

Eating

Proper nutrition is important to keep the body strong and healthy. However, regular nutritious meals may become increasingly challenging for people living with middle- or late-stage (sometimes referred to as moderate or severe, respectively, in a medical context) Alzheimer's. They may become overwhelmed with too many food choices, forget to eat or think they've already eaten. If a person is having difficulty eating, consider the following questions to help assess the situation:

- **Physical difficulties.**
Is the problem physical? Mouth sores, poor-fitting dentures, gum disease or dry mouth may make eating difficult.
- **Swallowing difficulties.**
Does the person seem to be having problems swallowing? Does he or she seem to choke frequently? If so, alert the doctor so it can be evaluated.
- **Other diseases or conditions.**
Does the person have other chronic conditions? Intestinal or cardiac problems or diabetes might lead to loss of appetite. Conditions such as indigestion, constipation or depression can also decrease appetite.
- **Agitation and distraction.**
Is the person agitated or distracted? If so, he or she may not sit for an entire meal. Think about how you can reduce distractions in the eating area.
- **Eating style.**
Does the person have a preferred eating style? Those unaccustomed to sitting at the table for three full meals may prefer to have several smaller meals or snacks.
- **Environment.**
Are there unpleasant odors or harsh noises in the room that might be distracting?
- **Food quality.**
Is the food appealing in appearance, smell and taste?
- **Food preferences.**
Are you considering the person's food likes and dislikes? Long-standing personal preferences should be kept in mind when preparing food.

Each person is unique, but the following tips may be helpful as you assist with mealtimes and eating during the middle and late stages of the disease:

Nutrition tips.

The basic health tips below may benefit both the person living with dementia and the caregiver.

- Provide a balanced diet with a variety of foods. Offer vegetables, fruits, whole grains, low-fat dairy products and lean protein foods.

- Limit foods with high saturated fat and cholesterol. Some fat is essential for health — but not all fats are equal. Go light on fats that are bad for heart health, such as butter, solid shortening, lard and fatty cuts of meats.
- Cut down on refined sugars. Often found in processed foods, refined sugars contain calories but lack vitamins, minerals and fiber. You can tame a sweet tooth with healthier options like fruit or juice-sweetened baked goods. But note that in the later stages of Alzheimer's, if appetite loss is a problem, adding sugar to foods may encourage eating.
- Limit foods with high sodium and use less salt. Most people in the United States consume too much sodium, which affects blood pressure. As an alternative, use spices or herbs to season food.

As the disease progresses, loss of appetite and weight loss may become concerns. In such cases, the doctor may suggest supplements between meals to add calories.

Staying hydrated may also be a problem. Encourage fluid intake by offering small cups of water or other liquids throughout the day or foods with high water content, such as fruit, soups, milkshakes and smoothies.

Make mealtimes calm and comfortable.

Tips for the middle stage:

- 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. Using color to contrast plates against a tablecloth or placemat can make it easier for the person to distinguish the food from the plate or table. Consider using a plastic tablecloth, napkins or aprons to make cleanup easier.
- Provide only the utensils needed for the meal to avoid confusion.
- Serve one or two foods at a time. For example, serve mashed potatoes followed by the main entree.
- 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 before consumption. The person might not be able to tell if a food or beverage is too hot.
- 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 using the same words.
- If the person doesn't want to eat, take a break, involve him or her in another activity and return to eating later.

Use memory aids to remind the person about meal times. Consider using 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.

Tips for the late stage:

- Allow plenty of time to eat. Keep in mind that it can take an hour or more for the person to finish.
- For as long as possible, give the person the opportunity to eat with others.

Encourage independence.

Tips for the middle stage:

- Serve finger foods or a meal in the form of a sandwich in order to make it easier for the person to serve him or herself.
- Serve food in large bowls instead of plates, or use plates with rims or protective edges.
- When needed, use spoons with large handles instead of forks, or use weighted utensils.
- Set bowls and plates on a non-skid surface such as a cloth or towel.
- Use cups and mugs with lids to prevent spilling. Fill glasses half full and use bendable straws.

Tips for the late stage:

- 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 hand around theirs and lifting both of your hands to the person's mouth for a bite.

Minimize eating and nutrition problems.

Tips for the middle to late stages:

- Avoid foods such as nuts, popcorn and raw carrots, which may be difficult to chew and swallow.
- When needed, grind foods or cut them into bite-size pieces.
- 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, to avoid choking. If the person's head tilts backward, move it to a forward position.
- Use vitamin supplements only when recommended by a physician. Monitor usage.
- If the person has a decreased appetite, try preparing some of his or her favorite foods. You may also consider increasing the person's physical activity or plan for several small meals rather than three large meals.
- After the meal is over, check the person's mouth to make sure the food is swallowed.
- Learn the Heimlich maneuver and be alert for signs of choking.

- The person may not remember when or if he or she ate. If the individual continues to ask about eating breakfast, you might consider breaking up the meal — 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.

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