

Eating and Drinking Well with Dementia



A Guide for Family Carers and Friends



Introduction

Welcome to this guide on eating and drinking well for people living with dementia. Good food, nutrition and hydration are important for everyone, but we know that eating and drinking can become increasingly difficult as dementia progresses. This guide has been developed to provide some helpful advice and tips on how to increase food and drink intake for those living with dementia. This guide does not cover nutritional care in people with advanced dementia. It is important to seek specialist nutritional support at this stage.

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For more details see www.bournemouth.ac.uk/nutrition-dementia

We hope you can pick up a few ideas here and there to help and support you as a carer to overcome some challenges you might face. Food and mealtimes should be and can continue to be an enjoyable experience.

We would like to extend our gratitude to all the people and organisations who helped us and contributed to the research that informed this guide.

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1 Why is it important for people with dementia to eat well?

Losing weight is common in people with dementia. Unintended weight loss can cause a more rapid progression of dementia as well as increasing the risk of other problems such as pressure sores, infections or falls as a result of dizziness and confusion.



Note: not all people will experience weight loss. Some people living with dementia may gain weight because of memory problems and will eat again after having had a meal. Refer to your GP if this is causing concern.

How to... spot weight loss

- Poor appetite.
- Clothes, rings, jewellery, dentures may become loose.
- Tiredness, loss of energy, muscle weakness.
- Reduced physical performance or ability to perform normal tasks.
- Greater risk of falls.
- Constipation.
- Altered mood and changes in behaviour.
- Poor concentration.
- Poor wound healing.

2 Why is it important for people with dementia to drink well?

Becoming dehydrated can put people with dementia and older people at risk of many health conditions, such as incontinence, constipation, increased risk of tiredness, poor oral health, low blood pressure and can increase the risk of falls as a result of dizziness and confusion.

How much do we need to drink well?

To ensure good hydration it is essential to drink plenty of fluids (water, milk, sugar-free drinks, dilute squashes, juices, tea and coffee). It is recommended to drink 6-8 glasses a day (or 1.5 litres).



How to... spot dehydration

- Skin and membranes of nose and eyes become dry.
- Confused and sluggish.
- Light headed/faint when standing.
- Darker coloured urine.

3 Why do people with dementia have eating and drinking difficulties?

Eating and drinking can become increasingly difficult as dementia progresses for a number of reasons:

- Problems **expressing hunger/thirst**.
- May communicate needs through behaviour by **refusing to eat**, spitting food out or storing food in their mouth.
- Lack of interest in food may be caused by **low mood**.
- **Concentration** can be poor, making it difficult to sit down.
- Confusion in **recognising food**, remembering how to eat and how to manage utensils/cutlery
- Limited **recognition of hunger**.
- **Loss of ability** to feed oneself and **reduced coordination**.
- **Food preferences** may change with a **craving** for sweet food.
- Difficulties **chewing and swallowing**.
- Reduced **thirst sensation**.
- **Paranoia** surrounding food.
- **Poor mouth care**.

Remember to check for underlying problems - difficulty eating or drinking may be caused by a mouth ulcer, sore throat or headache.

Of course everyone is different, but you may recognise some of the following challenges around eating and drinking. We have included some suggestions for managing these different issues.

Observation	Suggestions
Food left uneaten or refused	<ul style="list-style-type: none"> • Offer smaller portions. • Check texture and consistency of food. • Discuss food preferences. • Assist with eating if necessary.
Poor fluid intake	<ul style="list-style-type: none"> • Prompting and encouragement – make a drink rather than asking. • Offer a variety of different drinks. See page 4. • Offer foods with a high water content – melon, cucumber, jelly, soup.
Walks around during mealtimes	<ul style="list-style-type: none"> • Ensure mealtimes are calm – no distractions. • Provide finger/ bite sized food that can be eaten 'on the go'. • Take a walk together before a meal and end in the dining room. Eat together to model eating. • Offer food on occasions when more likely to sit down.
Difficulties chewing or swallowing	<ul style="list-style-type: none"> • Use verbal cues as a reminder. • Ask your GP to refer you to a Speech and Language Therapist (SLT).
Difficulty using cutlery or drinking utensils	<ul style="list-style-type: none"> • Use verbal cues and show correct use. • Place crockery into hands. • Swop cutlery type/provide adapted cutlery/ crockery. • Offer finger food or cut food into smaller pieces.

Distracted from eating	<ul style="list-style-type: none"> • Ensure mealtimes are calm – no distractions. • Make sure they have everything needed for the meal – glasses, dentures, been to the toilet. • Use verbal or manual cues – place crockery into hands. • Sit together and model eating.
Hoards or hides food or plays with food	<ul style="list-style-type: none"> • Serve small portions of individual foods.
Eats non-food items	<ul style="list-style-type: none"> • Remove non-food items from the table and replace with food or drink.
Eats too fast	<ul style="list-style-type: none"> • Offer food in smaller portions. • Use verbal cues and demonstrate slower eating. • Reassure that there is plenty of food – it won't run out.
Eats dessert first or mixes food together	<ul style="list-style-type: none"> • As long as the food is eaten this can be ignored.
Holds food in mouth or doesn't open mouth	<ul style="list-style-type: none"> • Use verbal cues to chew or open the mouth. • Offer smaller amounts of a variety of foods. • Gently massage the cheek or touch the lips with a spoon.

4 How to increase food and drink intake

Food First

A 'food first approach' is a way of adapting meals and snacks by adding small amounts of high energy and high protein foods to increase the calorie (energy) and nutrient content without increasing portion sizes.

Some of this advice goes against traditional 'healthy eating' messages, but a 'food first' approach is the best way to encourage food and drink intake.

Top tips for food first

- Eat little and often - offer three small meals a day with two or three snacks in between (every 2-3 hours). Keep plenty of favourite snacks to hand.
- Fry meat, chicken and fish where possible or add creamy sauces, batter or breadcrumbs.
- Use full fat, full cream and sugar products as they contain more calories – add butter, grated cheese or cream to mashed potato and soups, spread butter thickly on scones or add extra cream to custard and milky puddings.
- Include high energy foods as snacks – flapjacks with dried fruit, toast with butter and jam, creamy mousse.
- Include nutritious drinks to increase calorie intake – such as milk based drinks, fruit juice and fortified soups.

See page 14 and 15 for further examples of how to increase calorie intake and suggestions for snacks and drinks.

Top tips to increase fluid intake

- Chilled drinks can stimulate appetite – take care not to offer them too close to meal times though as they may fill someone up.
- Squashes including mini cartons for variety.
- Smoothies, milkshakes, ice lollies.
- Foods with a high water content can also contribute such as melon, soup, cucumber and jellies.
- Take time to prompt the person with dementia to drink, or make them a drink rather than always asking.
- Try drinks that are easy to hold - two handled mugs, one way drinking straws.
- Drink together, clink glasses say 'cheers!'



Oral nutritional supplements

'Food first' is always the best approach, however, if the appetite is poor, high energy and protein sip feeds may be used to boost energy intake between meals - usually following advice from a registered dietitian.

These are available on prescription or powdered supplements from the supermarket to make into milkshakes, soups and drinks.

Good mouth care

Good mouth care is important for health and wellbeing, it helps maintain the ability to eat, improves taste and helps avoid mouth or gum infections.

It is especially important for those on a pureed or thickened food diet (because of swallowing difficulties) or those with a preference for sweet foods and anyone eating frequent snacks.



How to... ensure good mouth care

- Brush teeth and gums with fluoride toothpaste twice daily.
- Clean dentures twice daily.
- Have regular dental checks where possible.
- Encourage drinking milk as it is nutritionally rich and 'tooth friendly'.
- Some medication can cause a dry mouth and it may be necessary to ask a dentist to prescribe high fluoride toothpaste.
- If tooth brushing is refused, try again another time – refer to the resource below for further advice.



5 Special diets

It is important to consider the individual needs of a person living with dementia and it is possible there may be other conditions which can be managed by diet. Some people may follow a special diet or have dietary requirements recommended by a dietitian or doctor for conditions such as high blood pressure, high cholesterol levels or coeliac disease.

Swallowing difficulties

Dysphagia is the medical term for swallowing difficulties and there is a high prevalence in older people living with dementia. If not properly managed it can result in choking and aspiration (where food and fluid enter the lungs), leading to aspiration pneumonia or severe chest infections.

How to... spot the signs

- Coughing or choking at mealtimes.
- Sensation of food getting stuck in the throat.
- Bringing food back up.
- Frequent heartburn.
- Difficulty holding food or fluid in the mouth.
- Drooling saliva.
- A hoarse voice or 'gurgly' wet sounding voice.
- Unexplained weight loss.
- Frequent chest infections.

What you can do

If you have any concerns that the person you care for is showing signs of dysphagia, see your GP to be referred to a Speech and Language Therapist (SLT) who will recommend a texture modified diet and changes to the texture of food and fluid.

Diabetes

Most people with diabetes can eat the same healthy diet as recommended for the rest of the population. However, dementia can make the management of diabetes difficult and poorly controlled diabetes can impact on the safety and wellbeing of people with dementia. It is important to have a regular review with your GP or diabetes team as dementia progresses.



Managing Diabetes

<https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/healthy-eating>



6 Improving mealtime experiences

Eating and drinking should be a good experience for everyone and where possible a social activity. Mealtimes can be a highlight of the day as they break it up and act as a social time where you can come together and communicate with each other and with family and friends.

The positive impact of eating and drinking with others can have great benefits. Sitting down for a meal with a family member can evoke familiar memories of past mealtime experiences and be an encouragement to prompt eating and drinking by 'copycat' behaviour.

Eating out is a sociable and enjoyable experience and there is no reason why this shouldn't continue. Visiting a favourite restaurant or cafe can bring back positive memories and associations. Some people find it helpful when they are in a different environment to explain that they have dementia and may be acting differently. One suggestion is to carry a card which can be discreetly handed to waiting staff to say the person has dementia and may say or do things which are unexpected, with a 'thank you' for understanding.

Top tips for meal planning

Consider some of the following to introduce variety to mealtimes:

- The **smell of fresh food being prepared** may induce appetite. Some strong smelling foods may evoke positive memories or associations e.g. curries.
- **Taste changes** – as dementia develops, people will prefer stronger tastes e.g. cauliflower cheese, sweet and sour, use of herbs and mild spices.
- Think about having a **variety of pre-prepared meals** available which can be served at any time of day.
- **Mini meals** – small manageable meals (and seconds) can be less daunting than large quantities of food, or consider offering **more frequent smaller meals** in place of 3 main meals a day.
- **Grazing food and snacks** can help boost food intake for those who struggle to concentrate or walk around – **finger food** is ideal e.g. bowls of chopped up fruit, sausage rolls, bite size sandwiches, samosas, spring rolls, mini chocolate rolls.
- **Breakfast cereals** (fortified with vitamins and minerals) with full fat milk are a useful source of energy – great for grazing or night time meals.



See page 16 and 17 for examples of finger foods and grazing foods and snacks.



Eating is one of the key actions people living with dementia can continue with, so it is important to maintain independence for as long as possible.

People living with dementia may prefer foods that were familiar many years ago and are associated with certain times in their lives.

Top tips for mealtimes

- Set a table to eat to provide visual cues that it is a meal time. Use **contrasting plain colours** (no patterns) to provide a visual contrast between food and the plate e.g. a blue plate on a white table cloth. Consider using non-slip plain colour placemats.
- **Lighting is important** and can enhance vision as well as creating the right mood and atmosphere.
- **Soothing background music** – no distractions such as TV, vacuuming or other distracting sounds.
- **Ensure food is visual** – see food presentation [page 9](#).
- If clothing protection is needed **avoid using a bib, instead provide an apron or napkin.**



A **relaxed environment** is needed for eating. It's important to avoid distractions and ensure there are sufficient clues to identify the area as somewhere to eat.

Alzheimer's Society - specialist crockery and cutlery

<https://shop.alzheimers.org.uk/eating-and-drinking>



SCIE - Promoting independence at mealtimes for people with dementia

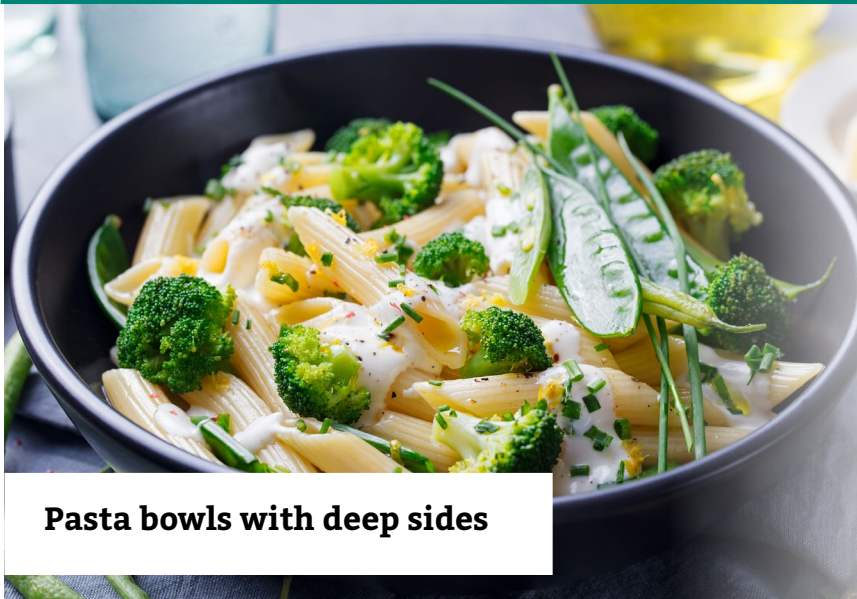
<https://www.scie.org.uk/dementia/living-with-dementia/eating-well/independence-at-mealtimes.asp>



How to... encourage independence at mealtimes

- **Put food on the table** e.g. at breakfast serve toast in a toast rack with butter and marmalade so the person can serve themselves.
- Consider **using pasta bowls with deep sides**, or specialist crockery and cutlery. [See link on page 7.](#)
- **Lightweight plates**, such as high quality melamine with a broad rim for a better grip.
 - Specialised lightweight glasses and cups.
 - Lipped plates.
- **Bright coloured plates** to help differentiate food (plain blue, yellow, red and green have all been shown to help increase appetite). Colour requirements may vary with different individuals living with dementia.
- **Weighted handle cutlery or specially adapted.**
- **Support people to eat and drink** where required, open packets, cut up food or pour drinks. As dementia advances put hand over hand and help the person to eat.
- Allow **sufficient time** for food and drink to be enjoyed.
- Give constant **prompting and positive encouragement.**

Using a spork (spoon, fork and knife in one) can help make eating much easier.



Pasta bowls with deep sides



Specialist crockery



Sufficient time



Food on the table

Food presentation

It is often said 'we eat with our eyes'. Presentation is essential, especially for someone living with dementia, so remember to take time to make food look appealing.



Colour

Two or three colours on a plate are more interesting than just one. Would you want to eat poached fish in a white sauce with boiled potatoes and cauliflower? Probably not! Now add parsley to the sauce, roast the potatoes and serve with broccoli and carrots – much more appealing! Make sure each food is clearly visible on the plate.

Balance

Choose foods that offer variety and contrast and think about different textures (for those not on a texture modified diet). Serve soup with crunchy croutons, crisp vegetables with noodles or roast potatoes with cauliflower cheese.

A variety of different shapes also adds to the presentation – meatballs, new potatoes and carrots cut into rounds are all similar shapes. Why not change the potatoes for mash and cut the carrots into batons?

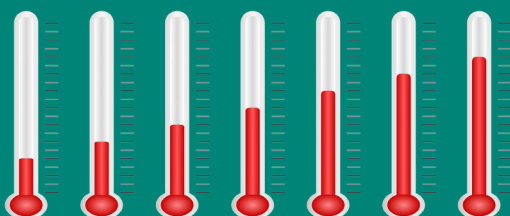


Texture modified foods

Presentation is essential. Any meal that is blended together will end up looking the same – brown, sloppy and unappetising. Always remember to blend foods separately and make use of piping bags, food moulds and shaped cutters. Image kindly provided by Appetito.

Portion size

Present food on the right size plate. If the plate is too small, food can appear messy and too much to eat, if it's too large it may look insufficient.



Temperature

Foods should be served at the correct temperature. Hot food should be served on warm plates (not too hot) and cold foods on cold plates.

7 Food-related activities

Activity can give meaning to the day, encourage independence and help maintain skills.



Activity around food and helping with the mealtime process can help get ready for eating and stimulate the senses.

Activity can promote a sense of shared purpose and a strong sense of belonging. All types of meaningful activity can promote a sense of independence and wellbeing which positively impact on appetite.

As much as possible, people living with dementia should be encouraged to engage with the entire mealtime process such as helping to prepare food, set the table, pull out the chairs or put dishes away. However having undertaken an activity one day, be prepared for sudden announcements that they are unable to do a task anymore or just do not wish to do the task. Best to accept the decision and not persist.

Activities involving movement can help stimulate appetite as well as improving other aspects of health.

Suggestions:

- Walking in the garden.
- Throwing a ball or bean bag.
- Swaying, dancing or moving to music.
- Stretching exercises.
- Chair based exercises.

Top tips for activity to enhance appetite

Daily tasks

- Laying tables with cutlery or napkins.
- Clearing away dirty plates.
- Washing or drying up.
- Placing condiments on tables.
- Sandwich making.
- Peeling or washing vegetables.
- Stirring cake mixes.

Conversations

- War time rationing.
- Childhood food.
- Growing their own food.
- Helping parents prepare food.
- Cooking for their family.
- Past meals that were special e.g. holidays, key events - birthdays, eating out, favourite locations.

Other activities

- Growing fruit and veg.
- Trips to local pub, coffee shop, tea rooms, garden centre.

Activity to stimulate the senses

As the brain starts to change, a liking for sweet foods can become a dominant factor for food choice in people living with dementia.

Sensitivity to sour, bitter and salty tastes becomes reduced whereas sensitivity and enjoyment of sweet tastes can remain the same or increase.

The number of taste buds will also reduce, which happens as part of ageing, and less saliva is produced whilst eating. As the preference for salty, spicy and sour food can change, take the opportunity to make good use of natural flavour enhancers such as herbs, tomato puree, cheese, Marmite and spices. (Avoid adding too much salt to food because of its direct impact on increasing blood pressure).

A worsening in sight is common, resulting in reduced peripheral vision (so it's difficult to see things to the side), a loss of ability to see detail and a thickening lens making objects appear cloudy.

Someone living with dementia may have difficulty judging distance and the depth and size of objects.



As dementia progresses, a reduction in the ability to taste, smell and see foods can significantly impact the ability to recognise and enjoy food.

Top tips to stimulate the senses

- **Use of aromas and spices, herbs and other foods** to evoke memories.
- **Sounds such as waves crashing or bacon sizzling** to prompt reminiscence.
- **Food tasting** – fruit, cheese, vegetables, smoothie and milkshake samples.
- **Use of natural flavour enhancers** to stimulate the senses at mealtimes – spices, herbs, tomato puree, parmesan cheese, mushrooms, low salt soy sauce. Use especially with pureed meals.
- Take time to **make food look appealing** – presentation is important.
- Encourage **good oral hygiene**.
- **Switch between different foods** – taste buds and odour sensors can become saturated quickly making it difficult to continue tasting the same foods.
- **Use brightly coloured crockery** to clearly identify food.



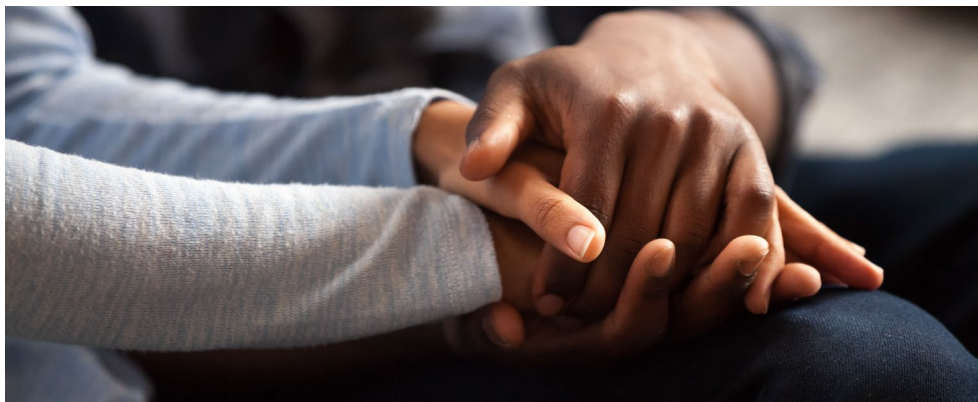
8 Communicating with someone with dementia

A successful relationship depends on good communication – to be able to express oneself, to be listened to and be understood. Communication skills become increasingly more difficult and challenging as dementia progresses.

How to...communicate well - verbally

- Use simple language as appropriate.
- Keep sentences short and to the point and not multi choice e.g. not 'would you like a cup of tea or coffee?' but instead 'Would you like a tea now?'
- Don't raise tone of voice or be patronising.
- Speak clearly and at a relaxed pace as information may take longer to understand and process – speaking quickly may cause distress.
- Try not to offer choices or have just two options at mealtimes. Too much choice can be confusing. Give a first option and if not received well, offer the second option.
- Allow plenty of time to respond – 10 seconds is not unusual.

*Likes and dislikes
may change
over time, so it
is important to
communicate about
food preference*



How to...communicate well - non verbally

Gaining attention

- Ask if you can help or if they can help you (but you take the lead).
- Say who you are and explain what you are doing so your actions are not a surprise.
- Before assisting with eating and drinking, try to have the person's attention.
- Approach the person so they can see you.
- Make eye contact and ensure the person is able to see what is about to happen.
- Minimise any distractions – TV, other conversations.

Listening

- Allow the person to express their feelings about food.
- Listen and show understanding.
- Be patient and offer encouragement if someone has difficulty finding correct words.

Body language

- Try to be calm and unhurried to show that you are focusing attention – moving quickly or showing agitation may cause confusion.
- Provide reassurance – if appropriate, hold the person's hand to help focus on what is being said.

9 Practical suggestions for adapting food and drink

Healthy meals

People with dementia should be able to enjoy food. Meals and snacks can be adapted to meet changing personal preferences whilst meeting their nutritional needs.

People with dementia can still aim to have a healthy and balanced diet by eating plenty of fruit and vegetables, basing meals on starchy foods and having 2 portions of fish a week. This is the same recommendation for the general population.

Examples of balanced meals include:

- Porridge with fruit such as berries on top.
- Vegetable soup with added cream and a bread roll.
- Main meal e.g. mini pizza (with toppings such as tuna, egg and vegetables), mini quiche or, mini fish cakes with potato wedges, carrot sticks or cucumber sticks.
- Chopped bananas and custard.

Food First - Practical examples of how to increase energy (calorie) content if someone is losing weight.

Food to be fortified	Amount	Calories before	Add these ingredients to increase the energy (calorie) content	Calories after addition
Whole milk	568ml	375	4 tablespoons dried skimmed milk powder	583
Custard	125ml	148	Add 1 tablespoon of dried skimmed milk powder and 2 tablespoons of double cream	349
Milk based soup	125ml	80	Add 1 tablespoon of dried skimmed milk powder and 2 tablespoons of double cream	280
Porridge with whole milk	200g	226	Add 1 tablespoon of dried skimmed milk powder and 2 tablespoons of double cream	426
Mashed potato	1 scoop	70	Add 1 tablespoon of butter and 1 tablespoon double cream	183
Vegetables	2 tbsp	15	Add 1 teaspoon of butter	52
Baked beans	80g	67	Add 1 teaspoon butter and 20g grated cheese	188
Scrambled egg with whole milk	120g	308	Add 1 teaspoon of butter, 2 teaspoons dried skimmed milk powder and 45g cream cheese	603
Rice pudding	125ml	106	Add 1 tablespoon of dried skimmed milk powder and 2 tablespoons double cream and 2 teaspoons of jam	332

BAPEN Food First

<http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-food-enrichment>



Try fortifying with some of these foods to add extra calories. For example, stir 2 tablespoons of crème fraiche into a bowl of soup for a further 113 calories.

Add this food	Quantity	Calories
Dried skimmed milk powder	1 tablespoon (15g)	53
Double cream	1 tablespoon (15g)	74
Crème fraiche	2 tablespoons (30g)	113
Butter	1 teaspoon (5g)	37
Olive oil	1 teaspoon (4g)	36
Cheddar cheese	25g	104
Mayonnaise	1 tablespoon (15g)	104
Dates	4 medium (30g)	81
Jam	1 tablespoon (20g)	52
Sugar	1 teaspoon (5g)	20
Honey	1 tablespoon (18g)	52

BAPEN Fortified Diet

<http://www.bapen.org.uk/pdfs/food-first-leaflets/fortified-diet.pdf>



Suggestions for snacks and drinks

(some of the sugary snacks and drinks may not be suitable for someone with diabetes and those with swallowing problems)

Savoury

Crisps	Samosas, pakoras, bhajias	Hummus and bread sticks
Sausage rolls	Pork pie	Cheese and biscuits
Toasted crumpets and cheese	Creamy soup	

Sweet

Dried fruit	Banana	Shortbread
Small chocolate bar	Malt loaf	Cakes
Scones with jam and cream	Jelly sweets	Flapjack
Chocolate digestives	Croissant/pain au chocolate	Muffins

Dessert

Fruit and custard	Trifle	Cream meringues
Ice-cream	Full fat yogurt	Milk jelly
Mousse	Rice pudding	Tinned fruit in syrup

Drinks

Hot chocolate & marshmallow	Milky coffee	Hot malted milk
Fruit juice	Fruit smoothies	Milk shake
Regular fizzy drinks		

BAPEN 100 Calorie Boosters

<http://www.bapen.org.uk/pdfs/food-first-leaflets/100-calorie-boosters.pdf>



Further Information - Oral Nutritional Supplements (ONS) may be prescribed for people who cannot meet their nutritional needs through food alone

<http://www.bapen.org.uk/pdfs/food-first-leaflets/oral-nutritional-supplements.pdf>



Eating enough in later life – Advice for carers

<http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/07/COM-A5-Leaflet-CarersSINGLE-PAGES1.pdf>



Finger food

Finger foods, which can easily be eaten by hand, are a great alternative to meals presented on a plate and can prolong independent eating and maintain dignity. They are perfect for those who find it difficult to use cutlery (with arthritic hands or tremors) or no longer recognise the purpose of cutlery.



For someone who is unable to sit still to eat, finds it difficult to concentrate or has a tendency to walk around – why not consider providing a lunch box with separate sections for eating ‘on the move’? Or leave snacks and drinks out in a place where someone may walk past. Remember to consider food safety advice and don’t leave food out which can become contaminated.

Top tips for serving finger foods

- Use foods that are easy to hold.
- Serve in bite-size chunks.
- Choose foods that are moist and not too dry.
- Serve at room temperature.
- Provide a variety of different foods to ensure good nutritional balance.
- Pack foods into a lunch box or paper bag.
- Make sure food looks colourful and appealing.
- Provide wipes or flannels to clean hands.

It is possible for finger food to meet nutritional requirements. Fibre and folate may be in shorter supply, so take care to include foods containing these nutrients- cereal bars, broccoli, green beans, asparagus, wholegrain bread, fruit and vegetables.

*Finger food may not be suitable for someone with swallowing difficulties as the texture might not be appropriate. Speak with your GP to be referred to a Speech and Language Therapist (SLT). [See page 5.](#)



Finger food suggestions

Breakfast

Buttered toast fingers with preserves	French toast (eggy bread)
Buttered muffins, teacakes or crumpets	Spanish omelette or frittata
Hard boiled egg cut into quarters	Cereal bars
Fresh fruit or dried fruit	Flapjack
Croissants/pain au chocolat	

Lunch / main meal

Fish goujons, fish fingers or fish cakes	Mini new potatoes or small roast potatoes
Meatballs, beef burger or veggie burger	Potato wedges or chunky chips
Kebabs	Potato waffles
Mini quiches	Steamed or raw vegetable batons
Mini pizzas	Broccoli spears, green beans, asparagus
Fajitas	Onion rings
Sliced or cubed roast meat	Salad - lettuce, cherry tomatoes, cucumber, avocado, beetroot, celery - cut into slices or sticks
Chicken drumsticks	Tofu cubes

Tea / light meal

Sandwiches with variety of fillings	Garlic bread
Bread rolls, chapatis, roti, naan bread, bagels	Soup in a mug
Tortilla wraps	Scotch eggs or pork pie slices
Grilled cheese on toast	Cheese cubes
Paninis	Salad - as above
Bhajias, pakoras or samosas	

Dessert

Fresh fruit - individually or chunky fruit salad	Individual cakes
Individual fruit pies or tarts	Profiteroles or chocolate éclair
Ice cream or sorbet in a cone	Scone with jam and cream
Sliced fruit cake	

Snacks

Vegetable batons	Fresh fruit portions – try with a yogurt dip
Buttered malt loaf or tea loaf	Biscuits
Dried fruit	Crisps or tortilla chips and dip
Cheese and crackers	



10 Sources of trusted information



Whilst we have provided a lot of information in this guide about food and drink, here are some links to information on the internet that are 'Trusted Sources' to help you.

Always look for evidence based information from a trusted, credible source such as government agencies, universities, charities, nutrition journals, hospital trusts.

Alzheimer's Society – wide range of publications and fact sheets

https://www.alzheimers.org.uk/info/20033/publications_and_factsheets

Behind the Headlines - don't always believe what you read in the newspaper, this is a guide to the science that makes the news

<https://www.nhs.uk/news/>

British Dietetic Association – fact sheets on a wide range of food and nutrition topics

<https://www.bda.uk.com/foodfacts/home>

The Caroline Walker Trust – committed to improving public health through good food

<https://www.cwt.org.uk/>

<https://www.cwt.org.uk/publication/eating-well-for-older-people-with-dementia/>

<https://www.cwt.org.uk/publication/eating-well-for-older-people-and-older-people-with-dementia-practical-guide/>

Social Care Institute for Excellence – information, guidance and resources about dementia

<https://www.scie.org.uk/dementia/>

NHS Choices – healthy eating

<https://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx>

Dementia Core Skills Education and Training Framework

<http://www.skillsforhealth.org.uk/services/item/176-dementia-core-skills-education-and-training-framework>

Additional information

<https://www.nhs.uk/conditions/dementia/carers/>

11 Looking after yourself

Caring for a partner, relative or close friend with dementia can be a rewarding and positive experience, but can also be a challenge.

You will often put the needs of the person you care for before your own, but it is essential to remember that your needs are just as important.

Take care of your own health and wellbeing
Try to eat a well-balanced diet with lots of fruit and vegetables, cut down on saturated fat and sugar, eat less salt and make sure you drink plenty.

Regular exercise is good for you, it may help give you more energy, feel less stressed or anxious and sleep more easily. Walking or gardening are great activities and can be shared with the person you care for.

Sleep helps with our physical health, brain function and emotional wellbeing, so it is important to try to get enough sleep.

Don't be afraid to ask for help

Family and friends can be a great source of help. They may be able to give you a short break (even for a couple of hours) or help with jobs around the house.

There are also a number of charities and voluntary organisations which provide support and advice on their websites and helplines:

- Alzheimer's Society's National Dementia Helpline on 0300 222 1122 (national call rate)
<https://www.alzheimers.org.uk/get-support/national-dementia-helpline>
- Age UK's Advice Line on 0800 678 1602 (free)
<https://www.ageuk.org.uk/services/age-uk-advice-line/>
- Dementia UK Admiral Nurse Dementia helpline on 0800 888 6678 (free)
<https://www.dementiauk.org/get-support/dementia-helpline-alzheimers-helpline/>
- Carers UK on 0800 808 7777 (free)
<https://www.carersuk.org/help-and-advice/talk-to-us>

Talk to other carers

Talking about your experiences with other carers can be a great support. Contact your GP or social services department for details of local groups.

- Carers UK forum.
- Alzheimer's Society Talking Point forum.



Contact Details

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