Eating and drinking in dementia towards the end of life

Marie Curie

Information for family, carers and friends

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* Calls are free from landlines and mobiles. Your call may be recorded for training and monitoring purposes.

Introduction

This booklet is for family, carers or friends supporting someone living with dementia. It focuses on difficulties with eating and drinking towards the end of life. It may help you make decisions, provide care, and plan for future care. It may also help to guide discussions with healthcare professionals.

We've divided this booklet into short chapters, to read through at your own pace. You could also look at it with someone else, like a nurse, friend or family member.

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Contents

What is dementia?

Dementia is a general term for a group of symptoms. These include memory loss, changes in behaviour, and problems with language, understanding, and daily tasks, including eating and drinking. There are many causes of dementia, including Alzheimer's disease and vascular dementia.

Dementia is **progressive**, which means someone's symptoms will get worse over time. The symptoms people have, and how quickly they get worse, are different for everyone.

There is not currently a way to get rid of dementia. But there are ways to support someone living with dementia, and ways to get support for yourself.

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Eating and drinking problems in people living with dementia

People living with dementia may experience problems with eating and drinking. These problems may cause different behaviours, and further issues. These might include:

- eating or drinking less or not at all
- coughing, spluttering and having watery eyes when eating or drinking, or shortly afterwards
- losing weight without meaning to — their clothes may look looser, or they may need a smaller size
- pain when swallowing
- having more than one chest infection within a few months
- other health conditions being affected — for example diabetes
- behaving differently — for example, seeming distressed or anxious about eating and drinking.

People may experience new or worse symptoms as their dementia gets worse towards the end of life. Speak to the person's healthcare team if you notice any of these problems or changes. See page 30 for who can help.

Having problems with swallowing, eating or drinking does not always mean someone with dementia is near the end of life. Some people may experience these earlier in their illness.

Causes of eating and drinking problems

Many things can affect eating and drinking in dementia. For example:

- changes in taste, smell, and appetite
- confusion and memory problems — for example, people may not remember to eat and drink, not recognise food and cutlery, forget how to swallow, or how to plan or prepare meals
- physical symptoms like pain, difficulty swallowing, constipation, mouth or teeth problems, and agitation
- side effects of medicines, like sleepiness or nausea
- psychological issues, like anxiety or depression
- losing social relationships and having less opportunity to eat with others
- other health problems or illnesses, like infections or cancer.

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What is the end of life?

The end of life usually means that someone is thought to be in the last year of their life. This stage can be especially hard to recognise in dementia. This is because the later stages of dementia can last for several years.

For people living with dementia, the end of life may be a series of events instead of a specific time frame. For example, having a fall, a hospital stay, or an infection.

Some people may not reach the later stages of dementia. While people can die from dementia itself, people can also die from another illness. For example, a stroke or heart disease.

Signs of the end of life in people living with dementia

When someone is dying, their body slows down. They may show some symptoms and signs that they're approaching the end of life.

People will experience different symptoms, and these do not always mean someone is dying. Signs and symptoms might include:

- needing more help with basic care, including help with eating and drinking
- eating and drinking less
- weight loss
- not being able to communicate
- loss of bladder and bowel control (double incontinence)

- not being able to walk, possibly becoming bedbound
- pressure sores (pressure ulcers)
- repeated infections
- symptoms like pain, difficulty swallowing, and feeling breathless
- being withdrawn or shut down
- depression, anxiety or irritability
- being restless.

Find out more about the end of life by ordering our free booklet, **What to expect at the end of someone's life**, at **mariecurie.org.uk/publications** or by calling the free Marie Curie Support Line on **0800 090 2309***. Or get more information on our website at **mariecurie.org.uk/end-of-life**

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Eating and drinking problems — scenarios it may be helpful to think about

The following three scenarios describe how eating and drinking problems may get worse over time. They use Saleem, a person living with late stage dementia, as an example.

There is not only one correct way to support someone with dementia, as everyone is different. Your values, culture, or the help you have, might influence what you would do in each scenario. While reading each scenario, think about these questions:

- What would you do in each situation?
- How would you like to be treated if you were Saleem?
- Who would you ask if you had questions or needed support?
- Would home be the best place to live in each scenario?
- Who would you speak to if you were not sure?

You could use the space below each scenario to write your thoughts.

Scenario A – Eating less

Saleem is 86 years old and has dementia. He lives at home with his daughter and her family.

Saleem has recently started to eat less, and no longer seems to find pleasure in foods he once really enjoyed. He often leaves food at the end of his meal, and finds it more difficult to feed himself. At times Saleem refuses to eat. His daughter does not know the right thing to do, and whether she should encourage her dad to eat or not.

Scenario B – Difficulty swallowing

Saleem has experienced swallowing difficulties for some time. Lots of thought has been given to providing suitable foods for his meals, which has prevented him from choking.

His daughter is having problems giving him medicines. His healthcare team have changed many of his tablets to liquid medicine, and have stopped some. But one of his medicines remains a problem.

Although he has a medicine which can be dissolved in water, it still leaves a gritty texture in the water. Saleem is refusing to take it, as it has caused him to choke a couple of times recently. His GP is very reluctant to stop this medication.

Scenario C – End of life

Saleem has continued to have difficulties with eating. All his foods are now pureed, and his daughter often uses sweet foods which she knows he enjoys. She has been spending time with her dad carefully bringing food to his mouth. Liquid is thickened to ensure he does not choke.

However, even these careful steps no longer work. Saleem cannot swallow food and holds the food in his mouth. His daughter is afraid he is not getting enough nutrition. Saleem's health is becoming worse, and his healthcare team have said he may be approaching the end of his life.

“We expect swallowing to change as a person approaches those final few weeks of life, because this is part of the body closing down. People often don’t feel as hungry or thirsty as we expect. They’re not doing as much as they once did, so they don’t need as many calories.”

Palliative care nurse

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Methods of eating and drinking

Eating and drinking with acknowledged risk

Eating and drinking with acknowledged risk means accepting the risks of eating and drinking by mouth when someone has difficulty swallowing. It is sometimes called risk feeding, or eating and drinking with accepted risk.

The person's healthcare team should speak to you and the person about the risks, and ways to decrease them. They should also speak about the person's wishes around eating and drinking.

The main risks are:

- food or drink going into the lungs (aspiration) – this can cause coughing, choking and chest infections, such as aspiration pneumonia
- the person not getting all the nutrients they need.

These risks can happen even if things have been done to reduce them. For example, changing the texture of food and drink, or ensuring the person sits upright.

Accepting these risks means the person can continue to have food and drink in their preferred way. This may involve comfort feeding — when someone is given small amounts of food and drink on a regular basis. This may involve helping the person to eat and drink, or feeding the person by hand.

The principles of eating and drinking with acknowledged risk

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Artificial nutrition and hydration

Artificial nutrition and hydration (ANH) may be used when someone cannot have food and drink by mouth. There are benefits and risks to ANH, and it's best to speak about these with the person's doctor or nurse.

Artificial nutrition is sometimes called tube feeding. It is not usually recommended for people living with dementia. It may be suggested if the cause of someone's eating and drinking problems can be treated. And, if it's expected they will be able to eat and drink as usual after tube feeding stops.

Artificial nutrition may be given using:

- a tube that goes from the nose to the stomach (nasogastric tube) **or**
- a tube that goes directly into the stomach (gastrostomy tube).

Artificial hydration may be given using:

- a needle that goes into the vein (intravenous needle) **or**
- a needle that goes under the skin for a few days (subcutaneous needle).

Making a decision about artificial nutrition and hydration

Decisions about artificial nutrition and hydration can be difficult. This may be especially true if the person cannot make decisions for themselves (does not have capacity). And, if you are unsure of their wishes.

Some people worry about the person getting enough to eat and drink, and want them to have artificial nutrition and hydration. But research has not shown that it improves the person's quality of life. The risks can include:

- discomfort
- accidentally breathing fluid or an object into the airway (aspiration) which can block it and possibly cause infections
- causing distress if the person does not understand the purpose of the tube and attempts to pull it out
- risks and complications of surgery, such as infections.

Artificial nutrition and hydration towards the end of life

Artificial nutrition and hydration are not usually recommended for people living with dementia near the end of life. This is because evidence shows that it does not extend life, or stop the risk of aspiration.

Instead, healthcare professionals will usually provide palliative care. The aim is to make sure they are as comfortable as possible. This might involve giving small amounts of food and drink, or providing mouth care. See page 23 for more information about mouth care.

For some people living with dementia, healthcare professionals may recommend artificial nutrition and hydration near the end of life. This is usually if the person has another condition that may get better with this treatment.

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Tips for common eating and drinking challenges

It's important to speak with the person's doctor or nurse before trying these tips. They can give you advice about the person's individual situation.

- Not every tip will work with everyone, or they may only work some of the time. If a tip does not work, try a different one.
- Be as flexible as possible – dementia can change taste, so the food and drink someone likes may change.
- Keep in mind the person's cultural, spiritual and personal preferences, and their emotional needs.

Philip Hardman/Marie Curie

Memory, communication and recognition difficulties

Challenges

- Forgetting to eat, or not feeling hungry or thirsty.
- Does not recognise food or pureed/blended food.
- Cannot communicate what they want.

Tips

- Have snacks and drinks easily accessible – for example on plates in their room, instead of only in the kitchen.
- Regularly offer them food and drink – for some people this might involve holding a cup or food to their mouth.
- Encourage them to eat and drink by providing options you know they usually like.
- Before a meal and before blending food, show them a few different food and drink options, or pictures of them.
- Try to involve them in preparing or serving food and drink if they'd like this. And, if it's safe and possible to.
- Try to present food in an appealing way. For example, use moulds or piping bags for pureed food, and do not mix foods to be blended.
- Try to offer foods they like or that follow any dietary or religious needs. For example, vegetarian or halal foods.
- Think about any important cultural, religious or family celebrations, especially if they involve food or drink.
- Try to offer foods that may link to positive memories, such as favourite childhood meals.

- Keep a note of what the person eats and drinks, and whether there is any change in their weight.
- Look for non-verbal signs of distress, tiredness, or not wanting any more to eat or drink.

"As nan can't communicate, noting down what she's eating and drinking (or not) helps us keep track of how she's doing, and spot if something's going on. She can't tell us when she has constipation – but we can tell as she always stops eating as much."

Holly, whose nan is living with dementia

Swallowing difficulties

Challenges

- Holding food in their mouth or forgetting to swallow.
- Difficulty swallowing food, liquid, saliva and medicines.
- Choking and coughing.

Tips

- Ask for a speech and language therapist (SLT) assessment. See page 31 for how to get a SLT referral.
- Healthcare professionals might suggest drink thickeners, changes to food texture or size, or food supplements.

- Remind them to swallow if they are holding fluid or food in their mouth.
- Avoid mixing different textures.
- Give softer foods in smaller amounts.
- Use a small spoon to encourage swallowing, and avoid using large spoons or large mouthfuls.
- If you're feeding the person, allow enough time to do this at a relaxed pace.
- Make sure there is no food left in their mouth before offering more or leaving the room.
- If they're still not swallowing, remove the food from their mouth and try later.
- Make sure they are fully awake, and as upright and comfortable as possible. If you're supporting them, make sure you're comfortable too.

Tell the person's GP if they're struggling to take medicines. Some medicines might need to be changed, adapted, or stopped. For example, they may be available in liquid or soluble forms.

Do not crush medicines without speaking to their GP or pharmacist. Some medicines do not work properly if crushed.

Physical health changes

Challenges

- Infections or severe illnesses.
- Other health conditions being affected, for example diabetes.
- Changes in senses like hearing, sight and smell.
- Keeping the mouth and teeth or dentures clean.
- Feeling tired or drowsy.
- Position when eating and drinking.
- Losing weight.
- Being dehydrated.

Tips

- Speak to the person's doctor or nurse if you have concerns about their health or notice sudden changes.
- Speak to their doctor or nurse if the person is experiencing more or worse symptoms of another health condition. For example, if someone is diabetic and has low blood sugar more often.
- Use plates, bowls, cutlery and cups that are easy to hold and designed to avoid spills.
- Use plates and bowls that are a different colour to the food – this can make the food easier to see.
- Guide their hand to their mouth, if needed.
- Use food smells to try and help build their appetite. If their sense of smell is affected, use smells they're most likely to recognise – for example, coffee and toast in the morning.

- Provide mouth care – see below for more information about mouth care.
- Offer food and drink when they are most awake.
- Encourage the person to sit upright during meals where possible. For example, in an armchair with pillows, or at a table if possible.
- Consider providing enriched food in smaller portions, or try nutritional supplements.
- Offer food with high water content. For example, ice lollies, jellies and fruit like strawberries or watermelon.

Mouth care difficulties

Mouth care involves keeping the person's teeth and mouth clean and comfortable. Good mouth care can lower the risk of pneumonia if something goes down the wrong way. For example, food, drink or saliva. It also lowers the risk of pain when eating and drinking.

Challenges

- Dry or sore mouth including mouth ulcers.
- Tooth decay.
- Badly fitting dentures.
- Mouth infections.

Tips

- Arrange for the person to visit the dentist regularly or request a home visit.
- Encourage them to clean their teeth and gums. Some people may need help with this. Make sure you check the roof and sides of their mouth.
- Search for special brushes if needed, for example with soft bristles.
- Check if it is easier for them to eat without dentures.
- Make sure dentures are clean and well fitted. If they do not fit, speak to their dentist.
- Check for infections like oral thrush – they may have a sore mouth and white coating on their tongue. If you notice anything, tell their doctor or nurse.

For more information about supporting someone with mouth care, visit **mariecurie.org.uk/mouth-care**

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Behaviour changes

Challenges

- Not wanting to eat or drink.
- Eating too much.
- Eating too quickly or slowly.
- New behaviours, for example repeatedly cutting food into small pieces.
- Changes in food or drink preferences.

Tips

- Accept that changes in eating behaviours are common. They are not an attack on you or the things you're trying to help with.
- Tell them they're doing well and encourage them while eating or drinking.
- Accept they may not want more food or drink, or three main meals a day.
- Offer them food and drink regularly in smaller portions, on smaller plates.
- Try not to overfill plates, as this could feel daunting if they have a low appetite.
- If they are eating too quickly, try using smaller cutlery. And introduce extra servings or courses gradually.
- Try food and drink with different textures, colours, flavours and temperatures.
- Do not force-feed them. Instead, stop and try later.
- See if distractions help or stop them from eating. For example having the TV on, or eating with others.

"The main challenge we experienced with my dad who had dementia in his later years was no motivation. We had to encourage him to do small things himself like eat or shave."

Nicky, whose dad had dementia

Mood changes

Challenges

- Feeling sad, anxious, or angry.
- A lack of feeling, emotion, interest or concern about things (apathy).

Tips

- Speak to the person's doctor or nurse if you notice any changes in their mood.
- For some people, social interaction is important and can help them recognise mealtimes. If this helps the person, try to have someone with them at mealtimes.
- Some people develop a sweet tooth, and it's OK to offer foods that cater to this.
- Make the environment as comfortable as possible. For example, by reducing noise, making the temperature comfortable, and using calming music.

“Nan absolutely loves the custard they have in her care home. She might say no to another spoonful of savoury, but she’s always ready for her custard! We worried for a while that she wasn’t getting the right nutrition. But now we feel if that’s what she wants and is happy to eat, that’s what she should have.”

Holly, whose nan is living with dementia

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Tips to support eating and drinking towards the end of life

As well as using the tips we shared above, there may be other things to consider towards the end of someone's life:

- Focus on keeping them as comfortable as possible.
- Try to make eating and drinking an enjoyable experience.
- If they do not want to eat or drink towards the end of their life, they should not be forced to.
- Spend time with them and try to avoid disagreements around food and drink. Quality time is more important than quantity of food.
- Do not worry about them having a balanced diet. Instead, focus on their wishes where possible.
- Speak to their doctor or nurse if you have concerns. For example, if they have diabetes or any other condition.
- It's common for food and drink preferences to change regularly. New food preferences may clash with their previous preferences or cultural views. Discuss this with the people important to them, and consider the person's wishes.
- When the body is closing down, mouth care may provide enough comfort instead of food and drink. You can help give mouth care (see page 23).
- Remember that eating and drinking might not be the most comfortable option at the end of life.

“Although he may have been at the later stages of dementia, we would always try to encourage and motivate him. We’d remind him how great a person he was, every day.”

Nicky, whose dad had dementia

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Who can help?

There may be several health and social care professionals involved in the person's care. But there might be one person who co-ordinates the care – often called a **key worker** or **named person**.

The person's condition and health and care needs will help decide who their key worker is. For example, this could be a GP, district nurse, clinical nurse specialist, or social worker. As someone's needs change throughout their illness, so will their key worker.

If you do not know who the key worker is, the best person to contact is their GP.

This section talks about some of the professionals who can offer specific support around eating and drinking.

GP

A GP can:

- prescribe nutritional drinks or supplements
- advise on and prescribe medicines
- refer the person to other specialists, such as a speech and language therapist or dietitian
- provide medical assessments and treatments
- advise on ways to encourage eating and drinking.

Speech and language therapist

A speech and language therapist (SLT) can support people who find it hard to communicate, eat, drink or swallow. They can:

- do a specialist assessment of swallowing
- advise on the safest thickness of food and drink
- suggest ways to make swallowing safer – for example, changes to posture
- advise on the best ways for the person to have food or drink – for example, a liquid meal replacement.

Some local SLT teams accept direct referrals from people needing support and their families. You can also ask the person's GP or district nurse to refer them.

Dietitian

A dietitian can:

- do an assessment of the person's nutritional needs
- give advice on how to keep a healthy diet and lifestyle
- advise on nutritional supplements.

Admiral Nurse

Admiral Nurses are specialist dementia nurses. They can offer free expert advice on things like eating and drinking difficulties. They can help in a phone or video call, or in person.

You can find out if there are Admiral Nurses in your area by calling the Admiral Nurse Dementia Helpline on **0800 888 6678** or emailing **helpline@dementiauk.org**

District or community nurse

A district or community nurse may:

- organise care at home
- give nursing care, such as managing symptoms or changing dressings
- order equipment, such as a commode or adjustable bed
- arrange for other services to help with the person's care, such as an occupational therapist.

District and community nurses co-ordinate lots of services, but the availability of these services may vary between areas. These can include healthcare assistants, social workers, care workers, or other care agencies.

Occupational Therapist (OT)

Occupational therapists support people in hospices, hospitals, and at home. They can suggest ways to make eating and drinking easier. They may also recommend adaptations and equipment, such as cutlery adaptations.

You could get occupational therapy for free by:

- contacting the person's GP for a referral
- asking the local council if the person lives in England, Scotland and Wales, or the Health and Social Care Trust if the person lives in Northern Ireland.

You can also get occupational therapy privately, which you'd need to pay for. You can search for qualified therapists in your area on The Royal College of Occupational Therapists website at **rcot.co.uk**

Specialist palliative care team

Palliative care offers physical, emotional and practical support to people with a terminal illness, including dementia. It also focuses on managing symptoms, such as eating or drinking difficulties, and supports people to have a good quality of life. People could have this care in their home, in hospital, a hospice, or a care home.

A specialist palliative care team will involve healthcare professionals who specialise in palliative care. This might include doctors, nurses, occupational therapists and physiotherapists.

Pharmacist

Pharmacists are based in the community. They can support you by:

- giving advice on different medicines that are available, such as liquid medicines
- giving out (dispensing) medicines that have been prescribed by a GP or other healthcare professional

- working with the rest of the person's palliative care team to help get the right support.

Some pharmacies have palliative care pharmacists, who are trained in palliative care and can offer more specialised support. For example, advising on managing symptoms, and suggesting local palliative care services. You could ask the person's GP about palliative care pharmacists in your area.

You could order our free booklet, **Getting care and support**, by visiting **mariecurie.org.uk/publications** or by calling the free Marie Curie Support Line on **0800 090 2309***. Or read more about who can help at **mariecurie.org.uk/palliative-care-team**

Questions and concerns to discuss with professionals

You could use this list to tick what you'd like to discuss in future appointments. We've also included a notes section to add your own points.

- [ ] I have noticed eating and drinking problems.
- [ ] I am concerned about their health (for example, changes to eating patterns, weight, mood, or behaviour).
- [ ] I would like to discuss their cultural beliefs or personal preferences related to eating and drinking.

I would like to talk to:

- [ ] a speech and language therapist (SLT)
- [ ] a dietitian
- [ ] an occupational therapist.

- [ ] What professional support is available in my community?
- [ ] How can we involve the palliative care team if they are approaching the end of life?

- [ ] Who can we speak to about an advance care plan or Power of Attorney?

- [ ] I would like to speak to them and their healthcare team about adding a statement to the advance care plan about artificial nutrition and hydration.

- [ ] I would like to speak to them and their healthcare team about having a Power of Attorney for health and welfare in place. (Welfare Power of Attorney in Scotland.)

We have more information about advance care plans and Power of Attorney in our free booklet, **Planning ahead.** You can order this by visiting **mariecurie.org.uk/publications** or by calling the Marie Curie Support Line on **0800 090 2309***. Find out more about planning for the future on our website at **mariecurie.org.uk/planning-ahead**

My questions

My questions

Support for family, carers and friends

It can be hard to see changes in someone's eating and drinking, and to help make decisions about this. It's important you look after yourself, as well as the person you're supporting.

Health and social care professionals

You can get support and information from your GP. You could also ask for support from the healthcare professionals caring for the person living with dementia. They might also be aware of support available for carers living in your area.

Support groups

Some memory services run sessions for carers, including support groups and information sessions.

Alzheimer's Society runs carers groups around the UK. You can find out if there is a group close to you, or get other support, by calling their Dementia Support Line on **0333 150 3456**.

There may also be local groups offering specific support for people from diverse backgrounds.

See pages 43-44 for more useful organisations and resources.

“Being able to talk openly with the care home staff has really helped us. They’re with nan all the time and keep detailed notes, so they can talk us through any changes and answer our questions. They also made a care plan with us, so we all know when they’d contact the GP or pharmacist for extra support.”

Holly, whose nan is living with dementia

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How Marie Curie can help

Marie Curie is here for anyone with an illness they're likely to die from, and those close to them. Whatever the illness, wherever you are, we're with you to the end.

Marie Curie Support Line

0800 090 2309*

Our free Support Line is for anyone with an illness they're likely to die from and those close to them. Our team, including nurses and specialist Energy Support Officers, offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support. Our Support Line is available in over 200 languages, or via webchat at **mariecurie.org.uk/support-line**

Marie Curie Companions

Companion volunteers focus on what's important to you and those close to you. It might be accompanying you to appointments, being there to listen to how you're feeling without judgment, or stepping in so family or carers can take a break. Companions provide the emotional and practical support you want – at home, in hospital or over the phone.
mariecurie.org.uk/companions

Marie Curie Telephone Bereavement Service

Get ongoing bereavement support over the phone from the same volunteer. You can access up to six sessions of 45 minutes. We can help if your bereavement was expected, happened recently or was some time ago.
mariecurie.org.uk/bereavement

* Your call may be recorded for training and monitoring purposes.

Marie Curie Online Community

Our Online Community is a space for you to share thoughts, feelings and experiences. It's moderated by the Marie Curie Support Line team, who can also help answer your questions.
community.mariecurie.org.uk

Marie Curie Hospice care where it's needed

Our hospices

Our hospices help people with any illness they're likely to die from, and the people close to them, receive the support they need. From medical and physical support to psychological and emotional care, whatever your illness, at whatever stage of the journey, we help you to live the best life possible, right to the end.
mariecurie.org.uk/hospices

Hospice care at home

Our nurses, healthcare assistants and other healthcare professionals bring the clinical, practical and emotional help you need to you, in the comfort of your own home. And we offer support to the people close to you too – from reassurance and practical information to letting them take a break.
mariecurie.org.uk/nurses

Looking for more information?

If you found this booklet useful, we have free information online at **mariecurie.org.uk/information** or to order at **mariecurie.org.uk/publications**

Useful organisations and resources

Alzheimer Scotland

0808 808 3000

alzscot.org

Offers advice, information, support, and community-based services for people living with all forms of dementia, their families, and carers across Scotland.

Alzheimer's Society

0333 150 3456

alzheimers.org.uk

Provides information, support, and a directory of local support services for people living with dementia and their carers in England, Wales and Northern Ireland.

Carers UK

0808 808 7777

carersuk.org

Provides information, advice and support to carers. They have a directory of local support services for carers.

Dementia Carers Count

0800 652 1102

dementiacarers.org.uk

Offers information, advice and support to dementia carers, including online carer support groups.

Dementia UK

0800 888 6678

dementiauk.org

Provides information and support to anyone affected by dementia, including from dementia specialist Admiral Nurses.

Hospice UK

hospiceuk.org/hospice-care-finder

Provides information about hospice care and bereavement, and a search function to find where your nearest hospice is.

Resources

Eating and drinking

Factsheet by Alzheimer's Society

PDF: **alzheimers.org.uk/sites/default/files/pdf/factsheet_eating_and_drinking.pdf**

Read more online: **alzheimers.org.uk/eating**

Talking about eating and drinking for people with severe dementia during hospital stays

Factsheet by University College London

Download PDF: **ucl.ac.uk/psychiatry/sites/psychiatry/files/eating_drinking_hospital_dementia.pdf**

Thanks and acknowledgements

This booklet has been developed by a leading team of researchers and health and social care professionals, including GPs, psychiatrists, geriatricians, speech and language therapists and experts in social care. A special thanks to the research team who developed the first edition of this booklet.

We have had input from professionals across a range of specialities, including palliative care, speech and language therapists, and psychologists.

We have used the latest evidence from research and clinical practice, together with the views and experiences of people living with dementia, family carers, and health and social care professionals to develop the content and design.

About this information

This booklet was produced by Marie Curie's Information and Support team. It has been developed with people affected by terminal illness, and health and social care professionals.

If you'd like the list of sources used to create this information, please email **review@mariecurie.org.uk** or call the free Marie Curie Support Line on **0800 090 2309***.

Notice

The information in this publication is provided for the benefit and personal use of people with a terminal illness, their families and carers.

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While we try to ensure that this information is accurate, we do not accept any liability arising from its use. Please refer to our website for our full terms and conditions.

Did you find this information useful?

If you have feedback about this booklet, please email us at **review@mariecurie.org.uk** or call the free Marie Curie Support Line on **0800 090 2309***.

Your notes

Your notes

Marie Curie

Marie Curie is the UK's leading end of life charity. Whatever the illness, wherever you are, we're with you to the end.

0800 090 2309*

Marie Curie provides free support over the phone in over 200 languages, and via webchat, to anyone with an illness they're likely to die from and those close to them. Our team, including nurses and specialist Energy Support Officers, offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support. Visit **mariecurie.org.uk/support**

We also have an Online Community where you can share thoughts, feelings and experiences at **community.mariecurie.org.uk**

We can't do it without you

Our free information and support services are entirely funded by your generous donations. Thanks to you, we can continue to offer people what they need, when they need it. To support us, visit **mariecurie.org.uk/get-involved** or use the QR code.

* Calls are free from landlines and mobiles. Your call may be recorded for training and monitoring purposes.

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