

General advice

- Reduce environmental distractions.
- Create a calm environment e.g. calm background music.
- Ensure resident is alert and sitting upright before eating and drinking.
- Promote independence as much as possible, if resident finds cutlery difficult try finger foods or 'hand over hand' feeding.
- Review [Feeding Safely Routines](#) factsheet.
- Take to toilet before meal.
- If resident is taking a long time at mealtimes, eating small amounts or fatiguing, try smaller meals little and often / regular snacks between meals and/or consider food fortification.
- Be aware that tastes can change with the dementia process and residents may prefer sweeter foods and / or stronger flavours than they previously did.
- Consider visual/ sensory needs, do they have their glasses / hearing aids and are they the right ones/ working/ switched on / clean; if they have a visual neglect or hemianopia, sit on their good side and move the plate around during the meal; if they are visually impaired consider referral to sensory team. Use bright contrasting colours of placemat, bowl and cup for residents with visual difficulties.
- Ensure mouth is clean and there is no soreness, maintain excellent oral hygiene and dental check-ups, make sure dentures are fitting, regularly cleaned and in situ if resident tolerates them
- If sudden change in behaviour, check for physical and/ or mental health changes or infection.

Eating non-food items

- Ensure everyone is aware of this and lock away all harmful substances.
- For residents with a strong bite reflex ensure that crockery is shatterproof, and avoid metal cutlery to protect residents' mouths and teeth, choose 'unbreakable' plastic cutlery instead.

Wandering or not sitting down for mealtimes

- Let them wander until food arrives.
- Use simple verbal/ physical prompting to aid understanding.
- Give extra helpings/ fortify food when more settled.
- Consider finger foods that can be eaten on the move.

Eating small amounts/ refusing food & fluid

- Offer smaller meals little and often.
- Offer 2 puddings if they don't like the main course.
- If refusing puree, try naturally puree consistency foods such as custard.

- If refusing thicker fluids, try naturally thicker fluids such as smooth thick fruit juices or smoothies.
- If they are on a modified diet, find ways that they can enjoy their preferred flavours e.g. chocolate mousse substituted for chocolate bar.
- Make sure you are aware of their preferences / cultural needs.

Mouth Holding / not opening mouth including 'washing machine' effect of continuous chewing

- Use verbal prompts to keep on track, remind to swallow or use indirect prompts: 'that's nice' 'this is tasty'.
- Use gentle physical prompts e.g. put cup/spoon in resident's hands.
- Try 'hand over hand' feeding technique.
- Touch spoon/ cup lightly to lower lip to remind person to swallow.
- Examine if carefully giving the next mouthful helps trigger a swallow (only do this once).
- Try altering mouthful size.
- Experiment with different tastes and temperatures, stronger flavours/ colder temperatures may more easily stimulate a response.
- If not opening mouth, coax to have a first 'taste' or try a small amount on their lips to elicit a 'lip licking' response.
- Ensure mouth is clear and administer mouth care after meal.
- Remain upright after eating.

Spitting out

- Try softer textures, minced moist and/or puree textured diet may reduce the spitting.

Reference:
Kindell, J. 2002, Feeding and eating disorders in dementia