



# FEEDING ISSUES AND DEMENTIA

This leaflet explains what type of feeding and swallowing issues can be common in people with a diagnosis of dementia.

This leaflet addresses the following:

- What is dementia?
  - Common difficulties with eating & drinking
  - Helpful hints and tips to promote good nutrition and safe feeding
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## **What is dementia?**

Dementia is a condition of the brain that causes a gradual loss of mental ability. In addition other features commonly develop such as changes in personality, a decline in social function and a decline in the person's ability to look after themselves.

## **Common problems associated with the onset of Dementia include the following:**

- Memory loss
- Poor concentration
- Failing intellect
- Personality changes
- Reduced ability to care for oneself
- Difficulty eating enough

## **As the disease progresses further problems may develop such as:**

- Immobility
- Incontinence and the need for full assistance with hygiene needs
- Inability to communicate
- Swallowing difficulties
- Difficulty recognising food and a loss of interest in eating/food refusal

## **Common difficulties with eating and drinking**

Problems with eating and drinking are common in people with dementia and these difficulties will often become more apparent in the later stages of the disease. Some of the following may be noted:

- Reduced interest in food and drink
- Reduced appetite
- Forgetting to eat and drink
- Holding food in the mouth and not swallowing
- Coughing/choking on oral intake
- Food refusal

Remember that a good appetite is a sign of a healthy brain. In people suffering from dementia they no longer have a healthy brain and, as such, it is likely that they do not experience hunger and thirst in the same way.

### **What you can do to help?**

A number of strategies can be used to improve intake which will vary according to the individual and the stage of disease.

#### **For people living alone in their own home:**

- Keep a store of foods that do not require cooking and which can be opened easily, e.g., bread, breakfast cereals, milk, cheese and fruit
- Have a ready supply of cold, nourishing drinks, e.g., milk, fruit juice
- Consider using organisations such as Meals on Wheels or day care centers.

#### **Advice for carers:**

- Offer small, nourishing meals and snacks at regular intervals. This also maintains a routine that can provide comfort and reassurance to patients. Good nutrition is more likely to be maintained if food is offered in appropriate portion sizes and seconds are available when required
- Encourage use of nourishing hot drinks such as horlicks, creamy soups and hot chocolate
- Provide a wide variety of foods which the person likes
- Aim to maintain independence with feeding for as long as possible by providing foods of a consistency which they can manage themselves. If there is difficulty using utensils, focus on finger foods such as toast, bananas or sandwiches
- Make the most of those times of day when appetite is good (often breakfast and lunch) by providing foods which are good sources of energy, e.g., porridge, mashed potato or milky puddings. A dietitian can also advise on food fortification techniques
- Minimise the potential for confusion by only presenting one meal at a time, avoiding meals of mixed textures and flavours and minimise external distractions such as noise
- Make every effort to preserve dignity, e.g., don't fill drinking utensils to the brim to avoid spillages, use plastic tablecloths which are easily cleaned after spillages, avoid using cutlery or utensils especially if there is some confusion present.

In the mild-moderate stages of dementia people can usually be successfully managed through dietary modifications and use of dietary supplements.

For further information or guidance, a referral to the speech and language therapist or dietitian can be requested from your doctor.

# FEEDING ISSUES AND DEMENTIA – ARTIFICIAL FEEDING

## Why is tube feeding not indicated in advanced dementia?

Towards the end stages of the disease, loss of interest or indifference to food is common. This can be difficult for family members since providing food is seen as one of the main care-giving activities. However, provision of artificial nutrition via a feeding tube is not the most appropriate course of action for many reasons:

- Many patients demonstrate a refusal to eat and a reduced ability to feel thirsty. This is a sign that the disease is progressing and is a means of minimising discomfort. There is no evidence to suggest that tube feeding prevents feelings of hunger and, in patients that do express hunger or thirst, this can be relieved by small amounts of food and fluid
- Artificial feeding may not improve a patient's weight or prevent malnutrition. People with dementia often require much less energy and protein to maintain their weight and this can be achieved by careful hand-feeding. Evidence suggests that patients who are artificially fed for a long time will continue to lose weight and may be deficient in certain vitamins and minerals
- Studies have shown that survival is not prolonged by placement of a feeding tube. Patients who are tube-fed may not survive for any longer than those who are not tube-fed
- Artificial feeding does not appear to enhance quality of life in dementia patients. It is not associated with any less risk of food reaching the lungs or with reduced incidence of infections or improved healing of pressure sores. Placement of a tube may also be a cause of discomfort and reduced quality of life and if patients are very confused, there is a risk that they may remove the tube.
- Tube feeding patients can reduce the amount of care people receive in the end stages of the disease by minimising the need for one-to-one feeding and hence limiting the amount of interaction with others. Towards the end of life the priority is to optimise comfort and this includes continued communication and provision of food and fluid as required

## If tube feeding is not provided will my relative starve to death?

Reduced food intake and weight loss are a normal feature of advancing age and prior to a diagnosis of dementia, a person may have already lost weight. Towards the end stages of the disease, this lower weight together with reduced activity levels means that their body requires much less energy to function. The patients can maintain their weight and provide their body with the nutrition it needs even on small amounts of food and fluids. Whether or not a person is adequately nourished can be assessed by careful monitoring of their weight and any loss of weight can be addressed by implementing the strategies below.

It is often concerning to watch a loved one refuse to eat but the priority of all staff involved in their care should be to ensure the highest quality of life and provision of comfort. The most effective means of achieving this is to continue to carefully feed patients by hand, offering assistance and encouragement.

### Strategies to maximise intake (severe dementia)

- Position patients upright during feeding to minimise the risk of food reaching the lungs. Provide small, manageable spoonfuls and remind the patient to swallow after each mouthful
- Focus on eating one type of food at a time and avoid multiple textures and flavours. Verbally encourage patients to eat all of one food before moving onto the next
- Remove all distractions from the table to minimise confusion
- Allow sufficient time for mealtimes and assist with feeding as long as the patient is willing to eat
- Make the most of times when the desire to eat is higher, e.g., breakfast and lunchtime
- Maximise intake by choosing high energy options and fortifying foods, e.g:
  - Full fat yoghurt, custard, milky puddings and jellies
  - Fortify full fat milk with 4 tablespoons of semi skimmed milk powder and use this both as a nourishing drink and for foods such as porridge and also in tea and coffee. Additions such as sugar or honey can also add extra calories
  - Fortify mashed potato or creamy soups with double cream and butter
  - Choose nourishing finger foods such as cheese, boiled eggs, cakes, bananas or toast
  - Ensure foods are moist and easy to swallow by mashing with gravy or custard
- If appropriate, the dietitian will advise on nutritional supplements. These should not be taken in place of meals but as an additional source of nutrition. Some examples include ensure plus, enlive plus, forticreme, calogen and build – up.

For further information or guidance, a referral to the speech and language therapist or dietician can be requested from your doctor.



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