

# Hints and tips for eating and drinking as conditions progress

Information for patients, relatives and carers

As conditions progress people can experience problems with eating and drinking. Eating plays an important part of our lives so it can be upsetting for individuals and for relatives and friends to see their loved one have difficulty eating, losing interest in food and losing weight as a consequence.

Problems can include:

- Reduced appetite
- Taste changes
- Changes in co-ordination
- Problems swallowing
- Unable to prepare food
- Difficulties communicating

## The mealtime experience:

- Try to create a calm and familiar surrounding.
- If the individual cannot communicate their food choices, use picture menus.
- Try to keep to regular mealtimes.
- For some a loud TV and radio can be distracting, but for others it can be reassuring.
- Arrange food on a plate in a similar way at each meal.
- Naming the foods can help trigger memories.
- If the individual gets easily distracted then seat them at the table as late as possible.
- Everyone should be encouraged to eat independently. However some individuals may need help. If somebody needs assistance with eating make sure:
  - They are sat upright, supported and comfortable.
  - Sit at eye level, maintain eye contact and talk to them about the food.
  - Give enough time to swallow each mouthful before continuing.

## Taste preferences:

An individual's lifelong food preferences can change in certain diseases and foods that have been favourites can become dislikes. To combat this:

- Offer a variety of foods.
- Keep a list of foods that they enjoy -this may change over time.
- Try adding flavouring to foods eg spices and herbs.
- Those with a sweet preference may enjoy sugar or honey in their savoury dishes.
- Serve strong and/or sweet condiments with mains e.g. apple sauce, chilli chutney, mint sauce.

### **Changes in co-ordination:**

Some diseases can lead to difficulties with co-ordination which can make mealtimes difficult and messy, leading to a person not wanting to eat.

- Pre-cut up food so that the individual can use a spoon.
- Request or purchase specially adapted cutlery which is easier to use.
- Use a non-slip mat or a plate guard.
- Choose contrasting colour plates e.g. red or yellow.
- If a person is unable to eat with cutlery encourage finger foods (ask your dietitian for a list).

### **Difficulty preparing meals:**

Tiredness, lack of co-ordination and difficulty remembering how to use cooking equipment can lead to problems when preparing meals. To combat this:

- Bulk cook and freeze into portions.
- Use convenience foods e.g. ready meals, tinned and frozen fruit and vegetables.
- Using a microwave may be easier and safer than a hob or cooker.
- An occupational therapist can help with equipment which can help make preparing meals easier.
- Consider having meals delivered.

### **Swallowing issues:**

Poor dental hygiene, ill-fitting dentures and oral thrush can lead to problems with swallowing. Individuals may not be able to communicate that they are uncomfortable or in pain. Good oral hygiene and regular dental checks are important.

Signs somebody has a problem with swallowing include:

- Holding food in their mouth.
- Chewing continuously.
- Coughing during or after meals.

If a person has any of the above problems they should be referred to a speech and language therapist.

### **Loss of appetite and weight loss:**

Weight loss is a common occurrence as conditions progress and this can be upsetting to experience and watch.

- Aim for 3 small meals and 3 high-calorie snacks between meals each day.
- Enrich all food with full fat milk, butter, cream, cheese and sugar/honey.
- Encourage regular high calorie milky drinks e.g. milkshakes, hot chocolate, Horlicks™, Ovaltine™.
- Try different textures and temperatures of food.
- If food goes cold it will lose its appeal. Consider serving half portions to keep food warm. Try a plate warmer, 'thermo plate' or a microwave to reheat food.
- Commercially prepared drinks such as Complan, Mertiene and Nurishment can be given between meals.
- Use home-made nourishing drink recipes from the dietitian
- Sit eye level, maintain eye contact and talk to them about the food.
- Give enough time to swallow each mouthful before continuing.

### End stage conditions:

As people reach end of their life they may lose interest in eating and drinking. At this stage, quality of life (QOL) rather than preventing weight loss becomes the priority. Ways to improve QOL around food include:

- Creating a nice calm eating environment.
- Offer favourite foods – this may only be a taste or one mouthful.
- Have a variety of food and drinks available at all times.
- If a person can't manage food then offer milkshakes, smoothies and juice.
- Help with good mouth hygiene and watch for signs of irritation e.g. dry cracked lips, mouth sores and oral thrush.
- Don't force eating but gently encourage with different options. If they refuse all food and drinks then don't be disheartened instead but just spend time with them doing things they enjoy.

### Notes

Your dietitian: \_\_\_\_\_ Contact number: \_\_\_\_\_