



Eating in Advanced Dementia

Problems with eating and drinking may develop as dementia progresses, possibly losing the ability to eat independently and may be accompanied with adverse eating behaviours eg holding food in the mouth, food refusal. The aim is to try to maintain as much independence as possible for as long as possible. It is important to investigate and rule out any treatable causes e.g. depression, infection, constipation, mouth problems (such as poorly fitting dentures) which may be affecting eating habits.

Difficulty:	Suggestion:
Unable to communicate when hungry and may not recognise this themselves	Look for non-verbal cues of thirst/hunger such as body language and eye contact eg lip smacking or licking, sucking on hands or non-food items. Provide with pictorial menus to increase involvement in food choices, stimulate appetite with food aromas and engage in preparation for mealtimes e.g. handwashing, laying table.
Appears confused or not accepting assistance	May be unable to recognise food, using simple commands when providing assistance at meal times can help e.g. 'porridge for you', 'open your mouth', 'try this', 'swallow'. Try using sensory communication e.g. touching the lip gently with the spoon as this can stimulate acceptance and facilitate eating. Use brightly coloured cups and crockery to provide contrast. Encourage holding the cup or cutlery with you. Try using smaller cutlery or plastic cutlery. Sometimes saying 'No' may mean 'Yes'.
Change in food choices	 Mixing sweet and savoury can help increase acceptance of food: Serve sweet sauces with main meal e.g. apple sauce Add a teaspoon of sugar or honey to savoury foods Change from sweet to savoury every few teaspoons. Make the most of foods enjoyed even if this does not fit with a normal eating pattern e.g. preferring cereal or puddings over savoury dishes.





Dry or uncomfortable mouth	It is important to maintain a comfortable mouth including clean and moist lips. Provide sips of water or juice, use ice cubes to soothe, apply lip balm. Check to see if there are any infections, sores, ill-fitting dentures or other dental problems and refer to doctor/dentist if necessary.	
Agitation or distress	Agitation can be a sign of distress, frustration, not liking the food or feeling rushed and should be addressed to encourage relaxation and comfort. Speak calmly and avoid applying pressure to eat/drink if not wanted. Remove the meal, wait 5 to 10 minutes before trying again. Ensure the environment is calming e.g. avoiding noisy areas, although for some soft background music may provide reassurance. Offer reassurance by holding/touching hands.	
Holding food in mouth or spitting out	Try different food textures and flavours e.g. softer, mashable, spicy. However, if a modified diet has been recommended for dysphagia then this needs to be followed. May need prompting to chew and swallow. Gently stroking the cheek and neck can help stimulate swallow reflex Putting an empty spoon to the mouth may also act as a reminder to swallow	
Accept that meal times are likely to take much longer!		

For further advice and tips please see the following resources:

- From the Food First Resource Pack:
 - Making Mealtimes Managable
 - Providing Assistance at Mealtimes
 - Making Every Mouthful Count
- Caroline Walker Trust
- Alzheimers UK



Tip: As the condition advances little food or drink can be taken and may stop altogether. This is a natural part of the dying process, as the body starts to shut down. **'The person is not dying because they are not eating and drinking, they are not eating and drinking because they are dying'.**

It is important to still offer foods and drink, even if only a few spoons or sips are taken for pleasure.