

Eating

Proper nutrition is important to keep the body strong and healthy. Regular nutritious meals may become a challenge for people with dementia, especially in the middle and late stages of the disease. They may become overwhelmed with too many food choices, forget to eat or think they have already eaten.

The tips in this topic sheet are general ideas to try if the person is experiencing eating challenges. Each situation is different, so do not feel as though you need to try all of these ideas. Some will be more appropriate to your situation than others. If the person is having difficulty eating, ask yourself the following questions to help you find answers:

Physical difficulties

Is the problem physical? Sores in the mouth, poor-fitting dentures, gum disease or dry mouth may make eating difficult.

Medical problems

Does the person have other chronic diseases? Intestinal or cardiac problems or diabetes might lead to loss of appetite. Constipation or depression can also decrease appetite.

Agitation/distraction

Is the person agitated or distracted? If agitated, the person probably won't sit long enough to eat an entire meal. Reduce distractions such as television, radio or outside activity.

Eating patterns

Has the person recently changed eating patterns, like the number of meals per day or timing of meals? For instance, moving into a facility that serves three full meals a day may present a change in the person's customary habits. Does the person have a preferred eating pattern? Some people who are not accustomed to sitting down at the table for three full meals may prefer to have several smaller meals or snacks.

Environment

Are there odors or harsh noises in the room that might distract the person from eating?

Food quality

Is the food appealing in appearance, smell and taste?

Once you've evaluated the sources of eating problems, you can take action.

Be flexible about the person's food preferences

Remember that the person with dementia has long-standing personal preferences. Try to keep these likes and dislikes in mind when preparing his or her food.

Make mealtimes calm and comfortable

- Serve meals in quiet surroundings, away from the television and other distractions.
- Keep the table setting simple and avoid patterned plates, tablecloths and placemats that might confuse the person. Use white plates or bowls with a placemat in a contrasting color to help the person distinguish the plate from the table. You may also want to use a plastic tablecloth, paper napkins or aprons to make cleanups easier.
- Set the table with only the utensils needed for the meal.
- Serve only one or two foods at a time. For example, serve mashed potatoes followed by cooked meat.
- Use simple, easy-to-understand instructions. For example, “Pick up your fork. Put some food on it. Raise it to your mouth.”
- Check the food temperature. The person might not be able to tell if a food or beverage is too hot to eat or drink.
- Provide plenty of time for the meal and be patient. Don’t criticize the person’s eating habits or urge him or her to eat faster.
- Speak slowly and clearly. Be consistent and repeat instructions in the same words each time.
- Break a meal into smaller parts of necessary. If the person doesn’t want to eat, you can take a break, involve him or her in another activity, and return to eating later.
- Eating with others provides an atmosphere that might encourage the person to eat.
- Use memory aids to remind the person about meal times. You might try a clock with large numbers, an easy-to-read appointment calendar with large letters and numbers, or a chalk or bulletin board for recording the daily schedule.

Encourage independence

- Serve finger foods or serve the meal in the form of a sandwich.
- Serve food in large bowls instead of plates or use plates with rims or protective edges.
- Use spoons with large handles instead of forks.
- Set bowls and plates on a non-skid surface.
- Use cups and mugs with lids to prevent spilling and fill glasses half full; use straws that bend.
- Gently place the person’s hand on or near an eating utensil.
- Show the person how to eat by demonstrating eating behavior. Or, try hand-over-hand feeding by putting a utensil in the person’s hand, placing your own hand around and lifting both hands to the person’s mouth for a bite.

Minimize eating and nutrition problems

- Avoid foods such as nuts, popcorn and raw carrots, which may be hard to chew and swallow. Grind foods or cut them into bite-size pieces. Pureed and frozen foods can be stored in plastic bags for later use.
- Serve soft foods such as applesauce, cottage cheese and scrambled eggs. Serve thicker liquids such as shakes, nectars and thick juices, or serve a liquid along with the food.
- Encourage the person to sit up straight with his or her head slightly forward. If the person’s head tilts backward, move it to a forward position.

- Use vitamin supplements only on the recommendation of a physician. Monitor their use.
- If the person has a decreased appetite, try preparing some of the person's favorite foods, increasing the person's physical activity or planning for several small meals rather than three large meals.
- After the meal is over, check the person's mouth to make sure that food has been swallowed.
- Be alert for signs of choking. Learn the Heimlich maneuver in case of a choking incident.
- Keep in mind that the person may not remember when or if he or she ate. If the individual continues to ask about eating breakfast, you might consider serving several breakfasts — juice, followed by toast, followed by cereal.
- Help the person maintain good oral hygiene. If it's difficult to use a toothbrush, try oral swabs. Make regular visits to the person's dentist.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

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