



Eating and drinking strategies for dementia

Challenge	Intervention
Forgets or misinterprets or does not recognise body signals of hunger	 Offer food and drinks frequently throughout the day as will be unlikely to ask for a drink. Have easy access to drinks and food in people's rooms and communal areas.
Not able to recognise food / plays with food due to lack of environmental cues	Try ensuring environmental changes to signal mealtimes such as altering the appearance of the table with tablecloths, placemats, napkins etc.
Not able to use utensils correctly	Limit the number of utensils available.May need help with cutting up food.
Not able to use utensils, can eat fingers foods	 Ensure variety of finger foods (self-feeding provides more sensory / motor feedback to encourage eating) Try serving soups or hot cereals in a mug and cut fruit and vegetables in to bite size pieces that can be easily picked up. Serve sauces and gravies in bowls which food can be dipped into rather that pouring over a meal. Use 'edible containers' such as ice cream cones.
Not able to make choices regarding food	Be aware of likes and dislikes. Offer choiceTry to use pictorial cues or actual food as choices
Establishing routine	 Establish the same routine for each meal. Reinforce with one stage directions and visual and gestural cueing. Placing the cutlery in the preferred hand, use hand over hand to prompt the process of eating.
Poor attention span, unable to complete a meal	 Use simple verbal prompts and touch to redirect to the task of eating. Having 5 or 6 small meals a day for residents who are unable to complete a full meal and become agitated at attempts to refocus.

Challenge	Intervention
Wandering / leaves the table during the meal	 Make meals a combination of sitting and eating, and walking and eating - go with the person to minimise agitation Use finger foods from a bowl or sandwiches made with fillings which hold together easily.
Overfills mouth / eats pieces which are too big to swallow safely	 Provide foods which are pre-cut into bite size pieces, use small spoon / utensils. Encourage clients to clear mouth before next spoonful.
Holds food in mouth	 Verbal, visual and if appropriate use touch as prompts to swallow. Try offering empty spoon to prompt client to swallow existing food in mouth. Check for residue after eating.
Attempts to eat things which are not edible	Remove any unnecessary garnishes or inedible containers / flowers from table / tray.
Pours liquids over foods or mixes main course and dessert on one plate	Provide drinks and courses separately
Takes food from other residents	Use visual boundaries such as placemats.Square tables provide better physical boundaries than round tables.
Perceptual difficulties such as inability to judge edge of plate and table	Use colour contrasts i.e. food against plate and plate against tray / table.
Anxiety regarding where to sit (may insist on same chair each time) May insist on sitting with same people / react badly if sat with someone they don't like	 Consider using name cards or simply removing the chair until time for that individual to come to the table. May need to be seated alone if experiencing hostility or paranoia. Avoid making last minute changes to seating plans, be aware of peer groups.
Environment	Have a range of table sizes available, square tables better for separating space, bright glare from lights and loud music can increase agitation. Cups and cutlery should be easy to hold.

Adapted from an article by Sue Curfman, Nursing Home 2005.

