



## NUTRITION FOR PEOPLE WITH DEMENTIA

**Older adults need just as many nutrients as younger adults and indeed their requirements for some nutrients (e.g. protein) is even greater. However because older adults may not need to eat as much food as they once did, particularly if they are not as active as they once were, they can sometimes be at risk of poor nutrition. Consequently, it is important that older adults choose foods that are rich in nutrients.**

Older adults affected by dementia are often at greater risk of poor nutrition. Dementia frequently affects a person's food intake. Dementia can interfere with a person's ability to prepare, eat and enjoy meals. In later stages, it can limit the types of food a person can eat. In addition, a person with dementia may have increased energy needs caused by restlessness and frequent pacing.

### Eat a variety of foods

To best guarantee an appropriate nutrient intake, older adults with dementia should eat a variety of foods from the four food groups each day.

#### 1. Vegetables and fruits

- Vegetables and fruit provide important sources of carbohydrates (sugar and starch), fibre, vitamins and minerals.
- Eat at least 3 servings of vegetables and 2 servings of fruit each day. Including some raw options is recommended e.g. a piece of fresh fruit or some salad (in the summer).
- Choose fresh varieties which are in season for best value, though frozen vegetables and canned fruits are good alternatives.
- Diabetics can enjoy several serves of fruit daily but should eat these at different times e.g. a serve at breakfast or lunch and after the evening meal or as a snack.

#### 2. Breads, cereals and other grains.

- Breads, breakfast cereals, rice, pasta, couscous, etc provide rich sources of starchy carbohydrate.
- Include servings of one of these foods or a starch-rich vegetable such as potato or kumara at each meal e.g. cereal at breakfast, sandwiches at lunch,

and potato, rice or pasta at dinner.

- Preferably choose wholegrain or whole-meal varieties. These provide more fibre thus helping to establish a healthy bowel function and minimise the risk of constipation.

#### 3. Dairy products

- Milk and foods made from milk provide rich sources of protein and calcium.
- Milk foods include yoghurt, dairy food, cheese, ice cream as well as foods such as custard, milk puddings and milky drinks (i.e. latte, cappuccino, hot chocolates and Milo made predominantly with milk).
- Eat at least 2 servings a day. One serve may be provided by using milk in hot drinks throughout the day.
- When a person uses few foods from this group or has osteoporosis, choosing calci-trim milk is beneficial as it contains twice as much calcium as homogenised milk.
- For most other older adults, 'lite' milk is a good choice (i.e. milk with the light blue bottle top).

#### 4. Lean meat, chicken, fish, eggs, dried beans, peas and lentils, nuts & seeds

- This group of foods provides rich sources of protein, iron and zinc.
- Choose lean meat and remove any visible fat and the skin from chicken.
- Try to eat fish (either fresh or canned) at least once a week.
- Eggs are now considered an appropriate choice despite recommendations to the contrary during the 1980's. They are an easy, quick option on a busy day or when energy levels for preparing a meal are low.
- Eat at least one serving of one of these foods each day.

## Meal patterns

The traditional pattern of breakfast, lunch and dinner is an excellent meal pattern. Researchers have found having the main meal at night time can help people sleep better. However sometimes older adults prefer to eat their main meal in the middle of the day and a lighter meal (tea) in the evening. This can be appropriate when a person has more energy or inclination to prepare their main meal earlier rather than later in the day, if they receive meals-on-wheels or they like to prepare and share meals with friends during daylight hours.

There is no preferred choice for people affected by dementia. Whatever suits the individual and their circumstances is best. However a 'main' meal is very important because at this meal most people eat their main protein serve of the day (i.e. meat, fish, chicken, eggs or plant protein alternative). When a main meal is missed it is hard to catch up on this very significant serve of protein.

## Dessert

Desserts based on fruit and milk are nutritious additions to the day, especially for those who are frail or who have chewing and swallowing problems. Good choices include canned fruit and custard or ice cream, rice pudding, tapioca or sago, mousse, yoghurt, dairy food, fruit crumbles with custard, fruit trifles. Baked desserts (steamed puddings, cakes) and other sugar or fat rich desserts such as pavlova and cheesecake are best saved for a weekly treat.

For those with a small appetite, dessert may be best served at the secondary meal of the day e.g. after lunch or tea, where tea is the lighter meal of the day.

## Snacks

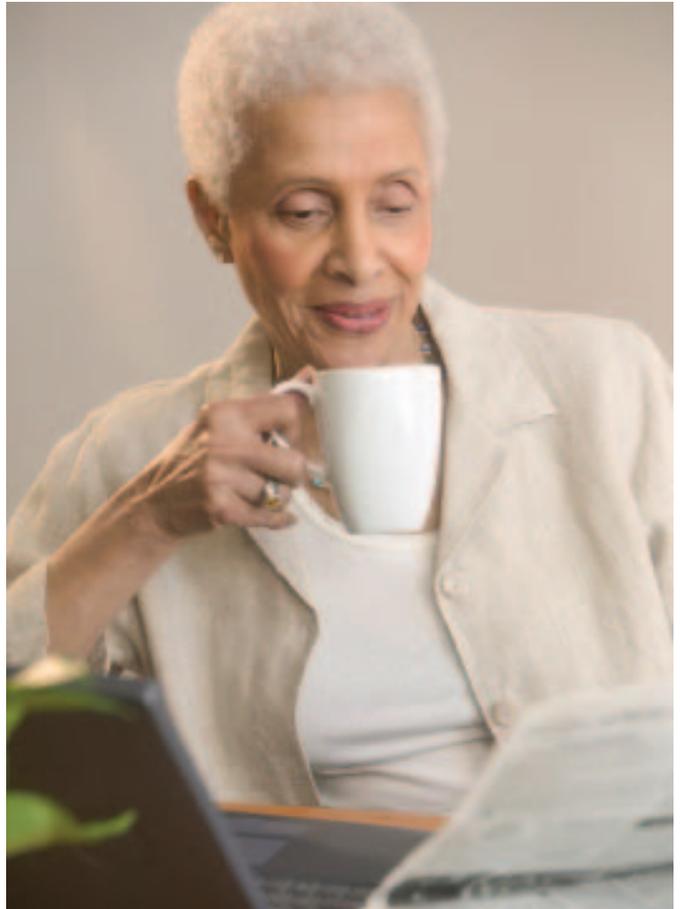
Snacks can provide an important energy and nutrient boost in the day for some older adults but for others they are not necessary and need to be discouraged.

Older adults, who have a poor appetite, who are frail, are losing weight or who are very active will benefit from eating a snack between meals. Snacks which include protein, fresh or dried fruits and whole-grain products are preferred e.g. sandwiches, mousetraps, fruit based muffins, scones and loaves, crackers, slices of cheese, fresh or dried fruit, yoghurt, dairy food, and milky drinks.

For older adults who are overweight or who have a greater potential to gain weight due to restricted mobility, a piece of fruit is usually a more suitable snack.

## Have plenty to drink each day

Having enough to drink each day is especially important for older adults. A good fluid intake minimises the risk of constipation, urinary tract infections, lethargy and symptoms of dementia such as confusion.



Most adults need to drink between 6 – 8 cups of fluid each day. Different patterns suit different people. Here are some options:

- A drink at each meal (3 serves) + a 750ml sipper bottle of water drunk over the day (3 serves)
- A drink at each meal (3 serves) + a drink between each meal (3 serves) + water taken with medication (1-2 serves)

Water is an excellent choice. However hot drinks such as tea and coffee are enjoyed by many and are appropriate in moderation (more than 5 cups of caffeine-containing beverages a day is discouraged).

A glass of cold milk or a hot milky drink can be enjoyed, especially by those who are frail or who have a small appetite.

Fruit juices, lemon and barley or lime juice can provide a pleasant change from water.

## Feeding and nutritional concerns

1. Weight loss as a result of a poor food intake.
2. Weight loss as a result of higher energy needs caused by restlessness and frequent or incessant pacing.
3. Inappropriate weight gain as a result of reduced physical activity or repetitive eating when a person affected by dementia forgets they have eaten.

## Some suggestions for improving a poor food intake

Many factors may contribute to a poor food intake. These can include:

- Forgetting to eat
- Difficulty initiating eating
- Being easily distracted during meal times so that meals are frequently not completed
- Eating extremely slowly
- Difficulty using a knife and fork
- Difficulty chewing and swallowing safely
- Constipation, medication and other medical concerns

Some suggestions for improving a poor food intake are:

- Ensure the eating environment is quiet and peaceful. In care settings minimise adjacent kitchen noise. Instead of TV, play music that is likely to calm those who are anxious and restless.
- People with dementia often find starting a task difficult, but can continue a task once they have been helped to start. Provide prompts to remind a person to eat. This may include a reminder to come to the table, verbal prompts to pick up eating utensils, placing eating utensils in a person's hands and verbal prompts to encourage a person to put food in their mouth, to chew, to remain seated until they have completed their meal or to return to the table if they get up before finishing their meal. This can make a significant difference.
- Allow slow eaters sufficient time to complete their meal. 30 – 40 minutes may be necessary. Offering to heat food up again can make it more appetising.
- Swap a knife and fork for a spoon and a flat plate for a lipped plate. Offer soup in a mug or spouted feeding mug.
- Provide assistance when it is apparent that a person is no longer able to feed themselves.
- Minimise foods that are difficult to pick up with a fork or which easily fall off a spoon e.g. peas or

corn. Finger foods may be easier for some to eat e.g. sandwiches; sliced or diced meat, cheese, vegetables and fruit; fish fingers; cubes of vegetable bake or frittatas; dried fruit; ice cream in a cone.

- Encourage a person to drink after, rather than before or during their meal, unless sipping a drink during a meal helps them eat better.
- When a person affected by dementia has difficulty chewing and swallowing, change the texture of their food. Possible problem foods include foods with mixed textures (such as minestrone soup, which has liquid and chunks of food), nuts, seeds, grains or chocolate, flakey biscuits, crusty bread, crunchy toast, and baked items.
- There are a number of foods that may be easier to swallow. Soft, moist evenly textured foods such as soufflé, omelette, pancakes, minimise the amount of chewing required. Blending or pureeing foods such as fruit removes the need to chew. The moistness of meals can be increased by the addition of extra gravy, sauces, custards, ice cream, etc.
- Supplement a poor food intake with high energy, protein rich supplement drinks. Options include fruit smoothies, milkshakes, meal replacement powders such as Sustagen and Complan or sip feeds such as Fortisip, Resource Plus or Ensure Plus.
- Provide nutritious snacks between meals (see above).
- If a person is up a lot at night, ensure they have access to simple but nutritious snack foods during their wakeful hours.
- Make the most of times in the day when a person eats best. This is often breakfast. Perhaps provide a simple cooked breakfast such as scrambled or poached eggs, baked beans or spaghetti.
- Minimise the risk of constipation by encouraging a good fluid intake and ensuring an adequate intake of fibre rich foods such as wholegrain breads and cereals and plenty of fruits and vegetables. If necessary provide other bulking agents or medication which stimulates the bowel.
- If it is suspected that medication is interfering with a person's appetite, ask for a review of the medication taken.
- Ensure other medical concerns are addressed.



## Some suggestions to minimise weight gain when this is inappropriate

- Discourage snacks between meals. Offer only a drink or a drink and a piece of fruit.
- Discourage second helpings.
- Encourage a person to drink during their meal or complete their meal with a drink.
- Encourage water in preference to sugar containing

drinks. Offer 'diet' drinks on occasions for variety or when a person is reluctant to drink water.

- If sweetened hot drinks are the preference, sweeten these with an artificial sweetener instead of sugar.
- Verbally prompt a person to eat slowly if they eat too quickly. Gently placing a hand on a person's forearm's can be a useful way to prompt fast eaters to slow down, especially if they are at risk of choking.
- Remind a person they have just eaten, if they forget they have. Offer them a second drink instead of more food.
- Minimise high fat foods such as fried foods, pastry, sausages, saveloys, cakes and biscuits, rich desserts and cream.
- Spread margarine or butter thinly on toast, bread and baked items such as scones and pikelets or leave off altogether where this is appropriate e.g. sandwiches or muffins.

## Difficulties swallowing

There are a number of conditions that make swallowing difficult. Always consult a health professional if swallowing difficulties persist. Signs of swallowing difficulty include:

- Inability to initiate swallowing
- Food sticking in throat or backing up into nose
- Choking or regurgitating food
- Frequent repetitive swallowing or throat clearing
- Coughing during or after swallowing
- Hoarse voice or recurrent sore throat
- The need to 'wash down' solid food with sip of water

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*Alzheimers New Zealand has a range of information sheets and booklets available for people with dementia, their carers, families and whānau. Alzheimers member organisations located throughout New Zealand provide a variety of services and support to all people affected by dementia. Contact your local organisation on freephone 0800 004 001.*

*This information sheet provides a general summary only of the subject matter covered and is not a substitute for informed professional advice. Any person with dementia or their carer or family/whānau should seek professional advice about any individual case. Alzheimers New Zealand is not be liable for any error or omission in this publication, as a result of negligence or otherwise. This information sheet was produced in March 2010.*

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