



# **Nutrition Matters in the Community**

**Community Nutrition Support Dietitians  
Updated May 2018  
Review May 2021**

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### First Line Advice Diet Sheets:

- [Malnutrition \(BDA fact sheet\)](#)
- [Get More In](#)
- [Get More In Drinks](#)
- [Get More In for People with Diabetes](#)
- [Nourishing Snacks](#)
- [Nourishing Drinks Recipes](#)
- [Soft Diet](#)
- [Pureed Diet](#)
- [Texture Modified Snacks](#)
- [Nutrition for Wound Healing](#)
- [Healthy Eating and your Diabetes](#)
- [Advice for Constipation](#)
- [Eating Well with Dementia - A carers' guide](#)

## Nutrition and Dietetics Information

### Introduction

#### **Nutrition and Dietetics Contact Information**

Community Nutrition Support Dietitians

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01698 201433

**Fax:** 01698 201445

The role of the Community Nutrition Support Dietitian is to provide dietetic input to those patients who are malnourished or at risk of malnutrition.

All healthcare professionals should have an accessible copy of this resource for guidance and a point of reference.

Please note that the information in this guide is general and individual circumstances must be taken into account.

All dietary information leaflets in this resource can be given to patients as first line advice if appropriate.

Further resources can also be found in the 'Useful Websites' section of this pack.

## Introduction to Malnutrition

### **Malnutrition Definition**

Malnutrition is a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients. This can cause measurable adverse effects on tissue / body form (body shape, size and composition), function and clinical outcome. The term malnutrition does include obesity, however BAPEN is focussed on the problem of “undernutrition”. The term “malnutrition” is used in this pack to mean “undernutrition”.<sup>1</sup>

### **Consequences of Malnutrition**

Malnutrition affects every system in the body and always results in increased vulnerability to illness, increased complications and in very extreme cases even death. This may include impaired ability to fight infection, impaired wound healing and various nutrient deficiencies.

### **Size & Cost of Malnutrition in the UK**

Malnutrition is common and affects over 3 million people in the UK with associated health costs exceeding £13 billion annually.<sup>2</sup>

About 1.3 million are over the age of 65. Whilst most of those affected are living in the community (about 93% or 2.8 million people).<sup>1</sup>

25% of patients admitted to hospital in Scotland are malnourished on admission.<sup>3</sup>

<sup>1</sup> BAPEN: the British Association for Parenteral and Enteral Nutrition. (2017). *Introduction to Malnutrition*. Available: <http://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition#>. Last accessed 3rd May 2018.

<sup>2</sup> Elia M, Russell CA. (2009). *Combating Malnutrition: Recommendations For Action. Output of a meeting of the Advisory Group on Malnutrition 12 June 2008, led by BAPEN*. Available: [http://www.bapen.org.uk/pdfs/reports/advisory\\_group\\_report.pdf](http://www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf) . Last accessed 3rd May 2018.

<sup>3</sup> Elia M, Russell CA on behalf of BAPEN and collaborators. (2014). *Nutrition screening surveys in hospitals in Scotland, 2007-2011. A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011*. Available: <http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-scotland.pdf>. Last accessed 3rd May 2018.

## Screening for Malnutrition

Nutritional Screening refers to an initial evaluation undertaken by nurses, medical staff or any healthcare worker to detect significant risk of malnutrition. Screening guidelines are then used to implement a clear plan of action such as simple dietary measures or Dietetic referral for expert advice.<sup>1</sup>

Nutritional screening helps to identify individuals who may be at nutritional risk and who may benefit from nutritional intervention. Some individuals may be identified as needing some additional support with eating and drinking whilst others may be identified as needing more in depth and tailored advice and referral to the Dietitian.

NHS Lanarkshire have implemented the Malnutrition Universal Screening Tool (MUST) which has been developed by the British Association of Parenteral and Enteral Nutrition (BAPEN). The tool has been validated for use with adults and can be used in any setting - hospital, care homes, outpatients or patients own home.

<sup>1</sup> NHS Lothian Dietitians. *Management of Undernutrition in Adults. Best Practice Document for Dietitians* . Available: <http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/9.0/9.4/Documents/Management%20of%20Nutrition%20in%20Adults.pdf>. Last accessed 3rd May 2018.

## 'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

### This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

## The 5 'MUST' Steps

### Step 1

**Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.***

### Step 2

**Note percentage unplanned weight loss and score using tables provided.**

### Step 3

**Establish acute disease effect and score.**

### Step 4

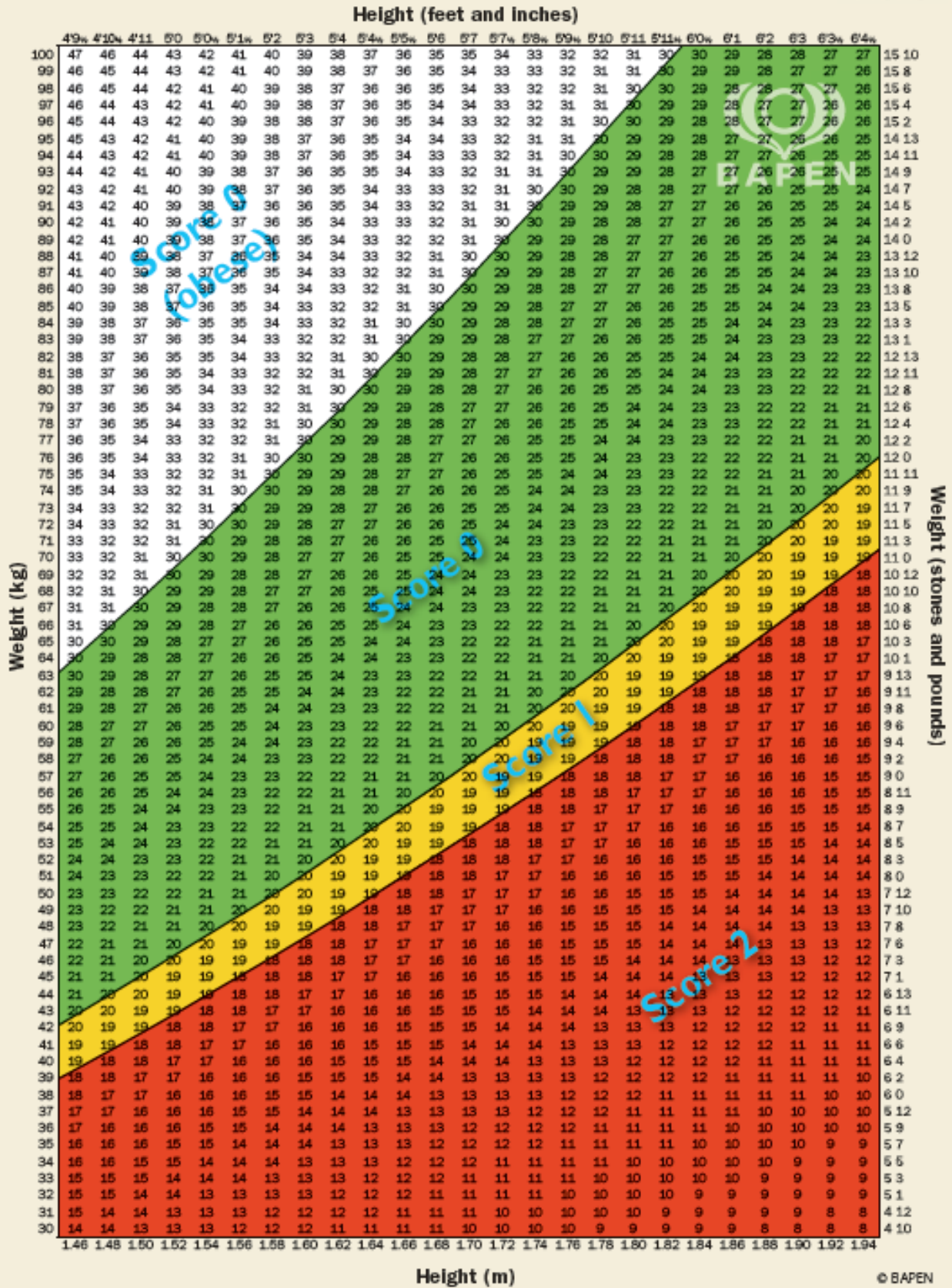
**Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.**

### Step 5

**Use management guidelines and/or local policy to develop care plan.**

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults**.

# Step 1 – BMI score (& BMI)



## Step 2 – Weight loss score



<b>Score 0</b> Wt loss < 5%	<b>Score 1</b> Wt loss 5 - 10%	<b>Score 2</b> Wt loss > 10%
-----------------------------------	--------------------------------------	------------------------------------

### Weight loss In last 3 to 6 months

kg	Less than (kg)	Between (kg)	More than (kg)
30	1.6	1.6 - 3.3	3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

Current weight

<b>Score 0</b> Wt loss < 5%	<b>Score 1</b> Wt loss 5 - 10%	<b>Score 2</b> Wt loss > 10%
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### Weight loss In last 3 to 6 months

kg	Less than (kg)	Between (kg)	More than (kg)
65	3.4	3.4 - 7.2	7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0



## Alternative measurements and considerations

### Step 1: BMI (body mass index)

#### If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

### Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

### Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk category. Please note, these criteria should be used collectively not separately as alternatives to steps 1 and 2 of 'MUST' and are not designed to assign a score. Mid upper arm circumference (MUAC) may be used to estimate BMI category in order to support your overall impression of the subject's nutritional risk.

#### 1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

#### 2. Unplanned weight loss

- Clothes and/or jewellery have become loose fitting (weight loss).
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying disease or psycho-social/physical disabilities likely to cause weight loss.

#### 3. Acute disease effect

- Acutely ill and no nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at [www.bapen.org.uk](http://www.bapen.org.uk) or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

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## Alternative measurements: instructions and tables

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.  
(See *The 'MUST' Explanatory Booklet* for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

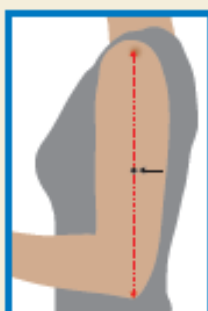
### Estimating height from ulna length



Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

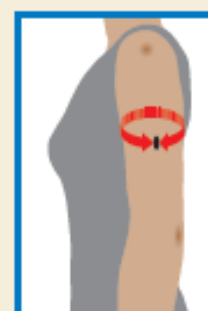
Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.78	1.75	1.73	1.71
	men (≥65 years)	1.87	1.88	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (≥65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
Height (m)	men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	men (≥65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
Ulna length (cm)		25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
Height (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (≥65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

### Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m<sup>2</sup>.

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m<sup>2</sup>.

The use of MUAC provides a general indication of BMI and is not designed to generate an actual score for use with 'MUST'. For further information on use of MUAC please refer to *The 'MUST' Explanatory Booklet*.

## Management Guidelines

**0**

**Low Risk**

**Routine Clinical Care**

- ◆ **Repeat screening yearly**

**1**

**Medium Risk**

**Observe**

Could be at risk, try the following actions

- ◆ Minimise any potential causes of poor appetite, e.g. oral infection, missing dentures, constipation, dehydration.
- ◆ Provide help and advice on food choices, eating and drinking.
- ◆ Encourage snacks.
- ◆ Follow poor appetite/food fortification advice.
- ◆ Monitor and review care plan
- ◆ **Repeat screening 6 monthly**

Resources available

BDA Food Fact Sheet -  
Malnutrition- Overcoming the Problem (*for staff*)

*For patients*

Advice for Constipation

'Get More in'

'Get more in' Drinks

'Snacks' to supplement your diet

'Get more in' for diabetics

Dementia Care – Support with eating and drinking

Soft diet

All resources are available on Firstport under Patient Information Leaflets - Dietetics

**2 or more**

**High Risk**

**Treat**

- ◆ Commence all relevant actions from medium risk guidelines.
- ◆ Offer first line advice – high protein/high calorie diet. Advise 2 nourishing snacks per day and nourishing drinks between meal
- ◆ Repeat screening in one month. If no weight loss continue with high risk actions.
- ◆ If significant weight loss recorded refer to Dietitian for assessment and nutritional support
  - unless detrimental or no benefit is expected from nutritional support, (see *Guidance for the nutritional management of patients in late palliative care link below\**).
- Or MUST Score of 2 related to historical low body weight (low BMI) only, with no indication of unintentional weight loss or acute disease effect:
- ◆ Monitor and review care plan.
- ◆ **Repeat screening 2 monthly**

<http://firstport2/staff-support/primary-care-medicines-management-guidelines-policies/Documents/FORMULARIES/COMMUNITY%20DIETICIAN%20FORMULARY/Nutrition%20Support%20in%20Late%20Palliative%20Care.doc>\*

**FOR THOSE PATIENTS SCORING 2 OR MORE USING MUST AND HAVE ALREADY RECEIVED FIRST LINE ADVICE, PLEASE REFER TO THE DIETITIAN USING THE [REFERRAL FORM](#)**

## Nutrition Support Referral To Dietetic Assessment Pathway

Referrals are received into the Community department by:

- Electronic Means (SCI/TRAK)
- Paper Copies (Referral form can be accessed via FirstPort)

Referrals are screened daily by a Dietitian to ascertain the:

- Clinical Condition
- Urgency of Referral
- Area to be seen e.g Clinic or Home Visit

Clinic Patient Referrals:

- High Risk patients are not opted in, they will be appointed to the next available clinic
- Low risk clinic patients are sent an Opt In Letter to contact the service for an appt.
  - Patients who do not opt in are discharged and referrer updated
  - Patients who opt in are appointed to a routine clinic appt

Home Visit Patient Referrals:

- Will be contacted via telephone within 5 working days by a Dietetic Assistant to triage the referral
- Depending on their scoring they will be prioritised accordingly e.g.
  - High risk: Dietitian should aim to assess the patient within 10 working days
  - Medium risk: Dietitian should aim to assess the patient within 4 weeks
  - Low risk: Dietitian should aim to assess the patient within 6 weeks.
- The patient will receive a first line advice letter in the post
- If we are unable to contact the patient via telephone then we will post a contact letter requesting the patient to phone our department if Dietetic input is required. If the patient does not contact the service they will be discharged back to the referrer and the referrer will be notified.

Dietetic Assessment

Referrer & GP will be informed of outcome

Patient will be reviewed as required or discharged with advice

## Prescribing Of Oral Nutritional Supplements

In recent years there has been a significant increase in the prescribing of ONS to treat malnutrition. These guidelines advise on the appropriate prescribing of oral nutritional supplements (ONS) in adults in primary care and supports national guidance from National Institute for Health and Clinical Excellence.<sup>1</sup>

For some patients it may be recommended to prescribe a small supply of supplements over a short period of time when they experience poor oral intake. This may be as a result of an acute period of illness or if they are unable to achieve nutritional requirements from a fully fortified diet.

### **Appropriate Prescribing of ONS**

ONS should only be prescribed to patients who meet the Advisory Committee for Borderline Substances (ACBS) prescribing criteria, have been identified through 'MUST' screening AND assessed by a Dietitian.

#### **The ACBS Indications for Oral Nutritional Supplements**

- Short bowel syndrome**
- Intractable malabsorption**
- Pre-operative preparation of patients who are undernourished**
- Proven inflammatory bowel**
- Following total gastrectomy**
- Dysphagia**
- Bowel fistulas**
- Disease-related malnutrition**
- Continuous ambulatory peritoneal dialysis (CAPD)**
- Haemodialysis**

If patients do not meet ACBS prescribing criteria, over the counter (OTC) alternatives such as Meritene™ and Complan™ can be recommended unless contraindicated.

<sup>1</sup> National Institute for Health and Care Excellence (NICE). (2006). *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. clinical guideline [CG32]*. Available: <https://www.nice.org.uk/Guidance/cg32>. Last accessed 3rd May 2018.

## **Monitoring the Use of Oral Nutritional Supplements**

Patients must be assessed and reviewed by a Dietitian to appropriately determine clinical need, manage their ongoing care and identify the requirement for ONS prescribing.



Clear goals should be set for patients who meet the prescribing criteria.

The dose and type of nutritional supplements will be determined by the prescribing Dietitian based on the clinical need, estimated nutritional requirements of the patient, their tolerance and compliance of the product.

Oral nutritional supplements should not be used to replace food as this may result in the patient getting less nutrition than is required.

Follow up care will be managed by the Dietitian with decisions to continue with ONS determined by the patient's clinical need.

## Dysphagia Diet Descriptors

		
<b>Normal Diet</b>	Includes hard, tough, chewy, fibrous, stringy, dry, crunchy and crumbly foods; includes mixed textures, chunks, sticky and floppy food	SLT may advise specific caution or to avoid <b>high risk foods</b> . This advice is made on an individual basis.
<b>Fork Mashable Texture E</b>	<b>Soft, tender and moist but needs some chewing</b> ; can be mashed with a fork; usually requires a very thick, smooth sauce; holds shape on plate; mashed easily using a fork	No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round shaped food; no chunks; no sticky or floppy food; no pips, seeds or pith
<b>Bread</b>	<b>No bread unless assessed directly by SLT</b>	
<b>Pre-mashed Texture D</b>	<b>Soft, tender and moist</b> ; usually requires a very thick, smooth sauce; holds shape on plate; <b>must be in a mashed state when served</b>	<b>Needs very little chewing</b> ; no mixed textures; no loose fluid; no skin, bone or gristle; no round shaped food; no chunks; no sticky or floppy food; no pips, seeds or pith
<b>Thick Purée Texture C</b>	<b>Smooth throughout</b> ; fine texture as long as cohesive; <b>can be eaten with a fork</b> ; the prongs of a fork make a clear pattern on surface; <b>holds shape on plate</b>	No bits; no fluid has separated out; not sticky in mouth; <b>does not require chewing</b> ; no crust, skin, fibres, gristle or husks; cannot be poured; <b>does not spread out when spilled</b>
<b>Thin Purée Texture B</b>	<b>Smooth throughout</b> ; fine, moist texture as long as cohesive; moist; can be poured; <b>cannot be eaten with a fork</b> ; prongs of a fork do not make a clear pattern on surface	No bits; no fluid has separated out; not sticky in mouth; <b>does not require chewing</b> ; no crust, skin, fibres, gristle or husks; <b>spreads out if spilled</b>

NHS National Patient Safety Agency, Royal College of Speech and Language Therapists, British Dietetic Association, National Nurses Nutrition Group, Hospital Caterers Association. (2011). *Dysphagia Diet Food Descriptors*. Available: <http://www.thenacc.co.uk/assets/downloads/170/Food%20Descriptors%20for%20Industry%20Final%20-%20USE.pdf>. Last accessed 3rd May 2018.

**From 2019 the new the International Dysphagia Diet Standardisation Initiative (IDDSI) are due to be implemented. For further information please refer to <http://iddsi.org/>**

## Fluid Descriptors

<b><u>Normal Fluids</u></b>	No thickener required: any thin fluid	Examples include: water, tea without milk, coffee without milk, diluted squash
<b><u>Naturally Thick</u></b>	Consistency of full cream milk or thicker fruit juice; small amount of thickener added if thin fluid	Leaves a coating on an empty glass
<b><u>Syrup Consistency Stage 1</u></b>	Thickener required: Can be drunk through a straw with effort; can be drunk from a cup	Leaves a thin coating on the back of a spoon
<b><u>Custard Consistency Stage 2</u></b>	Thickener required: Can be drunk from a cup; cannot be drunk through a straw	Leaves a thick coating on the back of a spoon
<b><u>Pudding Consistency Stage 3</u></b>	Thickener required: Cannot be drunk through a straw; cannot be drunk from a cup	Needs to be taken with a spoon
<b><u>Handy Hints</u></b>	<p>✓ <b>Use a fork or shaker to thicken</b></p> <p>✓ <b>Add more fluid if the drink becomes over thick</b></p> <p><b>! Remember fluids thicken more on standing !</b></p>	

Scottish Intercollegiate Guidelines Network (SIGN) Part of NHS Quality Improvement Scotland. (2010). *Management of patients with stroke: identification and management of dysphagia. A national clinical guideline. 119.* Available: <http://www.sign.ac.uk/assets/sign119.pdf>. Last accessed 3rd May 2018.

**From 2019 the new the International Dysphagia Diet Standardisation Initiative (IDDSI) are due to be implemented. For further information please refer to <http://iddsi.org/>**



## Hydration

In general, it is recommended that at least 6 to 8 cups of fluid should be offered every day to keep well hydrated. Poor hydration can contribute to constipation, increase feelings of tiredness, reduced concentration and add to confusion.

On hot days or if an individual has an infection try to encourage an extra 1 to 2 cups. 1 cup is approximately 200 ml.

### **Handy hints to increase fluid consumption:**

- Try to offer small amounts frequently e.g.  $\frac{1}{2}$  to  $\frac{3}{4}$  a cup at a time if larger volumes are not being taken.
- Suggest flavoured ice-cubes (made with juices) or ice lollies.
- Try to encourage the use of a familiar or regular cup that the individual prefers.
- Fluids can include soup, tea, fruit juices, diluting juice, fizzy drinks and water. A variety can help to maintain an interest in drinking.

Patients who are suffering from Dementia may be particularly insensitive to thirst and may require more prompting with fluids.

## Oral Hygiene

Good oral hygiene will help improve the taste of food, helps prevent infections and supports gum and dental health.

Encourage regular brushing with fluoride toothpaste twice a day.

If dentures are worn these should be cleaned twice a day. Soak overnight in a denture cleansing solution.

If the tongue becomes coated encourage cleaning with a small soft brush this may help prevent food tasting unpleasant.

## Combating Side Effects from Cancer Treatments

### **Taste Changes:**

Some foods may not taste the same but it is important to encourage regular eating and drinking to prevent deterioration in nutritional status. These symptoms are usually temporary and should improve once treatment is complete. Oral hygiene as detailed previously can help prevent food tasting unpleasant.

Patients should be encouraged to avoid foods which taste unpleasant and concentrate on foods that look, smell and taste appealing. Encourage trying foods which have an altered taste at a later date as taste may have returned to normal.

Some foods may give off a metallic taste. Suggest trying plastic cutlery, try marinating meats in readymade marinades, fruit juice, herbs or adding seasoning or sauces such as sweet and sour, curry, BBQ, pickles or salad dressings.

If meat is too unpalatable encourage alternative protein sources such as chicken, fish, eggs, cheese and pulses or vegetarian alternatives such as quorn or tofu.

If tea and coffee are unpleasant suggest fruit or peppermint teas, hot chocolate or malted drinks, fruit juices or cold fizzy drinks. Boiled sweets and mints may freshen the mouth.

### **Sore Mouth:**

If there is evidence of ulcers or thrush this can be very painful and make it difficult to eat and drink and should be treated.

Soft and moist foods using gravies and sauces may be easier to eat.

Cool or cold foods and drinks may be more soothing e.g. ice cream, yoghurt, mousses and soft jellies.

If dry mouth is a problem a suitable mouthwash or artificial saliva may help.

## Combating Side Effects from Cancer Treatments

### **Nausea:**

Anti emetics if prescribed should be encouraged regularly.

Eating and drinking little and often: 3 small meals and snacks, eating every 2-3 hours.

Dry foods and milk drinks may help settle nausea. Some people find cold foods easier to take e.g. sandwiches, salads, cold meats, cheese and desserts.

Strong smelling foods may induce nausea such as spicy and greasy foods also caffeine, alcohol and smoking.

Food and drink containing ginger can ease nausea.

### **Diarrhoea:**

This can be a temporary problem during treatment and may be alleviated by medication if this is appropriate.

Encourage plenty of fluids to prevent dehydration.

Suggest small frequent meals of easily digested foods such as milk and milk products and puddings, white fish, chicken, potatoes, rice, pasta, white bread and plain biscuits.

Avoid high fibre foods such as bran cereals, wholemeal bread and whole-wheat pasta and pulses. Also avoid spicy and greasy foods.

When diarrhoea improves encourage the gradual increase of higher fibre foods.

### **Constipation:**

Constipation can be caused by pain management drugs, lack of exercise and immobility, insufficient fluids and a low fibre diet.

Encourage high fibre foods such as wholemeal bread and rolls, whole wheat pasta and brown rice. Encourage fruit and vegetables, fresh frozen or tinned.

Drink at least 8 mugs or glasses of fluid every day.

# Guidance for the Nutritional Management of Patients in Late Palliative Care

## Be clear of your goals:

- ❖ REASSURANCE AND SUPPORT TO PATIENT AND CARERS – ANOREXIA AND WEIGHT LOSS ARE NORMAL IN ADVANCED DISEASE
- ❖ Treat reversible symptoms such as a constipation or nausea
- ❖ Weight Gain is an Unrealistic Goal
- ❖ Identify food and/or drinks that the patient enjoys and encourage them to eat what they would like.
- ❖ Snacking is encouraged so do not worry if the patient does not want to eat a full meal

## Hints and Tips:

- ❖ Eat small portions but more often – aim for 3 small meals and 3 small snacks
- ❖ Use full fat milk or cream
- ❖ Try fortifying food e.g. adding cream or butter to potatoes
- ❖ Add dried milk powder to desserts/milk/sauces
- ❖ Use high calorie/fat products (avoid low fat/light/healthy choice options)
- ❖ Avoid drinking excess fluid at meal times or before meal times
- ❖ Encourage fresh air
- ❖ Provide an explanation to the family as this may reduce anxiety and the request for artificial nutritional support

## Nutritional Supplements.

### Before using any nutritional supplements consider the following:

- ❖ May only be of benefit to the patient on psychological grounds
- ❖ Avoid making the patient feel they have to take these
- ❖ Avoid giving false hope that nutritional status can improve at this stage

If the patient wishes they could try 'over the counter' products e.g. Meritene or Complan

**Seek advice from a Dietitian if there are concerns or queries you cannot answer,  
The Community Nutrition Support Dietetic Team can be contacted on 01698 201430 or 201433**

#### References:

- BAPEN Guidelines- Elis M. Guidelines for the detection and management of malnutrition. Maidenhead Malnutrition Advisory Group (MAG), Standing Committee of BAPEN 2000
- Elis M, Russell CA (eds). Combating Malnutrition, Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN 2009
- National Institute for health and Clinical Excellence (NICE) Nutrition Support in adults; oral nutrition support, enteral feeding and parenteral nutrition (clinical guideline 32). London: National Institute for Health and Clinical Excellence (NICE), 2006
- Poole K, Froggat K. (2002) Loss of weight and loss of appetite in advanced cancer; a problem for the patient, the carer, or the health professional. Palliative Medicine 16: 499 – 506.

## Nursing flow chart of the nutritional management of patients with Late Palliative Care

### Definition

- ❖ Patient experiencing a general deterioration in their condition. Appetite reduces and the patient becomes increasingly fatigued. Other symptoms may also be increased. Carer's anxieties may increase at this time and they may become progressively more concerned about the patient's food intake.

### Aims

- ❖ Optimal management of nutrition related symptoms
- ❖ Improved sense of wellbeing
- ❖ Optimising patients quality of life by working with the patient and agreeing patient led goals
- ❖ To provide comfort for the patient

### Intervention

- ❖ Provide reassurance and support to patients and carers that this is a normal response to their illness.
- ❖ Allow the patient to eat what they enjoy.
- ❖ Alleviate pressure on the patient to maintain a normal diet.
- ❖ Consider discussing high protein or high energy diet if appropriate
- ❖ Consider oral nutritional supplements if the patient is anxious or distressed about their nutritional state
- ❖ If nutritional supplements are felt to be necessary Complan or Meritene should be suggested in the first instance.
- ❖ Provide appropriate written information to reinforce verbal advice
- ❖ Discuss with the multidisciplinary team the possibility of relaxing any dietary restrictions e.g. diabetes diet
- ❖ It may not be appropriate to refer to a Dietitian however advice may be sought if the patient has questions you may be unable to answer.

### Monitoring

- ❖ Monitor as appropriate
- ❖ Focus on enjoyment of food and symptom control

### Nutritional management of patients in the last few weeks of life:

- ❖ The patient is likely to be bed bound, very weak and drowsy with little interest in food or drink. Evidence suggests that when patients are at this stage they seldom want nutrition and/or hydration and its provision may in fact exacerbate discomfort and suffering.
- ❖ Aim to provide comfort, mouth care and sips of food or fluid as desired.
- ❖ Dietetic referral is usually inappropriate.

## Nutrition and End of Life Care

Swallowing deterioration and loss of appetite can be part of the normal dying process. The focus of care at this time should be comfort, and it is important that we follow any eating and drinking wishes that the resident or their family may have expressed. <sup>1</sup>

A direct dietetic assessment is not indicated. However we can try to maximise the comfort of the individual and this can be documented within an individual's care plan.

***The following advice may help you support individuals with comfort, nutrition and hydration at this time:***

1. **You are not sure if the individual is nearing end of life**

- A. ➤ Contact the GP to discuss the patient's condition.

2. **The individual is in the last days of their life**

- A. ➤ Consider starting a Record of End of Life Care<sup>2</sup>  
 ➤ Please refer to Goal 6 and Goal 7 of the Record of End of Life Care  
 ➤ Please refer to the Mouth Care section of the Scottish Palliative Care Guidelines<sup>3</sup>

3. **The individual is looking for oral intake**

- A. ➤ Oral intake should be offered as the person wishes, taking their own comfort and food preferences into account

4. **The individual is coughing or spluttering when eating and drinking**

- A. ➤ Coughing or spluttering is acceptable as long as the person is not distressed

5. **The individual is coughing during oral intake and is distressed**

- A. ➤ Try smaller amounts via teaspoon  
 ➤ Stop and try again later as there may be some variability in the individual's swallow  
 ➤ Make sure the individual is sufficiently alert for oral intake

6. **Family or carers are distressed by coughing during oral intake**

- A. ➤ If the individual is not distressed then offer oral intake as they wish  
 ➤ Remember that swallowing deterioration can be part of the normal dying process  
 ➤ The focus of care at end of life is comfort for the individual

7. **The individual is drowsy or has reduced consciousness**

- A. ➤ This can be normal as someone is nearing the end of their life  
 ➤ Only offer oral intake when the individual is sufficiently alert  
 ➤ Try at regular intervals throughout the day as alertness may be variable

8. **The individual is not eating or is eating less**

- A. ➤ A reduced need for food is part of the normal dying process  
 ➤ Try offering preferred flavours  
 ➤ Offer oral intake as the individual wishes

9. **The individual has a dry mouth**

- A. ➤ Regular mouth care is important even in the last few days of life  
 ➤ Refer to the Mouth Care section of the Scottish Palliative Care Guidelines<sup>3</sup>

<sup>1</sup> NHS Scotland, Healthcare Improvement Scotland, Scottish Partnership for Palliative Care. (2018). *Scottish Palliative Care Guidelines*. Available: <http://www.palliativecareguidelines.scot.nhs.uk/> . Last accessed 8th May 2018.

<sup>2</sup>Palliative Care Services, NHS Lanarkshire. Record of End of Life Care (Community and Care Homes)(2017) Available: [http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20\(Community\)%20SAMPLE.pdf](http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20(Community)%20SAMPLE.pdf). Last accessed 8<sup>th</sup> May 2018.

<sup>3</sup>NHS Scotland, Healthcare Improvement Scotland, Scottish Partnership for Palliative Care. (2017). *Mouth Care*. Available: <http://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/mouth-care.aspx> . Last accessed 8th May 2018.

# COMMUNITY NUTRITION SUPPORT DIETITIANS REFERRAL FORM



Please ensure **all sections of the form have been completed legibly** before returning to the address below. Incomplete forms will be returned.

Patients Name .....	GP Name .....
Address .....	Address .....
Key- safe Code (If Applicable) .....	.....
Postcode .....	Postcode .....
Tel. No .....	Tel No .....
CHI .....	.....

**Reason for Referral** .....

**Diagnosis** .....

**Medical History** .....

**Treatment (Including Chemotherapy/Radiotherapy)** .....

**Medication** .....

Normal Weight* .....	Current Weight* .....	Height .....	BMI .....
Date .....	Date .....	Weight Loss .....	MUST Score .....

**\*If unable to be weighed please estimate.**

Please tick any the following active **symptoms:**

Swallowing Difficulties

Nausea

Vomiting

Diarrhoea

Pain

To the best of your knowledge is the patient housebound?

Yes  No

Are there any Health & Safety concerns for a single practitioner visit?

.....

Does the patient have any diagnosed memory problems?

.....

**Comments:**

.....

Has patient received any initial dietary advice? Yes  No

**(Please use information available First port)**

Is patient currently seeing dietitian? Yes  No  If yes by whom .....

Is patient currently on nutritional supplements? Yes  No  If yes which type/Dose .....

Is the patient aware and in agreement with the referral? Yes  No

Referred by ..... Job Title .....

Address .....

Date of Referral ..... Telephone .....



## References & Useful Resources

### **Alzheimer's Society Toronto (Canada) - 'Mealtimes' factsheet**

[http://alzheimer.ca/sites/default/files/Files/national/brochures-day-to-day/day\\_to\\_day\\_meal\\_times\\_e.pdf](http://alzheimer.ca/sites/default/files/Files/national/brochures-day-to-day/day_to_day_meal_times_e.pdf)

### **Alzheimer's Society (UK) - 'Eating and Drinking' factsheet**

[https://www.alzheimers.org.uk/download/downloads/id/1799/factsheet\\_eating\\_and\\_drinking.pdf](https://www.alzheimers.org.uk/download/downloads/id/1799/factsheet_eating_and_drinking.pdf)

### **BAPEN - Nutritional Screening Surveys in Hospitals in Scotland, 2007-2011.**

<http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-scotland.pdf>

### **BAPEN - Introduction to Malnutrition**

<http://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition#>

### **BAPEN - Malnutrition Universal Screening Tool**

<http://www.bapen.org.uk/screening-and-must/must/introducing-must>

### **Caroline Walker Trust and VOICES -**

#### **Report entitled Eating Well: supporting older people and older people with dementia**

<http://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

### **Chemotherapy**

<https://www.nhs.uk/conditions/chemotherapy/side-effects/>

### **Elia M, Russell CA (eds).**

#### **Combating Malnutrition: Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN 2009.**

[http://www.bapen.org.uk/pdfs/reports/advisory\\_group\\_report.pdf](http://www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf)

### **Food, Fluid & Nutritional Care in Scotland**

<http://firstport2/resources/policies/Documents/Food%20Fluid%20Nutritional%20Care%20Policy%202016-2019.pdf>

### **International Dysphagia Diet Standardisation Initiative (IDDSI)**

<http://iddsi.org/>

### **Lanarkshire Enteral Tube Feeding: Best Practice Statement for Adults (April 2018)**

[http://www.nhslcg.scot.nhs.uk/wp-content/uploads/2018/05/Lanarkshire\\_Enteral\\_Tube\\_Feeding\\_Best\\_Practice\\_Statement\\_for\\_Adults.pdf](http://www.nhslcg.scot.nhs.uk/wp-content/uploads/2018/05/Lanarkshire_Enteral_Tube_Feeding_Best_Practice_Statement_for_Adults.pdf)

### **Managing Adult Malnutrition in the Community**

<https://www.malnutritionpathway.co.uk>

### **National Institute for health and Clinical Excellence (NICE)**

#### **Nutrition Support in adults; oral nutrition support, enteral feeding and parenteral nutrition (clinical guideline 32). London: National Institute for Health and Clinical Excellence (NICE),**

<https://www.nice.org.uk/Guidance/cg32>

**National Patient Safety Agency - Dysphagia Diet Food Texture Descriptors April 2011**

<http://www.thenacc.co.uk/assets/downloads/170/Food%20Descriptors%20for%20Industry%20Final%20-%20USE.pdf>

**NES Education for Scotland –**

**Video demonstrations of food preparation to desired consistencies**

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/resources,-publications-and-useful-links/dysphagia-dvd.aspx>

**NHS Grampian: Food Fortification booklet**

<http://hub.careinspectorate.com/media/432408/nhs-grampian-food-fortification-booklet.pdf>

**NHS Lanarkshire – Nursing guidance for the Nutritional Management of patients with Dementia at the end of life**

<http://firstport2/staff-support/nutrition-and-dietetics/Lists/General%20Info/Attachments/8/Nutritional%20management%20dementia%20at%20end%20of%20life%20.pdf>

**NHS Lothian –**

**Management of Undernutrition in Adults. Best Practice Document for Dietitians**

<http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/9.0/9.4/Documents/Management%20of%20Nutrition%20in%20Adults.pdf>

**Poole K., Froggat K.(2002)**

**Loss of weight and loss of appetite in advanced cancer: a problem for the patient, the carer, or the health professional. Palliative Medicine 16: 499 –506**

<http://journals.sagepub.com/doi/pdf/10.1191/0269216302pm593oa>

**Radiotherapy**

<https://www.nhs.uk/conditions/radiotherapy/side-effects/>

**Record of End of Life Care (Community and Care Homes)**

[http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20\(Community\)%20SAMPLE.pdf](http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20(Community)%20SAMPLE.pdf)

**Scottish Intercollegiate Guidelines Network (SIGN), 2010.**

**Management of patients with stroke: identification and management of Dysphagia 119.**

<http://www.sign.ac.uk/assets/sign119.pdf>

**Scottish Palliative Care Guidelines**

<http://www.palliativecareguidelines.scot.nhs.uk/>

## First Line Advice Diet Sheets

[Malnutrition \(BDA fact sheet\)](#)

[Get More In](#)

[Get More In Drinks](#)

[Get More In for People with Diabetes](#)

[Nourishing Snacks](#)

[Nourishing Drinks Recipes](#)

[Soft Diet](#)

[Pureed Diet](#)

[Texture Modified Snacks](#)

[Nutrition for Wound Healing](#)

[Healthy Eating and your Diabetes](#)

[Advice for Constipation](#)

[Eating Well with Dementia - A carers' guide](#)

## Malnutrition

Malnutrition is a condition which happens when you don't get the correct amount of nutrients from your diet

Malnutrition is a major public health issue costing the NHS in excess of £13 billion per year. There are approximately 3 million people in the UK who are malnourished or at risk of malnutrition; 93% of these are thought to be living in their own homes; 5% in care homes and just 2% in hospital.

Consequences of malnutrition include:

- increased risk of illness and infection
- slower wound healing
- increased risk of falls
- low mood
- reduced energy levels
- reduced muscle strength
- reduced quality of life
- reduced independence and ability to carry out daily activities.

This Food Fact Sheet will help you understand the signs of malnutrition and how to either stop it happening or to treat it.

### Spotting malnutrition

Malnutrition can affect anyone; however it is particularly common amongst older people and those who are socially isolated because they can't get out much or because they have poor physical or mental health. It can happen over a long period of time which sometimes makes it difficult to spot. Common signs of malnutrition are:

- unplanned weight loss – which can cause clothes, dentures, belts or jewellery to become loose
- tiredness and lethargy
- alterations in mood
- loss of appetite
- disinterest in food and/or fluids
- loss of muscle strength.

### Stopping and treating malnutrition

A balanced diet is essential for health and wellbeing. When someone has a poor appetite and is malnourished, calorie dense foods and drinks containing fat and sugar can help to improve energy intake without making portions too big to manage.

Protein is also important for people who are malnourished. If you follow the points listed here, you can make sure you are eating well:



- Eat 2-3 portions of high protein foods every day such as meat, fish, eggs, nuts, beans, pulses, soya, tofu and other meat-free protein foods.
- Eat/drink 2-3 portions of dairy foods every day such as cheese, milk and yoghurt or non-dairy alternatives like soya, almond or coconut milk.
- Eat a serving of starchy food at each meal (e.g. bread, cereals, potatoes, pasta or rice).
- Eat some fruit and vegetables every day (fresh, frozen, tinned, dried or juiced).
- If you enjoy fish, go for oily fish such as mackerel, salmon, herring, trout, pilchards or sardines as these are rich in omega-3 fatty acids. Aim for 2 portions a week (can be tinned or frozen for convenience).
- Have at least 6-8 glasses/mugs of drinks every day, choosing high calorie drinks where possible such as milky drinks (malted drinks, hot chocolate, milky coffee, smoothies and milkshakes) or sugary drinks such as fruit juice, fizzy drinks or squash can provide extra energy.\*

The following simple ideas will help you increase the amount of energy and protein which you eat in a day:

- Eat 'little and often' – try a small snack between meals and a dessert after lunch and evening meal.
- Try not to have drinks just before meals to avoid feeling too full to eat.
- Avoid low fat/diet versions of foods and drinks for example skimmed or semi-skimmed milk, low fat yoghurt, sugar free drinks etc, or watery soups.
- Choose meals that you enjoy, are easy to prepare and eat, and are high in energy and protein. Items such as tinned fish or beans are easily stored and easy to prepare.
- If you are preparing food for others, remember as we get older, our taste buds change. Older people often prefer much sweeter tastes than they used to.

## Add extra energy by adding high calorie ingredients to food and drinks – suggestions listed below:

Add cheese* to	Add Skimmed Milk Powder to	Add sugar*, jam or honey to	Add extra fats* eg. butter, margarine, oils or mayonnaise to	Add cream* to
Sauces (aim for milky/creamy sauces)	milk: add up to four tablespoons of skimmed milk powder to a pint of full fat milk and use this in drinks and with breakfast cereals	Cereal or porridge	Mashed potatoes	Sauces
Pasta dishes/pizza	Porridge	Puddings	Toast/bread	Mashed potatoes
Soups	Mashed potato	Hot drinks	Sauces	Soups
Scrambled egg/omelettes	Sauces	Milkshakes/smoothies	Glaze vegetables	Puddings
Mashed potatoes	Custard	Glaze vegetables		Cakes
Beans on toast	Milk puddings			Cereal or porridge
	Creamy soups			Milkshakes/smoothies
	Milkshakes/smoothies			Fruit

Add extra energy and protein to foods and fluid by adding high energy and protein ingredients – see above for ideas.

Other high energy and protein foods include\*

- cheese and crackers
- thick and creamy yoghurt
- nuts and seeds
- peanut butter
- Bombay mix
- chips
- chocolate.

\*If there are any health concerns which have previously required you to limit fat and sugar in your diet, e.g. diabetes or high cholesterol, you should discuss this with a health professional.

## Ready meals, meal delivery services and online shopping

You may find that your energy levels change throughout the week and that on some days you feel better than others. Here are some suggestions to make preparing meals easier:

- Make the most of the 'good days' by preparing extra meals which you can store in the fridge/freezer as individual portions for 'bad days'.
- Buy a selection of ready meals for times when you are not up for cooking.
- Make use of meal home delivery services - supermarkets also offer online shopping and home delivery services which may make shopping easier for you.

## Swallowing difficulties

If you notice any of the following when eating or drinking you should seek advice from a healthcare professional such as your GP or practice nurse, who can refer you on to specialist speech and language therapist or a dietitian:

- difficulty swallowing
- choking or coughing
- bringing food back up, sometimes through your nose
- a sensation that food is stuck in your throat or chest
- a change in the sound of your voice whilst/soon after eating i.e. your voice sounds 'wet'.

## Other things to consider:

- Check dentures fit correctly - if not, visit your dentist.
- If you have difficulty using cutlery or with coordination, try 'finger foods' such as toast, sandwiches, biscuits, chunks of meat, cheese etc.
- If you suffer from constipation, try gradually increasing your fibre intake by consuming beans, lentils, fruit and vegetables and wholegrain foods whilst also increasing your fluid intake.
- Regular exercise may help increase your appetite and build up your strength- start with something easy for you and increase the intensity gradually.
- If you have vision problems or for people with dementia, try using a coloured plate so that the food stands out.

## Eating environment

Try to make sure that where you eat is as pleasant as possible and that meals and snacks look appealing. Eating with others often helps to encourage appetite.

## Summary

Malnutrition is a common problem and if it is not spotted or treated it can make you very ill.

The simple steps outlined above should help to identify and treat the condition. If these simple steps do not seem to help, seek advice from a healthcare professional.

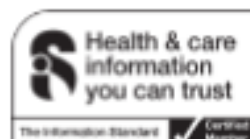
This Food Factsheet is a public service of The British Dietetic Association (BDA) intended for information only. It is not a substitute for proper medical diagnosis or dietary advice given by a dietitian. If you need to see a dietitian, visit your GP for a referral or: [www.freelancedietitians.org](http://www.freelancedietitians.org) for a private dietitian. To check your dietitian is registered check [www.hpc-uk.org](http://www.hpc-uk.org)

This Food Fact Sheet and others are available to download free of charge at [www.bda.uk.com/foodfacts](http://www.bda.uk.com/foodfacts)

Written by Kirsten Crothers, Dietitian, reviewed by Kirsten Crothers and Stacey Jones, Dietitians.

The information sources used to develop this fact sheet are available at [www.bda.uk.com/foodfacts](http://www.bda.uk.com/foodfacts)

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## Extra snacks between meals, for example:

- ❖ Sandwiches
- ❖ Full cream yoghurts
- ❖ Ice cream
- ❖ Full cream milk drinks
- ❖ Cheese and biscuits
- ❖ Cakes



## Extra cheese:

- ❖ With biscuits
- ❖ Add to eggs
- ❖ Grated into soups/sauces or vegetables and potatoes
- ❖ Added to french toast



## Extra butter or margarine on:

- ❖ Vegetables
- ❖ Mixed into mashed potatoes
- ❖ Biscuits
- ❖ Toast
- ❖ Scones
- ❖ Eggs



2 - 4 tablespoons of dried milk powder can be added to one pint (570ml) of full cream milk and used in:

- ❖ Cereals
- ❖ Puddings
- ❖ Sauces
- ❖ Jelly
- ❖ Soup or packet soup



## Extra cream or evaporated milk in:

- ❖ Tinned fruit in syrup
- ❖ Porridge/cereals
- ❖ Desserts
- ❖ Soups
- ❖ Sauces
- ❖ Mashed potatoes



## Extra sugar/honey/syrup/(dried) fruit over:

- ❖ Porridge
- ❖ Cereals
- ❖ Desserts



## Extra jam, marmalade or honey on:

- ❖ Biscuits
- ❖ Toast
- ❖ Scones
- ❖ rice pudding
- ❖ Porridge



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Author:	Comm. Nutrition Support Dietitians



# 'Get more in!' Drinks

Information for patients - Dietetics Department



## Fortified Milk:

- ❖ Add 2 - 4 tablespoons of dried milk powder to one pint of milk and drink/use as normal



## Complan/Meritene:

- ❖ Make as directed using fortified / whole milk

## Milkshakes:

- ❖ Add shake flavouring to fortified/whole milk
- ❖ Add ice-cream/cream
- ❖ Add fresh or tinned fruit in syrup



## Soups:

- ❖ Add fortified/whole milk or cream
- ❖ Add neutral Complan/Meritene, etc.



## Tea, coffee, cocoa, etc:

- ❖ Use fortified/whole milk
- ❖ Add cream to coffee and cocoa
- ❖ Add neutral Complan/Meritene, etc.



## Cola, lemonade, diluting juice, etc:

- ❖ Use ordinary type, i.e. with sugar
- ❖ Add ice-cream



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# Get more in - for people with Diabetes

Information for patients





The information in this leaflet will help you if you have diabetes and are having difficulty eating adequate amounts. This may have led to unintentional weight loss.

It will provide you with hints and tips to help you to increase your dietary intake and help ensure you are getting a range of essential nutrients to keep you well nourished and maintain a healthy weight. It aims to promote advice on increasing the nutrients in the food you eat and the fluids you drink.

## GENERAL TIPS

- Aim for regular smaller meals and snacks throughout the day as they may be easier to take
- Try to have a varied diet
- Try to have more nourishing drinks instead of filling up on diet drinks and water
- Take drinks after meals so you don't ruin your appetite
- Consider the use of ready meals or food ordering services
- If you find your appetite is affected by strong cooking smells – remember cold foods can be just as nourishing. For example: sandwiches, cheese & biscuits and cereals
- Consider how you cook your food - frying food will increase calorie intake. For example: fried fish, eggs , French toast, cooked potatoes
- Taking a small alcoholic drink prior to your main meal may help stimulate your appetite *(It is best to check first with your doctor as alcohol may not be advisable with some types of medications or certain medical conditions)*

If you are only managing small amounts it is important to make sure your meals and snacks are as nourishing as possible. Here are some further ideas for adding extra energy (calories) and nutrients to your diet.

## MILK

If using skimmed or semi skimmed milk replace this with full cream milk (or jersey gold top) as this will help increase calories. The extra fat will not affect your blood glucose levels. Make up hot drinks such as malted or chocolate drinks with milk rather than water.

### FORTIFIED MILK

You can make your own nutritious drink at home by simply adding dried milk powder to full cream milk. We suggest adding between 2-4 tablespoons of dried milk powder to each pint of full cream milk (570ml).

This can be used as a drink on its own or can be used in drinks such as tea and coffee, puddings, sauces, breakfast cereals and soups. Aim to use one pint of fortified milk daily.

You may want to flavour your milky drinks with your favourite flavourings e.g. ice cream, coffee or milkshake powder or syrup.

You can also buy supplementary drinks such as Complan/Meritene from a chemist or supermarket.

## FOOD FORTIFICATION

Food fortification advice for people with diabetes focuses on increasing the energy (calorie) and protein content of your diet without significantly increasing the amount of food you have to eat.

- Use full fat products such as butter, margarine, mayonnaise, cheese and yoghurt
- Add mayonnaise or salad cream to sandwich fillings, potato fillings and salads
- Add grated cheese to potato, pasta, vegetables, sauces, scrambled egg, beans, soups, fish and French toast
- Add cream (double cream has more calories) or evaporated milk to drinks and puddings. For example tinned or stewed fruit, jelly, milk puddings, soups & sauces, cereals and drinks
- Add butter to potato, vegetables, biscuits, cakes and scones

## NOURISHING SNACKS

If you are unable to eat enough at mealtimes it would be helpful to include nutritious snacks in between meals.

The following snack suggestions will provide extra calories and nutrients:

- Biscuits with cheese and butter
- Creamy soups
- Thick and creamy yoghurt
- Nuts
- Pancake, crumpet, small scone, fruit loaf, teacake or small slice of cake such as Madeira or gingerbread
- Buttered toast with cheese, peanut butter or jam
- Small trifle, custard or rice pot
- Savoury snacks or crisps
- Milky drinks
- Ice cream
- Sandwiches

## **BLOOD GLUCOSE CONTROL**

Good blood glucose control will help when trying to maintain your weight or prevent further weight loss

You may find by making the changes to your diet included in this leaflet your blood glucose levels may be affected. It is not advisable to withhold food when your blood glucose levels are raised. However it may be that you need a review of your diabetes medication or insulin to help improve this. If you have any concerns please contact your healthcare provider for further advice.

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## Nourishing Snacks

If you are trying to increase your calories or stop taking your nutritional supplements, you need to take suitable alternatives to ensure you do not lose weight.

An average nutritional supplement drink contains 300 calories and 12g of protein. Below are some snack ideas that have similar calorie contents that are good to include in the diet:

Snack	Calories (Kcal)	Protein (grams)
Plain scone with butter and jam spread thick	272	4
Two plain digestive biscuits with cheese	305	12
Hot chocolate drink made with full cream milk and one digestive biscuit	295	10
Bar of milk chocolate	285	5
Danish pastry	400	6
Packet of crisps and glass of full cream milk	328	10
One croissant with butter	290	5
One slice of toast with melted cheese	243	13
One packet of peanuts	300	13
Two chocolate digestive biscuits and a glass of full cream milk	342	10
One slice of fruit cake and butter	286	3
One portion of trifle	272	6
One medium sausage roll	286	4
One small pork pie	282	7
Sponge pudding and custard	440	9



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# Nourishing Drinks Recipe

Information for patients - Dietetics Department



## High Energy /High Protein Milkshake

- ❖ 600mls full cream milk
- ❖ 80mls milkshake syrup (to taste)
- ❖ 100g dried milk powder

### Optional additions:

- ❖ Pureed fruit
- ❖ Ice cream
- ❖ Fresh cream

This recipe has more protein and calories than three standard nutritional supplement drinks.

To be taken as three small drinks between meals

**Total Calories - 1086kcal**

**Total Protein - 42.5g**

## Fruit Smoothie

- ❖ 200mls of full fat milk
- ❖ 4 teaspoons of dried milk powder
- ❖ 50mls of double cream
- ❖ Fruit of your choice
- ❖ 125g full fat yoghurt (1 pot)
- ❖ 1 scoop of ice cream

**Total Calories - 351kcal**

**Total Protein - 9g**

Total volume = 280mls

## Fruit Yoghurt Drink

- ❖ 200mls of fresh fruit juice
- ❖ 125g full fat yoghurt (1 Pot)

Whisk all ingredients together and serve chilled

**Total Calories - 230kcal**

**Total Protein - 9g**

## Fruit Juice

- ❖ 200mls of fresh fruit juice
- ❖ 3 teaspoons of castor sugar

Dissolve the sugar in a little of the fruit juice first then add the remaining juice and stir together. Serve chilled

**Total Calories - 170kcal**

**Total Protein - 1g**



# Nourishing Drinks Recipe

Information for patients - Dietetics Department



## Milkshake

- ❖ 200mls of full fat milk
- ❖ 2 tablespoons of dried milk powder
- ❖ Optional milkshake flavouring

Add all ingredients together, whisk, serve chilled or warmed

**Total Calories - 307kcal**  
**Total Protein - 11g**

## Lemonade Float

- ❖ 200mls non diet lemonade
- ❖ 1 scoop vanilla ice-cream

**Total Calories - 164kcal**  
**Total Protein - 3g**

## Fruity Float

- ❖ 200mls of fresh fruit juice
- ❖ 125g full fat yoghurt (1 Pot)

Whisk all ingredients together and serve chilled

**Total Calories - 193kcal**  
**Total Protein - 9g**

## Fruit Juice

- ❖ 200mls of fresh fruit juice
- ❖ 3 teaspoons of castor sugar

Dissolve the sugar in a little of the fruit juice first then add the remaining juice and stir together. Serve chilled

**Total Calories - 170kcal**  
**Total Protein - 1g**

## Ginger Lime

- ❖ 250mls ginger beer
- ❖ 2 tablespoons of lime cordial
- ❖ 1 pot of natural yoghurt

Add all ingredients together and whisk

**Total Calories - 150kcal**  
**Total Protein - 7g**



# Nourishing Drinks Recipe

Information for patients - Dietetics Department



## Berry Delight

- ❖ 2 x 50g pots fromage frais yoghurt
- ❖ 100mls cranberry juice
- ❖ 5 tablespoons double cream
- ❖ 1 tablespoon strawberry milkshake powder

**Total Calories - 550kcal**

**Total Protein - 13g**

Add all ingredients together, whisk or blend and serve chilled

## Iced Peanut Butter Coffee

- ❖ 1 teaspoon of coffee granules
- ❖ 25mls boiling water
- ❖ 275mls coconut milk
- ❖ 50g peanut butter
- ❖ 6 ice cubes

**Total Calories - 366kcal**

**Total Protein - 12.5g**

Add all ingredients together, whisk or blend and serve chilled

## Virgin Pina Colado

- ❖ 100mls tinned coconut milk
- ❖ 100mls pineapple juice
- ❖ 2 ½ tablespoons of apricot jam
- ❖ 2 ½ tablespoons of icing sugar
- ❖ 1 tablespoon of golden syrup

**Total Calories - 520kcal**

**Total Protein - 1g**

Add all ingredients together, whisk or blend and serve chilled with ice



# Nourishing Drinks Recipe

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## Eton Mess

- ❖ 2 x meringue nests (approx 30g)
- ❖ 150mls soya milk
- ❖ 2 ½ tablespoons of strawberry milkshake powder
- ❖ 2 ½ tablespoons of strawberry jam
- ❖ 1 ½ tablespoons of icing sugar

**Total Calories - 520kcal**

**Total Protein - 4g**

Add all ingredients together, whisk or blend and serve chilled with ice

## Lemon and Lime Sublime

- ❖ 100mls non diet lemonade
- ❖ 10mls lime cordial
- ❖ 2 ½ tablespoons lemon curd
- ❖ 2 ½ tablespoons icing sugar
- ❖ 1 tablespoon golden syrup

**Total Calories - 500kcal**

**Total Protein - 0g**

Add all ingredients together, whisk and serve chilled

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# Soft diet

Information for patients  
Dietetics Department



## SOFT OPTIONS

If you have problems chewing or swallowing, or are unable to eat ordinary solid food for any other reason, it can be difficult to achieve a balanced diet. However, your body still needs just as much nourishment.

This information will give you ideas to enable you to choose as wide a variety of foods as possible.

## GOOD FOOD GUIDE

Each day, try to include the following:

- ❖ 3 small meals as well as 2 - 3 snacks or milky drinks.
- ❖ At least one pint of full cream milk.
- ❖ At least 6 - 8 cups of fluid. Taking drinks after meals rather than before or with them may help if you feel full early.
- ❖ Meat, chicken, fish, well cooked eggs, cheese, yoghurt, beans or lentils, at two main meals.
- ❖ One serving of bread, potatoes, rice, pasta or cereal with each meal.
- ❖ Small portions of fruit and vegetables. Drink fruit juice if little fruit is eaten.

Your Speech and Language Therapist will advise you about suitable textures, but you should be aware that the following could cause swallowing difficulties:

- ❖ Mixed textures (solids & liquids together) e.g. minestrone soup.
- ❖ Stringy textures e.g. bacon, cabbage, runner beans, celery.
- ❖ Foods which do not break down e.g. lettuce, cucumber, peas, beans, sweetcorn, nuts, vegetable and fruit skins.
- ❖ Crunchy foods e.g. toast, crisps, dry biscuits.
- ❖ Crumbly items e.g. bread crusts, pie crusts, crumble.

## EXAMPLES OF SOFT OPTIONS

The following pages give ideas for soft foods.

### Meat, Poultry

- ❖ Minced meat and dishes made with mince e.g. cottage pie, bolognaise, meatballs.
- ❖ Tender pieces of meat in stews and casseroles.
- ❖ Tender roast meat, cut into small pieces with gravy.
- ❖ Tinned meats, e.g. corned beef, chopped ham and pork, chicken in white wine sauce.
- ❖ Tinned sausages and beans.
- ❖ Pork, lamb or turkey mince is available at most super-markets and is softer and less "bitty" than beef mince.

### Fish

- ❖ Flaked, steamed or poached fish (beware of bones).
- ❖ Frozen fish in sauces - "Boil in the Bag"
- ❖ Tinned fish - mash salmon, tuna or other tinned fish and soften with salad cream, mayonnaise.

### Eggs

- ❖ Scrambled, poached & boiled egg (Make sure egg is well cooked).
- ❖ Egg dishes e.g. egg custard, omelette, pancakes (sweet and savoury).

### Cheese

- ❖ Grated cheese/cottage cheese - try adding to soups, sauces, mashed potato, baked beans, spaghetti in tomato sauce.
- ❖ Cheese spread.
- ❖ Cream cheese and other soft cheeses.
- ❖ Cheese dishes e.g. macaroni cheese, cauliflower cheese.

### Potatoes

- ❖ Mashed potato with plenty of butter and milk.
- ❖ Instant or frozen mashed potato.
- ❖ Jacket potatoes - leave skin and add soft filling e.g. grated/cottage cheese, tuna and mayonnaise, baked beans.

### Bread and Cereals

- ❖ Porridge and instant cereals e.g. Ready Brek.
- ❖ Other breakfast cereals soaked in plenty of cold or hot milk e.g. Weetabix, Honey Nut Loops, Cheerios.
- ❖ Avoid cereals with added nuts and dried fruit.
- ❖ Bread (except with added grains and seeds) - remove crusts if necessary.
- ❖ Soft rolls.
- ❖ Some suitable sandwich fillings:
  - Meat and fish paste
  - Egg mayonnaise
  - Corned beef
  - Smooth peanut butter
  - Cheese spread
  - Marmite
  - Sandwich spread
- ❖ Pasta - dishes such as macaroni cheese, spaghetti in tomato sauce, pasta shells in cream sauce, ravioli, lasagne.
- ❖ Rice - well cooked, boiled/ fried with soft meat or fish. May require sauce if rice is too dry.

### Vegetables

- ❖ Cook vegetables well.
- ❖ Cut into small pieces and mash if necessary.
- ❖ Suitable ones may include: Mashed turnip, parsnips, carrots, broccoli, cauliflower. Lentils, baked beans, mushy peas.

### Vegetarian dishes

- ❖ Tofu or Quorn
- ❖ Lentil dishes
- ❖ Egg or cheese dishes
- ❖ Smooth Peanut butter or Humous
- ❖ Pasta dishes
- ❖ Rice based dishes



## Fruit

- ❖ Choose soft, ripened varieties of fresh fruit e.g. peaches, pears, nectarines, plums, melon and bananas.
- ❖ Remove skin, pith and pips.
- ❖ Cut into small pieces.
- ❖ Stewed e.g. apple, rhubarb.
- ❖ Tinned fruit (except pineapple) is usually soft.
- ❖ Purée and add to yoghurt, ice-cream, cream.
- ❖ If you cannot manage fresh fruit, have a glass of pure fruit juice or Ribena every day to give you Vitamin C.

## Puddings

- ❖ Milk puddings e.g. custard, rice pudding, sago, tapioca, semolina, (tinned or home-made)
- ❖ Blancmange.
- ❖ Jelly or milk jelly.
- ❖ Trifle.
- ❖ Fromage Frais.
- ❖ Sorbet.
- ❖ Ice-cream.
- ❖ Mousses.
- ❖ Yoghurt.
- ❖ Angel Delight.

## **IF YOU NEED YOUR FOOD EVEN SOFTER, TRY THE FOLLOWING:**

- ❖ Purée food using a liquidiser, food processor or hand blender.
- ❖ Most family meals can be puréed successfully provided that extra fluid is added.
- ❖ Stews, casseroles and most meats puréed with extra gravy, or fish in a sauce are ideal main courses to purée.
- ❖ Vegetables and potato can be puréed with some milk or cooking water.
- ❖ Puréeing each food separately makes meals more appetising and retains their individual colour.

## **EXTRA TIPS**

- ❖ Always sit upright when eating or drinking.
- ❖ Take your time when eating, do not rush meals.
- ❖ Take small mouthfuls and chew as well as you can.
- ❖ Visit your dentist regularly. Healthy teeth and well fitting dentures will help with eating.
- ❖ Eat little and often - six small meals a day may be easier to manage than three large ones.
- ❖ Add plenty of gravy or sauce to meals to make them easier to swallow.
- ❖ Use herbs, spices and stock cubes to make sure that your meals have plenty of flavour.

- ❖ Contact your GP if your ability to swallow becomes worse.
- ❖ A speech therapist will be able to advise you on swallowing techniques. Ask your GP or hospital doctor to refer you.

## **WEIGHT GAIN**

If you have lost weight recently then it is important to maximise your food intake. This can be done by using everyday foods.

### Fortified milk

Add 2 tablespoons of dried milk powder to a pint of fresh whole milk. Keep in the fridge and use as fresh milk in drinks and cooking. Use milk or evaporated milk in place of water in soups, jellies, puddings and bed-time drinks.

### Breakfast cereals

- ❖ Use fortified milk.
- ❖ Sprinkle an extra spoonful of sugar on top.
- ❖ Add cream, evaporated milk, syrup or honey to porridge.

### Soups

Add one or more of the following to soups:

- ❖ Cream
- ❖ Extra meat or pulses e.g. lentils
- ❖ Milk Powder
- ❖ Fortified milk
- ❖ Grated cheese
- ❖ Soft cooked rice/pasta

### Mashed potato

Add one or more of the following to mashed potato:

- ❖ Butter or margarine
- ❖ Cream
- ❖ Fortified milk
- ❖ Grated cheese

### Vegetables

Melt butter or margarine over vegetables or top with a milk based sauce or sprinkle with grated cheese.

### Puddings

Add one or more of the following to puddings:

- ❖ Cream
- ❖ Honey
- ❖ Ice-cream
- ❖ Sugar
- ❖ Evaporated milk
- ❖ Syrup
- ❖ Jam

### Cakes and biscuits

Choose plain cakes without fruit and nuts e.g. sponge cake, Madeira cake, Swiss roll. Soften cakes with custard or cream. Soften biscuits by dipping in a hot drink.

## **NOURISHING DRINKS**

- ❖ Whenever you do not feel like eating, have a nourishing drink.
- ❖ You can also drink these to help you put on some weight.
- ❖ High Protein drinks can be bought from most chemists e.g. Meritene, Complan and are available in a variety of flavours.
- ❖ The sweet flavours are nice with ice-cream and/or pureed fruit mixed into them.
- ❖ Try adding your own ingredients such as milkskake syrup, pureed fruit, mashed banana, ice-cream, drinking chocolate to natural/ vanilla flavoured drinks.
- ❖ Remember malted drinks, drinking chocolate and cocoa are nourishing especially if you make them all with milk. Though traditionally bedtime drinks, try taking them between meals occasionally.

## SAMPLE MEAL PLAN

### SOFT, HIGH PROTEIN, HIGH ENERGY DIET

#### Breakfast:

- ❖ **Porridge**  
Make with fortified milk.  
Add sugar or honey, puree if necessary.
- ❖ **Tea**  
Add sugar if desired.  
Use fortified milk.

#### Mid morning:

- ❖ **Coffee**  
Use fortified milk.
- ❖ **Banana**  
Mash with milk and sugar.

#### Lunch:

- ❖ **Chicken soup**  
Sieve if necessary.  
Add cream or milk powder.
- ❖ **Fish in sauce**  
Flake/puree if necessary  
with extra sauce.
- ❖ **Carrots**  
Mash/puree. Add butter or  
margarine.

- ❖ **Potatoes**  
Cream with a little milk/  
butter or margarine.
- ❖ **Yoghurt**  
Use a full fat yoghurt.

#### Mid-afternoon:

Nourishing drink

#### Evening meal:

- ❖ **Beef casserole**  
Puree with extra gravy  
if necessary.
- ❖ **Turnip**  
Mash/puree. Add butter  
or margarine.
- ❖ **Potatoes**  
Cream with a little milk/  
butter or margarine.
- ❖ **Rice Pudding**  
Make with fortified milk.  
Add sugar/jam.

#### Before bed:

- ❖ **Hot chocolate**  
Use fortified milk.

## ADDITIONAL NOTES:



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# Puree diet

Information for patients  
Dietetics Department



If you are having difficulty chewing or swallowing, puréed foods may be easier to manage. Pureéd food should be lump free e.g. the smooth texture of mashed potato.

This leaflet can help you choose suitable foods, adapt your own dishes and help get the most nourishment from your meals.

## EQUIPMENT

You will need one of the following for puréeing food:

- ❖ A liquidiser.
- ❖ A food processor.
- ❖ A hand-held blender. This is ideal for small quantities and is a less expensive option.

## PURÉEING YOUR FOOD

- ❖ Most food can be puréed.
- ❖ Extra liquid will probably be needed to get the correct consistency and ensure the meal is not too dry.
- ❖ Ensure a smooth purée by liquidising small quantities at a time. You may need to sieve to remove any pips, lumps or skins etc still left.
- ❖ Purée foods separately (i.e., vegetables separate from meat or fish) and arrange individually on the plate. A plate with dividers can be useful to prevent food from running into each other.
- ❖ Think of the colours of the various items of food when you plan your meal. Combine a bright, coloured vegetable with a paler food e.g., carrots or peas with creamed potato, and chicken in a creamy sauce.
- ❖ To stimulate the appetite try to vary the flavours in the meal. Use spices, herbs and a variety of sauces e.g., soy, worcester, tomato, barbeque, curry, mint, parsley sauce or pasta sauces.

## EXAMPLES OF PURÉED OPTIONS

Cooking and puréeing food can be time-consuming. Not everything needs to be prepared from scratch - many different convenience foods can be used. Here are some ideas:

### Breakfast Cereals:

Instant oat cereals, Weetabix - add sufficient hot or cold milk to achieve the correct consistency. Eat these anytime. Serve topped with cream, sugar, golden syrup or jam.

### Meat/Chicken/Fish:

Most meats and meat dishes or fish dishes can be puréed successfully.

If necessary serve with an extra jug of gravy or sauce. This could be thickened with some mashed potato or instant potato powder.

### Ready-to-Eat Meals:

Tinned, packet, frozen or boil-in-the-bag can be reheated according to the instructions on the packet and then liquidised.

### Potatoes and Vegetables:

Instant or frozen mash potato is useful not only as mashed potato but also in powder form as a thickener for other puréed dishes.

Add grated cheese and/or butter or milk to improve the flavour.

To make meals more appetising creamed potato can be formed into nests with puréed meat and vegetables served in the middle.

Many vegetables can be puréed after being cooked or heated from a tin. Suitable ones include carrots, turnips, parsnips and cauliflower.

If they have skins (e.g., peas, beans) it may be necessary to sieve them.

### Tinned and Packet Soups:

These are not always very nutritious. Make up the soup with full cream milk rather than water and/or add some cream to enrich or use. Avoid croutons.

### Sauces/Gravy Mixes:

Granules, tinned and packet mixes or jars of pasta sauce are all useful to add flavour and variety.

### Fruit:

Fruit juices are the easiest way to take fruit and ensure an adequate intake of Vitamin C.

Fruits can be stewed and puréed (e.g., apple, apricots) and tinned fruits easily puréed with their syrup (pineapple is not suitable).

### Desserts:

There are many suitable instant puddings on the market e.g., Angel Delight, pots of mousse, thick and creamy yoghurt and fromage frais (avoid those with fruit pieces), or ready-made custard.

Tinned rice pudding can be puréed and given extra flavour with seedless jam. Sweet sauces (available in jars or tubes) such as chocolate, strawberry, butterscotch, and maple syrup can be used to add variety to basic desserts such as ice-cream, milk puddings and mousses.

A lightly mashed banana with some cream, evaporated milk, or runny honey makes a quick snack or dessert.

Stewed and puréed apple with custard or puréed rice pudding, ice-cream, cream or Greek yoghurt.

Sponge cake can be soaked with fruit juice and served with evaporated milk or cream to provide a nourishing pudding.

## TO HELP MAINTAIN WEIGHT

Puréed meals can be bulky and very filling especially if your appetite is small. It is important to make them as nourishing as possible. Here are some suggestions:

- ❖ Eat little and often. Try having three small meals with three mid-meal snacks daily.
- ❖ Use high energy liquids when extra fluid is required to give the correct consistency. Full fat milk, creamy sauces, thickened gravy, custard or juice will add extra calories to the meal. Do **not** use water.
- ❖ Add high energy foods whenever possible. Butter, margarine milk powder, grated cheese, evaporated milk, sugar, cream, jam, syrup and honey are all useful.
- ❖ Use full fat foods not diet varieties of yoghurt, fromage frais, milk, spreads (butter/margarine). Try to avoid skimmed/semi-skimmed milk, any product labelled fat free/low fat/light or low-calorie slimming foods. Reduced sugar/sugar free should be avoided unless you have diabetes.



- ❖ Add sugar to your foods and drinks where possible unless you have diabetes.
- ❖ Fortified milk doubles the goodness of milk without doubling the amount you need to drink. It can be used to make porridge, cereal, milk drinks, milk puddings, mashed potato, packet or condensed soups.

Fortified milk is made as follows:

1 pint full-cream milk plus  
4 tablespoons dried skimmed  
milk powder with added  
vegetable fat whisked together.

- ❖ Fortified drinks such as Complan and Meritene can be bought from the chemist or supermarket. They are useful as between meal or bedtime drinks.

## DIARRHOEA/CONSTIPATION

Diarrhoea or Constipation can be a problem for people following a puréed diet. This may be because:

- ❖ Not enough high fibre foods are being eaten - liquidising does not destroy the fibre in foods. Use wholegrain cereals such as Weetabix, digestives “dunked” in tea or coffee, all types of fruit and vegetables (particularly prunes).
- ❖ Fluid intake is not sufficient - aim for at least 6-8 cups of fluid per day. It is even more important to drink adequate fluid if you are taking a high fibre diet.

## COOKING IN BULK AND FREEZING FOODS

If you have a freezer you may find it convenient to make up a large quantity of some dishes and then divide into single portions to be frozen.

Clean empty yoghurt pots, or margarine tubs are ideal for this: cool the food quickly after cooking and freeze immediately. Don't forget to label and date the pots.

Defrost the portions thoroughly at room temperature or in the microwave, then reheat. Food should not be reheated more than once because of the risk of food poisoning and defrosted food should never be refrozen.

## SAMPLE MENU

### Breakfast:

- ❖ Sweetened fruit juice
- ❖ Porridge made with fortified milk (add sugar or honey)
- ❖ Thick and creamy yoghurt

### Mid Morning:

- ❖ Milky coffee with “dunked” biscuit

### Lunch (snack meal):

- ❖ Puréed vegetable soup or
- ❖ Sieved baked beans with mashed potato
- ❖ Fruit fool or chocolate mousse.

### Mid afternoon:

- ❖ Fortified drink/high calorie milk shake

### Evening Meal:

- ❖ Puréed meat
- ❖ Puréed vegetables
- ❖ Creamed potato with added butter
- ❖ Milk pudding (made with fortified milk) + puréed fruit or seedless jam

### Bed Time:

- ❖ Milky drink
- ❖ Weetabix (made with hot or cold fortified milk)

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[www.nhsinform.co.uk](http://www.nhsinform.co.uk)  
Tel No: 0800 22 44 88

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Examples of suitable texture modified snacks to have in between meals to meet nutritional requirements can be found below:

## Texture C – Thick puree

Pureed Fruit with high calorie accompaniment such as double cream, condensed milk, evaporated milk blended through

- ❖ Smooth full fat yogurt/fromage frais
- ❖ Custard
- ❖ Mousse
- ❖ Creme Caramel
- ❖ Weetabix mixed with full fat milk
- ❖ Irish Cream (20mls irish liquer, 100g whipped cream, 1 x teaspoon chocolate powder and 1 x scoop of thickener)
- ❖ Angel Delight/Instant Whip dessert
- ❖ Ice cream – allow to melt and thicken to correct consistency

## Texture D – Pre mashed

- ❖ Rice pudding served with puree fruit (optional)
- ❖ Moist plain sponge cake mashed up with cream/custard/yogurt
- ❖ Any of the Texture C snacks would be appropriate

## Texture E – Fork mashable

- ❖ Trifles
- ❖ Tiramisu
- ❖ Swiss roll/Marble cake/sponge cake mashed with cream or custard
- ❖ Crustless vanilla bread soaked in milk
- ❖ Crustless bread soaked in stock/oxo/bovril
- ❖ Biscuits soaked in cream or milk
- ❖ Banana split (mashed banana with cream and chocolate sauce)
- ❖ Any of the Texture C snacks would be appropriate



# Nutrition For Wound Healing

Produced by Community Nutrition Support Dietitians - Beckford Street, Hamilton 01698 201433

## GOOD NUTRITION FOR WOUND HEALING

We are what we eat! We heal from the inside and need a variety of nutrients to help form new skin. Generally, the better nourished you are the quicker you will heal.

A diet high in energy, protein, vitamins and minerals with an adequate fluid intake is necessary for wound healing. This leaflet is designed to give you practical tips to ensure you get all the nourishment you need to help your wound to heal.

## ENERGY

It is important you get enough energy from your food to allow protein to be used in the wound healing process.

## FOODS HIGH IN ENERGY

Starchy Foods	Fatty & Sugary Foods
Bread	Butter, Margarine and Cream
Rice	Biscuits, Cakes and confectionery
Pasta	Sweetened drinks
Potatoes	Sugar
Breakfast cereals	

Starchy foods provide useful vitamins and minerals as well as energy.

## PROTEIN

Protein is needed during all stages of wound healing and therefore an increase in dietary intake is recommended at this time.

## FOODS HIGH IN PROTEIN

Meat, fish, poultry, eggs, cheese, pulse vegetables, nuts and Quorn – have at least 2 servings of these foods every day.

One serving = 55g - 85g meat

115g - 145g fish

1-2 eggs or 3 tablespoons beans or 55g - 85g cheese

Milk – aim for at least one pint full cream milk each day. Try fortifying milk by adding dried milk powder. Add 2 tablespoons to each half pint.

The fortified milk can be used for:

- ❖ Milky drinks, e.g. Horlicks, Ovaltine, coffee, drinking chocolate, milkshakes
- ❖ Puddings, e.g. custard, instant whip, creamed rice
- ❖ Sauces, sweet and savoury
- ❖ Breakfast cereals and porridge

## VITAMINS AND MINERALS

The whole range of vitamins and minerals are essential for good health. In particular, vitamin C, Iron and Zinc are important for wound healing.

## VITAMIN C

Vitamin C is needed for the formation of new tissue, which allows the wound to heal over.

### Foods high in vitamin C

Citrus fruits such as oranges, grapefruit, blackcurrant drinks, fruit and vegetable juices, tomatoes, green leafy vegetables and potatoes.

## IRON

Iron is needed for blood to carry oxygen around the body and a good supply of oxygen is required for wound healing. Vitamin C helps the body to absorb iron. If you are taking iron supplements fruit juice will help your body absorb more of it.

### Foods high in Iron:

Red meat, offal; liver, kidney and pate made from these. Oily fish, eggs, lentils, beans, green leafy vegetables, fortified breakfast cereals, some dried fruit such as apricots and raisins.

## ZINC

Zinc is needed for many processes involved in wound healing.

### Foods high in zinc:

Meat, offal, wholegrain bread and cereals, lentils and beans.

Following a balanced, varied diet should ensure you have enough vitamins and minerals for wound healing. If your appetite or dietary intake are poor you may need to take a multivitamin/mineral supplement, these can be bought at any supermarket or pharmacy. Please seek advice from a GP.

## FLUID

Fluid is needed to transport nutrients around the body. Insufficient fluid will lead to dehydration. As fluid is lost through some wounds, you may need to drink more to make up for this. Aim to drink at least eight cups of fluid each day.

If you require extra nourishment for wound healing but have a poor appetite, try to have small frequent meals and snacks throughout the day with plenty of milk and milky drinks.

You might find it useful to top up your intake with Meritene, Complan or Recovery high protein drinks. Try to take these after food, or in the evening, so they are extra and not replacing food. You can buy these from the supermarket or your local pharmacy.

## CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

For the purpose of your present and future medical treatment, we will record details of your care. Some use may be made of this information for research purposes and to help in the planning of health services for the future. Some information will be processed on a computer. Information about your care and treatment may also be viewed by inspectors authorised by the Scottish Government. At all times great care will be taken to ensure that your information is kept confidential.

The "Data Protection Act 1998" gives you the right of access to any personal information which NHS Lanarkshire hold about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act you should, in the first instance, contact the **Health Records Manager** at the hospital.

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[www.nhsinform.co.uk](http://www.nhsinform.co.uk)  
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## WHY IS HEALTHY EATING IMPORTANT?

Healthy eating is important to everyone but is even more important if you have diabetes. This is because some foods that you eat will affect your blood glucose levels.

You should be referred to the dietitian for individual dietary advice tailored to meet your own needs. To get you started, this information sheet provides you with some of the basics of healthy eating.

## WHAT IS HEALTHY EATING?

### 1. Eat regularly

Have 3 meals a day. For example, breakfast, lunch and evening meal. This will help keep your blood glucose levels steady and control your appetite.

If you need to eat between meals to control your blood glucose levels then this should be limited to healthy foods such as fruit, small pot yoghurt or a plain biscuit.

### 2. Include a starchy carbohydrate food at each meal

These include potatoes, pasta, rice, bread or breakfast cereal. High-fibre varieties are best. Have a look at the table below for more information.

The amount of carbohydrates you eat will affect your blood glucose levels. The dietitian will discuss individual portion sizes.

<b>Starchy Carbohydrate to limit</b>	<b>Starchy Carbohydrates to choose instead</b>
Sugar or honey-coated breakfast cereals, for example, Frosties, Coco Pops, sweetened muesli, sugary cereal bars	Wholegrain breakfast cereal, for example, Weetabix, unsweetened muesli, Shredded Wheat, Branflakes, porridge
Fried Chips, Instant Mash, Roast Potatoes	Boiled Potatoes, New potatoes, Sweet Potato, Baked Potato
Fried rice, Naan breads, cheesy pasta dishes	Basmati rice, pasta, chapatti
White bread or rolls	Whole grain, granary, seeded bread or rolls

The preferred foods in the right hand column should still be eaten in **moderation**.

### **3. Eat less sugar**

Too much sugar and foods high in sugar can cause the blood glucose to rise.

It is best to replace these with **lower sugar** and **sugar free** foods instead.

See the table below for examples.

<b>Foods High In Sugar</b>	<b>Choose Foods Lower In Sugar</b>
Sugar, glucose, glucose syrup, dextrose, sucrose, icing sugar, light spoon, half spoon	Artificial sweeteners, for example, Canderel, Sweetex, Hermesetas, Splenda
Sweet squash and fizzy drinks, for example, Ribena, Lucozade, cola, lemonade, drinking chocolate	Diet, low calorie, sugar-free squash and fizzy drinks, for example, Robinsons Special R, Diet Coke, Pepsi Max, tea, coffee, low calorie chocolate drinks
Sweets, for example, chocolate, toffee, fudge, tablet, mints, chocolate covered and cream filled biscuits, cakes, marzipan	Plain biscuit, small chocolate covered wafer biscuit, small crumpet, pancake or slice of fruit/malt loaf, oatcake or cracker
Sugar-coated or honey-coated breakfast cereal, for example, Frosties, Sugar Puffs, Crunchy Nut cereals	Unsweetened breakfast cereal, for example, Porridge, Weetabix, Branflakes, Allbran
Sweet pudding, for example, crumble, tarts, tinned fruit in syrup	Fresh or dried fruit, Diet or light yoghurt, sugar-free jelly, tinned fruit in natural juice
Marmalade, jam, treacle, syrup	Reduced sugar marmalade, jam or thin scraping or ordinary jam, marmalade or honey

The preferred foods in the right hand column should still be eaten in **moderation**.

#### **4. Eat less fried and fatty foods**

High fat diets are linked to heart disease and reducing your fat intake will help you lose weight. See the table below for information on how to reduce your fat intake.

<b>Foods High in Fat</b>	<b>Choose Foods Lower in Fat</b>
Butter, Margarine, oil, lard, dripping	Low fat spread and oils made from unsaturated oils such as olive oil, vegetable oil, corn oil, monounsaturated spreads
Fried foods	Grill, poach, boil, microwave or oven bake
Chips	Potatoes – boiled, steamed or baked
Pies, pastries, sausage rolls, fatty meat	Lean cuts of meat, fish and chicken without the skin
Creamy sauces and dressings	Tomato based sauces
Cream, mayonnaise, salad cream, full fat yoghurt, full fat milk	Low fat natural yoghurt, low fat fromage frais, semi skimmed or skimmed milk
Full fat cheese	Reduced fat varieties of cheese, Lower fat cheese such as Edam, gouda, cottage cheese, grate or slice cheese thinly
Crisps, savoury snacks, nuts	Low fat, unsalted crisps or small packet corn snacks, unsalted nuts.

The preferred foods in the right hand column should still be eaten in **moderation**.



## **5. Eat fruit and vegetables – 5 portions a day**

This will benefit your health and protect your heart.

1 portion = 1 medium fruit e.g apple, orange, pear  
1 small banana  
2 small fruits e.g – kiwis, satsumas or plums  
2 tablespoons of vegetables

All fruit and veg are suitable and they can be fresh, frozen or tinned in natural juice. Try to have vegetables with your evening meal. Spread your fruit throughout the day.

## **6. Include oily fish**

Oily fish contains a type of fat called omega 3, which helps protect against heart disease. You should try to have oily fish in your diet at least once a week. Examples are sardines, pilchards, salmon, mackerel, fresh tuna, herring.

## **7. Eat less salt**

Too much salt can raise your blood pressure which can lead to stroke and heart disease.

- ❖ Avoid adding salt at the table.
- ❖ Use as little salt as possible in cooking.
- ❖ Use herbs and spices to flavour food instead.
- ❖ Avoid processed foods, tinned, packed foods, salty meats.
- ❖ Do not use salt substitutes like LoSalt.

## **8. Healthy Weight**

Body weight and diabetes are closely linked. If you are overweight it is harder for your body to use insulin properly. Losing small amounts of weight can help you to control your blood glucose levels.

A healthy weight will also help reduce your risk of heart disease and stroke and control your blood pressure.

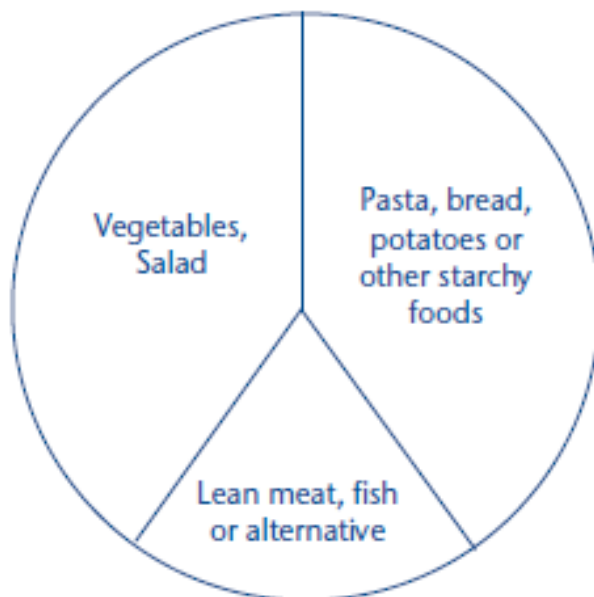
Aim for a realistic weight loss (1-2lbs each week). It is better to lose a small amount of weight and keep it off, than to lose a lot of weight and regain it.

## **9. Portion Sizes**

As well as looking at the types of food you eat it is important to consider your portion sizes, particularly if you are trying to lose weight.

### **If you are trying to maintain your weight**

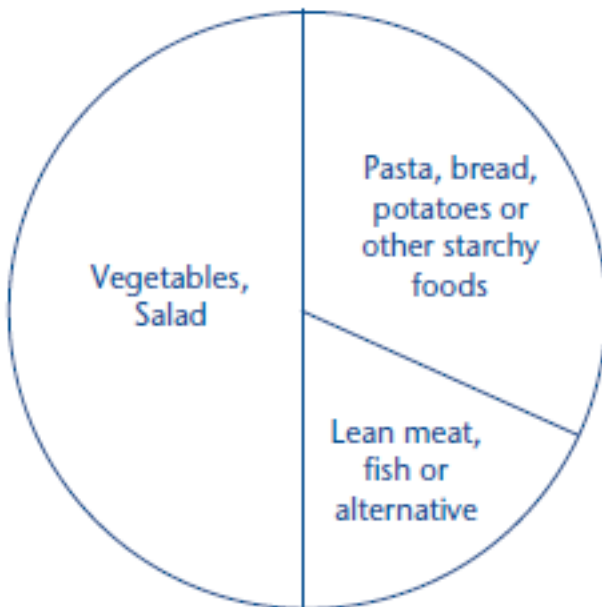
Try to divide your plate into some starchy carbohydrate foods, vegetables and lean meat, fish, beans or alternatives.



You may need to change the proportions of food on your plate. As a first step you can use your plate as a guide,

## If you are trying to lose weight

Eating less fatty foods will help you lose weight therefore have a smaller amount of lean meat, fish, beans or alternatives. Try to fill half your plate with vegetables and a smaller amount of starchy carbohydrate food.



## 10. Limit your alcohol intake

Most people with diabetes can enjoy an occasional alcoholic drink.

The safe amounts of alcohol for people with diabetes and the general population are exactly the same.

Men and Women are advised not to drink more than 14 units per week. Spreading your drinking over three days or more if you drink as much as 14 units per week.

Alcohol is high in energy and may cause weight gain therefore sensible drinking is essential.

For further information go to:  
**Diabetes MCN website**

There may be some precautions you should take depending on how your diabetes is treated. See the NHS Lanarkshire leaflet **Alcohol and Your Diabetes** available from your diabetes team.

## 12. Maintain an active lifestyle

Exercise helps improve your general health and your diabetes control.

See the NHS Lanarkshire Leaflet **Exercise and Your Diabetes** available from your diabetes team.

## 13. Avoid foods labelled "diabetic" or "suitable for diabetics"

There is no need to buy special "diabetic" foods. They can have a laxative effect and will not help if you are trying to lose weight. Diabetic foods will still cause your blood glucose to rise.

## FURTHER INFORMATION

You should be referred to see the diabetes dietitian for further information and individual advice.

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 303 0243 or e-mail [info@lanarkshire.scot.nhs.uk](mailto:info@lanarkshire.scot.nhs.uk)

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# Advice for Constipation

Information for patients from  
Nutrition & Dietetics



## You can ease or prevent constipation by:

- ❖ Eating a high fibre diet - start increasing the amounts of higher fibre foods in your diet without feeling bloated;
- ❖ Drinking an adequate amount of fluid - 8 mugs of non-alcoholic fluid per day;
- ❖ Taking regular exercise - target of thirty minutes exercise five times per week;
- ❖ Going to the toilet regularly when you need to.

## Examples of High Fibre foods:

Bread	Choose wholegrain, wholemeal varieties or high fibre white breads. Remember 'brown' bread may not contain any more fibre than white.
Breakfast Cereals	Choose cereals that contain wheat, bran or oats ( <i>e.g. Bran Flakes, Weetabix, Porridge</i> ).
Flour	Use wholemeal flour for baking.
Biscuits	Choose wholemeal crispbread and crackers, wholegrain cereal or crunch bars, digestive, oatcakes or bran biscuits.
Cakes/Teabread	Choose wholemeal fruit scones, fruit loaves or cakes.
Pasta & Rice	Choose wholemeal pasta and brown rice.
Pulses	Use more peas, beans and lentils. These can be added to meat dishes and soups.
Vegetables	Try to eat 2-3 portions of raw or lightly cooked vegetables or salad per day. One portion is three heaped tablespoons of vegetables. Fresh or frozen vegetables are also suitable. Use a variety of vegetables in soups and casseroles. Potatoes should be eaten with their skins on.

**Fruit** Try to eat 2-3 portions of fruit per day. One portion is one medium sized piece of fruit (*apple, banana, orange, pear*), two small pieces of fruit (*plum, satsuma, kiwi*), a handful of smaller fruit (*strawberries, raspberries*), one tablespoon of dried fruit (*raisins, currants, sultanas*) or one glass of fruit juice. All kinds are suitable: raw, cooked, tinned or dried. Where possible, eat the skins. Make sure all fruit is washed well before eating.

**Nuts** Try to eat a variety of unsalted nuts. Use in sweet or savoury dishes, home baking or as a snack. Only eat small portions of nuts if you are trying to lose weight as these are high in fat.

### Fluid:

Fibre also absorbs fluid from your bowel so it is important to drink plenty throughout the day. Aim for at least 8 mugs (*4 pints*) of fluid per day. A variety of non-alcoholic fluids can be taken (*tea, coffee, fruit juice, water, milk, squashes, fizzy drinks, sugar free fluids or low fat fluids*).

### Laxatives:

Laxatives can also ease or prevent constipation but they are only advised if your Doctor thinks they will help.

### Important Information:

You should increase your fibre intake gradually to allow your body to adapt and prevent diarrhoea or stomach cramps.

If you have any dietary restrictions or you have a specialised diet please speak to a member of staff or contact your GP.

## Additional Information:

<http://www.nhsinform.co.uk/health-library/articles/c/constipation/introduction.aspx>

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# Eating Well with Dementia

## A carers' guide



This guide provides practical, everyday eating and drinking advice for people caring for a relative or friend with dementia.

The guidance is evidence-based and written by a registered dietitian. It does not substitute or replace personalised advice provided by your healthcare team. Speak to your dietitian, doctor, nurse or allied health professional (occupational therapist, physiotherapist, podiatrist or speech and language therapist) for further advice on diet, nutrition or related cultural/social health matters.



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## Introduction

Eating, drinking and related activities such as shopping and cooking are a normal part of daily life. They can play an important role in structuring our day, forming and recalling memories.

Food and drink also play an important role in maintaining health and well-being. They provide vital nutrition and are important in social activities and celebrations such as birthdays, religious festivals or holidays. Developing dementia should not exclude people from these – some activities may become more difficult, but being creative can help people stay involved.



## Common Eating and Drinking Challenges

Dementia influences people's lives differently – not everyone will experience the same changes. This is also true for eating and drinking. People with dementia may find eating difficult and/or change their eating habits and preferences. This can be distressing for the person with dementia and for those caring for them.

**For further dietary advice, ask your GP to refer you to a dietitian. Contact your GP immediately if you notice a person with dementia is losing weight.**



Challenges can occur because:

- People with dementia may have reduced or limited feelings of hunger and/or thirst. They may:
  - forget to eat or drink
  - feel that they have already eaten or had something to drink
  - overeat because they have forgotten that they have already eaten.
- Preferences and habits may change.
  - People with dementia may start to enjoy and/or prefer sweet or spicy foods, when they didn't before.
  - People with dementia may prefer routines and like to have fixed mealtimes and food choices.
- Recognising, preparing/cooking food and using cutlery may become difficult.
- Chewing or swallowing may become difficult.

**If chewing or swallowing becomes difficult, ask your GP to refer the person you care for to a speech and language therapist. They will assess and advise you on the best food and fluid consistency for the person with dementia.**

Read on for information to help address and overcome these challenges.

## Preparing for a Meal

Small changes can help to make mealtimes more enjoyable and less stressful. These changes can also help to improve nutritional intake.

- Try to remain as relaxed as possible around mealtimes. Communicate calmly using your tone of voice and gestures to provide support.
- Make meals an activity. Try to set the scene for a meal and encourage the person with dementia to get involved in its preparation. Tips include:
  - encourage them to set the table
  - talk about cooking smells, favourite foods, memorable meals or recipes
  - show the person with dementia the food and let them smell it to aid recognition.
- Ask if the person needs to go to the toilet before meals.
- If the person with dementia wears glasses, a hearing aid or dentures, make sure that they wear these for the meal.
- If the person with dementia is struggling to grip standard cutlery or cups, try adapted versions with wide or chunky handles.
- If additional time is needed to complete meals:
  - provide one course at a time
  - try using a plate warmer to help keep food warm. These can be purchased in pharmacies or online.

- To make food easier to see:
  - use plain plates in a colour that contrasts with the food and the table. Try to use primary colours (red, yellow and blue) as these are recognised for longer as dementia progresses
  - try to keep the room brightly lit.



- Keep the table setting simple:
  - only have a few condiments to keep focus on the food on the plate
  - avoid distracting decorations such as vases or patterned table coverings.
- Try to make mealtimes a shared activity. Eating together, indicates that it is time to eat, and can help the person with dementia see how and what to eat.

## Eating Habits

### What if food favourites change?

People with dementia often experience changes in their food preferences. The dementia can change how flavours are recognised. Taste and sense of smell also changes naturally with age. People may enjoy or even prefer strong or spicy foods that they used to dislike. Foods that may now be enjoyed include lasagne, curry, chilli or pizza.

- Keep an open mind:
  - don't exclude any food and try a wide variety until you find what the person enjoys now
  - childhood favourites that link to older memories may be appreciated
  - try to keep a list of current preferences and re-try foods from time to time.
- Try adding spices, herbs, onion, garlic, chilli, pepper, lemon juice or Worcestershire sauce to enhance flavours.
- Avoid adding extra salt, especially if the person has vascular dementia as this can influence blood pressure.
- Offer table sauces, chutney, pickles and relishes, vinegar, mustard, salad dressings or tomato ketchup, as appropriate.
- Try to keep the table setting simple and don't clutter it with bottles and jars.

## What if sweet foods are preferred?

It can be difficult to encourage healthy food choices when a person only wants to eat sweet foods. However, with a little planning, sweet and sweetened foods can provide the nutrition needed.

- Try naturally sweet vegetables such as carrots, sweetcorn, turnip, sweet potato, peppers or peas. Vegetables provide a wide range of vitamins and fibre essential for good health. Add a drizzle of honey for extra sweetness before serving.



- Try adding a little sugar to mince, stew or potatoes. If weight gain is a problem, try a granulated sweetener instead.
- Use sweet and sour sauce or serve food with sweet sauces, pickles or chutneys such as apple, redcurrant, cranberry, sweet chilli, ketchup.
- Encourage milk-based pudding because these are a good source of protein, energy and calcium. Try:
  - custard and stewed fruit, rice pudding, mousse, trifle, whipped desserts, ice-cream, crème brûlée, crème caramel, evaporated milk or cream with canned or fresh fruit
  - adding a small amount of maple or golden syrup, jam or honey to increase the sweetness of fruit or puddings, if needed.



## **What if unusual combinations of food and fluid are being mixed together?**

People with dementia may be unsure which items go together. They may like to have their dessert first, mix it with their main meal or add drinks to savoury meals. This will cause no harm, so accept unusual combinations.

If meals and/or drinks are being mixed, serve one course at a time. Avoid putting several plates on the table as this can be confusing. Offer drinks after, instead of with, the meal. Alternatively, offer small amounts during the meal and a full drink afterwards.

## **What if food is being spilled at meals?**

- Try using wipe clean table mats and coverings and allow the person to eat as they wish, even if this looks messy. Make sure that the table and chairs are at a suitable and comfortable height and use a napkin to protect clothing from spillages, whilst maintaining dignity.
- Encourage the person to eat independently. Although it may be difficult, try not to comment on the way they are eating as this could be upsetting. Giving verbal support by prompting to start or continue eating is helpful.
- If using cutlery is difficult, try to prepare favourite foods that are easy to eat with a spoon such as casseroles, or offer finger foods instead (see 'Finger foods and nourishing drinks' for suggestions).
- Try using a lipped or high rimmed plate. This will allow food to move around easily without being spilt.

## What if completing meals is difficult?

- Allow extra time for meals as needed.
- Try placing cutlery or a cup in the person's dominant hand. As the dementia progresses it may be necessary to provide assistance with eating.
- Prompting offers support and helps to maintain dignity and independence for as long as possible. Useful phrases include:
  - *"How's your tea?"* to encourage the person to drink
  - *"Have you nearly finished?"* to encourage the person to continue to eat.
- Serve one small course at a time. This will help to keep food warm and avoid confusion. Extra portions can always be served.
  - Consider offering 5-6 small snacks during the day rather than 3 main meals.
  - Try using a plate warmer or insulated cup to keep food and drink warm for longer.
- Don't worry if food is refused. Simply offer something again in 30 minutes to an hour. If food refusal continues, seek further advice from your GP as this may indicate other issues.
- When eating with others, avoid removing plates until everyone is finished. Removing plates early can be seen as a signal to stop eating.



## What if sitting during meals is a problem?

If sitting down for long is difficult, completing a plated meal can be challenging. Agitation also burns extra energy and can contribute to weight loss.

- Leave snacks along the route that the person walks or place foods in their hand to prompt them. Try a variety of finger foods, but always remember to remove any uneaten food to avoid spoilage (see 'Finger foods and nourishing drinks' for suggestions).
- Encourage high-energy foods (see 'Adding extra energy and protein').
- Try changing the environment to see what helps, for example:
  - limit distractions by turning off the television or radio
  - provide background noise such as soothing music.
- If you notice that there are times in the day when the person is more settled, consider changing mealtimes or offer additional snacks at these times.



## Adding Extra Energy and Protein

It is important that people have enough energy and protein for good health. If someone only eats small amounts, this can be a challenge. Changing the type of food and how it is offered can help.

Offer 5-6 smaller meals and snacks rather than 3 larger meals per day. Try to encourage food at times in the day where you notice the person with dementia eats better – some people eat best in the morning while others eat better as the day goes on.

Use the suggestions below\* to add energy and protein to foods without increasing their volume.

- Use full-fat or fortified milk in cereals, sauces, puddings and drinks.  
Fortify milk by adding two tablespoons of any milk powder and use as normal on cereal, in sauces and drinks.
- Add extra butter, polyunsaturated or monounsaturated spreads, grated cheese (including lower-fat varieties such as Edam), soft cheese, mayonnaise or cream to potatoes, soups, sauces or vegetables.
- Add extra sugar, syrup or fortified milk to puddings, or hot drinks.
- Add a teaspoon of jam, syrup or honey to porridge, custard, rice pudding or semolina.
- Spread jam, honey, marmalade and butter or margarine thickly on bread, toast, scones, crumpets and pancakes.

\*People with vascular dementia and/or other health conditions such as diabetes, stroke or heart disease may need personalised dietary advice. Ask your dietitian how to appropriately increase energy and protein with less saturated fat and/or sugar.

## Finger foods and nourishing drinks

Finger foods and nourishing drinks can be a good alternative to plated meals if cutlery becomes difficult to use, or the person is always on the move.

Try the suggestions below.

- Milk-based drinks such as hot chocolate, malted drinks, milkshakes or milk-based coffee.
- Be careful with hot drinks. Do not overfill cups and use an insulated cup with a lid to reduce the risk of injury for a person who paces a lot.
- Fresh fruit juices such as orange, apple or pineapple. These are also a good source of vitamins and minerals, especially vitamins C. Some diluted blackcurrant drinks are also fortified with vitamin C and can be useful.
- Sandwiches cut into small squares, triangles or rolled into a sausage shape. Try a range of breads including pitta, tortilla wraps, naan, chapatti or roti. Suitable fillings include:
  - egg mayonnaise
  - tuna mayonnaise – try adding sweetcorn, peppers or diced cucumber
  - meat or fish paste
  - corned beef – try adding chopped tomato or onion
  - cold meats – try adding relishes, pickles or chutneys
  - cheese or cheese spreads
  - peanut butter – try with mashed banana.



- Small savoury biscuits, crackers or mini oatcakes with hummus, spreading cheese, meat/fish paste or pâté.
- Scones with butter, jam, or jam and cream.
- Teacakes with butter.
- Crumpets with honey, jam, syrup or butter.
- Fruit or chocolate muffins or cereal bars.
- Fruit or malted loaf with butter.
- Gingerbread, individual small cakes or slices.
- Pieces of fruit or vegetables such as sticks of carrot, slices of cucumber, cherry tomatoes, pineapple chunks, chunks of banana, berries, or mandarin segments.
- Toast fingers with cheese spread or toasted cheese, mashed or sliced boiled egg, jam, marmalade, pâté, meat paste, peanut butter or yeast extract spreads.
- Slices of pizza, quiche or garlic bread.
- Small sausage rolls, cooked chicken pieces, cocktail sausages or meatballs.
- Samosas, pakoras or spring rolls.
- Fish fingers, scampi pieces or fish cakes.
- Cut pieces of potato waffle, potato croquettes, chips, roast or boiled potatoes.



## Overeating

Weight can be difficult to control when a person forgets that they have already had a meal. Being told you have already eaten can be distressing, and it can be challenging to tell someone that they have already eaten.

The following tips can help.

- Try dividing the original meal into two smaller portions – when food is requested the second time, give the second portion.
- Only serve a small portion of protein (fish, meat, poultry or vegetarian alternative) and starchy carbohydrate foods (potatoes, rice, pasta or bread). Fill most of the plate with salad or vegetables.
- Offer snacks such as fruit or light yoghurt as an alternative to an extra meal.
- Make ice-lollies with sugar-free or diet drinks. Offer these as a snack or a second dessert.
- If a meal has already been eaten, offer a drink instead. Try lower-calorie drinks such as tea or coffee (with sweetener instead of sugar), diet, sugar-free or reduced-sugar fizzy drinks, flavoured water or diluted drinks, or water.



## What if Constipation is a Problem?

Good bowel health is important because constipation can reduce appetite, and increase confusion and agitation. High-fibre foods help to bulk-up stools, which makes them softer and easier to pass. However, avoid powdered bran as this can reduce the absorption of important minerals such as iron.

Useful suggestions are listed below.

- Include extra fruit and vegetables in meals or as snacks. Try a side salad, diced or puréed vegetables in savoury sauces or dishes. Fresh, stewed, dried or chopped fruit is great on its own, with cereal, in desserts or as a juice.
- Have snacks that contain fibre such as a handful of dried fruit, cereal bars, digestive/oat biscuits or multigrain/seeded crackers.



- Use wholemeal bread and cereals such as Weetabix, Shreddies, Just Right, muesli or porridge.
- Have soup that contains beans and pulses such as broth or lentil.

If fibre is being increased, do so gradually to avoid discomfort and excess wind. Fluid intake should also be increased. Aim for at least 6-8 cups (1½-2 litres or 4 pints) of fluid a day. This will help to make stools easier to pass.

If constipation persists, ask your GP for further guidance.



## What if Fluids are a Problem?

In general, 6-8 cups (1½-2 litres or 4 pints) of fluid should be included every day to keep well hydrated. On hot days, when sitting in centrally heated areas or if there is an infection present, try to encourage an extra 1-2 cups. Poor hydration can contribute to constipation, increase feelings of tiredness, increase risk of urinary infections, reduce concentration and add to confusion.

The list below provides suggestions to help.

- Offer small amounts frequently – about ½ or ¾ of a cup at a time.
- Vary fluids to keep interest. All fluids count, try:
  - soup, hot drinks, fruit juices, cordials, diluted or fizzy drinks and water
  - flavoured ice lollies or ice cubes made with juices.
- Make sure that the person is comfortable and sitting upright, if possible.
- If someone has a familiar or preferred cup, use it.
- If needed, prompt them to drink by:
  - placing the cup in their hand
  - offering a sip from a spoon to encourage drinking from a cup.
- If you are unable to prompt the person to take fluids, make a jug or bottle of juice and place it within view. Try to use a clear plastic jug or bottle so that the fluid can be seen. If other family, friends or care services are visiting, this can be prepared in advance and placed in the fridge.
- Try offering drinks in a social setting to increase intake, for example a cup of tea with friends.

## Mouth Care

Good mouth care is important. It will help to improve taste from food, avoid infections and encourage gum and dental health. Ensure the person with dementia's teeth and mouth (gums and tongue) are clean.

- Brush teeth with fluoride toothpaste twice a day for at least two minutes to help keep teeth and mouth healthy.
- Clean dentures (false teeth) thoroughly twice a day, and after eating when necessary.
- If strong mint flavours aren't enjoyed, try milder or fruit-flavoured varieties.
- If bristles cause irritation, try soft bristled or "finger" brushes.

Ask your dentist or pharmacist for more information if needed.



## Remember

1. Always follow any personalised guidance provided by your health care team.
2. Eating and drinking is important for *everyone's* health and well-being.
3. Make mealtimes a shared activity.
4. Stay open-minded about food choices and try to provide healthy versions of favourite foods.
5. Keep table settings simple and use adapted cutlery, plain coloured plates and plate warmers as needed.
6. If someone only eats small amounts, provide 5-6 small meals or snacks a day, adding extra nourishment if required.
7. If someone is overeating, try to reduce portion sizes and offer lower-calorie snacks.
8. Make sure the person with dementia is hydrated. Aim for at least 6-8 cups (1½-2 litres or 4 pints) of fluid a day.
9. Keep the person with dementia's mouth healthy by making sure that their teeth and/or dentures are brushed twice a day.

## More Information and Services

As well as seeking advice from your doctor, nurse or allied health professional (dietitian, occupational therapist, physiotherapist, podiatrist or speech and language therapist), you can get support and information from:

### Alzheimer Scotland

[www.alzscot.org](http://www.alzscot.org)

Dementia Helpline: 0808 808 3000 (freephone 24 hour)

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