour during meals.
- Throat clearing when eating/drinking.
- Swallowing several times for a single mouthful of food.
- Sounding 'chesty'/wheezing/shortness of breath after eating/drinking.
- Repeated chest infections.
- Gurgly voice or drooling or slurred speech.
- Residue – food left in the mouth.
- Refusal/avoidance of certain foods.

The Eating Environment - at home and in the care setting

- Avoid distracting noises from television/radio.
- Avoid patterned tablecloths as the person may try to pick items off the tablecloth.
- Avoid unnecessary clutter on the table eg. flowers, candles and other items.
- Make food colourful and appetising but avoid food garnishes.
- Avoid serving meals of the one colour e.g. chicken, cauliflower potato on a white plate.
- Use plain (non-patterned) plates, with a contrasting colour to the food and table.

Encouraging eating – cues and reminders

People may respond to cues and reminders such as keeping to the usual routine of meal times, smells of food being cooked, helping with preparation or setting the table shortly before a meal. A short walk before a meal may increase appetite.

Eating in company can enhance eating as the person with dementia copies others. A relaxed, quiet atmosphere with some gentle background music has also been shown to help.



Some common problems with eating and drinking and tips to help

Forgetting to eat/staring at food/easily distracted? Try

- Frequent gentle reminding.
- Leaving snacks around in convenient places e.g. finger foods, if safe.
- Eating together or arrange visitors at meal times.
- Placing food or utensils in person's hand.

Spilling foods from a cup or plate? Try

- A different type of cup e.g. lighter, with a lid, or two handles.
- A spoon may be easier than a knife or fork.
- A plate with a guard and non-slip mat.
- To protect clothing with a napkin.
- Contacting occupational therapists for help with special feeding aids.

Spitting out food/difficulty chewing/prolonged chewing/holds food in the mouth? Try

- Making sure food is correct texture and temperature.
- Softer or pureed food, which may be easier to chew and swallow.
- To ensure that the food is liked/offer favourite food.
- Checking if the amount is correct eg. not too much on spoon.
- Gently massaging cheek or throat to stimulate swallow reflex.
- Reminding the person to chew and swallow.
- Checking the food is swallowed and the mouth is empty before offering more food.
- Making sure teeth, gums or dentures are not painful – the dentist can advise you.
- Contacting the speech and language therapist for advice on food textures/ swallowing.

Food wastage/not finishing a meal/slow to eat / Try

- Smaller meals on smaller plates or one food at a time.
- Serving food on keep-warm plates.
- Offering second helpings, snacks and finger foods more often.
- Offering extra food at a time when the person seems to be eating more.
- Frequent high calorie meals and snacks (see page 15).
- Eating with the person so they will copy you.

Refusing to eat/refusal to open mouth? Try

- Not to force the person to eat.
- To gently prompt open their mouth or touch lips with spoon.
- Removing the meal for 5-10 minutes and then serve again.
- High calorie drinks – milk shakes, smoothies or Complan.
- Offering smaller portions or snack foods more often.

In addition to the above tips you may already have good ideas of your own. Do what works for you.

Seek advice from the dietitian if you are concerned about nutrition, if the person is receiving liquidised or pureed food or if the person is losing weight. Sometimes weight loss may occur as dementia progresses. Nutritional supplements may be required.

Remember when it comes to dealing with the difficulties of eating and dementia you can only do your best and that may mean the person only manages to eat a little food at a time. Try to keep calm and not get over anxious, see if someone can help occasionally at mealtimes.

People living in a care setting

If you can maintain a routine reflecting a person's early life or the majority of someone's working life, you have the key to a positive experience. Life story work can help you discover this. It is important to collect and record as much information as you can about someone's past working and family life, daily activities, usual eating and drinking habits, likes and dislikes. This information can be obtained from themselves, relatives, friends and previous staff members.

Find out about the usual eating and drinking habits for example:

- Breakfast at midday eg. if they always worked night shifts.
- The main meal later in the evening, eg. after 7pm.
- A bedtime drink.
- Sugar in tea.
- Chips on a Friday night.
- Coffee and cake on Saturday mornings.
- Does not like meat.
- Cultural differences.

A person might like to help in meal service eg. setting the table, greeting the other diners and helping to clear up afterwards.

Picture menus can help in making food choices. Be sure to include all residents and/or families when offering menu choices.

Advice for assisting a person to eat

Try to maintain independence for as long as possible as the longer that you can assist people with dementia to feed themselves the better they will eat even if this is by hand with finger foods.

If you have to feed someone see the following tips:

- Only feed when the person is fully awake and alert.
- Stay with the person throughout the meal and make sure they have their glasses, dentures and/or hearing aid and ensure they are sitting in the upright position.
- Sit at eye level or slightly below and either immediately in front of or to one side of the person.
- Position food so that it is easily seen by the person.
- Help the person load the spoon and guide the hand towards the mouth.
- Put enough food (but not too much) on the spoon for the person to feel the food in the mouth.
- Stroke chin and neck to stimulate swallow reflex.
- Allow enough time for the person to swallow each mouthful.
- Talk clearly about the food and prompt to finish.
- For slow eaters the carer can feed with one spoon while the person feeds with another.
- Assist but never force.
- Discourage the person from talking with food in their mouth because of the risk of choking.

Finger foods

Finger foods – useful for people who are not following their usual eating pattern of three regular meals or for those who like to leave the table and walk about at mealtimes.

Finger foods are prepared so that they are easy to pick up and eat with the hands. They are ideal for people who have difficulty recognising or using cutlery. Finger foods enable people to feed themselves and choose the food they want to eat, thus maintaining independence. Finger foods are suitable as main meals or snacks. If the person is 'wandering' a pouch bag containing finger food may be useful. A beaker with a lid can be used for drinks to avoid spillage.

Finger foods may not be suitable for people who require softer or pureed foods. Seek advice from the speech and language therapist.

Examples of Finger Foods (Serve as small pieces)

Meal Ideas

- Chicken breast fingers, meatballs, cocktail sausage/sausage roll, hamburger, fish fingers/cakes, quiche served with:
- Baby boiled potatoes, potato wedges, chunky chips, roast potatoes and a selection of cooked vegetables.
- Sandwiches with soft fillings, toasties, pizza, hard boiled eggs, cold meats, cubes of cheese with buttered bread.

Snacks and Dessert Ideas

- Buttered muffins, scones, pancakes, fruit loaf, cake, bun.
- Crackers with soft cheese, cheese biscuits, soft cereal bars, chocolate, corn snacks which melt in the mouth e.g Quavers, Wotsits, Skips.
- Peeled fruit, fruit salad, individual fruit pieces.



Tips to increase calorie and nutritional intake (for people with reduced appetites or who are at risk of losing weight)

- Try to eat every two to three hours, three small meals and three snacks.
- Try to take drinks with or after meals rather than just before.
- Avoid 'low fat' or 'diet' foods and drinks.

Practical ideas for increasing calories of food and drinks to help gain weight

- Use full fat butter or spread. Spread thickly on bread. Add to vegetables and potatoes – fry or roast potatoes.
- Add grated cheese to scrambled egg, vegetables, mashed potato and white sauce.
- Jam and marmalade can be added to milk puddings, bread and butter.
- Full cream milk to drink, milky coffee – cappuccino, latte, malted drinks, smoothies. Add chocolate flake, cream, marshmallows
- Sugar can be added to cereals, drinks, desserts and yoghurts. For people with diabetes, use artificial sweetener to make food sweeter.
- Cream can be added to porridge, soups, potatoes, sauces, desserts, tinned fruit.
- Oral nutritional supplements can be recommended by the dietitian.

Some Ideas for high-calorie snacks (see also under finger foods)

- Bread/toast, pancake, scone, fruit loaf, veda or wheaten with butter and jam/ marmalade, bowl of cereal, porridge with cream and sugar.
- Small sandwich e.g. with egg, cheese, corned beef and mayonnaise.
- Digestive biscuits or crackers with butter cheese/cream cheese, shortbread.
- Slice of cake/muffin/apple tart or bun softened with milk, tea or custard.
- Individualised pots of rice pudding, custard, yoghurt, fromage frais, ice cream.

Frequent intake of sugar can cause tooth decay for people who have their own teeth. Seek advice from the dentist and the dietitian.



Preference for sweet foods

People with dementia often experience a change in taste and may no longer enjoy foods they have always liked. They may mix foods together on the plate or prefer sweet foods or add sugar to savoury foods. This is fine as long as the food is eaten.

The following are some examples of nutritious foods with a sweeter taste:

Sweet Foods

- Fruit scone and jam.
- Fresh/dried/tinned fruit.
- Jelly and ice cream.
- Fruit tarts.
- Fruit sorbet.
- Milk and fruit smoothies.
- Pancake and syrup.
- Sugar/artificial sweetener sprinkled on any food to provide a sweeter taste.

Savoury Foods

- Carrot, parsnip, swede with added sugar.
- Gammon glazed with brown sugar/honey.
- Mint jelly and lamb.
- Sweet chilli sauce/ ketchup on sausages chicken potatoes etc.
- Apple sauce/cranberry jelly with meat, turkey.
- French toast/ omelette with added sugar.

***“I eat peas with my honey
I’ve done it all my life
It makes them taste quite funny
but they stay right on my knife”***



Dealing with diabetes – sugar intake

Adding sugar, honey or syrup to food is not suitable for people with diabetes. Artificial sweeteners can be used to sweeten food instead. Cream and butter can be added to food to increase calories instead of sugar.

If a person is specifically asking for sweets or sweet foods, a small portion may be acceptable. If a person has a persistent desire to snack on sweet foods or confectionary throughout the day, this could raise blood sugars. Try to keep excess sweet food out of sight or try to turn the person's attention to other activities.

However if a person is losing weight some sweet food may be included to increase calorie intakes e.g. cream served with tinned milk pudding, full-fat yoghurt, sugar-free jelly, plain buns, madeira cake with custard, shortbread.

It is better to avoid very sweet desserts e.g pavlova, lemon meringue pie, jelly trifle, banoffee, sticky toffee/caramel or chocolate based puddings and cake.

Nutritional supplement drinks and puddings, which contain sugar may also be required. The dietitian will advise how to manage the diet for diabetes including the use of supplements or sweet food as outlined above.

Blood sugars will need to be checked and diabetic medication reviewed. Your doctor will advise you.

Dental care – for people with their own natural teeth, oral hygiene is very important to prevent tooth decay caused by frequent sugar intake. Seek advice from the dentist.

Mouth and dental care

Good dental health and maintenance is necessary

- For healthy teeth and gums and to make sure dentures fit properly.
- To prevent tooth decay and gum disease.
- To be able to chew and eat well without discomfort and achieve a well balanced diet.
- To be able to speak clearly.

People with dementia can have difficulties with mouth care and dental health.

They may not be able to recognise or express their dental needs, or tell if they are in pain. They may not remember, or know how, to brush their teeth and may find attending the dental surgery a distressing experience.

A sore mouth, toothache or ill-fitting dentures, can reduce appetite and enjoyment of food and lead to poor nutrition.

Reduced saliva or a dry mouth can be a side effect of medicines prescribed for dementia. Saliva has a cleaning effect on teeth and gums and keeps the mouth moist. With less saliva there can be a build up of plaque and bacteria on the teeth. Taste can also be reduced.

If there is insufficient tooth brushing this plaque, combined with frequent sugar in the diet, can cause tooth decay and gum disease at the base of the tooth. Also reduced saliva and a dry mouth can make wearing dentures uncomfortable.

How can you tell if a person has dental and mouth problems?

The main problems associated with the mouth are gum disease and dental decay. Both can cause discomfort or pain, and can lead to the development of infection. Both pain and infection can cause further confusion.

Gum Disease

The main signs of gum disease are

- Red swollen or bleeding gums – eg. when brushing teeth.
- Bad breath or bad taste in the mouth.
- Receding gums and loose teeth.
- Visible decayed or broken teeth.



- Refusal to eat, difficulty chewing, e.g. hard or cold foods.
- Pulling the face or mouth, head rolling or nodding.
- Not wanting to wear dentures.
- Restlessness, moaning, shouting or disturbed sleep.

Dental decay

Signs

- Broken teeth.
- Discoloured teeth.
- Bad breath and broken teeth.



To help prevent tooth decay, sugary and sweet foods should preferably be limited to meal times, provided the person is eating well and is maintaining weight.

However some people with dementia develop a preference for sweet food and may even need savoury food sweetened. Others who are not eating well may need sugar and sweet food for extra calories to prevent weight loss, or they may require prescribed nutritional supplement drinks and puddings, which contain sugar, as recommended by the dietitian.

Good daily dental hygiene and mouth care can help prevent tooth decay and gum disease.

Always ask for sugar free medicines.

Mouth Cancer

Mouth cancer can occur **whether a person has their own teeth or wears dentures.**

Any red or white patches in the mouth or any ulcer which does not heal within two weeks should be assessed by the dentist to rule out the possibility of mouth cancer.

Promoting good dental health and mouth care

Try to have regular mouth checks with the dentist to highlight any problems. At least once a year is recommended, even if a person has no teeth or wears dentures.

If someone with dementia has difficulty accessing dental services they should contact the community dental service who will arrange a suitable appointment (see page 22).

Some people with dementia may forget to brush their teeth, or may need to be helped or shown what to do.

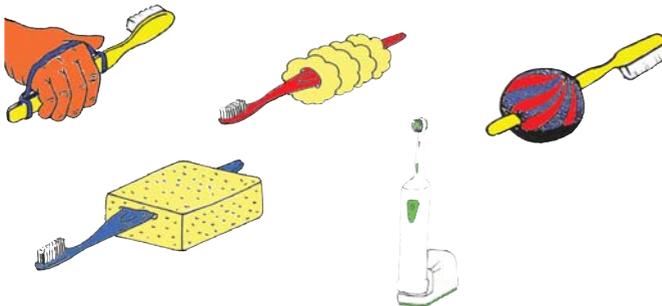
If a person is unable to clean their own teeth the dentist can give advice and guidance on how you can do this for the person. If a person is not able to open their mouth sufficiently or does not want to have their teeth brushed, the dentist can advise you on other ways to clean the mouth and maintain good oral hygiene.

Toothbrushing

Ideally toothbrushing should be carried out twice a day.

- A power toothbrush or one with an adapted handle may be easier to grip.
- A small headed toothbrush with soft to medium bristles is recommended.
- A pea sized amount of fluoride toothpaste is all that is needed.
- Don't worry about rinsing off the toothpaste – a little left on is good for the teeth.
- Try to brush all the surface of the tooth and the gum margin, if possible.
- If bleeding occurs brush the area gently. If bleeding persists for more than a few days seek advice from the dentist.
- Chlorhexidine tooth gel or mouth wash can be used if the person can manage it.

Examples of adaptations to tooth brushes



Denture care

Many older people have full or partial dentures. Dentures need to be cared for and cleaned just as natural teeth do. Well fitting dentures can help a person to chew and eat well and can maintain a good appearance and speech.

- Dentures should be replaced if they are lost or if they become loose. Gently encourage the person to wear their dentures and offer help putting them in.
- Ask the dentist about artificial saliva and other products to help the dentures stay fixed on the gums.
- When getting new dentures take the old ones to the dentist so that the good features can be copied, when the new ones are being made.

Cleaning dentures:

- At least once a day dentures need to be removed from the mouth to be cleaned adequately.
- Clean in a basin of warm water – not very hot, as this can damage the plastic of the dentures.
- Keep under the water when cleaning – if accidentally dropped the water will help prevent damage.
- A toothbrush and denture paste or liquid soap should be used – rinse thoroughly if using soap.
- Dentures should be left out of the mouth at night to allow the mouth to rest. They should be stored in clean cold water in a denture pot.

People with dementia may reach a stage where they will no longer want to wear their dentures.

Dentures and mouth care in a care setting

Follow all advice previously listed. In addition, cross-infection guidelines should be followed ie. hand washing and the use of gloves.

All dentures should be clearly marked with the resident's name and each person should have their own labelled pot. If the dentures are not being worn over a long period of time, store dry in the denture pot and rinse thoroughly before re using.

Where to get support

Doctor

Your doctor can also refer you to the dietitian, speech and language therapist occupational therapist and specialist dementia services.

Dentist

The dental team in the Northern Trust can be contacted for advice at Spruce House Tel 2563 5207

Carers Co-ordinator

The carers co-ordinator for the Northern Trust is responsible for co-ordinating services for carers and raising awareness of issues affecting carers in all areas in the Northern Trust. She will also provide support to carers themselves by liaising with carers support groups and organising training on issues such as stress management, relaxation techniques etc. The co-ordinator is based at the Route Complex in Ballymoney and can be contacted on 028 2766 1392.

Alzheimer's Society

Joining a support group is a great way to meet people who understand. The Alzheimer's Society has four area offices in the Trust area. The dementia support service provides information, support and signposting of services to people with dementia and their carers through support visits to and beyond the family home. The society also provides support groups throughout the Trust area to provide families affected by dementia with an opportunity to meet in a safe and secure environment to give and receive peer support.

Antrim	028 9446 1717
Causeway	028 7035 8887
East Antrim	028 9086 1871
Mid Ulster	028 8676 5888

NI Dementia Helpline – 028 9066 4100

Carers NI

Carers Northern Ireland is a membership organisation run to provide information and support to carers. They can be contacted at
58 Howard Street, Belfast,
Enquiry Line tel: 028 9043 9843 Mon – Fri 10am-12md , 2pm-3pm
www.carersni.org info@carersni.org

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