

About eating

Many people with Alzheimer's have problems with eating. For example, a person might lose his or her appetite or the ability to evaluate if food is too hot or too cold. In addition, a person might forget that he or she has eaten and ask you for another meal. Begin by assessing the problem. Ask yourself: "Why is the person having difficulty eating?" The following questions may 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. A visit to your physician might be helpful.

Disease

Does the person have an additional chronic disease? 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. If the person is distracted, you might want to think about how you can reduce distractions in the room.

Eating style

Have you recently changed eating styles? Does the person have a preferred eating style? 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.

Adapt to 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 you're preparing food.

Try to reduce mealtime confusion

- Provide a calm environment at mealtimes. Minimize distractions, loud noises and abrupt movements.
- Offer meals at regular times.
- Make mealtime a pleasant but simple event. For example, put only one item of food on the plate at a time.
- Give the person only one utensil at a time. You may want to omit the knife from the place setting. Avoid using plastic utensils because they may break.
- Avoid patterned plates, tablecloths and placemats that might confuse and distract the person. In most cases, use white plates or bowls with a contrasting color placemat to help the person distinguish the plate from the table.
- Deliver simple, easy-to-understand instructions. For example, "Pick up your fork. Put some food on it. Raise it to your mouth."
- 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.
- Be realistic about going out to eat. Avoid noisy or large restaurants; choose those that are small, comfortable and familiar. Decide if the person can order directly from the menu. Or, you might want to order for the person.
- Use distractions. If the person resists eating, 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. 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.

Minimize problems in chewing and swallowing

- Avoid foods such as nuts, popcorn and raw carrots, which may get lodged in the throat. Instead, grind foods or cut them into bite-size pieces. Pureed and frozen foods can be stored in plastic bags for later use.
- Gently explain that the person should chew the food, eat slowly and swallow.
- 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.
- 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.
- Learn the Heimlich maneuver in case of a choking incident.

Experiment with solutions to decreased appetite

- Prepare some of the person's favorite foods.
- Increase the person's physical activity.
- Plan for several small meals rather than three large meals.
- Give the person plenty to drink, especially in warm weather.
- Consider the use of food supplements such as instant breakfast, meal supplement or protein drinks, yogurt and milk shakes.

Assist the person to function independently

- 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 such as a cloth or towel.
- Use cups and mugs with lids to prevent spilling and fill glasses half full; use straws that bend.
- Use plastic tablecloth, napkins or aprons to make clean-ups easier.
- 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, then you both lift your hands to the person's mouth for a bite. The person will often begin to eat.
- Give the person plenty of time to eat. Keep in mind that it can take a person an hour or more to finish eating.
- Give the person the opportunity to eat with other family members for as long as possible.

Work to prevent eating and nutrition problems

- Use vitamin supplements only on the recommendation of a physician. Monitor their use.
- Don't serve steaming or extremely hot foods or liquids. Remember, the person might not be able to tell if the food or beverage is too hot to eat or drink.
- Limit or eliminate highly salted foods or sweets if the person has a chronic health problem, such as diabetes or hypertension.
- Control potential weight gain. If the person always seems hungry, serve smaller portions of food at more frequent intervals. Fill the gaps between regular meals with healthy snacks.

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- After the meal is over, check the person's mouth to make sure that food is swallowed.
 - Restrict portions when appropriate. A person with Alzheimer's may have no concept of how much he or she has eaten.
 - 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 fighting on your behalf to give everyone a reason to hope. For more information about Alzheimer research, treatment and care, please contact the Alzheimer's Association.

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