

Further Information

Mersey and West Lancashire Teaching Hospitals have dementia and delirium teams, who support those living with dementia and those experiencing a delirium during their hospital admission. The teams are available Monday to Friday, 8am—4pm and can support patients, their relatives and carers as well as Trust staff.

Our Southport & Ormskirk service has an admiral nurse and three specialist nurses can be contacted by telephone:

01704 704 658 – please leave a message and they will return your call as soon as possible or email:
soh-tr.dementiaanddeliriumteam@merseywestlancs.nhs.uk

Our service at Whiston & St Helens hospitals can be contacted by telephone:

0151 676 5253 / 0151 290 4011 Or email: DADteam@sthk.nhs.uk

Southport Hospital
Town Lane, Kew,
Southport, Merseyside PR9 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Supporting eating and drinking in dementia care

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră.

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتيسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction

A healthy, well balanced and nutritious diet can help to improve a person's quality of life. People living with dementia may experience problems with eating and drinking. It is also quite common for their appetite to change and intake to reduce as their dementia progresses. Symptoms such as memory loss and difficulties thinking and problem solving, can also make it difficult to eat and drink well.

People may:

- Have difficulty recognising food and drink.
- Be unsure how to begin eating.
- Not recognise when they are hungry or thirsty.
- Forget to eat and drink.
- Have difficulty handling cutlery.
- Have problems chewing or swallowing.
- Be unable to prepare food and drink.
- Develop a sweet tooth.
- Feel more tired.

Not eating and drinking can increase the risk of dehydration, weight loss, falls, urine infections and constipation. This can lead to increased confusion and risk of delirium. If your loved one is admitted to hospital, please ensure you make staff aware of any allergies, likes or dislikes they may have.

Whilst in hospital you can complete our hospital passport / forget me not card, which allows you to provide information regarding your loved one so that we can support them in your absence.

Your loved one's eating and drinking may also be supported by the following teams:

Dietetic team

The dietetic team provide individual dementia related assessments when required, as well as offering advice and support to ensure essential good nutrition is maintained where possible.

Speech and language therapy

Speech and Language Therapists (SaLT) have the specialist knowledge and skills to diagnose, directly assess and support problems in relation to communication, safe eating, drinking and swallowing.

For further information on the role of a SaLT in dementia please visit: [rcslt-dementia-factsheet.pdf](#)

Occupational therapy

Occupational therapists can offer advice about aids and positioning, to support eating and drinking.

Eating and drinking with acknowledged risk

As dementia progresses, the person living with dementia may develop swallowing difficulties which can lead to food or fluids going down the wrong way towards the lungs. This is called aspiration. This may cause coughing, choking and chest infections. With guidance from speech and language therapy, different textures of food such as soft diets, puree or thickened fluids may be advised.

Sometimes, strategies and different food and drink textures may not work. In these instances eating and drinking with acknowledged risk may be considered. This means that we are acknowledging and accepting the risks that someone with swallowing difficulties has when eating and drinking. By accepting this risk, the person continues to be given food and drink, to maintain their comfort and quality of life.

Supporting someone with dementia to eat and drink well

- Ensure they are sitting comfortably, ideally in a chair, upright with back support.
- Encourage communal dining. This will promote mirroring and triggers to the person.
- Maintain a calm environment.
- Avoid clutter on the table.
- Think about what they like and dislike.
- Offer smaller portions/cups/glasses, as this is less challenging to the person.
- Give verbal cues ie orientate to time and place, offer different choices, give directions, call their name to gain their attention.
- Give non-verbal cues ie make eye contact, smile, move to a comfortable distance for them, ensure items are in containers they can use.
- Offer fluids frequently as this may enhance the taste of their food.
- Ensure drinks are always in reach.
- Offer foods high in water concentration to prevent dehydration.
- Consider hand under hand or hand over hand technique (see over page) to support eating and drinking.

What is hand under hand?

This direct hand feeding technique involves holding the utensil and spooning the food directly into the person's mouth, whilst providing guidance and assistance. It promotes a physical touch connection that is friendly, comforting and successful, without being intrusive or overbearing, enabling your loved one to maintain their dignity and independence.

Shake hands with the person.

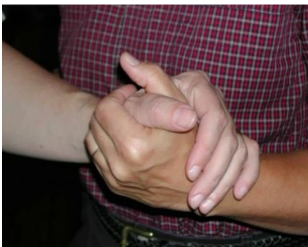
Once their hand is in yours, slide fingers up and around base of their thumb creating a "butterfly".

Shift to hand under hand by taking hold of their hand. Your thumb should be held between the thumb and fingers to allow palm to palm supportive contact.

Position yourself facing same direction as person.

You can now hold the utensil and support the person with eating or drinking.

Remember "all right or all left" depending on person's dominant side.



Ensure good mouth care is maintained

- 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.
- Consider artificial saliva products/oral gels and lip balms.
- If tooth brushing is refused, try again another time.



Foods high in water content

If your loved one is struggling to maintain their recommended fluid intake (1.5-2 litres a day), foods with high water content can be used to support this:

- Fruits– melon, cucumber, strawberries, celery, lettuce, citrus fruits, tomatoes, pineapple or peppers.
- Vegetables– kale, broccoli, carrot, courgette or spinach.
- Soups.
- Milk/milkshakes.
- Smoothies.
- Jelly/milk jellies.
- Milky puddings– rice or semolina.
- Weetabix with extra milk.
- Fruit juice.
- Ice lollies or ice cream.
- Yogurts.
- Cottage cheese.
- Gravy.
- Nutritionists have also created sweets called [Jelly Drops®](#) which can be purchased. These may help people with dementia consume more water.

This technique allows you to use their dexterity, to operate the tool or utensil while your loved one is still actively participating and moving their body parts ie hand to mouth, as they have done for their entire lives.

Please visit the link below, to see hand under hand technique demonstrated:

<https://www.dementiacarecentral.com/wp-content/uploads/2009/02/basic-tips-dementia-care.mp4>

What is hand over hand?

This technique provides guidance to the person.

Position yourself on the dominant side of the person.

Place the food item, utensil or cup in their hand and then place your hand over their hand.

Guide the hand with the utensil towards their mouth.

After repeating it several times, let go to see if they can continue on their own.

This action may also improve chewing and swallowing as the hand movement can trigger the eating and drinking pattern in the brain.

How to recognise dehydration

There are some things that may show a person is dehydrated. If you spot any of the following, encourage the person to drink more water and seek medical help if needed.





- Increased confusion (compared to their normal dementia baseline).
- Feeling thirsty.
- Dark and strong-smelling urine.
- Feeling tired.
- Not peeing very often (fewer than four times a day).
- Dry mouth, lips and tongue.
- Headaches, feeling dizzy or light headed.
- Drowsiness.
- Sunken eyes.

SYMPTOMS OF DEHYDRATION



Visible signs of dehydration in your urine

An easy way to test how well dehydrated you are is to check the colour of your pee. The chart below provides a helpful guide.

Are you drinking enough?		
Colours 1-3 suggest normal urine		
1		Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day. If your urine matches 1-3, then you're hydrated.
2		
3		
Colours 4-8 suggest you need to rehydrate		
4		If your urine matches 4-8, then you're dehydrated and you need to drink more.
5		
6		If you have blood in your urine (red or dark brown), seek advice from your GP.
7		
8		Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.