

Eating well: supporting older people and older people with dementia

Practical guide



Helen Crawley and Erica Hocking
THE CAROLINE WALKER TRUST

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The Caroline Walker Trust

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Reports

Eating Well for Under-5s in Child Care

Eating Well at School

Eating Well for Looked After Children and Young People

Eating Well: Children and Adults with Learning Disabilities

Eating Well for Older People

Eating Well for Older People with Dementia.
(*Published by VOICES. Now out of print but available to download from the CWT website www.cwt.org.uk*)

Training materials

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Eating Well: Supporting Adults with Learning Disabilities – Training Materials

Food photo resources

For food photo resources and practical guides for eating well for children and young people, see the CHEW resources at www.cwt-cheew.org.uk

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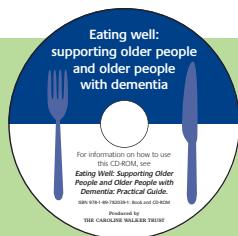
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CD-ROM

The CD-ROM at the back of this guide contains:

- a PDF of this guide
- photos of example meals and snacks, and
- suggested portion sizes and recipes for the dishes shown in the photos.



Introduction

The aim of this practical guide is to support all those who help older people and older people with dementia to eat well. It provides practical guidance about the sorts of food and drinks that can be served to ensure that everyone has healthy, nutritious and enjoyable meals, snacks and drinks. The information in this resource is based on recommendations and guidance in the reports *Eating Well for Older People* and *Eating Well for Older People with Dementia*. Both of these reports are available to download free of charge from the Caroline Walker Trust website www.cwt.org.uk.



Who is this guide for?

This resource is for all those who work with and support older people and older people with dementia. This may be as a carer, supporter, advocate, family member or friend, health professional or manager in any setting where older adults and older adults with dementia live, work or socialise.

The aim of this guide

The materials aim to provide simple guidance on what eating well really means, and to offer help and advice where there may be particular difficulties around eating, drinking or accessing food.

This practical guide provides information on:

- why eating well matters for older people and older people with dementia
- the key things to consider when helping older people to eat well
- how to support those who may have difficulties eating
- menu planning ideas for how to provide food which meets the nutritional requirements of older people
- how to ensure that nutritional needs are met when the texture of meals needs to be changed – for example, for soft-textured or puréed food.

This guide also includes photos of example meals and snacks to show the sorts of foods and amounts of foods that meet the needs of older people. The photos and recipes for these dishes, and a PDF of this book, can be found on the CD-ROM which accompanies this guide.

Why eating well matters for older people and older people with dementia

What eating well means

Eating well means that someone has the amount of energy (calories) and nutrients (protein, fats, carbohydrates, fibre, vitamins and minerals) that they need every day to maintain their body processes and to protect their body from ill health. There is significant evidence that poor diet is related to illness and to premature death as well as to many health conditions which can lower the quality of life for older people. In order to eat well, people need to have a variety of different foods every day and, while it is not complicated to achieve this, there can be challenges when people get older to ensure that they eat enough food that is appropriate to their needs.

Why are some older people and older people with dementia at nutritional risk?

Older people need to eat well as they have a greater risk of becoming under-nourished and this can have an impact on their health, well-being and quality of life. Older people and older people with dementia have at least the same requirements for good nutrition as everyone else in the population, but they may find it more difficult to access a healthy diet for a number of reasons:

- Older people may have a small appetite and eat too little food. This may be because they are less mobile or less active or may be due to an underlying illness.
- Older people may live with a chronic disease which impacts on their day-to-day living and their ability to access and eat a good diet.
- Some older people will have increased needs for energy and nutrients – for example, if they have recently had an illness or been in hospital for surgery, or if they have wounds that need to heal, such as pressure sores or leg ulcers.
- Mouth, chewing and swallowing problems become more common and can have an impact on food choice.
- Some medicines may have side effects which play a part in appetite changes, abnormal eating behaviour or eating disorders.
- Poor sight, hearing, taste or smell may reduce enjoyment at mealtimes.
- Difficulties shopping for and cooking food can lead to fewer fresh foods being eaten for example, and can lead to diets of less variety that are low in essential nutrients.
- Concerns about paying for fuel to keep warm can mean that some older people are worried about spending money on food and may eat inappropriately.
- Poorer communication skills (for example, because of difficulties hearing or speaking, or because of dementia) may mean that older people cannot explain what foods and drinks they like, or may be unable to explain that the temperature of food is wrong or that the portion sizes are too large or too small.

Our bodies change as we get older:

- A less efficient immune system means that older people and older people with dementia are more prone to illness and infection.
- As we age, our **digestive system works more slowly**, so constipation and bowel problems are more common.
- As we age, we **lose muscle and bone strength**, making it more likely that we will fall over and fracture bones.
- **Less efficient kidneys** mean that urine is less concentrated, people may be less likely to realise they are thirsty, and dehydration is more common.

Many of the health problems on the left can be prevented, or resolved, through eating well.

Some older people may lack good support to eat well:

- Some older people may not have anyone to help them **buy and cook** the right sorts of foods or to encourage them to eat and drink regularly.
- Some people might need **specialist eating and drinking tools** to help at mealtimes and some might need assistance with eating and drinking itself.
- Some carers might not realise how important it is to check that older people are eating well and might not know how they can **support and encourage** older people to have the sorts of foods and amounts of foods that they need.

Which older people are most at risk of under-nutrition?

Older people are at particular risk of under-nutrition if:

- they have lost weight recently
- they have started to leave food on their plates at mealtimes, or
- they have lost their independence in eating.

Under-nutrition can have a serious impact on health.

Older people with dementia may have particular problems in eating well:

- People who are **confused** may miss meals or forget to eat.
- **Depression or paranoia** may mean that older people with dementia have to be encouraged to eat. For example, they may need to be reassured if they think they can't afford to pay for meals.
- **Abnormal eating behaviours** are sometimes observed among older people with dementia, who may forget how to use cutlery or who may be agitated and leave the table, or find it hard to sit down and concentrate during mealtimes.
- Dementia can lead to **changes in food preferences**, in particular a liking for sweeter foods, and people with dementia may not be able to communicate to other people which foods and drinks they like and dislike.
- **Physical changes** in dementia may lead to problems in chewing and swallowing food, and this often means that particular care has to be taken to ensure that people don't choke.

What happens if an older person becomes under-nourished?

If older people do not eat enough, they can become under-nourished. This can lead to:

- an increased risk of infection
- poor or slow wound-healing – particularly of ulcers and bedsores
- slow recovery after operations
- skin problems and sores
- breathing difficulties
- muscle weakness, making tasks of daily living more difficult
- tiredness, confusion and irritability.

What nutrients might older people have too little of?

Older people may not get enough energy (calories) or protein to meet their needs, and if older people are eating very little food it is likely that they will have too little of all the nutrients needed for good health. Sometimes, even if people are getting enough energy, they still do not get enough of other nutrients. Nutrients that older people might have too little of include **vitamin C, vitamin D, folate, iron and zinc**. In addition **fibre** intakes may be low.

Vitamin C

Vitamin C is needed for preventing disease and ensuring healthy teeth, bones, skin and tendons, as well as helping with wound-healing and preventing damage to cells.

Vitamin C is found in fruits, fruit juices, vegetables and potatoes. Older people who eat these foods rarely, who cook them until they are very soft before eating them, or who eat mostly canned varieties, may not get enough vitamin C.

Vitamin D

Vitamin D is made through the action of summer sunlight on the skin, but older people make vitamin D less efficiently, may wear more clothes when they go outside, or may go outside rarely, and many older people will need to have some extra vitamin D, in the form of supplements, to keep their bones strong.

All older people in residential settings, those who are housebound and those who rarely go outside will need to take a vitamin D supplement.
10 μ g (micrograms) a day is recommended.

Folate

Folate is an essential vitamin for helping the body make red blood cells and other cells in the body. Deficiency in folate can lead to anaemia (see the next page).

Foods rich in folate include green leafy vegetables, fortified breakfast cereals, oranges, offal, wholemeal bread and peas, beans, lentils and peanuts.

Iron

Iron is a mineral that is found in red meat, oil-rich fish, and cereal foods. People who have diets which are not varied, which restrict certain foods or which are of softer texture, may have low levels of iron. Iron deficiency leads to anaemia (see the box below).

Anaemia

Anaemia means that the blood carries oxygen to the body's cells less efficiently, making the person feel tired, apathetic, depressed, and less able to carry out everyday tasks. People with anaemia are more likely to have a reduced appetite, to get infections and to feel the cold.

Anaemia is caused by a lack of iron or folate. People who have poor teeth, sore mouths or swallowing problems may be at greater risk of getting anaemia. People who don't eat red meat or oil-rich fish should make sure they eat foods that are a good source of iron – for example, fortified breakfast cereals, wholemeal bread, soya beans and other foods made from soya, chick peas, baked beans, green vegetables, dried fruit and eggs.

Zinc

Zinc is needed for lots of body processes and is particularly important for the immune system and for helping wounds to heal. Zinc is found in many of the same foods as iron and good sources include liver, kidney, lean meat, canned oily fish, wholegrain cereals, nuts, eggs, milk, peas, beans and lentils.

Fibre

Fibre is important to prevent constipation and can be found in fruits and vegetables and cereal foods. See page 16 for information on the importance of fibre in the diet and good sources, and how to prevent and manage constipation.

For other good sources of different nutrients see page 112.

Managing underweight and overweight

Does it matter if a person is thin?

People who are underweight for their height are likely to have more significant health problems than people of normal weight. It is important that, where underweight is suspected, people have their weight measured regularly.

People who are underweight are more likely to:

- pick up infections easily
- take longer to recover from short-term and long-term illness
- have weaker muscles and poorer coordination, and be less active and less physically able
- have other nutritional problems which affect their current and future health.

How can I tell if someone is underweight?

One way of telling if someone is underweight is by calculating their body mass index (BMI). This looks at the relationship between the person's height and weight. To calculate a person's BMI, measure their height in metres and weight in kilos. Then take the weight in kilos and divide it by the square of the height in metres (m^2).

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

Example

For a person weighing 50 kilos and with a height of 1.52 metres, the calculation would be:

$$\frac{50 \text{ (kilos)}}{1.52 \text{ (metres)} \times 1.52 \text{ (metres)}} = \text{BMI } 21.6$$

If someone has a BMI of less than 20, it is important to make sure they are eating well and don't lose any more weight. Seek advice from a health professional to make sure there is not a medical reason for their weight loss. Also, make sure a note is put in the person's personal record that he or she is underweight and that weight measurements are made regularly and advice is sought. Help in ensuring that older people eat well should be available from a community dietitian (see page 120).

For more information on measuring height in older people, see the CWT report *Eating Well for Older People* (details on page 5).

It is not always easy to get an accurate height measurement when people get older, so it is useful to have some simple cut-off points for underweight. If an older person who was previously of average height is below the cut-off points shown on the next page, we should always be concerned about underweight. Some people may be naturally small and thin, but if people have lost weight without trying to, it may be that they are not eating enough or that they have an underlying illness.

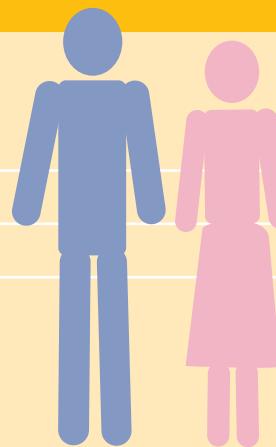
Cut-off points for underweight

The following weights are likely to indicate a person is underweight and a check-up with a GP is advised.

For MEN: a weight of below **57kg** or **9 stone**

For WOMEN: a weight of below **50kg** or **7 stone 7lbs**

However, remember that people can be underweight at higher weights than the cut-off points shown above if they are tall or of bigger build.



It is also useful to keep an eye on common signs of thinness:

- Are bones visible under the skin?
- Are clothes becoming baggy and ill-fitting?
- Do men need a belt for their trousers when they didn't before?
- Are rings and dentures loose?

In some areas of the UK, a screening tool called the *MUST Tool* is being used to assess the nutritional status of older people. You can find out more about the *MUST Tool* in the Caroline Walker Trust report *Eating Well for Older People* (see page 118), or ask the dietitians in your area if they are offering training on how to use this tool.

What can I do if someone is underweight?

If you think someone is underweight, this may be because they have an underlying disease or condition which needs investigation, so it is important to make sure the person sees his or her GP.

If they are underweight because they have a small appetite, it is important to stimulate the appetite and make sure you do what you can to encourage the person to eat well.

Stimulating the appetite for good food

- Increase activity where possible, to increase hunger. Even short walks around buildings, or chair-based activities, can be useful.
- Make sure people do not blunt their appetite by having lots of soft drinks or sweetened drinks between meals.
- Make sure that the food that is offered looks attractive and inviting.
- More strongly flavoured foods, such as those with added spices or more strongly flavoured cheese, can stimulate people to eat.
- If alcohol is permitted, a small glass of sherry, wine or beer before a meal can stimulate the appetite. (However, some people don't drink alcohol, and people who are taking certain medicines are advised not to drink alcohol.)
- Use cues to help people with dementia get ready to eat – for example, the sight of people cooking or laying a table, the sound of pans clattering, or the smell of food cooking.

Making sure people with small appetites eat well

- Having small, nutritious meals more often across the day can help if people have a poor appetite.
- Make sure drinks given between meals offer nutrients as well – for example, milky drinks, fresh fruit juices and smoothies.
- For ideas for nutritious meals and snacks, look at some of the example snacks and meals we suggest later in this guide.
- If you think someone is underweight because they are very active – for example, because they pace or walk constantly, or fidget and move constantly – they may have very high energy (calorie) needs. Make sure that you make the most of any times in the day when the person is more able to sit quietly, and offer them good food then. For example, if the person is more relaxed first thing in the morning, that might be a good time for a bigger meal.
- You could also make available nutritious snacks that the person can eat while moving around. For example, finger foods can be left out on the route that the older person may take when they wander, or they can be put in a pouch that the person can carry around with them. (If you do this, make sure you follow good food hygiene practice, particularly for perishable foods.)
- If a person has been thin for a long time, there may be some resistance to increasing their weight, as people may assume that this weight is ‘normal’ for the person. It is important to explain to others that being underweight puts people at risk of ill health and poor recovery after illness or surgery, and that even when someone has been thin for a long period, their weight, and health, can be improved successfully.

Does it matter if an older person is fat?

There is also concern over the increasing numbers of older people in the UK who are too heavy for their height. People who are overweight are at greater risk of a whole range of diseases and poorer quality of life.

Being overweight is associated with an increased risk of:

- high blood pressure and heart disease
- type 2 diabetes
- cancer
- joint problems and arthritis
- breathing problems.

Also, it can be more difficult for someone to care for a person who is very overweight as they are harder to lift, support, bathe or help with activities of daily life.

However, it is important to remember that older people need to eat good food whatever their weight, and that overweight people can be under-nourished too, if they don’t get enough nutrients. If people eat the sort of meals and snacks we recommend in this guide, they are unlikely to gain too much weight but will get the nutrients they need.

Overeating in dementia

Overeating can be a problem for some people with dementia, who may forget they have eaten and eat twice for example, or who may worry about where future meals may come from and eat too much at a mealtime. A desire for sweet-tasting foods can also mean that energy (calorie) intakes may be high. Many of these problems can be managed, and we provide some ideas of how to manage eating behaviours on page 24.

When should I worry that someone is overweight?

This is not an easy question to answer and older people have different needs to younger people. For most adults we suggest that a body mass index (BMI) of between 20 and 25 is about right. However, a BMI of between 24.5 and 29.99 is also considered healthy for people aged over 70 because very old people who are slightly overweight are more likely to live longer than older people who are underweight. Health problems associated with overweight become more serious when older people have a BMI over 30. (See page 10 for information on how to calculate a person's BMI.)

However, it is important to keep weight issues in perspective. Promoting healthy lives is more important than promoting a certain body size and it is important to think about the person you support and their particular needs and circumstances.

- **Is it really necessary for the person to lose weight?**

If health and mobility are not affected by a person's weight, and their weight is stable, be very cautious about recommending weight loss. If an older person eats well, is active and their weight is stable, intervention may be counter-productive and have an impact on their quality of life. If someone is over the age of 70, extreme caution should be taken in encouraging weight loss unless there is a clear reason to do this.

- **Is weight increasing rapidly?**

If someone is gaining weight rapidly and consistently – for example, if they have gained 3kg (half a stone) or more per year for a number of years – there may well be a need for an intervention to maintain weight. It can be more successful to encourage weight maintenance rather than weight loss to start with, and this can often seem more achievable.

- **Have there been any lifestyle changes that could have caused weight gain?**

Simple changes in lifestyle can often trigger weight gain – for example, suddenly becoming a wheelchair user, or moving to a setting where the person has less chance to be active, such as residential or nursing care. A change in medication could also have an impact on someone's weight. Some of these triggers may be reversible or require a slight change in eating pattern.

Simple, practical tips to help people who may wish to lose weight or not gain weight

- Aim for 5 portions of fruit and vegetables every day, and make this a priority when menu planning and when offering snacks.
- If people are frequently hungry and impatient while waiting for meals to be prepared or served, offer slices of fruit or vegetables such as carrot sticks or apple slices for them to eat while waiting, rather than biscuits or crisps.
- People may be used to large portion sizes of food and may eat them because they are given to them. Using smaller plates can be helpful in reducing portion sizes. For suggested portion sizes, see the photos of example meals and snacks on pages 42-46. (These photos and photos of other meals and snacks are also given on the accompanying CD-ROM.)
- Home-made vegetable soup is filling and contributes to vegetable intake, and can be a useful snack for hungry people who do not need to gain weight.
- If someone with dementia appears to eat food for comfort and is overeating, there may be other ways of helping them to relax. Think about non-food ways of stimulating a feeling of well-being, such as encouraging the person to take up hobbies and pastimes that are creative, taking walks with family, friends and support staff, having a haircut or massage, or spending time in the garden.
- Helping everyone to be as active every day as they can be is important for physical and mental health. This might mean increasing the number of short walks they do each day, or taking up an activity that they can do safely.
- Remember that if you (support staff, families or friends) are willing to take part in activities with older people, you will both benefit from the extra activity. Also, it is easier for the person to do some activities if someone does the activity with them.
- If people don't often go out, think about indoor activities like skittles, ballroom dancing, or computer-based activity games that some people might enjoy.

Other common health problems among older people

There are a number of common health problems that many older people may have and which are associated with the choice of food and drink. Here we give some advice about preventing and managing constipation, coronary heart disease and stroke, dehydration, macular degeneration in the eye and cataracts, mouth problems, and swallowing difficulties.

Constipation

Constipation is a common complaint among older people and older people with dementia.

Constipation is mainly caused by a lack of fibre, too little fluid and too little activity. Older people tend to be less mobile, drink less and may avoid higher fibre foods if they cannot chew well. Long-term illness, medication, changes in food habits and psychological distress also contribute to constipation.

What you can do

Signs to look out for

It is important to act to prevent constipation rather than waiting to treat it. The following people may be at particular risk of developing constipation:

- Those who are immobile because they have a physical movement problem. If someone has recently lost mobility, they are at risk of constipation.
- Those who are taking some medicines such as tranquillisers, some strong pain relievers, some medicines given to manage difficult behaviour, or some medicines given to prevent convulsions, tremor and shaking. If this is a problem, ask their GP for a medicines review, to see if there are alternative medicines that may not cause constipation.
- People who have thyroid disorders.
- People who are anxious.
- Those who have over-used laxatives so that their system is less able to function without stimulation.
- People who refuse food, have a small appetite, or eat only soft-textured foods.
- Those who don't eat many fruits and vegetables.

People who have difficulty communicating pain or discomfort might not be able to tell you that they are constipated, and if the problem is not picked up this can lead to serious complications.



Constipation
should always be
considered when
food is refused.

Other signs to look out for are:

- reluctance to go to the toilet
- obvious discomfort
- long periods spent in the toilet
- changes in eating habits
- unexplained diarrhoea, or
- unexplained challenging behaviour.

How to avoid constipation

To avoid constipation, it is important that people:

- are as mobile as possible
- have adequate fluid – about 6 to 8 drinks a day
- have fibre in their diet.

Fibre

Foods that are high in fibre include bread (wholemeal, granary, or higher-fibre white breads, for example), breakfast cereals, fruits and vegetables, and pulses such as peas, beans and lentils.

It is useful to encourage most people to have more fibre in their diet, as in fact most people in the UK eat too little fibre. Some people may find that a sudden increase in fibre intake causes bloating and wind, so it is best to increase fibre intakes gradually to start with and always make sure that, at the same time, the person increases the amount of fluid they have. Start by increasing fruit and vegetables and then add extra cereal fibre.

Simple ways to add fibre to the diet

- Serve puréed canned peaches, apricots or mango as a sauce with ice cream or sorbet.
- Use rhubarb, blackberries, plums and other fruits in desserts, or stewed and served with custard or ice cream or sorbet.
- Dried fruit such as apricots, raisins and dates can be added to cakes and puddings and eaten as a fruit snack with meals.
- Fresh, dried or canned fruit can be added to breakfast cereals.
- Baked beans.
- Canned beans and lentils puréed into soups.
- Use humous (mashed chick pea paste) as a sandwich filling or on toast.
- Add sweetcorn or peas to stews and casseroles.
- Mix some brown flour into white when baking.
- Use wholemeal pasta in pasta dishes.
- Use brown rice in rice dishes.
- Use wholemeal bread. Or, if the person does not like wholemeal bread, switch to higher-fibre white bread.

When to be careful about increasing fibre

Some people with advanced disease (such as cancer), bowel disorders or swallowing problems may struggle with a high-fibre diet.

People with very small or poor appetites may need to eat a more energy-dense diet (that is, foods that are low in volume but have a lot of calories). As high-fibre foods are more filling, the person may not be able to eat quite as much, so it's important to make sure that they're still getting enough calories and nutrients.

Laxatives

Long-term use of laxatives should be discouraged, as over-use can lead to dehydration and mineral imbalance. Laxatives should be chosen carefully on a case-by-case basis according to the symptoms and side effects. They are designed for use for only short periods of time, so seek advice if someone has been on laxatives for any length of time.

Coronary heart disease and stroke

Coronary heart disease and stroke (cardiovascular diseases) are common among older people, and their effects can cause major health problems and disabilities. Cardiovascular diseases are associated with high blood pressure and high blood cholesterol levels.

What you can do

Reducing the amount of saturated fat and salt in the diet can have a positive impact on cholesterol and blood pressure levels. Some older people add a lot of salt to their food as they lose their sense of taste. Use non-salty food flavours instead of salt to make food tasty – for example, extra herbs and spices, lemon, vinegar, tomato purée and flavoursome fruits and vegetables.

Fruit and vegetables, and oil-rich fish (such as salmon, trout, mackerel, herring, sardines, sprats or pilchards), may also have a positive impact on cardiovascular diseases, and it is good to encourage older people to eat some oil-rich fish every week.

Someone who has recently had a stroke may need extra help with eating. See page 21 for more on helping someone to eat and drink.

Dehydration

Dehydration is common among older people and older people with dementia. People may not recognise they are thirsty, may forget to drink, may be unable to communicate that they are thirsty, or may refuse to drink because they are worried about incontinence.

Dehydration can cause headaches, confusion, irritability, falls, loss of appetite and constipation which can contribute to urinary tract infections – and these infections in turn can lead to incontinence. Older people who are incontinent need to drink more, not less, in order to encourage the bladder to empty regularly to prevent infection and to exercise the bladder muscles.

We get some of our fluids from food, particularly foods such as soup, stews, fruits and vegetables, jelly, sauces, yoghurt, ice cream and sorbet. All drinks help us to remain hydrated, including tea, coffee, water, milk, fruit teas and fruit juices.

What you can do

Older people should be encouraged to have about 1.5 litres of fluid a day (about 6 to 8 drinks).

Macular degeneration in the eye and cataracts

Some nutrients – including protein, vitamin A, carotenoids, vitamin C, niacin, thiamin and riboflavin – are thought to be protective against macular degeneration and cataracts. Further research is required to prove these links.

What you can do

Encourage people to eat plenty of fruits, vegetables, meat, fish and cereals, to ensure the nutrients above are eaten.

Mouth problems

Mouth problems are likely to be more common and more serious among older people and older people with dementia. Having only a few or no teeth, problems with dentures, gum disease, mouth ulcers and other soreness in the mouth can interfere with someone's ability to chew and digest food properly. Chewing ability is related to the number of teeth someone has.

If a person doesn't have good teeth, it is difficult for them to have a nutritious diet as they may not be able to enjoy foods that need to be chewed, such as meat and fruit and vegetables. Good dental health is also linked to happiness and good general health, and poor teeth can impact on a person's confidence.

What leads to problems with teeth?

- Diets which are high in sugar lead to dental decay.
- Poor dental hygiene and the build-up of plaque cause gum disease.
- Direct acid attack on the teeth – particularly from frequent sipping of acidic drinks such as fruit-based drinks – causes tooth erosion. (This is when there is irreversible loss of enamel on the teeth, and teeth become weak and more susceptible to breaking.)

What you can do

Looking after teeth

- Older people should visit the dentist or ask a community dentist to visit at least once and preferably twice a year or more frequently, depending on their oral health.
- Older people should visit a dental hygienist at least twice a year.
- Brush the teeth twice a day with fluoride toothpaste.
- If tooth-brushing is not completely effective, the dentist may recommend that a mouthwash is used after brushing.

Dentures

- If older people have false teeth, they should be comfortable and well-fitting, they should look good and should allow the bearer to bite and chew all types of food. Dentures should be replaced once every five years. This is because the shape of the mouth changes over time and if someone loses a lot of weight the dentures won't fit properly.

For more information on supporting older people to have good mouth care, see *Useful resources* on page 117.

Swallowing difficulties

There is a high incidence of swallowing difficulties among older people and older people with dementia. People with swallowing difficulties are more likely to be under-nourished or to be dehydrated, and are at risk of breathing in food particles to the lungs, which can lead to respiratory tract infections.

Signs and symptoms of a swallowing problem

Look out for the following signs and symptoms of a swallowing problem in older people and older people with dementia.

- Coughing and/or choking before, during or after swallowing
- Recurrent chest infections
- Difficulty in controlling food and drink in the mouth
- A change in breathing patterns
- Unexplained weight loss or low body weight
- ‘Wet voice’ (sounding gurgly when the person speaks), or a hoarse voice
- Drooling
- The person reporting difficulty and/or painful chewing and/or swallowing, or feelings of obstruction in the throat
- Heartburn
- Frequent throat-clearing
- A change in eating pattern – for example, eating more slowly or avoiding foods or meals
- Constipation
- Repeated urinary tract infections.

What you can do

If a person has any of the symptoms of a swallowing problem, it is very important to seek advice from a speech and language therapist. The person may need to have the texture of their food and drink changed, eat and drink in a different position, or avoid eating and drinking certain foods. For information on suitable foods for people with swallowing difficulties, see page 78.

Everyone who supports older people should know how to manage a choking incident. If you have not had training on this, ask for help and advice. It is also important to talk to the people whom you are supporting who might be at risk of choking, about the procedure that will be followed if they do experience a choking incident.

Medicines and their impact on nutritional status

Many older people and older people with dementia take a number of different medicines – those prescribed to them by a GP, as well as those that they may buy themselves over the counter on the advice of family, friends or pharmacists. Some medicines influence appetite, and some medicines cause adverse responses such as nausea, dry mouth, loss of taste, constipation or diarrhoea. Some medicines may also cause drowsiness, which can cause people to miss meals or snacks during the day. If you are worried about the side effects of any medicines, or if an older person is not eating well, ask the person’s GP for a medicines review.

Helping older people with learning disabilities to eat well

Older people with learning disabilities are at risk of the same age-related body changes as other older people. The nutritional needs of older adults with learning disabilities have been summarised in the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities* (see page 5). If you are supporting an older adult with learning disabilities, we recommend that you read that report.

Helping older people with dementia to eat well

Weight loss is common among older people with dementia, so it is particularly important to look for signs of unintended weight loss (see page 10). Weight loss is caused by insufficient energy (calorie) intake, so it may be necessary to offer extra drinks and nutritious snacks during the day, or to fortify meals with extra calories (see page 80).

People with dementia may forget to eat, forget they have eaten, be distracted from eating, have difficulty making choices, or be unable to communicate hunger or thirst. It is therefore important that all those who support someone with dementia talk to each other, so that the person can be supported to eat enough each day, and that a written record is kept if meals and snacks seem to be missed.

People with dementia are also more likely to lose their sense of taste and smell and lose their appetite, so offer small amounts of nutritious and tasty food regularly, and stimulate the appetite before meals by involving the person in preparing food or laying the table, or by the person smelling or hearing food being cooked.

Older people with dementia may choose sweet foods over savoury ones and it has been shown that a craving for sweet foods is part of the clinical syndrome for dementia at some stages. If people eat only sweet foods – for example, if they just eat desserts – they will not get all the nutrients they need. However, it can be useful to add some sweet ingredients to dishes, to encourage people to eat a range of foods – for example, adding sweet apricots to a meat dish, adding fruit to salads and snacks, adding honey to porridge or milky puddings, or adding jam to peanut butter sandwiches, might encourage the person to eat the food and also make a useful contribution to nutrient intake.

People with dementia may be unable to use cutlery, or may find it difficult to use cutlery, or to unwrap or unpeel items, or to get food to their mouth. If so, they may need gentle support to allow them to remain independent in eating. Finger food diets can be useful in encouraging continued independence in eating (see page 49).

People with dementia may also show signs of paranoia around food and refuse to eat, and help should be sought to treat any mental ill health issues associated with dementia.

If you support someone with dementia, it is strongly recommended that you find out more about this condition and about how you can help someone with dementia to eat well, by reading the report *Eating Well for Older People with Dementia* (see page 5). See also *Useful resources* on page 117.



Maintaining independence in eating

It is generally agreed that being helped with eating, while sometimes essential, can lead to a loss of self-esteem and a sense of powerlessness and dependency. Those who are able to eat independently, even if this is by hand only, should be encouraged to do so to maximise independence and dignity. There may be other simple things that you can do to help make eating and drinking easier for the people you support.

Practical aids to help people with eating and drinking

There are a number of practical aids for helping older people to eat independently, or which family, friends and support staff can use to help people to eat and drink more effectively. For example:

- Specially shaped cups, with one or two handles, of different weights, materials, transparencies and designs
- Cutlery of different shapes, sizes, depths and materials. Shorter-handled cutlery is easier to manage, and handgrips or specially shaped handles may help some people to use a utensil.
- Plates and bowls which do not slip, which have higher sides to prevent spillage, or which are angled to make access to food easier
- Insulated crockery which keeps food hot if mealtimes are lengthy
- Non-slip mats which support crockery
- Special straws which can help those with a weaker suck, or ‘nosey cups’ to prevent the head from tilting too far back.

For details of sources of practical aids for eating, see page 119. For information on finger foods for people who have difficulty using cutlery, see page 49.

Helping someone to eat

While it is essential that everyone is encouraged to eat independently if they can, those who need help with eating must be treated sensitively. Always think of it as helping someone to eat rather than ‘feeding’ someone. If you have never experienced what it is like to be helped to eat, do the *Finding out what it is like to be helped to eat and drink* activity on the next page with a colleague or friend. It is very important to put yourself in the shoes of someone who is being helped to eat.

Some things to think about when helping someone to eat – communication and positioning – are discussed below.

Communication

Communicating well when helping someone to eat is important. There are a number ways of doing this:

- Verbal prompting – for example, saying ‘Open your mouth,’ ‘Chew,’ or ‘Swallow’.
- Touching food against the person’s lips gives a non-verbal cue to open the lips.
- Giving indirect encouragement to eat – for example, saying ‘This meal looks tasty’ – can help if someone is confused or distracted.

- Gently stroking someone's arm can help to provide a calm signal that it is a mealtime.
- Cues that it is a mealtime can also help – for example, the smell of food, the sound of food cooking, or seeing a table being laid.

Finding out what it is like to be helped to eat and drink

Do this exercise with a colleague or friend, to find out what it feels like if someone is helping you to eat and drink. It will really help you appreciate the importance of communicating well.

Prepare three different foods, and one drink, that you might help someone to eat or drink. Sit in a chair facing the person who will help you. Agree beforehand whether you will communicate with or without words. (Try both.) It is safer to use a plastic spoon and cup for this activity. You can also try the exercise with a blindfold, so that the food has to be clearly described.

Think about these questions:

- What does it feel like to have food put in your mouth?
- What do you need to be told during the process?
- How important is it that the food texture or consistency is described to you?
- How can you communicate during the process? (For example, with words, or by shaking your head or hands, or using your eyes.)
- How long does it take to be helped to eat?
- What happens to the textures and temperatures of the foods?
- How quickly is the food served, and how much in control of the process do you feel?
- What difficulties did you find when helping someone to drink?

Guidelines for helping a person to eat

- The same person should help throughout the meal.
- If the person uses glasses, dentures and/or a hearing aid, make sure these are in place.
- Make sure the person is sitting in an upright position.
- Sit at eye level or slightly below the person you are helping, and either immediately in front of or slightly to one side of them.
- Give small mouthfuls, but enough for the person to feel the food in his or her mouth.
- Give enough time for the person to swallow each mouthful before continuing.
- Maintain eye contact with the person who needs help. Don't talk to someone else while offering food.
- Use verbal prompts. Tell the person about the food you are offering (especially if it is puréed), using a gentle tone.
- Discourage the person from talking or laughing with food in their mouth, because of the risk of choking.
- If you regularly help people to eat, make sure that you are also sitting comfortably with good support for your back.

Choosing a cup and cutlery

- The cup you use when helping someone to drink should fit a person's mouth: not too wide that liquid can spill easily from the sides but not too narrow that they cannot close their lips around the rim.
- Try and choose a cup that allows the person to drink without having to tip back their head, as this can open the airways and cause choking. A 'nosey cup' can be useful.
- The cup should be made of material that will not shatter or break if a person bites on the edge.
- A clear cup can be useful in monitoring how much a person can manage with each swallow.
- Cutlery should not shatter or break if a person bites on it. Plastic-covered metal cutlery is a good option, or good-quality, solid, non-metal cutlery.
- The bowl of the spoon should be flatter than a normal spoon so that small amounts can be easily offered.

Managing other eating and drinking difficulties

Some older people may have other eating and drinking difficulties. It is important to remember that everyone is an individual and each person's needs will be different. Make sure that everyone who supports an older person to eat and drink communicates with each other, and with the older person, to make sure their needs are best met.

Food refusal

People may refuse food for a number of reasons. For example:

- Food may be refused because there is an underlying physical difficulty, such as a swallowing difficulty.
- Medicines may have side effects that impact on eating and drinking – for example, making someone constipated or nauseous. A medicines review may be useful.
- Food may be refused because the person doesn't like it. Make sure that people's food preferences are recorded and that choices of foods and drinks are on offer.

Other common problem behaviours around food and drink

Some people with dementia may exhibit a number of other eating behaviours and may use behaviour around food to communicate distress – for example, if they have changed carer or place of residence, or if habits and patterns they were used to are disrupted. It is essential to:

- respect routines around food and drink and mealtimes
- gather as much information as possible, from family carers and friends, about the person's preferences and habits
- take care to interpret signs and signals from the individual about their choices around food.

On the next page we give some suggestions for dealing with some common behaviours around food and drink.



Taking the time and trouble to understand the causes of people's behaviour and to address any underlying issues may prevent considerable distress.

Observed behaviour	Suggestions for dealing with the behaviour
Style of eating and pattern of intake	
Incorrectly uses spoon, fork or knife	<p>Try verbal cues and show correct use.</p> <p>The person may benefit from additional aids or devices.</p> <p>Consult with occupational therapist. Offer foods that can be eaten by hand.</p>
Incorrectly uses cup or glass	<p>Try verbal cues and show correct use.</p> <p>Offer a cup with handles, or a straw.</p>
Unable to cut meat	<p>Provide cut meats, soft meats or finger food.</p> <p>Knives that use a rocking motion rather than a sawing motion may be helpful for someone with reduced strength.</p>
Difficulty getting food onto utensils	<p>A plate guard or lipped plate may help.</p> <p>A deeper spoon may help the food stay on the plate better than a flatter spoon.</p> <p>Finger foods may take the pressure off cutlery use.</p>
Spills drinks when drinking	<p>Offer small amounts of fluid at a time in a stable cup with a handle that the person can easily grip.</p> <p>Offer a straw or a two-handled cup if acceptable.</p> <p>Some drinks can be offered as frozen lollies on sticks or as sorbet in cones if drinking becomes stressful.</p>
Plate wanders on the table	Use a no-skid placemat or suction plate.
Eats desserts or sweets first	Serve meal components one at a time and keep desserts or sweets out of sight until the main course is finished.
Eats too fast	<p>Offer food in small portions.</p> <p>Provide verbal cues to slow down, and model slower eating.</p> <p>Reassure the person that there is plenty of food available and it will not run out.</p>
Slow eating and prolonged mealtimes	<p>Serve small portions at a time so the food stays warm, and offer second helpings.</p> <p>Consider whether the person may benefit from having five smaller meals a day rather than three larger ones if they are struggling to eat enough calories each day.</p>
Eats other people's food	<p>Keep other people's food out of reach. Sit nearby and encourage the person to eat from their own plate.</p> <p>Serve small amounts of food at a time.</p>
Eats non-food items	<p>Take non-food items away and replace with food or drink or another distraction.</p> <p>Remove commonly eaten non-food items from reach and use simple picture cues to remind people what is not edible.</p> <p>Make sure the diet includes good sources of iron and zinc every day.</p>
Mixes food together	Ignore as long as the food is eaten.

Observed behaviour	Suggestions for dealing with the behaviour
Resistive or disruptive behaviour	
Hoards, hides or throws food	<p>Remove items.</p> <p>Keep the number of items on the table to a minimum.</p> <p>Serve small portions.</p>
Interrupts food service or wants to help	<p>Give the person a role in the meal service – such as setting the table, or pouring water or helping others to the table.</p>
Plays with food	<p>Remove the items.</p> <p>Serve smaller portions.</p>
Distracted from eating	<p>Make sure the room is calm and quiet, that the person has everything needed for the meal (e.g. has been to the toilet, has their glasses, dentures or hearing aid if needed, and is sitting comfortably).</p> <p>Other people modelling eating may help.</p>
Stares at food without eating	<p>Use verbal or manual cues to eat – for example, placing food or utensils into the person’s hands.</p> <p>Model eating and offer encouragement.</p>
Demonstrates impatient behaviour during or before a meal	<p>Make sure that people are not alerted to meals too early, that they are offered something to eat if they have to wait for a meal to arrive, or that meals are served in small courses to minimise waiting times.</p>
States ‘I can’t afford to eat’ or ‘I can’t pay for this meal’	<p>Seek advice from the person’s GP as they may be depressed or in the early stages of dementia.</p> <p>Provide meal tickets or vouchers to allay their fears.</p>
Wanders during mealtimes and is restless	<p>Make sure that mealtimes are calm and try and encourage people to eat together.</p> <p>If wandering persists and food intake is compromised, encourage the person to use finger food while wandering.</p> <p>If there is a time of day when the person will sit for longer periods (for example, first thing in the morning), ensure a good variety of foods is on offer then.</p> <p>Walk with the person before a meal and plan a route that ends with a mealtime where you both sit together.</p>

Observed behaviour	Suggestions for dealing with the behaviour
Oral behaviour	
	<i>Consult with a speech and language therapist about these problems. For more detailed information on handling swallowing difficulties, see page 19.</i>
Difficulty chewing	Provide foods that are easier to chew. Check dental health.
Prolonged chewing without swallowing	Liaise with speech and language therapist. Use verbal cues to chew and swallow.
Does not chew food before swallowing	Use verbal cues to chew. If choking is a hazard, liaise with a speech and language therapist, or purée or thicken the person's food.
Holds food in the mouth	Use a verbal cue to chew. Massage the cheek gently. Offer small amounts of different foods and flavours.
Bites on spoon	Use a plastic-coated spoon.
Spits out food	Check that the food is liked, that the temperature is appropriate, and that the food is of an appropriate texture.
Doesn't open mouth	Use a verbal cue to open the mouth. Softly stroking someone's arm and talking to them about the food can help. Touch the lips with a spoon. Use straws for drinks.

Planning meals and snacks for older people

Older people need a healthy, balanced diet, just like the rest of the population. However, the advice given to the general public – for example, to eat less fat and sugar – may need to be re-evaluated for some older people. Some older people or older people with dementia may be underweight, have a small appetite or just eat too little, and this can cause more health problems than being overweight or having too much fat and sugar. It is important to consider every older person's individual needs.

Texture of food

Some older people may be able to eat a normal-texture diet, while others may need to have the texture of the food altered:

For a person who is older, but active, and has no problem eating a good range of foods ... **the foods and drinks recommended will be very much as they are for other healthy adults.**

A person who is having some problems managing cutlery, or who has tremor ...
may need to have a finger food diet.

A person who is having some difficulty in chewing ...
may need to have a soft-textured diet, so that they can eat more easily.

A person who is experiencing more serious swallowing problems ...
may need to have a puréed diet.

Changing the texture of the food someone eats will always have an impact on the nutritional content of the food. Later on in this guide we provide information on how much food is needed if people require a normal-texture diet, a finger food diet, a soft-textured diet, or a puréed diet.

Eating patterns

Most people in the UK eat the majority of their food at three main meals: breakfast, lunch and dinner (sometimes called supper or tea). In addition, many people have snacks and drinks throughout the day. In some cases the amount of energy (calories) and nutrients (vitamins and minerals) that people get from snacks and drinks can make a significant contribution to their total intake of energy and nutrients.

The arrangement of meals and snacks someone has will depend on the personal choice of the older person or may depend on whether they are at home, or in a residential home or receiving nursing care. For example, a residential or nursing home may serve a light meal at lunchtime and a main meal at tea time. Or an

individual living within the community may prefer to order a community meal ('meals on wheels') as their main meal at lunchtime and then eat a light meal at tea time.

However, it doesn't matter when people eat their meals and snacks. The total amount of energy (calories) and nutrients people have throughout the day can be divided up in all sorts of ways. It is always important to think about when someone might be best suited to eating a good meal or a snack, so that eating can be fitted around their usual routines. If someone typically misses their main meal because they sleep at that time or have an activity at that time, it is important that the energy and nutrients they might miss out on are provided at a more suitable time.

Planning meals and snacks

When thinking about the sorts of meals and snacks that an older person might eat each day, or each week, there are some key things to think about:

- A variety of foods should be served.
- Combinations of colours will make the food attractive. Three or four areas of colour look good on a plate.
- A combination of different textures increases appeal. People who don't have chewing or swallowing problems will appreciate crisp, crunchy, chewy, smooth and soft foods.
- Taste should be varied, but meals containing too many different or new flavours may not be acceptable to some people, especially those with dementia, who may appreciate more recognisable or traditional foods.
- Some finger foods, as well as foods which require cutlery, allow variation at mealtimes.

Sustainability

People are becoming more aware of the links between the food we buy and eat and the health of the planet, as well as the health of our own bodies. Growing food long distances from where we live, and importing food from around the globe, cost fuel and energy that we may not be able to afford in the future, so people are thinking more about how we can support local food industry and reduce the energy cost of the food we choose.

We also need to think about food waste, as this makes a significant contribution to landfill and produces methane which contributes to global warming. Many people throw out a quarter of the food they buy, just because they don't plan ahead and have to throw food away because it has passed its use-by date.

What you can do

- Try to waste less food.
- Buy food that has not travelled long distances.
- Buy fish that is produced sustainably. Look for the Marine Stewardship Council logo.



Cost

Eating well need not be expensive. However, many older people may be on low incomes and worry about the cost of food, so if this is the case it is worth thinking about ways to buy wisely. Providing a healthy and varied diet is really important for older people, and spending money on good food is money well spent.

If an older person seems to be concerned about spending money on food, help them to plan how to eat across the week and ensure they have some simple, cheap meals available and know the importance of eating well.

Tips for buying wisely

- Use vegetables and fruit that are in season.
- If fresh fruit and vegetables are expensive or not available at certain times of the year, use canned or frozen ones.
- Value-brand fruit and vegetables, or those in odd shapes and sizes, are just as nutritious as more expensive ones.
- Meat will go further if you add vegetables, rice, pasta and pulses. Lean meat is often better value than fattier cuts.
- Pulses (peas, beans and lentils), eggs, canned fish and offal such as liver and kidney are very good value for money nutritionally.
- Ready meals often appear good value, but the portion sizes can be small and the nutritional quality may be low. For example, many ready meals contain little fruit and vegetables and they can be high in salt and sugar. Bought cakes, biscuits, snacks and soft drinks are also often poor value for money nutritionally.

Special diets

Some people may have to follow a special diet or have particular dietary requirements. These may be recommended, by a dietitian or doctor, for a specific medical condition such as high blood pressure, high cholesterol levels or because they have diabetes or need a gluten-free diet. Most people on a special diet will get specific advice. It is important to check what advice each person has been given as it may vary between individuals. The most common special diets you are likely to come across are those for people with diabetes and those for people who need a gluten-free diet. Some general tips about the needs of people on these diets are given on the next page. For information about how to find out more about special diets, see *Organisations* on page 115, and *Useful resources* on page 117.

Some general tips for diets for people with diabetes

Most people with diabetes can eat the same healthy diet as that recommended for the rest of the population.

There are two types of diabetes. Type 1 diabetes is where the person is unable to produce sufficient insulin and therefore needs insulin injections. Type 2 diabetes is where a person is still producing insulin but does not produce enough, or the insulin they do produce does not work properly (called ‘insulin resistance’).

The aim for people with either type of diabetes is to achieve and maintain the best possible control of blood glucose, blood pressure and blood cholesterol. This will reduce the risk of health complications in the future.

- For people who manage their diabetes with insulin or some tablets, it is important not to allow their blood sugar to fall too low or to rise too high. They will be shown how to spread their food and drink out throughout the day to fit in with their insulin injections or medicines.
- For people who manage their diabetes with some medicines or by diet and exercise alone, it is important that you encourage a balanced diet, with sugary foods kept to a minimum and preferably eaten with meals rather than as snacks.
- Being active is important for people with diabetes, so aim for at least 30 minutes' activity every day.
- Aim for a body mass index of less than 30. (See page 10 for how to calculate a person's body mass index.) If a person is overweight, losing even 5% of body weight can help with control of blood sugar.
- Watch out for drinks that may contain more sugar than you think. Some drinks – such as flavoured waters, sports drinks and fruit-juice-based drinks – can have a high sugar content. Fresh fruit juices are also high in sugar and it is better to drink these with meals rather than between meals. (See page 106 for how to find out how much sugar is in a particular drink by looking at the labels.)
- Some people with diabetes find it easier to have five smaller meals a day rather than three larger ones, but try to make sure that people eat regularly.

The advice for people with diabetes is to:

- have a starchy food at each meal (see the next page for examples of starchy foods)
- have at least 5 portions of fruit and vegetables at main meals
- have lean meat, or fish, or another meat alternative each day
- have some low-fat dairy products each day, and
- have a minimal intake of fatty and sugary foods or drinks.

The best starchy foods for people with diabetes are those that are wholegrain or which cause a smaller rise in blood sugar after eating them – for example:

- breakfast cereals such as bran flakes, unsweetened muesli, porridge, wholegrain flakes, wheat biscuits or oat flakes
- granary bread, chapattis, multi-grain bread, fruit loaf, pitta bread
- rice, pasta, noodles
- yam, sweet potatoes and new potatoes
- baked beans, chick peas, lentils, kidney beans, dried peas, dahl and soya beans.

Keep alcohol within safe limits – a maximum of 2-3 units of alcohol a day for women and a maximum of 3-4 units of alcohol a day for men, although some people with diabetes may be encouraged to drink less than this. 1 unit of alcohol = half a glass of wine (for example, a 150ml glass of a 13% ABV wine), or half a pint of normal-strength beer, or 1 pub measure of spirits.

People with diabetes are at greater risk of heart disease, so encourage lower-salt choices. This is because salt increases the risk of high blood pressure, which in turn increases the risk of heart disease.



There is no need to buy food products that are specially made for diabetics.

Gluten-free diets

Below are some general tips for gluten-free diets.

- Gluten is found in wheat, rye, barley and oats. People on a gluten-free diet should avoid foods that contain any of these.
- Foods that are naturally gluten-free include rice, potatoes and maize (corn). So, breakfast cereals like rice crispies and cornflakes are usually gluten-free, and rice, potato and polenta make good starchy foods to have with main meals. You can use rice noodles instead of wheat noodles.
- Specialist gluten-free breads, pasta and biscuits are available but they are expensive and it is useful to know how to use naturally gluten-free foods which are easily available and cheaper. Some people will be entitled to free gluten-free foods on prescription.
- Naturally gluten-free flours you can use in cooking include rice flour, tapioca flour, potato flour, cornflour, cornmeal, soya flour, gram flour, teff flour and buckwheat flour.
- Other typically gluten-free foods include fresh meat, poultry and fish, fresh fruit and vegetables, fresh herbs, individual spices, pulses (beans, peas and lentils), nuts, eggs, dairy products, sugar, honey, pure oils and vinegars.
- Check the labels of ready-made foods carefully, as even things you might not expect to may have flour added to them. Watch out for sauces and dressings that may contain gluten, as well as some sweets.
- Beer, lager and stout all contain gluten, so make sure you check for gluten-free drinks as well.
- Always check the labels on foods. If you're not sure if a food is gluten-free, seek advice from Coeliac UK (contact details on page 115).

Food safety and good hygiene

Food should be stored, prepared and presented in a safe and hygienic environment. Extra care is needed for people who are ill or have weak immune systems as they may have a lower resistance to food poisoning.

Everyone should wash their hands with soap and water before eating, before preparing food or helping people to eat, and after helping people to use the toilet or changing incontinence pads, or using a handkerchief.

The Food Safety Act requires anyone who prepares foods for others as part of their job, to complete a Food Hygiene Certificate course. For more information on this, contact your local authority's environmental health department, or its Registration and Inspection Unit.

Several useful publications available from the Food Standards Agency provide information about how to cook and store food safely (see page 118).

Food safety and hygiene hints

- Food that can go off at room temperature should not be left out for more than two hours. Food that can go off should be kept in a fridge or cool place below 8°C.
- Eggs should be kept in the fridge.
- Food stocks should be rotated (oldest used first) and food beyond its use-by date thrown away.
- If food is to be eaten warm, it should be re-heated until piping hot (70°C) for two minutes and then allowed to cool down before serving.
- Avoid keeping food hot for long periods.
- Cool left-over food quickly, cover and refrigerate, ideally within one to two hours.
- Use insulated cool boxes, or a cool box with cool packs, for carrying food when you take people on outings.
- Do not use unpasteurised milk, or milk-based products (such as cheese and yoghurt) made from unpasteurised milk.
- Fruit and vegetables to be eaten raw should be washed well.
- Whole pieces of nut should not be given to people who are at risk of choking. Ground nuts and chopped nuts can be included in foods where appropriate.
- Allergic reactions can be very serious. There should be a careful plan for choosing a safe and nutritious diet for anyone with a known food allergy.

General safety issues

People at risk of choking should never be left alone when eating.

People in wheelchairs should have the wheels of their wheelchairs locked while they are eating, in case the wheelchair is accidentally knocked and any hot food or drink spills onto the person as a result.

Take care that food is not served at a temperature which could cause scalding if there is a chance that the food or drink might be spilt.

Portion sizes

People's appetites are very different and we all have quite different ideas of what suitable portion sizes are for ourselves at mealtimes.

In order to help you visualise the portion sizes that are suitable for older people, and which will provide all the energy and nutrients that an average older person will need, we have put together a series of one-week menu plans. On pages 42, 57, 71 and 89 there are photos of many of the meals and snacks from those menu plans, to demonstrate good food choices and typical portion sizes to offer an average older person. The actual portion sizes are given below the photos. The photos and suggested portion sizes, as well as recipes for the meals and snacks, are also on the accompanying CD-ROM.

Obviously people will have different needs and our menu plans are based on average requirements for men and women over the age of 65 years. If you are worried about someone being underweight or overweight and want more specific and individual advice, ask for the person to be referred to a dietitian.

Encouraging eating well

In order for older people to eat well, they need a quiet, calm and pleasant space in which to eat. Noise can be very distracting for many people but is a particular problem for people with dementia.

There has been lots of research on what helps older people and older people with dementia to eat better at mealtimes, and some of these ideas are summarised below. For more information on how to provide a good eating environment, see the Caroline Walker Trust report *Eating Well for Older People with Dementia* (details on page 5).

- A homely dining room with tablecloths, salt and pepper pots and napkins can create a familiar atmosphere.
- In residential settings or lunch clubs, round tables of four to six people have been found to encourage people to eat better.
- Having people without dementia sitting with people with dementia at mealtimes can helpfully remind people how to eat and how to use cutlery.
- Quiet and calm are essential. Avoid noise from the television or radio at mealtimes.
- Many older people may have failing eyesight and it is important that plates are clearly visible on the table. Use coloured plates or ones with a pattern or coloured ring around the edge.



Example meals and snacks for older people

On the following pages we show some example one-week menus with meals, snacks and drinks for:

Older people who can eat and drink **normal-texture foods** – page 37

Older people who need to have **finger foods** – page 49

Older people who need to have **soft-textured foods** – page 63

Older people who need to have **puréed (smooth) foods** – page 77.

To help you visualise the portion sizes that are suitable for older people, and which will provide all the energy and nutrients that an average older person will need, we have provided photos of many of the meals and snacks from each example menu. The photos are colour coded as follows:

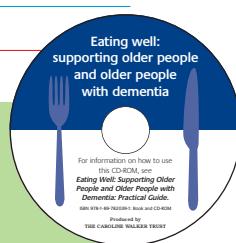
Meals and snacks in a **normal-texture diet** are on a **yellow** background.

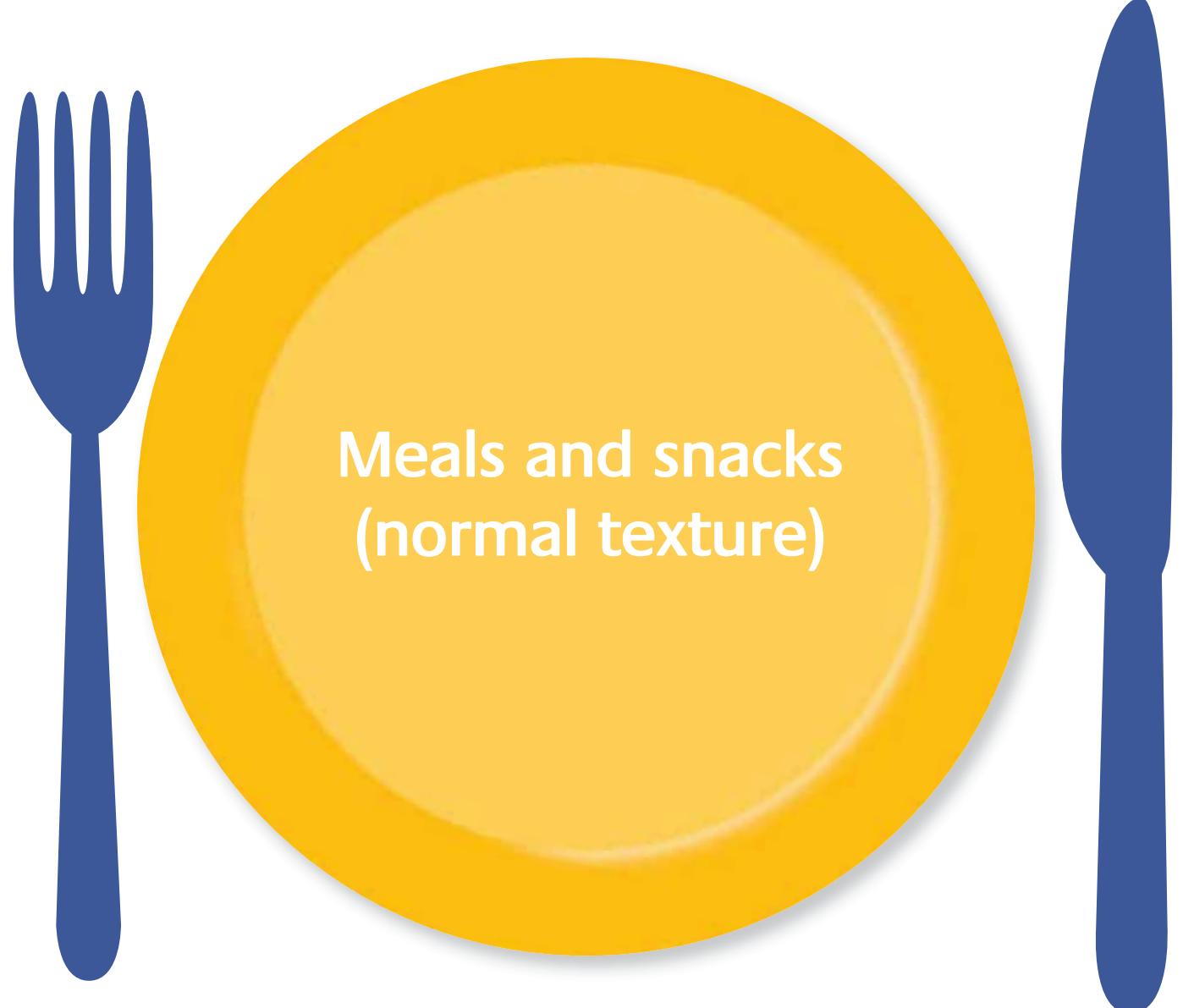
Finger food meals and snacks are shown on a **green** background.

Soft-textured meals and snacks are shown on a **blue** background.

Puréed meals and snacks are shown on a **red** background.

The photos of the meals and snacks shown on the following pages can also be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes. The CD-ROM also contains additional food photos which do not appear in this guide.





**Meals and snacks
(normal texture)**

Meals and snacks (normal texture)

We have put together an example one-week menu plan which meets the energy and nutrient needs of older adults and which is suitable for older adults who can eat normal-texture foods (see the next page).

We calculated the menu plan using the energy and nutrient requirements for an average older person. The energy (calories) for meals and snacks across the day has been divided up as follows:

Breakfast	20%
Mid-morning fruit snack	5%
Main meal with a dessert 20% + 10% =	30%
Mid-afternoon snack	10%
Light meal with a dessert 15% + 10% =	25%
An evening milky drink	10%
TOTAL	100%

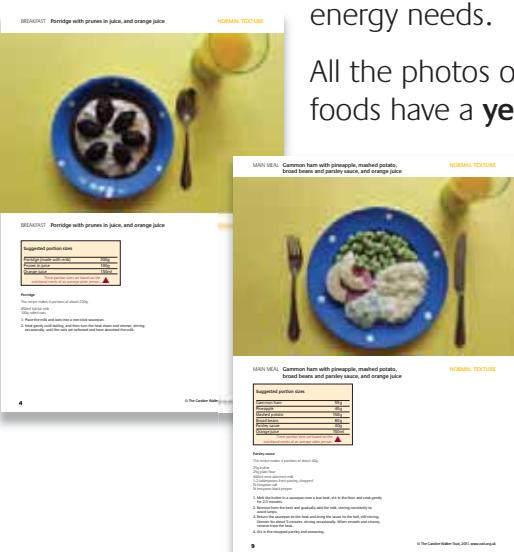
In the example menu plan we show meals and snacks across the day in a consistent format, but the times at which the meals and snacks are eaten is flexible and different arrangements may suit different people.

The meals and snacks in the photos shown on pages 42-46 are taken from the example menu plan. The meals and snacks shown in the photos are only examples. Hopefully, the recipes and portion sizes we suggest for these meals and snacks will help you when choosing other dishes as well.

The portion sizes suggested on the next pages are just averages. Some people will need to eat more than others, and some people will have smaller appetites and energy needs.

All the photos of meals and snacks for older people who can eat normal-texture foods have a **yellow** background.

The photos of the meals and snacks shown on the next few pages can also be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes as shown on the left. The CD-ROM also contains additional food photos which do not appear in this guide.



Example one-week menu – normal texture

MONDAY

Breakfast

Porridge (made with milk) (200g)
with prunes in juice (100g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Kiwi and banana pieces (80g)
Tea or coffee

Lunch

Beef steak (100g)
Bubble and squeak (200g)
Peas (80g)
Orange juice (150ml)
Trifle (150g)

Mid-afternoon

Cheese scone (60g)
and butter (5g)
Apple slices (80g)
Tea or coffee

Evening meal

Salmon fishcakes (150g)
Mixed salad (80g)
with lemon dressing (10g)
Orange juice (150ml)
Fruit loaf (60g) with butter (5g)
Dried apricots (50g)

Bedtime

Milky drink* (250ml)



TUESDAY

Breakfast

Wheat bisk (36g)
with milk (100ml)
and sultanas (30g)
Buttered wholemeal toast (38g)
with jam (10g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Pear slices and blueberries (80g)
Tea or coffee

Lunch

Omelette (120g)
Oven chips (150g)
Peas (80g)
Grilled tomato (40g)
Orange juice (150ml)
Banana (100g)
and custard (80g)

Mid-afternoon

Liver pâté (40g)
Wholemeal toast (33g)
Cucumber (40g)
Tomato (40g)
Tea or coffee

Evening meal

Toasted ham, cheese and
sweetcorn sandwich (140g)
Carrot and cucumber (80g)
Orange juice (150ml)
Pineapple chunks in juice (150g)

Bedtime

Milky drink* (250ml)

WEDNESDAY

Breakfast

Scrambled egg (55g)
Baked beans (90g)
Buttered wholemeal toast (76g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Clementine segments (80g)
Tea or coffee

Lunch

Vegetable and chickpea curry
(240g)
Basmati rice (180g)
Green salad (80g)
Orange juice (150ml)
Lemon sorbet (100g)

Mid-afternoon

Rye crackers (20g)
with tuna pâté (30g)
and cucumber (20g)
Cherry tomatoes (40g)
Tea or coffee

Evening meal

Cheese and broccoli quiche (150g)
Potato salad (110g)
Tomato salad (80g)
Orange juice (150ml)
Melon (80g)

Bedtime

Milky drink* (250ml)



* The milky drink at bedtime can be, for example, warm milk, Horlicks, Ovaltine, cocoa, hot chocolate, coffee or a milkshake, all made with full-fat milk.

SUNDAY

Breakfast

Omelette (110g)
Fried mushrooms (50g)
Buttered wholemeal toast (38g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Apple slices (80g)
Tea or coffee

Lunch

Roast chicken in gravy (120g)
with stuffing (30g)
Roast potatoes (150g)
Carrots (80g)
Broccoli (80g)
Orange juice (150ml)
Pineapple upside-down
pudding (150g) with
crème fraîche (40g)

THURSDAY

Breakfast

Smoked haddock (80g)
Grilled tomato (80g)
Buttered wholemeal toast (38g)
Vegetable juice (150ml)
Tea or coffee

Mid-morning

Dried apricots (20g)
and melon slices (60g)
Tea or coffee

Lunch

Gammon ham (55g)
with pineapple (40g)
Mashed potato (150g)
Broad beans (80g)
Parsley sauce (40g)
Orange juice (150ml)
Rice pudding (150g)
with dates (40g)

Mid-afternoon

Fruit yoghurt (150g)
with rich tea fingers (15g)
Tea or coffee

Evening meal

Skinless chicken drumstick (90g)
Rice salad (100g)
Lettuce (40g)
Orange juice (150ml)
Poached pears (100g)

Bedtime

Milky drink* (250ml)

FRIDAY

Breakfast

Muesli (38g)
with milk (150ml)
Grapefruit segments (170g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Plum halves (80g)
Tea or coffee

Lunch

Poached salmon steak (100g)
Mashed potato (200g)
Spinach (80g)
Grilled tomato (40g)
Orange juice (150ml)
Fruit mousse (100g)

Mid-afternoon

Peanut butter (20g) on
wholemeal toast (33g)
Sliced banana (80g)
Tea or coffee

Evening meal

Baked potato (200g)
with soft cheese
and chives (30g)
Mixed salad (80g)
Orange juice (150ml)
Apricot sponge (55g)
and custard (80g)

Bedtime

Milky drink* (250ml)

SATURDAY

Breakfast

Cornflakes (38g)
with milk (150ml)
Toasted teacake (40g)
with butter (5g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Grapes (80g)
Tea or coffee

Lunch

Spaghetti (180g) with
vegemince
Bolognese sauce (180g)
Salad (80g)
Orange juice (150ml)
Strawberries (80g)
and crème fraîche (50g)

Evening meal

Tomato soup (300g)
Seeded roll (60g) with lean
sliced beef (40g) and
horseradish sauce (10g)
Watercress (20g)
Tomatoes (40g)
Orange juice (150ml)
Fresh fruit salad (150g)

Bedtime

Milky drink* (250ml)

Mid-afternoon

Apricot and walnut cake (65g)
Tea or coffee

Evening meal

Carrot and coriander soup
(250g)
Wholemeal toast (33g)
Sardines in tomato sauce (80g)
on buttered wholemeal toast
(38g)
Orange juice (150ml)
Baked apple with sultanas
(200g)

Bedtime

Milky drink* (250ml)



Meals and snacks (normal texture) – List of food photos

Photos of the meals and snacks listed below can be found on the **CD-ROM** that accompanies this book, along with recipes and suggested portion sizes.

These photos are all shown on a **yellow** background.

Breakfasts

- Omelette and fried mushrooms, with buttered wholemeal toast, and orange juice
- Porridge with prunes in juice, and orange juice
- Scrambled egg and baked beans, with buttered wholemeal toast, and orange juice
- Smoked haddock and grilled tomato, with buttered wholemeal toast, and vegetable juice
- Wheat bisk with milk and sultanas, and buttered wholemeal toast with jam, and orange juice

Main meals

- Beef steak with bubble and squeak and peas, and orange juice
- Gammon ham with pineapple, mashed potato, broad beans and parsley sauce, and orange juice
- Macaroni cheese with salad, and orange juice
- Omelette with oven chips, peas and grilled tomato, and orange juice
- Poached salmon steak with mashed potato, spinach and grilled tomato, and orange juice
- Roast chicken in gravy, with stuffing, roast potatoes, carrots and broccoli, and orange juice
- Spaghetti with vegemince Bolognese sauce, and salad, and orange juice

Light meals

- Baked potato with soft cheese and chives, and mixed salad, and orange juice
- Carrot and coriander soup with wholemeal toast, and sardines in tomato sauce on buttered wholemeal toast, and orange juice
- Skinless chicken drumstick with rice salad and lettuce, and orange juice
- Toasted ham, cheese and sweetcorn sandwich, with carrot and cucumber, and orange juice
- Tomato soup and a beef roll with watercress and tomatoes, and orange juice

Desserts

- Apricot sponge and custard
- Baked apple with sultanas
- Banana and custard
- Fresh fruit salad
- Poached pears
- Rice pudding with dates

Snacks

- Apricot and walnut cake, and tea
- Cheese scone and butter with apple slices, and tea
- Fruit yoghurt with rich tea fingers, and tea
- Potato farl with soft cheese, and blueberries, and tea
- Rye crackers with tuna pâté and cucumber, and cherry tomatoes, and tea

Milky drinks

- Chocolate milkshake
- Hot chocolate
- Warm milk

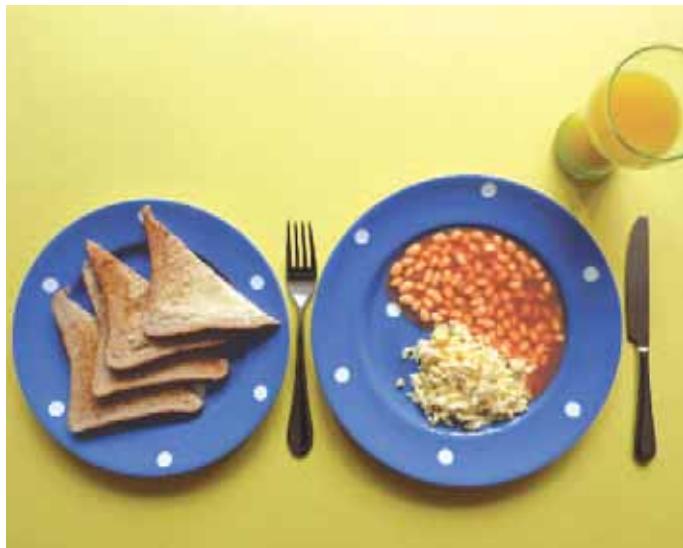
Breakfasts

Each of the example breakfasts shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Omelette and fried mushrooms, with buttered wholemeal toast

Omelette (110g), fried mushrooms (50g), wholemeal toast (33g), butter (5g), orange juice (150ml)



Scrambled egg and baked beans, with buttered wholemeal toast

Scrambled egg (55g), baked beans (90g), wholemeal toast (66g), butter (10g), orange juice (150ml)



Porridge with prunes in juice

Porridge (made with milk) (200g), prunes in juice (100g), orange juice (150ml)



Wheat biscuit with milk and sultanas, and buttered wholemeal toast with jam

Wheat biscuit (36g), milk (100ml), sultanas (30g), wholemeal toast (33g), butter (5g), jam (10g), orange juice (150ml)

Main meals

Each of the example meals shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Roast chicken in gravy, with stuffing, roast potatoes, carrots and broccoli

Roast chicken in gravy (120g), stuffing (30g), roast potatoes (150g), carrots (80g), broccoli (80g), orange juice (150ml)



Macaroni cheese with salad

Macaroni cheese (250g) with salad (80g), orange juice (150ml)



Poached salmon steak with mashed potato, spinach and grilled tomato

Poached salmon steak (100g), mashed potato (200g), spinach (80g), grilled tomato (40g), orange juice (150ml)



Gammon ham with pineapple, mashed potato, broad beans and parsley sauce

Gammon ham (55g), pineapple (40g), mashed potato (150g), broad beans (80g), parsley sauce (40g), orange juice (150ml)

Light meals

Each of the example meals shown in the photos below meets approximately 15% of the average daily energy and nutrient needs of older people. These meals should be served with a dessert, so that the whole meal meets 25% of daily needs.



Toasted ham, cheese and sweetcorn sandwich, with carrot and cucumber

Toasted sandwich: wholemeal bread (60g), ham (30g), cheese (20g), sweetcorn (30g), carrot and cucumber (80g), orange juice (150ml)



Skinless chicken drumstick with rice salad and lettuce

Skinless chicken drumstick (90g), rice salad (100g), lettuce (40g), orange juice (150ml)



Baked potato with soft cheese and chives, and mixed salad

Baked potato (200g), soft cheese and chives (30g), mixed salad (80g), orange juice (150ml)



Carrot and coriander soup with wholemeal toast, and sardines in tomato sauce on buttered wholemeal toast

Carrot and coriander soup (250g), wholemeal toast (33g), sardines in tomato sauce (80g), wholemeal toast (33g), butter (5g), orange juice (150ml)

Desserts

Each of the example desserts shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Apricot sponge and custard

Apricot sponge (55g), custard (80g)



Banana and custard

Banana (100g), custard (80g)



Rice pudding with dates

Rice pudding (150g), dates (40g)



Baked apple with sultanas

Baked apple with sultanas (200g)

Snacks

Each of the example snacks shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Cheese scone and butter with apple slices

Cheese scone (60g), butter (5g), apple slices (80g), tea (200ml)



Rye crackers with tuna pâté and cucumber, and cherry tomatoes

Rye crackers (20g), tuna pâté (30g), cucumber (20g), cherry tomatoes (40g), tea (200ml)



Fruit yoghurt with rich tea fingers

Fruit yoghurt (150g), rich tea fingers (15g), tea (200ml)



Potato farl with soft cheese, and blueberries

Potato farl (60g), soft cheese (20g), blueberries (40g), tea (200ml)

An example whole day menu – normal texture

The example whole-day menu shown below meets approximately 100% of the average daily energy and nutrient needs of older people.



Breakfast
Wheat biscuit (36g)
with milk (100ml)
and sultanas (30g)
Buttered wholemeal toast (38g)
with jam (10g)
Orange juice (150ml)
Tea or coffee



Mid-morning
Sliced melon (80g)
Tea or coffee



Lunch
Omelette (120g)
Oven chips (150g)
Peas (80g)
Grilled tomato (40g)
Orange juice (150ml)
Poached pears (100g)



Mid-afternoon
Apricot and walnut cake (65g)
Tea or coffee



Evening meal
Tomato soup (300g)
Seeded roll (60g)
with lean sliced beef (40g)
and horseradish sauce (10g)
Watercress (20g)
Tomatoes (40g)
Orange juice (150ml)
Fresh fruit salad (150g)



Bedtime
Hot chocolate (250ml)





Finger foods

Finger foods

Finger foods can prolong independent eating and may be useful for those who cannot hold or recognise cutlery. This section contains information about the sorts of meals and snacks that meet the energy and nutrient needs of those who might need finger foods. A list of examples of finger food meals and snacks can be found on page 56. Photos of many of these meals and snacks can be found on pages 57-61 and on the accompanying CD-ROM.

Preparing finger foods

Finger foods are foods that can be eaten easily by hand. They are useful for people who find it difficult to use cutlery – for example, those with arthritic hands or those who have severe tremors. Or, if someone is unable to sit still to eat (such as those with dementia who may wander), finger foods can be put in a bag or pouch so that the person can carry meals and snacks around with them.

If you choose a variety of meals and snacks (as well as regular drinks throughout the day) from the examples given on the next pages, it is likely that average energy and nutrient needs will be met. Older people will have individual needs, however, and if there are concerns about someone's ability to eat well, ask a GP or dietitian for help.

Finger foods should be easy to hold and eat. Small, bite-size pieces of moist foods are the best choice. Some dry or crumbly foods may cause some problems around eating as they may be too dry to swallow. Foods should be served at room temperature, so that people can eat at their own pace.

If an older person is known to wander and finds it hard to sit still at mealtimes, finger food snacks can be left out for people to choose as and when they wish. If you know of a place that the person likes to visit when wandering, leave snacks and drinks out for them, but be careful not to leave out food which can be spoilt or become contaminated.

Some ideas for finger foods are shown on the next page, and the example one-week finger food menu on page 54 shows how the needs of an older person could be met across a whole week, eating a finger food diet.

Ideas for finger foods

Breakfast

Cereal bars	Yoghurt in a tube
Toast with preserves	Mini sausages
Teacakes	Toast with mashed fish
English muffins	Boiled egg
Flapjacks	Eggy bread squares
Sandwiches or bagels	Omelette sandwiches
Crumpets	Tomato quarters
Dried or fresh fruit	Whole mushrooms

Lunch and tea

Chicken drumsticks	Dim sum, sushi
Mini sausages, mini burgers	Fried tofu cubes
Meatballs	Soup in a cup
Kebabs	Steamed or raw vegetable fingers or spears
Mini quiches	Salad sticks
Frittatas	Mini tomatoes, button mushrooms
Mini pies	Chips, potato wedges
Mini fishcakes, fish goujons, fish sticks, crab sticks	Mini new potatoes
Cold smoked fish pieces	Breads, rolls, chapatis, naan bread, bagels, wraps and other types of breads
Boiled egg	Sandwiches with fillings such as meat and fish pâté, peanut and other nut butters, cold meats, cream cheese, houmous
Scotch eggs	
Pizza slices	
Mini spring rolls	

Dessert

Ice cream in a cone	Mini fruit pies
Ice lolly or sorbet in a cone	Fruit kebabs

Snacks

Crumpets	Biscuits
Toast fingers with toppings	Fruit wedges
Salad sticks	Dried fruit
Cereal bars	Malt loaf
Small cakes or buns	Fruit bread

Finger food tips

- Use foods that are robust and easy to hold.
- Serve foods in small or bite-size chunks.
- Making mini versions of foods that are designed to be eaten by hand is often more successful than cutting up larger versions which may be more likely to fall apart.
- Choose foods that are moist but not too messy.
- If people wander and find sitting down for mealtimes problematic, choose foods that can be eaten on the move or carried in a pouch.
- Serve foods at room temperature. Allow hot foods to cool before serving.
- Make sure finger foods look attractive and colourful on the plate.
- Seek further advice if you are worried about a person's swallowing difficulties or weight loss. If a person has swallowing difficulties, finger foods are not likely to be suitable.
- If people are eating with their fingers, it is a good idea to ensure that wipes or hot flannels are available before and after meals so that people can wipe their hands.

Drinks

Drink spillage may be a problem for some people who have tremors. We recommend using a mug with a handle that can be easily gripped, and to reduce spillage it should only be half full of fluid. Try out different mugs to see which one the older person finds easiest to hold. All mugs and cups are different and it can make a big difference to find one that a person feels confident to use.

Drinks can be refilled whenever necessary, so give a little at a time. If someone is a slow drinker, giving small amounts of hot beverages at a time will mean that the drink doesn't become cold and unpalatable.

If a person has tremor and may be anxious about drinking, it is important to remind them to drink. Some people might find a straw helpful, and for some people a two-handled cup might be easier to hold safely. Liquid can also be provided in the form of frozen slushy drinks, ice lollies or sorbets in cones, which can be easier to handle. Cartons of drink may also be easier to manage for some people.

Drinks which have a thick consistency, such as milkshakes or smoothies, run more slowly and can be easier to control. If someone also has a swallowing difficulty, they may need thickened drinks. See page 81 for information about thickeners.

Nutrients in finger food diets

For information about good sources of nutrients, see page 112.

Once you alter the texture of food served, there are always going to be some nutritional consequences. The nutrients which might be in shorter supply in a finger food diet are **fibre** and **folate**, partly because breakfast cereals and green leafy vegetables, which often provide these in the diet, can be harder to fit in to a finger food diet. It is possible to include all the nutrients required, as we show in our menu plan, but care needs to be taken to make sure that a good variety of foods are served to ensure that all nutrients are included.

Finger food meal and snack ideas

We have put together an example one-week menu which meets the energy and nutrient needs of older people and which is suitable for older adults who need to have finger foods. See the next page.

We calculated the menu plan using the energy and nutrient requirements for an average older person. The energy (calories) for meals and snacks across the day has been divided up as follows:

Breakfast	20%
Mid-morning fruit snack	5%
Main meal with a dessert 20% + 10% =	30%
Mid-afternoon snack	10%
Light meal with a dessert 15% + 10% =	25%
An evening milky drink	10%
TOTAL	100%

In the menu plan we show meals and snacks across the day in a consistent format, but the times at which the meals and snacks are eaten is flexible and different arrangements may suit different people.

The meals and snacks in the photos shown on pages 57-61 are taken from the example one-week finger food menu plan. The meals and snacks shown in the photos are only examples. Hopefully, the recipes and portion sizes we suggest will help you when choosing other dishes as well.

The portion sizes suggested on the next pages are just averages. Some people will need to eat more than others, and some people will have smaller appetites and energy needs.

All the photos of finger food meals and snacks have a **green** background.

The photos of the meals and snacks on the following pages can also be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes as shown on the right. The CD-ROM also contains additional finger food photos which do not appear in this guide.



Example one-week menu – finger foods

MONDAY

Breakfast

Cereal bar (50g)
and dried prunes (50g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Apple slices (80g)
Tea or coffee

Lunch

Mini lamb burgers (90g)
in mini bread buns (40g)
Thick-cut chips (100g)
Tomato salsa (50g)
Salad leaves (30g)
Orange juice (150ml)
Mini Victoria sponge cakes (50g)
and plum wedges (80g)

Mid-afternoon

Liver pâté (20g)
on wholemeal toast (33g),
with tomato (40g)
and cucumber (40g)
Tea or coffee

Evening meal

Mini egg and cress
sandwiches (100g)
Vegetable kebabs (80g)
Orange juice (150ml)
Fruit loaf (60g) and butter (5g),
and dried apricots (50g)

Bedtime

Milky drink* (250ml)



WEDNESDAY

Breakfast

Hard-boiled egg (55g)
Buttered wholemeal toast (76g)
Tomato juice (150ml)
Tea or coffee

Mid-morning

Orange wedges (80g)
Tea or coffee

Lunch

Mini cheese and
tomato frittatas (100g)
Mixed salad (80g)
Baby potatoes (100g)
Orange juice (150ml)
Banana bread (60g) and
orange wedges (80g)

Mid-afternoon

Malt loaf (60g)
with butter (5g)
Dried apricots (50g)
Tea or coffee

Evening meal

Mini tuna mayonnaise and
cucumber sandwiches (100g)
Cucumber sticks (40g)
Chicory leaves (40g)
Tomato juice (150ml)
Mini chocolate
cornflake cakes (40g) with
mango wedges (80g)

Bedtime

Milky drink* (250ml)



TUESDAY

Breakfast

Banana flapjack (50g)
Buttered wholemeal toast (38g)
and jam (10g), and sultanas (30g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Dried apricots (50g)
Tea or coffee

Lunch

Pork pie (135g)
Cherry tomatoes (40g)
Lettuce leaves (40g)
Ketchup dip (30g)
Buttered wholemeal bread (40g)
Orange juice (150ml)
Gingerbread (50g) and
grapes (80g)

Mid-afternoon

Fruit scone (50g) with jam (15g)
and raspberries (80g)
Tea or coffee

Evening meal

Spicy chicken kebabs (120g)
Tortilla wrap (60g)
Yoghurt dip (30g)
Salad leaves (20g)
Orange juice (150ml)
Chocolate fingers (30g) and
satsuma (80g)

Bedtime

Milky drink* (250ml)

* The milky drink at bedtime can be, for example, warm milk, Horlicks, Ovaltine, cocoa, hot chocolate, coffee or a milkshake, all made with full-fat milk.

THURSDAY

Breakfast

Eggy bread (150g)
Mushrooms (50g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Raspberries (80g)
Tea or coffee

Lunch

Chicken breast fingers (60g)
Prawn toast (25g)
Vegetable spring rolls (50g)
Red pepper (40g),
cucumber (40g) and
chilli dipping sauce (30g)
Orange juice (150ml)
French fancies (55g) and
grapes (80g)

Mid-afternoon

Toasted teacake (40g)
with butter (5g)
Dried prunes (50g)
Tea or coffee

Evening meal

Mini veggie
mince pasties (90g)
Mixed salad (80g)
Buttered
wholemeal bread (40g)
Orange juice (150ml)
Melon wedges (80g)

Bedtime

Milky drink* (250ml)



SATURDAY

Breakfast

Mashed smoked haddock (40g)
on buttered
wholemeal toast (38g)
Cherry tomatoes (50g)
Vegetable juice (150ml)
Tea or coffee



Mid-morning

Satsuma (80g)
Tea or coffee

Lunch

Chopped vegetarian
sausages (70g)
Cheesy mini loaves (50g)
with butter (3g)
Cherry tomatoes (40g)
Celery sticks (40g)
Orange juice (150ml)
Mini apple pies (60g) and
blueberries (80g)

F R I D A Y

Breakfast

Chewy cereal bar (30g),
Buttered wholemeal toast (38g)
with marmite (10g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Banana slices (80g)
Tea or coffee

Lunch

Mini battered salmon
fish fingers (100g)
Baby sweetcorn (40g)
Green beans (40g)
Buttered wholemeal
bread roll (75g)
Orange juice (150ml)
Lemon loaf cake (50g)
and raisins (50g)

Mid-afternoon

Toasted crumpet fingers (40g)
with soft cheese (20g)
Pineapple chunks (80g)
Tea or coffee

Evening meal

Thick tomato soup
in a cup (120g)
Cheddar cheese (30g) on
wholemeal toast (33g)
Cucumber sticks (40g)
Orange juice (150ml)
Oat cookies (30g)
and grapes (80g)

Bedtime

Milky drink* (250ml)

S U N D A Y

Breakfast

Toasted teacake (40g)
with butter (5g)
and marmalade (15g)
Fresh grapefruit (150g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Satsuma (80g)
Tea or coffee

Lunch

Beef and pepper skewers
(110g)
Potato wedges (100g)
Orange juice (150ml)
Ice cream cone (65g) with
strawberries (80g)

Mid-afternoon

Mini orange and cinnamon
muffins (80g)
Tea or coffee

Evening meal

Mini ham and cheese toasties
(150g)
Cherry tomatoes (40g)
Orange juice (150ml)
Fruit ice-lolly (75g) and pear
wedges (80g)

Bedtime

Milky drink* (250ml)





Finger foods – List of food photos

Photos of the meals and snacks listed below can be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes.

These photos are all shown on a **green** background.



- Banana flapjack, buttered wholemeal toast and jam, and sultanas, and orange juice
- Cereal bar and dried prunes, and orange juice
- Eggy bread with mushrooms, and orange juice
- Hard-boiled egg with buttered wholemeal toast, and tomato juice
- Mashed smoked haddock on buttered wholemeal toast, with cherry tomatoes, and vegetable juice



- Beef and pepper skewers with potato wedges, and orange juice
- Chopped vegetarian sausages, buttered cheesy mini loaves, cherry tomatoes and celery sticks, and orange juice
- Mini battered salmon fish fingers with baby sweetcorn, green beans, and a buttered wholemeal bread roll, and orange juice
- Mini cheese and tomato frittatas with mixed salad and baby potatoes, and orange juice
- Mini lamb burgers in mini bread buns, with thick-cut chips, tomato salsa and salad leaves, and orange juice
- Pork pie with cherry tomatoes, lettuce leaves and a ketchup dip, with buttered wholemeal bread, and orange juice



- Meatballs with spicy potato wedges, steamed carrot fingers and tomato salsa, and orange juice
- Mini egg and cress sandwiches with vegetable kebabs, and orange juice
- Mini tuna mayonnaise and cucumber sandwiches, with cucumber sticks and chicory leaves, and tomato juice
- Mini veggie pasties with mixed salad and buttered wholemeal bread, and orange juice
- Spicy chicken kebabs with tortilla wrap, yoghurt dip and salad leaves, and orange juice
- Thick tomato soup in a cup, with Cheddar cheese on wholemeal toast, and cucumber sticks, and orange juice



- Chocolate fingers and satsuma
- Fruit loaf and butter, and dried apricots
- Gingerbread and grapes
- Ice cream cone with strawberries
- Mini chocolate cornflake cakes with mango wedges
- Mini Victoria sponge cakes and plum wedges



- Fruit scone with jam and raspberries, and tea
- Liver pâté on wholemeal toast with tomato and cucumber, and tea
- Malt loaf with butter, and dried apricots, and tea
- Toasted crumpet fingers with soft cheese and pineapple chunks, and tea
- Toasted teacake with butter, and dried prunes, and tea



- Chocolate milkshake
- Hot chocolate
- Warm milk

Breakfasts – finger foods

Each of the example breakfasts shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Eggy bread with mushrooms

Eggy bread (150g), mushrooms (50g), orange juice (150ml)



Cereal bar and dried prunes

Cereal bar (50g), dried prunes (50g), orange juice (150ml)



Banana flapjack, buttered wholemeal toast and jam, and sultanas

Banana flapjack (50g), wholemeal toast (33g), butter (5g), jam (10g), sultanas (30g), orange juice (150ml)



Mashed smoked haddock on buttered wholemeal toast, with cherry tomatoes

Mashed smoked haddock (40g), wholemeal toast (33g), butter (5g), cherry tomatoes (50g), vegetable juice (150ml)

Main meals – finger foods

Each of the example meals shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Mini cheese and tomato frittatas with mixed salad and baby potatoes

Mini cheese and tomato frittatas (100g), mixed salad (80g), baby potatoes (100g), orange juice (150ml)



Mini lamb burgers in mini bread buns, with thick-cut chips, tomato salsa and salad leaves

Mini lamb burgers (90g), mini bread buns (40g), thick-cut chips (100g), tomato salsa (50g), salad leaves (30g), orange juice (150ml)



Mini battered salmon fish fingers with baby sweetcorn, green beans, and a buttered wholemeal bread roll

Mini battered salmon fish fingers (100g), baby sweetcorn (40g), green beans (40g), wholemeal bread roll (70g), butter (5g), orange juice (150ml)



Pork pie with cherry tomatoes, lettuce leaves and a ketchup dip, with buttered wholemeal bread

Pork pie (135g), cherry tomatoes (40g), lettuce leaves (40g), ketchup dip (30g), wholemeal bread (35g), butter (5g), orange juice (150ml)

Light meals – finger foods

Each of the example meals shown in the photos below meets approximately 15% of the average daily energy and nutrient needs of older people. These meals should be served with a dessert, so that the whole meal meets 25% of daily energy and nutrient needs.



Spicy chicken kebabs with tortilla wrap, yoghurt dip and salad leaves

Spicy chicken kebabs (120g), tortilla wrap (60g), yoghurt dip (30g), salad leaves (20g), orange juice (150ml)



Mini tuna mayonnaise and cucumber sandwiches with cucumber sticks and chicory leaves

Mini tuna mayonnaise and cucumber sandwiches (100g), cucumber sticks (40g), chicory leaves (40g), tomato juice (150ml)



Mini egg and cress sandwiches with vegetable kebabs

Mini egg and cress sandwiches (100g), vegetable kebabs (80g), orange juice (150ml)



Meatballs with spicy potato wedges, steamed carrot fingers and tomato salsa

Meatballs (100g), spicy potato wedges (100g), steamed carrot fingers (80g), tomato salsa (50g), orange juice (150ml)

Desserts – finger foods

Each of the example desserts shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Gingerbread and grapes

Gingerbread (50g), grapes (80g)



Ice cream cone with strawberries

Ice cream in a cone (65g), strawberries (80g)



Chocolate fingers and satsuma

Chocolate fingers (30g), satsuma (80g)



Fruit loaf and butter, and dried apricots

Fruit loaf (60g), butter (5g), dried apricots (50g)

Snacks – finger foods

Each of the example snacks shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Fruit scone with jam and raspberries

Fruit scone (50g), jam (15g), raspberries (80g), tea (200ml)



Malt loaf with butter, and dried apricots

Malt loaf (60g), butter (5g), dried apricots (50g), tea (200ml)



Liver pâté on wholemeal toast with tomato and cucumber

Liver pâté (20g), wholemeal toast (33g), tomato (40g), cucumber (40g), tea (200ml)



Toasted crumpet fingers with soft cheese and pineapple chunks

Toasted crumpet fingers (40g), soft cheese (20g), pineapple chunks (80g), tea (200ml)

An example whole day menu – finger foods

The example whole-day menu shown below meets approximately 100% of the average daily energy and nutrient needs of older people.

Breakfast
Hard-boiled egg (55g)
Buttered wholemeal toast (66g)
Tomato juice (150ml)
Tea or coffee

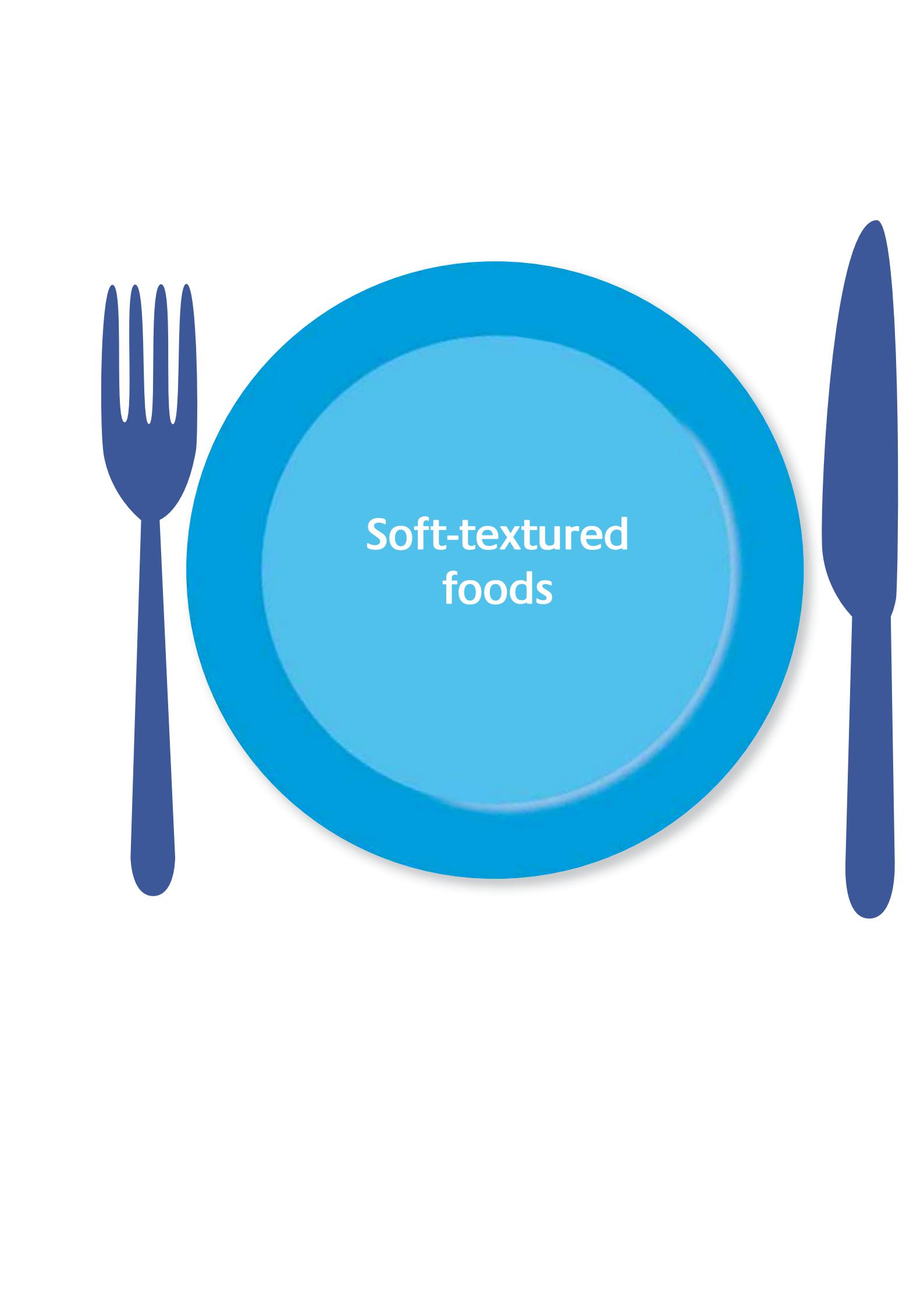
Mid-morning
Orange wedges (80g)
Tea or coffee

Lunch
Chopped vegetarian sausages (70g)
Buttered cheesy mini loaves (53g)
Cherry tomatoes (40g)
Celery sticks (40g)
Orange juice (150ml)
Mini Victoria sponge cakes (50g)
Plum wedges (80g)

Mid-afternoon
Toasted teacake (40g) and butter (5g)
Dried prunes (50g)
Tea or coffee

Evening meal
Thick tomato soup in a cup (120g)
Cheddar cheese (30g) on wholemeal toast (33g)
Cucumber sticks (40g)
Orange juice (150ml)
Mini chocolate cornflake cakes (40g)
Mango wedges (80g)

Bedtime
Warm milk (250ml)



**Soft-textured
foods**

Soft-textured foods

People who have some eating difficulties may need to have soft-textured food. This section contains information about the sorts of meals and snacks that meet the energy and nutrient needs of those who might need soft-textured foods. A list of examples of soft-textured meals and snacks can be found on page 70. Photos of many of these meals and snacks can be found on pages 71-75 and on the accompanying CD-ROM.

‘Eating difficulties’ refers to problems chewing or manipulating food and/or drink in the mouth or throat. People may have eating difficulties because of disease conditions at any age. Some examples are stroke, Parkinson’s disease, dementia, multiple sclerosis or motor neurone disease. Older people may also have problems eating if they have a sore mouth or poor dentition (teeth, gums and dentures). Complications of eating and swallowing difficulties include choking, poor food intake leading to malnutrition, low fluid intake leading to dehydration, and the risk of food particles entering the lungs and causing chest infections. Some people may have an eating or swallowing difficulty that is temporary, and if someone has been on a soft-textured diet it is important to check that they still need this if the original problem (for example, poor dentition or a sore mouth) has been treated. The aim is always to ensure everyone has the greatest choice of foods and drinks that they are safely able to manage and that older people do not find themselves on unnecessarily restrictive diets.

Before you change the texture of someone’s food or drink, it is important to seek specialist advice from a doctor, dietitian or speech and language therapist. This is essential to make sure that the texture of food and drink offered is right for them. Different people will have different needs depending on why they are having problems chewing, and the stage of their swallowing difficulty if this is the problem.

If swallowing problems are observed (see page 19), a swallowing assessment should be requested from a speech and language therapist. (See page 120 for how to contact one.) Some people with swallowing problems may need a puréed diet (see page 77).

Preparing soft-textured foods

Soft-textured food is generally characterised as foods that can be mashed easily with a fork. The food should then be easy to break up with the tongue and should not require too much chewing. Many meals can be easily adapted for a soft-textured diet simply by mashing or chopping the foods into very small pieces. Generally, all foods will need to be cooked for longer so that they are softer. Soft, moist foods can help the food to move down the throat. Crumbly foods should be avoided. Foods served in sauces help to reduce the risk of food particles breaking away and falling into the airways.

Tips for soft-textured diets

- Cook fruit and vegetables until soft, and remove stringy or fibrous skins.
- Make sure pasta and rice are cooked until soft.
- Serve chopped foods in a sauce to make it easier to swallow them.
- Meat and fish should be tender and chopped or flaked, and served in gravy or a sauce.
- Avoid dry, crumbly foods, such as some cakes and biscuits and savoury snacks.
- Avoid sticky foods that can be hard to manage in the mouth, such as soft white bread.
- Avoid foods that have a mixed consistency – for example, cereal in milk or minestrone soup – because it can be hard to manage liquids and solids together if swallowing is affected.
- Add butter or sauce to soften vegetables.

Ideas for soft-textured foods

Starchy foods	Fruit and vegetables
Breakfast cereals soaked in warm milk to soften the texture (for example, wheat biscuits), porridge, ready brek or instant oat cereal	Soft fruits such as banana, strawberries or raspberries
Soft wholemeal bread or toast without crusts	Tinned fruits such as peach, pear, apricot or mandarin oranges
Soft pasta (chopped) or rice in sauce	<i>The following should be well cooked with no stones or skins:</i>
Mashed potato	Stewed fruits without skins such as apple, pear or plums
Meat, fish, eggs and meat alternatives	Carrots, broccoli or cauliflower florets, swede, courgette, parsnip or cabbage (not stringy)
<i>Make sure all meats and fish are soft, and serve them in a sauce or gravy.</i>	
Minced beef, pork, lamb, chicken or turkey	Milk
Soya mince	Ice cream
Steamed or poached fish (no bones)	Sorbet
Tinned fish, mashed	Custard
Mashed baked beans or pulses (without tough skins) in sauce	Thick yoghurt
Steamed vegetable burger or vegetarian sausage (if it can easily be mashed with a fork)	Fromage frais
Cottage pie or fish pie	Mousse
Scrambled egg	Blancmange
	Cheese in dishes or sauces
	Sago, tapioca, rice pudding or ground rice
	Soft cake or sponge with custard or cream

Foods to avoid for people who have difficulty with chewing or swallowing

- **Al dente texture** such as lightly cooked pasta, rice or vegetables
- **Stringy, fibrous textures** such as pineapple, runner beans, celery or lettuce
- **Vegetable and fruit skins** including beans, grapes, peas, sweetcorn, and flakes and seeds in breads
- **Mixed consistency foods** such as minestrone soup, or cereals in milk
- **Crunchy foods** such as dry biscuits or crisps
- **Crumbly items** such as pie crusts, dry cakes or biscuits
- **Hard foods** such as boiled sweets, toffees, nuts or seeds
- **Sticky foods** such as white bread, cheesecake or peanut butter
- **Tough, dry meat, sausage skins and bones in fish**

Ideas for meals and snacks which can be served in a soft-textured diet can be found in the menu plan on page 68.

Drinks

Many people who may require a soft-textured diet will be able to drink normally and should be offered a range of drinks each day. If the person has some difficulty in swallowing drinks, they may need a slightly thickened drink which will move more slowly in the mouth and is easier to swallow safely.

If you think someone needs help with changing the consistency of their drinks, seek advice from a speech and language therapist. If the problem is related to a physical difficulty in holding a cup or mug, or with tremor, follow the advice on page 52.

Nutrients in soft-textured diets

Once the texture of a diet is altered, it can have an impact on the overall nutrient content. Removing foods that are not soft in texture can have an impact on the **energy (calorie)** content of the diet, and it is important that, where foods previously eaten are removed, suitable replacements are made. This can be particularly important when choosing between-meal snacks, as more effort is needed to provide a nutritious snack that is soft in texture.

Soft-textured meal and snack ideas

We have put together an example one-week menu plan which meets the energy and nutrient needs of older people and which is suitable for older adults who need to have soft-textured foods. (See page 68).

We calculated the menu plan using the energy and nutrient requirements for an average older person. The energy (calories) for soft-textured meals and snacks has been divided up as follows:

Breakfast	20%
Mid-morning fruit snack	5%
Main meal with a dessert 20% + 10% =	30%
Mid-afternoon snack	10%
Light meal with a dessert 15% + 10% =	25%
An evening milky drink	10%
TOTAL	100%

In the menu plan we show meals and snacks across the day in a consistent format, but the times at which the meals and snacks are eaten is flexible and different arrangements may suit different people.

The meals and snacks in the photos shown on pages 71-75 are taken from the example one-week soft-textured menu. The meals and snacks shown in the photos are only examples. Hopefully, the recipes and portion sizes we suggest for these ideas will help you when choosing other dishes as well.

The portion sizes suggested on the next pages are just averages. Some people will need to eat more than others, and some people will have smaller appetites and energy needs.

All the photos of soft-textured foods have a **blue** background.

The photos of the meals and snacks shown on the following pages can also be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes as shown on the right. The CD-ROM also contains additional soft-textured food photos which do not appear in this guide.



Example one-week menu – soft-textured foods

MONDAY

Breakfast

Porridge
(made with full-fat milk) (200g)
with chopped
canned prunes in juice (100g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Slices of soft fruit* (80g)
Tea or coffee

Lunch

Cottage pie (300g)
Mushy peas (80g)
Orange juice (150ml)
Mashed jelly (125g)
and crème fraîche (50g)

Mid-afternoon

Mini liver pâté sandwiches (75g)
Banana (80g)
Tea or coffee

Evening meal

Crumb-free
salmon fishcakes (100g)
Chopped beetroot (80g)
and lemon dressing (10g)
Orange juice (150ml)
Chopped apricots in syrup (140g)
with Greek yoghurt (50g)

Bedtime

Milky drink** (250ml)

* Slices of soft fruit, such as peeled banana, pear, kiwi or nectarine.

** The milky drink at bedtime can be, for example, warm milk, Horlicks, Ovaltine, cocoa, hot chocolate, coffee, or a milkshake, all made with full-fat milk.



WEDNESDAY

Breakfast

Scrambled egg (55g)
and mashed baked beans (90g)
Buttered soft
wholemeal toast (50g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Slices of soft fruit* (80g)
Tea or coffee

Lunch

Mashed gammon ham (55g)
Mashed potato (150g)
Mashed broad beans (80g)
Parsley sauce (40g)
Orange juice (150ml)
Rice pudding (150g)
with jam (30g)

Mid-afternoon

Mashed banana (80g)
on buttered soft
wholemeal toast (30g)
Tea or coffee

Evening meal

Thick carrot and
coriander soup (250g)
Buttered wholemeal bread (30g)
Mashed sardines
in tomato sauce (80g)
on buttered soft
wholemeal toast (30g)
Orange juice (150ml)
Ice-cream (50g) and apple
and strawberry purée (50g)

Bedtime

Milky drink** (250ml)

TUESDAY

Breakfast

Wheat bisk (36g)
soaked in warm milk (150ml),
with stewed apple (80g)
Buttered soft wholemeal
toast (25g)
with seedless jam (10g)
Orange juice (150ml)
Tea or coffee

Mid-morning

Slices of soft fruit* (80g)
Tea or coffee

Lunch

Pasta in herby tomato sauce (210g)
Cauliflower florets (80g)
Orange juice (150ml)
Semolina (180g)
with stewed sieved
strawberry purée (80g)

Mid-afternoon

Ginger cake (60g)
with sweet white sauce (100g)
Tea or coffee

Evening meal

Cheese soufflé (120g)
Mashed potato (120g)
Canned chopped plum tomatoes
(no seeds) (90g)
Orange juice (150ml)
Baked banana (80g)
with crème fraîche (40g)

Bedtime

Milky drink** (250ml)



FRIDAY



Breakfast
All bran (38g) soaked in warm milk (150ml)
Chopped grapefruit segments in juice (170g)
Orange juice (150ml)
Tea or coffee

Mid-morning
Slices of soft fruit* (80g)
Tea or coffee

Lunch
Flaked fish in parsley sauce (170g)
Mashed sweet potato (150g)
Creamed spinach (80g)
Orange juice (150ml)
Chocolate mousse (100g) with chopped apricots in juice (140g)

Mid-afternoon
Vanilla yoghurt (150g) with stewed and sieved mixed berries (80g)
Tea or coffee

Evening meal
Beef lasagne (250g)
Mixed soft vegetables (80g)
Orange juice (150ml)
Poached vanilla pear (125g)
with crème fraîche (40g)

Bedtime
Milky drink** (250ml)



SUNDAY

Breakfast
Omelette (110g)
Creamed mushrooms (50g)
Buttered soft wholemeal toast (25g)
Orange juice (150ml)
Tea or coffee

Mid-morning
Slices of soft fruit* (80g)
Tea or coffee

Lunch
Poached chopped chicken in gravy (130g)
Mashed potatoes (120g)
Mashed carrot (40g)
Mashed parsnip (40g)
Orange juice (150ml)
Syrup sponge cake (100g) with custard (100g)

Mid-afternoon
Chopped pears in juice (140g) with Greek yoghurt (50g)
Tea or coffee

SATURDAY

Breakfast
Cornflakes (38g) soaked in warm milk (150ml), and canned apricots in juice (140g)

Mid-afternoon
Greek yoghurt (50g)
Orange juice (150ml)
Tea or coffee

Mid-morning
Slices of soft fruit* (80g)
Tea or coffee

Lunch
Beef stew (chopped) (160g)
Mashed potato (150g)
Mushy peas (60g)
Orange juice (150ml)
Banana custard (180g)

Evening meal
Thick tomato soup (200g), soft cheese sandwiches (80g)
Orange juice (150ml)
Apricot conde (190g)

Bedtime
Milky drink** (250ml)



Mid-afternoon
Crème caramel (100g) with stewed plums (80g)
Tea or coffee

Evening meal
Thick chicken and vegetable soup (200g)
Buttered soft wholemeal bread (30g)
Orange juice (150ml)
Baked apple (no skin or raisins) (85g), honey (10g)
and Greek yoghurt (50g)

Bedtime
Milky drink** (250ml)

THURSDAY

Breakfast
Mashed smoked haddock (40g)
Chopped canned tomato (no seeds) (50g)
Buttered soft wholemeal toast (25g)
Vegetable juice (150ml)
Tea or coffee

Mid-morning
Slices of soft fruit* (80g)
Tea or coffee

Lunch
Vegemince
Bolognese sauce (180g)
Spaghetti in sauce (150g)
Courgettes (80g)
Orange juice (150ml)
Rhubarb fool (110g)

Mid-afternoon
Soft cheese (20g) on buttered soft wholemeal toast (25g)
Chopped avocado (80g)
Tea or coffee

Evening meal
Sweet and sour tender pork (190g)
Chopped soft noodles in sauce (120g)
Broccoli florets (80g)
Orange juice (150ml)
Lemon sorbet (100g)

Bedtime
Milky drink** (250ml)

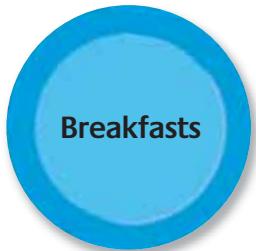




Soft-textured foods – List of food photos

Photos of the meals and snacks listed below can be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes.

These photos are all shown on a **blue** background.



- Mashed smoked haddock and chopped canned tomato, with buttered soft wholemeal toast, and vegetable juice
- Omelette and creamed mushrooms, with buttered soft wholemeal toast, and orange juice
- Porridge with chopped canned prunes in juice, and orange juice
- Scrambled egg and mashed baked beans, with buttered soft wholemeal toast, and orange juice
- Wheat bisk soaked in warm milk, with stewed apple, and buttered soft wholemeal toast with seedless jam, and orange juice



- Beef stew with mashed potato and mushy peas, and orange juice
- Cottage pie with mushy peas, and orange juice
- Flaked fish in parsley sauce with mashed sweet potato and creamed spinach, and orange juice
- Mashed gammon ham with mashed potato, mashed broad beans and parsley sauce, and orange juice
- Pasta in herby tomato sauce, with cauliflower florets, and orange juice
- Poached chopped chicken in gravy, with soft-boiled potatoes, mashed carrot and mashed parsnip, and orange juice
- Vegemince Bolognese with spaghetti in sauce, and courgettes, and orange juice



- Beef lasagne and mixed soft vegetables, and orange juice
- Cheese soufflé with mashed potato and canned chopped plum tomatoes (no seeds), and orange juice
- Crumb-free salmon fishcakes, with chopped beetroot and lemon dressing, and orange juice
- Sweet and sour tender pork, with chopped soft noodles in sauce, and broccoli florets, and orange juice
- Thick chicken and vegetable soup with buttered soft wholemeal bread, and orange juice



- Baked banana with crème fraîche
- Chocolate mousse with chopped apricots in juice
- Chopped apricots in syrup with Greek yoghurt
- Rice pudding with jam
- Semolina with stewed sieved strawberry purée
- Syrup sponge cake with custard



- Chopped pears in juice with Greek yoghurt, and tea
- Ginger cake with sweet white sauce, and tea
- Mini liver pâté sandwiches and banana, and tea
- Soft cheese on wholemeal toast with chopped avocado, and tea
- Vanilla yoghurt with stewed and sieved mixed berries, and tea



- Chocolate milkshake
- Hot chocolate
- Warm milk

Breakfasts – soft-textured foods

Each of the example breakfasts shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Omelette and creamed mushrooms, with buttered soft wholemeal toast

Omelette (110g), creamed mushrooms (50g), buttered soft wholemeal toast (25g), orange juice (150ml)



Scrambled egg and mashed baked beans, with buttered soft wholemeal toast

Scrambled egg (55g), mashed baked beans (90g), buttered soft wholemeal toast (50g), orange juice (150ml)



Porridge with chopped canned prunes in juice

Porridge (made with full-fat milk) (200g), chopped canned prunes in juice (100g), orange juice (150ml)



Wheat bisk soaked in warm milk, with stewed apple, and buttered soft wholemeal toast with seedless jam

Wheat bisk (36g) soaked in warm milk (150ml), stewed apple (80g), buttered soft wholemeal toast (25g), seedless jam (10g), orange juice (150ml)

Main meals – soft-textured foods

Each of the example meals shown in the photos below meets approximately 20% of the average daily energy and nutrient needs of older people.



Mashed gammon ham with mashed potato, mashed broad beans and parsley sauce

Mashed gammon ham (55g), mashed potato (150g), mashed broad beans (80g), parsley sauce (40g), orange juice (150ml)



Cottage pie with mushy peas

Cottage pie (300g), mushy peas (80g), orange juice (150ml)



Flaked fish in parsley sauce with mashed sweet potato and creamed spinach

Flaked fish in parsley sauce (170g), mashed sweet potato (150g), creamed spinach (80g), orange juice (150ml)



Poached chopped chicken in gravy, with soft-boiled potatoes, mashed carrot and mashed parsnip

Poached chopped chicken in gravy (130g), soft-boiled potatoes (120g), mashed carrot (40g), mashed parsnip (40g), orange juice (150ml)

Light meals – soft-textured foods

Each of the example meals shown in the photos below meets approximately 15% of the average daily energy and nutrient needs of older people. These meals should be served with a dessert, so that the whole meal meets 25% of daily needs.



Crumb-free salmon fishcakes, with chopped beetroot and lemon dressing

Crumb-free salmon fishcakes (100g), chopped beetroot (80g), lemon dressing (10g), orange juice (150ml)



Thick chicken and vegetable soup with buttered soft wholemeal bread

Thick chicken and vegetable soup (200g), buttered soft wholemeal bread (30g), orange juice (150ml)



Beef lasagne and mixed soft vegetables

Beef lasagne (250g), mixed soft vegetables (80g), orange juice (150ml)



Cheese soufflé with mashed potato and canned chopped plum tomatoes (no seeds)

Cheese soufflé (120g), mashed potato (120g), canned chopped plum tomatoes (no seeds) (90g), orange juice (150ml)

Desserts – soft-textured foods

Each of the example desserts shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Rice pudding with jam

Rice pudding (150g), jam (30g)



Syrup sponge cake with custard

Syrup sponge cake (100g), custard (100g)



Chocolate mousse with chopped apricots in juice

Chocolate mousse (100g), chopped apricots in juice (140g)

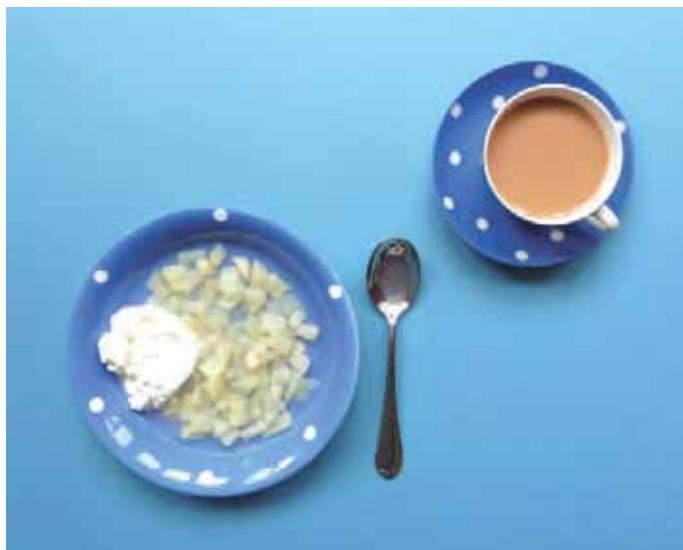


Baked banana with crème fraîche

Baked banana (80g), crème fraîche (40g)

Snacks – soft-textured foods

Each of the example snacks shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Chopped pears in juice with Greek yoghurt

Chopped pears in juice (140g), Greek yoghurt (50g), tea (200ml)



Ginger cake with sweet white sauce

Ginger cake (60g), sweet white sauce (100g), tea (200ml)



Vanilla yoghurt with stewed and sieved mixed berries

Vanilla yoghurt (150g), stewed and sieved mixed berries (80g), tea (200ml)



Mini liver pâté sandwiches and banana

Mini liver pâté sandwiches (75g), banana (80g), tea (200ml)

An example whole day menu – soft-textured foods

The example whole-day menu shown below meets approximately 100% of the average daily energy and nutrient needs of older people.



Breakfast

Mashed smoked haddock (40g)
Chopped canned tomato
(no seeds) (50g)
Buttered soft wholemeal toast,
crusts removed (25g)
Vegetable juice (150ml)
Tea or coffee



Mid-morning

Banana (80g)
Tea or coffee



Lunch

Pasta in herby
tomato sauce (210g)
Cauliflower florets (80g)
Orange juice (150ml)
Semolina (180g) with
stewed sieved
strawberry purée (80g)



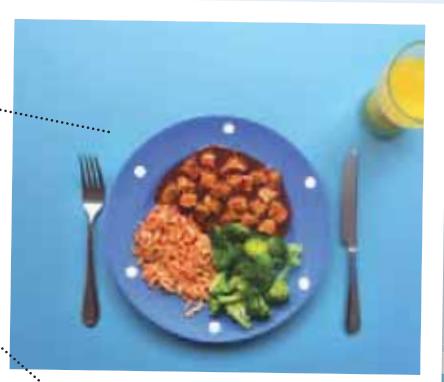
Mid-afternoon

Soft cheese (20g) on
soft wholemeal toast,
crusts removed (25g)
Chopped avocado (80g)
Tea or coffee



Evening meal

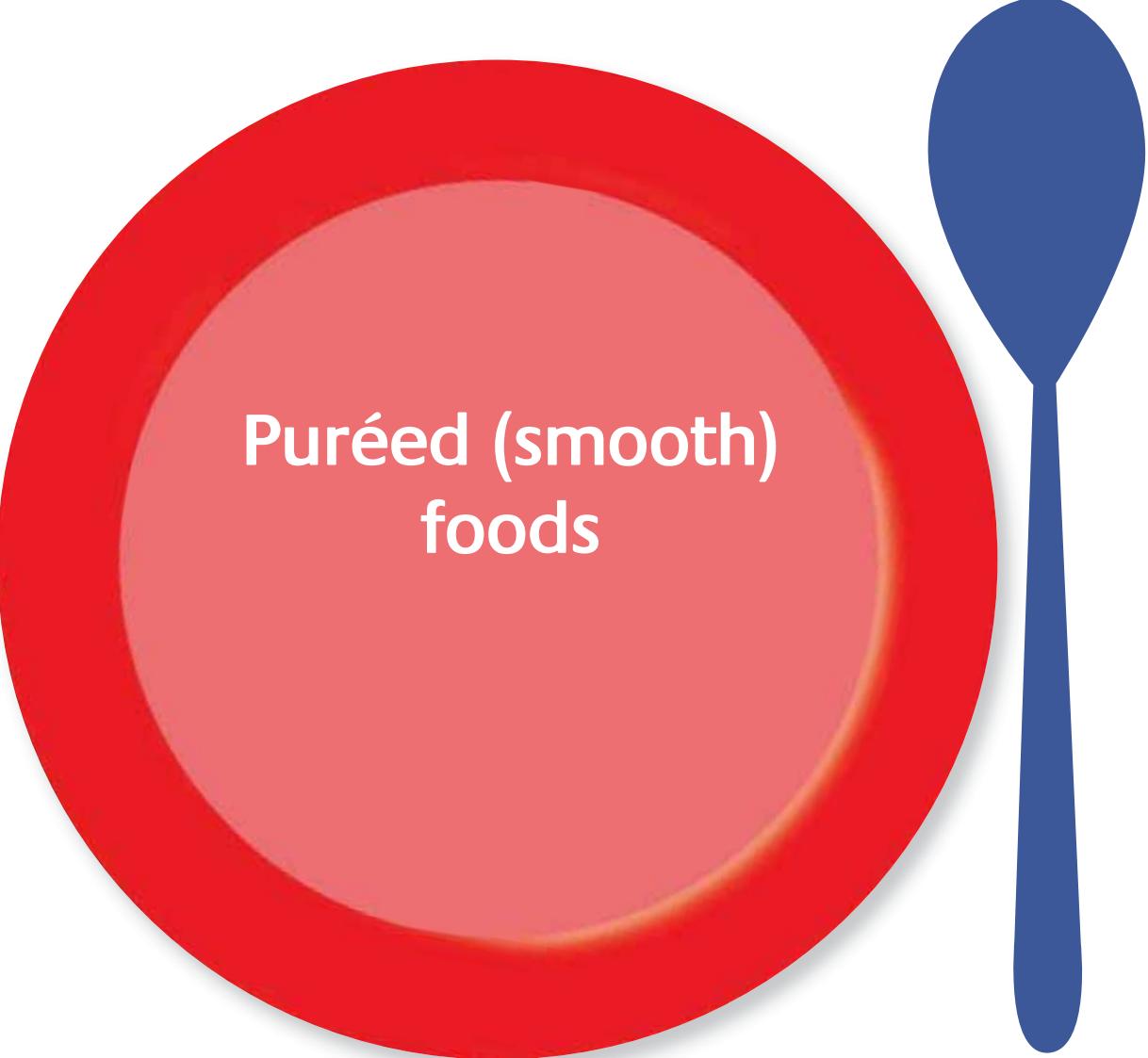
Sweet and sour
tender pork (190g)
Chopped soft noodles
in sauce (120g)
Broccoli florets (80g)
Orange juice (150ml)
Chopped apricots
in syrup (140g)
Greek yoghurt (50g)



Bedtime

Chocolate milkshake (250ml)





Puréed (smooth)
foods

Puréed foods

Puréed foods do not need to be chewed and can be easily formed into a small soft bolus in the mouth and swallowed. Older people with more serious swallowing problems might be recommended to have all their food puréed if they are at risk of choking or breathing food particles into the lungs. Some older people may be given a puréed diet for a short time because they have had an accident or surgery which affects the mouth or teeth. It is important to seek specialist advice from a doctor, dietitian or speech and language therapist before you provide someone with a puréed diet, to make sure it is appropriate to their needs.

Preparing puréed meals and snacks

In the past, people often used to liquidise food for people with swallowing problems, adding water or other liquids to dilute the foods, and frequently mixing all the components of a meal together to create a bowl of indistinguishable food.

Foods that need to be served smooth do not need to be liquidised in this way however, and it is essential that, wherever possible, the foods served keep the same colour and flavour as before they are puréed. Many older people will need to have their appetite stimulated and need to be offered food that still looks attractive and has a distinctive taste. If an older person has dementia, it is particularly important that the puréed food can be identified, as they may be very confused by mixed up foods and be unwilling to eat them.

It is not easy to put together a menu plan that meets the energy and nutrient needs of older people when they have to have puréed foods, and there is considerable evidence that the average energy intake of people given puréed diets is only about 800kcal a day – less than 50% of what is needed by an average older person. In many cases, the person's energy needs may be higher than average, as people who require puréed diets may be ill or recovering from surgery. Great care needs to be taken if someone is on a puréed diet that they get a variety of foods each day, that they are enabled to eat more frequently than other older people, and that meals and snacks are as nutrient-dense and energy-dense as possible.

Five mini-meals a day

It is impossible to get in all the energy and nutrients an older person on a puréed diet would need, in portion sizes that they are likely to manage, unless the person has five meals a day rather than three. It takes a lot longer to eat, or to be helped to eat, if you have a swallowing problem or have had a mouth injury, and therefore it can be very fatiguing to get through large meals. Food may go cold if larger portions are offered and it is likely that food won't be eaten. Dividing the food up into smaller packages across the day can make it easier to have a variety of foods, to excite the appetite with new flavours, and to avoid tiredness and wastage at mealtimes. In practice, this means that snacks become 'mini-meals', and we offer suggestions for how this might work across the day in our puréed food example one-week menu on page 86.



5
mini-meals
a day

Some foods contain water and can be puréed without adding any liquid, but some will need a little liquid added to achieve the required consistency and texture. If adding liquid to a food, the liquid itself needs to contain energy and nutrients as well. It is not useful to add water to dilute food, as it does not contain any nutrients and will offer bulk without nutritional benefit. Foods liquidised with water have been found to increase in volume to up to three times the original amount, diluting the nutrients three-fold and making the portion size three times larger than the original food portion.

The texture of puréed food should be similar to thick yoghurt and be completely smooth with no lumps. It should be smooth but not runny. Some runny foods may need commercial thickener added to create the right smooth texture. (For information about commercial thickeners see page 119.) It is also possible to get commercial thickeners on prescription in some cases. If puréed foods are being prepared for a residential setting, it is very useful to ask one of the companies that make thickeners to come and give a demonstration about how to use the products. Moulds can be used to shape the thickened food into realistic food shapes, and this can be very useful if older people are confused about what they are eating. Commercial thickeners can also be used as a soaking solution to soften and change the texture of hard foods such as biscuits or bread. Commercial thickening companies can also provide recipe ideas for meals and snacks. (For information about how to contact these companies, see page 119.)

However, it is time-consuming and less practical on a domestic scale to make food in moulds, so we have not done this for the food we are showing here. Thickening products can be expensive and it is possible to thicken food using other ingredients, such as instant potato flakes or ground rice.

How to purée foods

- Cook the food until soft, as you would normally, making sure there are no bones, pips, skins, strings or hard lumps.
- Remember to use herbs and spices to add flavour to the food and use strongly flavoured fresh ingredients so that the purée will be appetising.
- Chop or mash the food by hand with a fork.
- Purée the food using a goblet blender, hand-held blender or mouli, or pass it through a sieve.
- If there are any fragments of food that mean the purée is not smooth, sieve the food.
- Don't mix foods together during processing. Keep separate foods and flavours apart so that you can present the meal components separately.
- It is important that foods that are puréed look attractive, and food colourings can be used to enhance the appearance of some foods where they lack natural colour. Some foods are very useful to add colour; beetroot, blackcurrants or blackberries, cherries, spinach, tomato purée, mango, sweet potato and other brightly coloured fruits and vegetables can be added to enhance the appearance (and taste) of dishes.

Make extra quantities of purées and freeze some for later. Follow standard guidelines for safe freezing of foods.

Consistency

- If you have to add some fluid to ensure a smooth purée, choose a high-calorie liquid to add extra calories to the meal. Some examples are given in the box below. Add the liquid before blending the food. Never use water to dilute food, as it has no nutritional value.

Liquids for puréeing

Rich gravy	Full-fat yoghurt or Greek yoghurt
Sauces – tomato, cheese, parsley or white sauce	Fruit smoothies
Cream	Thick tomato or vegetable juice
Full-fat milk	Melted butter or fat spread, or olive oil
Full-fat milk with added skimmed milk powder (This makes a fortified milk which is higher in protein and nutrients.)	Creamy soups Mayonnaise

- Purée the food until it is completely smooth, with no lumps. Aim for a consistency like thick yoghurt. If the food is too thick, add more liquids to get the correct consistency.
- If the food is too runny, try adding other ingredients to thicken it. See the examples in the box below.

Ingredients for thickening puréed food and drinks

Ground rice or baby rice	Thick yoghurt or cream cheese
Instant potato flakes	Instant dessert powder can be used to thicken sweet dishes.
Cornflour	
Gelatine (not suitable for vegetarians)	Commercial thickeners (see page 119)
Creamy sauces	

- Check for lumps and make sure any powder or thickener used is completely blended in.
- If you're not sure if the food is fully blended, sieve it before serving, using a fine mesh sieve.

Extra calories or protein

- To add extra calories:
 - Add extra ingredients such as full-fat cream, milk, cheese, butter, oil, mayonnaise, full-fat yoghurt or crème fraîche.
 - Milk powder or puréed tofu can be used to add extra protein as well as calories.
 - Stew fruit with sugar, syrup or honey.
 - Add sugar, glucose, honey, syrup or seedless jam to puddings.

Food hygiene

- Carefully follow food hygiene rules to avoid food poisoning. Using processing equipment such as blenders increases the risk of food becoming contaminated.

Serving the food

- Check that the food is palatable and that the temperature is right.
- Try to present the food in an appealing way so that colours are separate and the older person can taste the flavours of individual foods. Always explain what the meal is, as it may not be immediately apparent from the colour of the food alone.

Most foods can be puréed provided that you have a good blender. However, some foods will need to be sieved after blending to remove any lumps, seeds or stringy bits. If you're not sure if the food is fully blended, always sieve the food before serving. See the box below for foods that cannot be puréed easily.

Potatoes and starchy foods do not need to be blended. They can be mashed with milk and butter until smooth, or pushed through a sieve.

Foods that cannot be puréed easily

Chips	Nuts and seeds
Battered or bread-crumbed foods	Tough meat and bacon
Pastry	Sausage skins

Drinks

Older people who require a puréed diet will spend a considerable part of their day eating, and it is important that any eating opportunity is used as an opportunity for energy and nutrients to be consumed. There is evidence to suggest that fluid needs are best met through food for those on puréed diets, rather than through thickened drinks, which may fill people up but provide little other nutrition. In the puréed food example menu on page 86 we have kept drinks to minimum amounts, but liquids are added to puréed foods and many of the foods will provide fluid, so these liquids will help the person to stay hydrated.

Advice on thickening drinks can be obtained from a speech and language therapist or dietitian. Drinks can be thickened by adding a small amount of baby rice, by adding thicker fruit purées, or by adding yoghurt or cream or ice cream, and instant dessert powder can be used to thicken sweet drinks such as milkshakes.

Frozen drinks can be useful for people with swallowing difficulties and can provide a change of texture for those on puréed diets. You can make high-calorie drinks that can be frozen and served on sticks or in cones. Frozen drinks have been shown to reduce the coughing and choking associated with other drinks, as the

older person can take their time eating a frozen product and make sure that each piece is swallowed as they go along. Some recipes for frozen high-calorie drinks can be found on the CD-ROM which accompanies this book.

Nutrients in puréed diets

Puréed diets should only be given if someone has a serious swallowing problem and has been advised by a health professional to have such a diet. It is difficult for an older person on a puréed diet to get in, during a day, all the energy (calories) they are likely to need, and careful monitoring is needed to make sure that people do not lose weight or become dehydrated. It takes skill to ensure that the person's nutrient needs are met and that food is at the correct texture. We have found that it is very difficult to meet the nutrient needs of people who are following a puréed diet. Those nutrients that it is particularly hard to provide in appropriate amounts are **fibre**, **zinc** and **carbohydrate**, and ensuring sufficient amounts of these nutrients is important.



For information on good sources of nutrients, see page 112.

Puréed diets can be higher in fat and saturated fat than is currently recommended for adults, as it is likely that you will need to fortify puréed meals with extra calories or other nutrients, using foods such as cream or butter. However, in many cases the need for sufficient energy is more important than the dietary balance when someone relies on a puréed diet, but if there are any concerns about this, talk to the person's GP or a dietitian.

Food supplement drinks

Sometimes people are prescribed cartons of food supplement drinks if they have been in hospital or have been very ill. Supplement drinks can provide 1-2kcal/ml and provide calories, protein and fat, and often other nutrients such as fibre and vitamins and minerals. A typical carton can provide around 300kcal and these supplements can be prescribed to be taken once a day or several times a day. However, these cartons of milkshake or soup are designed for short-term use only – until the person can get back onto normal food. If someone has these supplements for long periods, they are likely to get fatigued of them, and evidence shows that intakes of energy and nutrients often decrease over time. They are also very expensive and, while they can be very useful for some people in the short term, it is better that people are encouraged and enabled to eat and drink normal foods to meet their energy and nutrient needs. A dietitian can provide advice about how to encourage a return to normal food and drink, and what can be offered instead of these supplements.

Food supplements can also become easily contaminated if left lying around for long periods, as their high nutrient content makes them attractive to bacteria. Follow the manufacturers' instructions on use carefully. A homemade soup or milkshake will often provide the same amount of energy as a supplement, if it is fortified with extra calories. (See page 80 for more on fortifying meals.)

Using baby foods in puréed diets

Preparing puréed food can be quite time-consuming and requires quite a lot of equipment. It may occasionally be suitable to use ready-prepared baby foods as a component of a puréed meal. If you are using commercial baby foods, they will need to be fortified with extra calories to provide the recommended energy requirements for an older person and they may lack flavour, but some of those currently on the market could be a useful occasional addition to mealtimes. Baby foods can have extra herbs and spices added for flavour.

Choose foods that are suitable for babies aged 4-6 months as they will be completely smooth with no lumps. Check the label for calorie content and try to choose higher-calorie meals. The breakfasts and mini-meals in our puréed food example one-week menu on page 86 are based on 15% of daily energy intake (about 300kcal) and desserts are based on 10% of daily intake (about 200kcal). For ideas on how you might fortify (add extra calories to) purchased baby foods, see below.

Fortifying baby foods

Use the guide below for fortifying baby foods with extra calories. You could also use this information to help fortify homemade meals.

Baby food meal and examples	Add two or more of these ingredients	Extra calories
<p>Breakfast or dessert <i>Average meal = 100kcal</i></p> <p>For example: baby cereals, fruit purées, rice pudding or egg custard.</p>	<p>1 tablespoon single cream 1 tablespoon double cream, whipped 1 tablespoon full-fat yoghurt 1 tablespoon Greek yoghurt 2 teaspoons sugar 2 teaspoons syrup or honey 2 teaspoons jam 2 teaspoons chocolate nut spread 2 teaspoons milk powder</p>	<p>30kcal 80kcal 30kcal 40kcal 50kcal 60kcal 40kcal 90kcal 20kcal</p>
<p>Meals <i>Average meal = 80kcal</i></p> <p>For example: lasagne, pasta, chicken dinner, risotto or vegetable medley.</p>	<p>1 tablespoon single cream 1 tablespoon full-fat crème fraîche 1 tablespoon cream cheese 1 tablespoon cheese sauce (made with full-fat milk) 2 teaspoons butter 2 teaspoons olive oil 1 level tablespoon mayonnaise 1 boiled egg yolk, mashed</p>	<p>30kcal 110kcal 130kcal 60kcal 90kcal 50kcal 100kcal 60kcal</p>

Examples

Baby porridge (100g = 100kcal)

plus 1 tablespoon of whipped double cream (80kcal) and 2 teaspoons of chocolate nut spread (90kcal) would offer a simple breakfast of about 300kcal.

A baby pasta dish (100g = 80kcal)

with 2 tablespoons of cheese sauce (120kcal) and 2 teaspoons of butter (90kcal) would offer a simple mini-meal of about 300kcal.

A baby fruit purée (100g = 100kcal)

with 2 tablespoons Greek yoghurt (80kcal) and a teaspoon of sugar (25kcal) would make a simple dessert of about 200kcal.

We are not suggesting that these meals should be served all the time – but occasionally, when time is short or when travelling or visiting others, it might be useful to use a combination of a baby food and some additional calories to create a quick and acceptable meal or snack.

Baby puréed fruit desserts also make attractive toppings for ice cream, mousse, semolina pudding or other desserts.

Ensure manufacturers' instructions on baby foods are carefully followed.

Puréed meal and snack ideas

We have put together an example one-week menu of puréed foods which meets the energy and nutrient needs of older people and which is suitable for older adults who need to have a puréed diet.

The energy (calories) for meals and snacks across the day has been divided up as follows:

Breakfast	15%
Mid-morning mini-meal	15%
Lunch with a dessert 15% + 10% =	25%
Mid-afternoon mini-meal	15%
Evening meal with a dessert 15% + 10% =	25%
An evening milky drink*	5%
TOTAL	100%

* The evening milky drink is half the percentage of daily energy needs offered in the other one-week menus in this guide, as it is likely to be thickened and consumed in a smaller volume.

The energy and nutrients required for a puréed food diet have been divided up differently to the other example menus in this guide, since the person having the meal may not be able to eat the same volume of food at each mealtime as those following a normal diet.

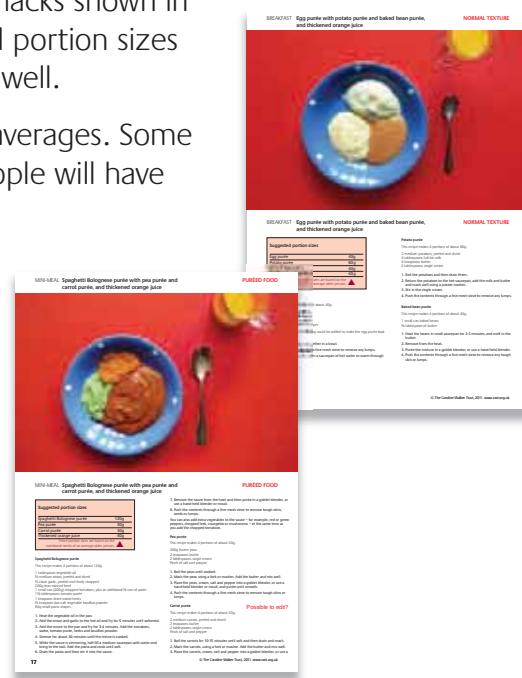
In the menu plan we show meals and snacks across the day in a consistent format, but the times at which the meals and snacks are eaten is flexible and different arrangements may suit different people.

The meals and snacks shown in the photos on pages 89-92 were taken from the puréed food example one-week menu. The meals and snacks shown in the photos are only examples. Hopefully, the recipes and portion sizes we suggest will help you when choosing other dishes as well.

The portion sizes suggested on the next pages are just averages. Some people will need to eat more than others, and some people will have smaller appetites and energy needs.

All the photos of puréed meals have a red background.

The photos of the meals on the following pages can also be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes as shown on the right. The CD-ROM also contains additional photos of puréed foods which do not appear in this guide.



Example one-week menu – puréed foods

MONDAY

Breakfast

Creamed porridge (125g)
with fruit purée (30g)
Thickened orange juice (40g)

Mid-morning

Thickened carrot and
coriander soup purée (with
added breadcrumbs) (130g)
Thickened orange juice (40g)

Lunch

Spaghetti Bolognese
purée (120g)
Pea purée (30g)
Carrot purée (30g)
Thickened orange juice (40g)
Jelly (120g)
and ice cream (50g)

Mid-afternoon

Egg purée (50g)
Mashed potato purée (80g)
Purée of canned tomatoes (40g)
Thickened orange juice (40g)

Evening meal

Salmon pâté purée (60g)
Mashed potato purée (80g)
Beetroot purée (50g)
Thickened orange juice (40g)
Chocolate semolina purée (125g)

Bedtime

Thickened milky drink* (100ml)

* The thickened milky drink at bedtime can be, for example, warm milk, or Horlicks, Ovaltine, cocoa, hot chocolate or coffee, all made with full-fat milk.

Tea and coffee

If an older person is eating and drinking well and wants additional drinks of tea and coffee across the day, and these can be thickened in a way that makes them acceptable, additional drinks can be offered. See page 81 for more on thickening drinks.



WEDNESDAY

Breakfast

Wheat bisc purée (120g)
with marmalade (seedless) (5g),
and stewed apple purée (30g)
Thickened orange juice (40g)

Mid-morning

Cheese soufflé purée (60g)
Mashed potato purée (80g)
Creamy broccoli purée (50g)
Thickened orange juice (40g)

Lunch

Leek risotto purée (150g)
Carrot purée (50g)
Thickened orange juice (40g)
Angel delight (90g)
and strawberry and
apple purée (50g)

Mid-afternoon

Thickened creamy chicken soup
purée (with added ground rice)
(130g)
Thickened milky drink (100ml)

Evening meal

Stewed steak purée (70g)
Potato purée (80g)
Pea purée (45g)
Thickened orange juice (40g)
Ginger pear upside-down pudding
and custard purée (140g)

Bedtime

Thickened milky drink* (100ml)



TUESDAY

Breakfast

Smoked haddock purée (35g)
Purée of canned tomatoes (30g)
Soaked buttered toast (40g)
Thickened vegetable juice (40g)

Mid-morning

Ground rice (80g)
and raspberry purée (50g)
Thickened orange juice (40g)

Lunch

Irish stew purée (130g)
Cauliflower cheese purée (50g)
Thickened orange juice (40g)
Sponge cake and
custard purée (150g)

Mid-afternoon

Thickened creamy mushroom soup
(with added breadcrumbs)
purée (130g)
Thickened orange juice (40g)

Evening meal

Chicken casserole purée (120g)
Creamy broccoli purée (50g)
Thickened orange juice (40g)
Poached vanilla pear purée (100g)
with single cream (40g)

Bedtime

Thickened milky drink* (100ml)

F R I D A Y



Breakfast
Egg purée (40g)
Creamy mushroom sauce (20g)
Soaked buttered toast (40g)
Thickened vegetable juice (40g)

Mid-morning
Creamed porridge (125g)
and stewed apple (50g)
Thickened
orange juice (40g)

Lunch
Fish in parsley
sauce purée (80g)
Sweet potato purée (80g)
Leek purée (50g)
Thickened
orange juice (40g)
Rice pudding
purée (100g)
with seedless jam (15g)

Mid-afternoon
Thickened
creamy tomato
soup (with added
ground rice) (130g)
Thickened
orange juice (40g)

Evening meal
Roast pork, apple sauce and
gravy purée (80g)
Mashed potato purée (80g)
Carrot purée (50g)
Extra gravy (20g)
Thickened orange juice (40g)
Banana custard purée (125g)

Bedtime
Thickened
milky drink* (100ml)

T H U R S D A Y

Breakfast
Banana and fromage frais
purée (160g)
with honey (10g)
Thickened orange juice (40g)

Mid-morning
Spanish rice purée (150g)
Thickened orange juice (40g)

Lunch
Roast pork, apple sauce and
gravy purée (80g)
Mashed potato purée (80g)
Carrot purée (50g)
Extra gravy (20g)
Thickened orange juice (40g)
Banana custard purée (125g)

Mid-afternoon
Thickened creamy leek and
potato soup (with added
breadcrumbs) (130g)
Thickened orange juice (40g)

Evening meal
Mild lentil and vegetable curry
purée (100g)
Ground rice (80g)
Thickened orange juice (40g)
Vanilla ice cream (50g) with
blackberry coulis (20g)

Bedtime
Thickened milky drink*
(100ml)

S U N D A Y

Breakfast
Egg purée (40g)
Potato purée (80g)
Baked bean purée (40g)
Thickened orange juice (40g)

Mid-morning
Blancmange (100g)
and fruit purée (50g)
Thickened orange juice (40g)

Lunch
Roast sliced chicken
with gravy purée (70g)
Vegetable medley purée (60g)
Mashed potato purée (80g)
Thickened orange juice (40g)
Crème caramel (135g) with
stewed sieved
blackberries (50g)

S A T U R D A Y

Breakfast
Ground rice (90g)
with prune purée (30g)
Thickened orange juice (40g)

Mid-morning
Omelette purée (110g)
Vegetable purée (50g)
Thickened orange juice (40g)

Lunch
Ham purée (45g)
Potato purée (80g)
Broad bean purée (60g)
Parsley sauce (40g)
Thickened orange juice (40g)
Stewed plum purée (50g)
with custard (100g)

Mid-afternoon
Chicken with rice and
vegetable purée (125g)
Thickened orange juice (40g)

Evening meal
Vegetable lasagne
purée (120g)
Broccoli and pea purée (50g)
Thickened orange juice (40g)
Passion fruit mousse (70g)

Bedtime
Thickened milky drink*
(100ml)

Mid-afternoon
Macaroni cheese
purée (120g)
Purée of canned
tomatoes (50g)

Thickened
orange juice (40g)

Evening meal
Lamb casserole
purée (100g)
Potato purée (80g)
Thickened
orange juice (40g)
Strained raspberry
yoghurt (130g)

Bedtime
Thickened milky drink*
(100ml)





Puréed foods – List of food photos

Photos of the meals and snacks listed below can be found on the CD-ROM that accompanies this book, along with recipes and suggested portion sizes.

These photos are all shown on a **red** background.



Breakfasts

Egg purée and creamy mushroom sauce, with soaked buttered toast, and thickened vegetable juice

Egg purée with potato purée and baked bean purée, and thickened orange juice

Ground rice with prune purée, and thickened orange juice

Smoked haddock purée and purée of canned tomatoes, with soaked buttered toast, and thickened vegetable juice

Wheat bisk purée with marmalade, and stewed apple purée, and thickened orange juice



Mini-meals

Cheese soufflé purée with mashed potato purée and creamy broccoli purée, and thickened orange juice

Chicken casserole purée with creamy broccoli purée, and thickened orange juice

Fish in parsley sauce purée with sweet potato purée and leek purée, and thickened orange juice

Ham pasta Roma purée with creamy broccoli purée, and thickened orange juice

Irish stew purée and cauliflower cheese purée, and thickened orange juice

Leek risotto purée and carrot purée, and thickened orange juice

Macaroni cheese purée with purée of canned tomatoes, and thickened orange juice

Roast pork, apple sauce and gravy purée with mashed potato purée, carrot purée and extra gravy, and thickened orange juice

Salmon pâté purée with mashed potato purée and beetroot purée, and thickened orange juice

Spaghetti Bolognese purée with pea purée and carrot purée, and thickened orange juice

Stewed steak purée, potato purée and pea purée, and thickened orange juice

Thickened creamy chicken soup purée, and thickened milky drink

Vegemince Bolognese purée with ground rice and creamed courgette purée, and thickened orange juice

Vegetable lasagne purée with broccoli and pea purée, and thickened orange juice



Desserts

Crème caramel with stewed sieved blackberries

Gooseberry fool (strained)

Jelly and ice cream

Rice pudding purée with seedless jam

Stewed plum purée with custard

Strained raspberry yoghurt



Thickened chocolate drink

Thickened milky drink

Other drinks

Orange ice-lolly

Recipes for the following drinks are also given on the CD-ROM, but without photos:

Frozen orange juice drink

Lime and banana frozen drink

Mixed berry frozen drink

Orange and nectarine frozen drink

Strawberry and plum frozen drink

Strawberry cream frozen drink

Breakfasts – puréed foods

Each of the example breakfasts shown in the photos below meets approximately 15% of the average daily energy and nutrient needs of older people.



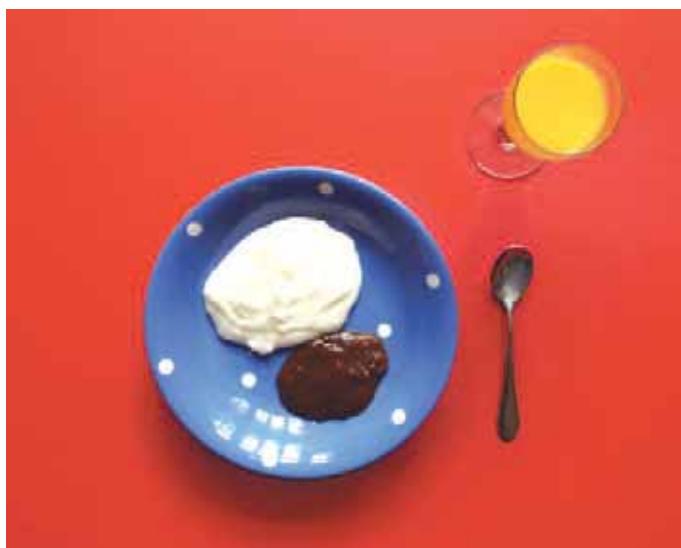
Smoked haddock purée and purée of canned tomatoes, with soaked buttered toast

Smoked haddock purée (35g), purée of canned tomatoes (30g), soaked buttered toast (40g), thickened vegetable juice (40g)



Egg purée with potato purée and baked bean purée

Egg purée (40g), potato purée (80g), baked bean purée (40g), thickened orange juice (40g)



Ground rice with prune purée

Ground rice (90g), prune purée (30g), thickened orange juice (40g)



Wheat bisk purée with marmalade, and stewed apple purée

Wheat bisk purée (120g), marmalade (seedless) (5g), stewed apple purée (30g), thickened orange juice (40g)

Mini-meals

Each of the example mini-meals shown in the photos below meets approximately 15% of the average daily energy and nutrient needs of older people.



Irish stew purée and cauliflower cheese purée

Irish stew purée (130g), cauliflower cheese purée (50g), thickened orange juice (40g)



Leek risotto purée and carrot purée

Leek risotto purée (150g), carrot purée (50g), thickened orange juice (40g)



Roast pork, apple sauce and gravy purée with mashed potato purée, carrot purée and extra gravy

Roast pork, apple sauce and gravy purée (80g), mashed potato purée (80g), carrot purée (50g), extra gravy (20g), thickened orange juice (40g)



Fish in parsley sauce purée with sweet potato purée and leek purée

Fish in parsley sauce purée (80g), sweet potato purée (80g), leek purée (50g), thickened orange juice (40g)



Chicken casserole purée with creamy broccoli purée

Chicken casserole purée (120g), creamy broccoli purée (50g), thickened orange juice (40g)



Macaroni cheese purée with purée of canned tomatoes

Macaroni cheese purée (120g), purée of canned tomatoes (50g), thickened orange juice (40g)



Cheese soufflé purée with mashed potato purée and creamy broccoli purée

Cheese soufflé purée (60g), mashed potato purée (80g), creamy broccoli purée (50g), thickened orange juice (40g)



Vegetable lasagne purée with broccoli and pea purée

Vegetable lasagne purée (120g), broccoli and pea purée (50g), thickened orange juice (40g)

Desserts

Each of the example desserts shown in the photos below meets approximately 10% of the average daily energy and nutrient needs of older people.



Jelly and ice cream

Jelly (120g), ice cream (50g), thickened orange juice (40g)



Crème caramel with stewed sieved blackberries

Crème caramel (135g), stewed sieved blackberries (50g), thickened orange juice (40g)



Rice pudding purée with seedless jam

Rice pudding purée (100g), seedless jam (15g), thickened orange juice (40g)



Strained raspberry yoghurt

Strained raspberry yoghurt (130g), thickened orange juice (40g)

An example whole-day menu – puréed foods

The example whole-day menu shown below meets approximately 100% of the average daily energy and nutrient needs of older people.



Breakfast

Egg purée (40g)
and creamy mushroom sauce (20g)
Soaked buttered toast (40g)
Thickened vegetable juice (40g)
Tea or coffee



Mid-morning

Thickened creamy chicken soup purée (130g)
Thickened milky drink (100ml)



Lunch

Salmon pâté purée (60g)
Mashed potato purée (80g)
Beetroot purée (50g)
Thickened orange juice (40g)
Gooseberry fool (strained) (100g)
Thickened milky drink (100ml)



Mid-afternoon

Macaroni cheese purée (120g)
Purée of canned tomatoes (50g)
Thickened orange juice (40g)



Evening meal

Spaghetti Bolognese purée (120g)
Pea purée (30g)
Carrot purée (30g)
Thickened orange juice (40g)
Stewed plum purée (50g) with custard (100g)
Thickened milky drink (100ml)



Bedtime

Thickened chocolate drink (100ml)





**Adapting meals
for all to enjoy**

Adapting meals for all to enjoy

In some settings and homes, an older person may need to eat slightly differently to other people there, and it is important that where possible everyone gets to eat similar foods and drinks and can feel part of the mealtime experience. Research shows that there is a strong link between nutritional status and social interaction. Eating with other people can really improve appetite. Having the same or similar foods at a meal as other people can also be a great help to the cook and can help to keep costs down. Most foods can be adapted to suit modified diets and in this section we show how some meals prepared for older people who can eat and drink normally can be adapted for a finger food meal, a soft-textured meal and a puréed meal.

Adapting menus and meals for different textured diets

Menu planning for modified or special diets can be difficult and often this will require specialist help. In some circumstances it is useful to know how to help people who have more simple eating problems to eat well. We provide some practical guidelines over the next few pages about adapting menu plans and look at some of the nutritional implications of texture modification. Always seek advice from a dietitian if you support someone with eating difficulties or someone who needs a special diet for medical reasons.

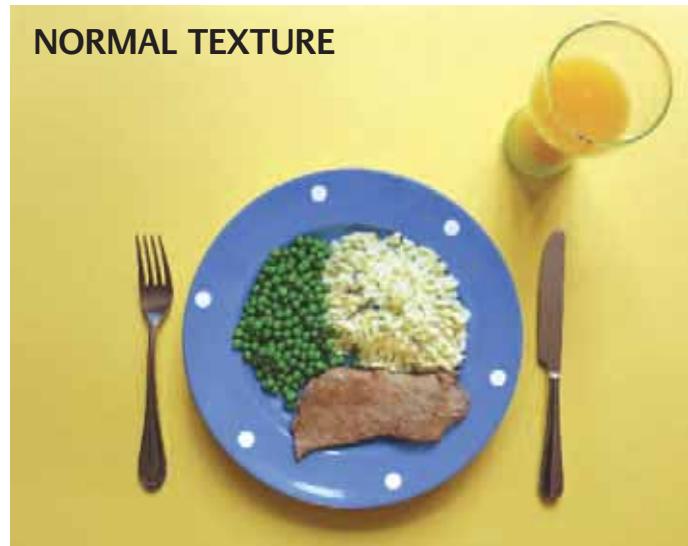
Adapting meals for different textured diets

	Normal-texture meals	Finger food meals	Soft-textured meals	Puréed meals
Example 1: Beef (See photos on page 98.)	Beef steak (100g) Bubble and squeak (200g) Peas (80g) Orange juice (150ml)	Beef and pepper skewers (110g) Potato wedges (100g) Orange juice (150ml)	Beef stew (chopped) (160g) Mashed potato (150g) Mushy peas (sieved) (60g) Orange juice (150ml)	Stewed steak purée (70g) Potato purée (80g) Pea purée (45g) Thickened orange juice (40g)
Example 2: Lamb	Irish stew (240g) Cabbage (80g) Cauliflower (80g) Orange juice (150ml)	Mini lamb burgers (90g) Thick-cut chips (100g) Steamed cauliflower (80g) Orange juice (150ml)	Irish stew (240g) Cauliflower cheese (190g) Orange juice (150ml)	Irish stew purée (130g) Cauliflower cheese purée (50g) Thickened orange juice (40g)
Example 3: Chicken	Roast sliced chicken with gravy (120g) Sage and onion stuffing (30g) Roast potatoes (150g) Carrots (80g) Broccoli (80g) Orange juice (150ml)	Chicken drumstick (90g) Potato wedges (150g) Steamed carrots (80g) Broccoli (80g) Orange juice (150ml)	Roast sliced chicken (chopped) with extra gravy (150g) Crushed boiled potatoes (no skins, and with added butter) (150g) Carrot mash (80g) Broccoli florets (80g) Orange juice (150ml)	Roast chicken with gravy purée (70g) Mashed potato purée (100g) Vegetable terrine (60g) Thickened orange juice (40g)
Example 4: Ham	Gammon ham (55g) Pineapple ring (40g) Mashed potatoes (150g) Broad beans (80g) Parsley sauce (40g) Orange juice (150ml)	Pork and pineapple skewers (110g) Thick-cut chips (100g) Sugar snap peas (80g) Orange juice (150ml)	Mashed gammon ham (55g) Parsley sauce (40g) Mashed potato (150g) Mashed broad beans (80g) Orange juice (150ml)	Ham purée (45g) Potato purée (80g) Broad bean purée (60g) Parsley sauce (40g) Thickened orange juice (40g)
Example 5: Fish	Breaded cod (110g) Oven chips (150g) Mushy peas (90g) Orange juice (150ml)	Mini homemade fish fingers (100g) Oven chips (150g) Steamed green beans (80g) Tomato sauce (50g) Orange juice (150ml)	Flaked fish in parsley sauce (170g) Mashed potato (150g) Mushy peas (80g) Orange juice (150ml)	Fish in parsley sauce purée (80g) Potato purée (80g) Pea purée (50g) Thickened orange juice (40g)
Example 6: Vegetarian (See photos on page 99.)	Vegemince Bolognese (180g) Spaghetti (180g) Salad (80g) Orange juice (150ml)	Mini veggie pasties (90g) Mixed salad (80g) Buttered bread (35g) Orange juice (150ml)	Vegemince Bolognese sauce (180g) Chopped spaghetti in sauce (150g) Courgettes (80g) Orange juice (150ml)	Vegemince Bolognese purée (70g) Ground rice (80g) Creamed courgette purée (40g) Thickened orange juice (40g)

Example photos showing how meals can be adapted for different textured menus

Example: Beef

NORMAL TEXTURE



Beef steak with bubble and squeak and peas

Beef steak (100g), bubble and squeak (200g), peas (80g), orange juice (150ml)

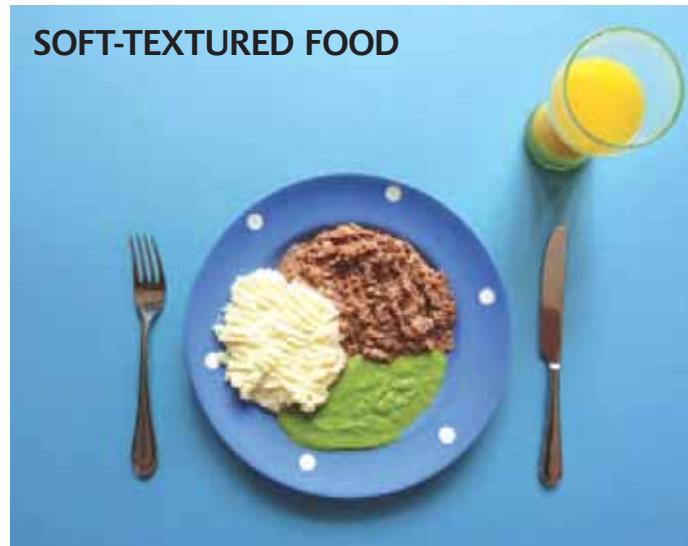
FINGER FOOD



Beef and pepper skewers with potato wedges

Beef and pepper skewers (110g), potato wedges (100g), orange juice (150ml)

SOFT-TEXTURED FOOD



Beef stew with peas and mash

Beef stew (chopped) (160g), mashed potato (150g), mushy peas (60g), orange juice (150ml)

PURÉED FOOD



Stewed steak purée, potato purée and pea purée

Stewed steak purée (70g), potato purée (80g), pea purée (45g), thickened orange juice (40g)

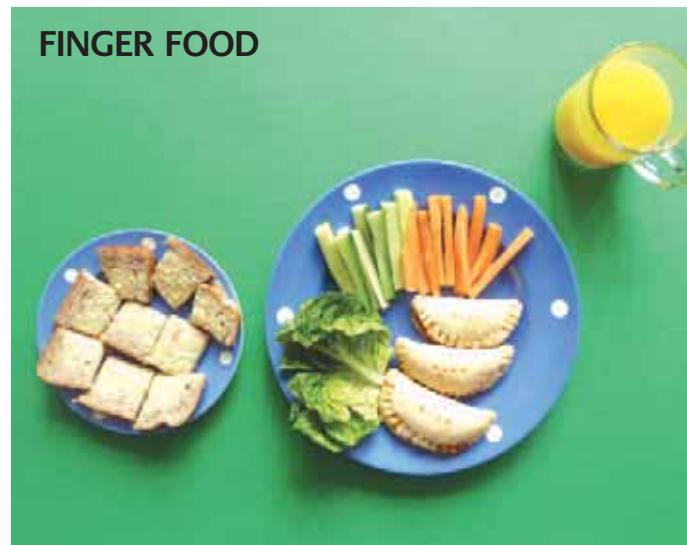
Example photos showing how meals can be adapted for different textured diets

Example: Vegetarian



Vegemince Bolognese

Vegemince Bolognese (180g), spaghetti (180g), salad (80g), orange juice (150ml)



Mini veggie pasties with mixed salad and buttered bread

Mini veggie pasties (90g), mixed salad (80g), buttered bread (35g), orange juice (100ml)



Vegemince Bolognese sauce with chopped spaghetti in sauce, and courgettes

Vegemince Bolognese sauce (180g), chopped spaghetti in sauce (150g), courgettes (80g), orange juice (150ml)



Vegemince Bolognese purée with ground rice and creamed courgette purée

Vegemince Bolognese purée (70g), ground rice (made with milk) (80g), creamed courgette purée (40g), thickened orange juice (40g)

Adapting a daily menu for older people who have different textured diets

Below is an example of a one-day menu for an older person with no eating or drinking difficulties. Although we normally look at energy and nutrient contributions across a week or more rather than on one day, we have analysed this menu on a daily basis so we can compare one-day menus across the differently textured menus. All these menus provide the amounts of energy and nutrients needed by an average older person (with the exception of the puréed menu – see page 103).

Example one-day menu – normal texture

Meal	Food and drink	% of energy (calorie) recommendation
Breakfast	Porridge (made with semi-skimmed milk) (200g) Prunes (canned in juice) (100g) Orange juice (150ml) Tea or coffee	20%
Fruit snack	Pear (80g) Tea or coffee	5%
Main meal and dessert	Irish stew (240g), cabbage (80g) and cauliflower (80g) Rice pudding (150g) with jam (30g) Orange juice (150ml)	30%
Snack	Oatcakes (40g) Soft cheese (30g) Pineapple chunks (80g) Tea or coffee	10%
Light meal	Salmon fishcakes (150g) Beetroot salad (80g) Olive oil and lemon dressing (12g) Garlic bread (30g) Yoghurt (150g) with blueberries (80g) Water or fruit juice (150ml)	25%
Drink	Hot chocolate (made with full-fat milk) (200ml)	10%
TOTAL		100%

Finger food – Example one-day menu

Meal	Example menu	% of energy (calorie) recommendation	What have we changed?
Breakfast	Oat bar (50g) Prunes (dried, ready to eat) (50g) Orange juice (150ml)	20%	Swapped the porridge for an oat bar. Used dried fruit (no stones).
Fruit snack	Pear wedges (80g) Tea or coffee	5%	Chopped fruit into bite-size or manageable portions.
Main meal and dessert	Mini lamb burgers (90g) Thick-cut chips (100g) Steamed cauliflower (80g) Cheddar cheese cubes (30g) Orange juice (100ml) Fruit scone (50g) with jam (15g), and raspberries (80g)	30%	Swapped the stew for mini lamb burgers and chunky chips. Added cheese to provide calcium. Swapped rice pudding for a scone.
Snack	Soft cheese (30g) Toast (33g) Pineapple wedges (80g) Tea or coffee	10%	Swapped crumbly oatcakes for toast.
Light meal	Mini salmon fishcakes (100g) Mixed salad sticks (celery, carrot, lettuce leaves, cucumber and tomatoes) (100g) Garlic bread (30g) Orange juice (150ml) Blueberries (80g)	25%	Made small, firm fishcakes that are easy to pick up. Swapped beetroot for salad sticks. Removed salad dressing.
Drink	Hot chocolate (made with full-fat milk) (200ml)	10%	
TOTAL		100%	

Soft-textured food – Example one-day menu

Meal	Example menu	% of energy (calorie) recommendation	What have we changed?
Breakfast	Porridge (made with semi-skimmed milk) (200g) Prunes (canned in juice) (100g) Orange juice (150ml) Tea or coffee	20%	Chopped fruit into small pieces.
Fruit snack	Stewed pear (100g) Tea or coffee	5%	Peeled and cooked the fruit.
Main meal and dessert	Irish stew (240g) Cauliflower florets in cheese sauce (190g) Orange juice (150ml) Rice pudding (150g) with jam (30g)	30%	Taken out the tough vegetable stalks and added extra sauce. Used seedless jam.
Snack	Soft wholemeal toast (33g) Soft cheese (30g) Banana (80g) Tea or coffee	10%	Swapped crumbly oatcakes for soft wholemeal toast. Swapped stringy pineapple for banana.
Light meal	Salmon fishcakes (150g) Beetroot salad (chopped or mashed) (80g) Lemon sauce (12g) Soft buttered wholemeal bread (no crusts) (30g) Orange juice (150ml) Fruit yoghurt (strained/no bits) (150g)	25%	Made fishcakes softer and smoother and easier to break into soft lumps. Chopped and/or mashed the vegetables. Swapped garlic bread for soft wholemeal bread. Strained the yoghurt.
Drink	Hot chocolate (made with milk) (200ml)	10%	
TOTAL		100%	

This menu meets the nutrient requirements across the day for energy but provides more saturated fat than is currently recommended and provides only 2/3 of the recommended fibre intake. It is very difficult to provide adequate fibre in a puréed diet. Low-fibre diets may make older people more susceptible to constipation (see page 15).

Puréed food – Example one-day menu

Time	Example menu	% of energy (calorie) recommendation	What have we changed?
Breakfast	Ground rice (made with full-fat milk and cream, with added sugar) (90g) Prune purée (40g) Thickened orange juice (40g) Tea or coffee	15%	Swapped oats for ground rice and fortified it with extra calories. Stewed and puréed the fruit. Thickened the orange juice.
Mini-meal	Thick, creamy lentil soup with added soft breadcrumbs (150g) (puréed) Thickened orange juice (40g)	15%	This is a more substantial mini-meal rather than a snack.
Mini-meal and dessert	Irish stew purée (120g) Cauliflower cheese purée (50g) Rice pudding purée (100g) with seedless jam (30g) Thickened orange juice (40g)	25%	Puréed and sieved all of the ingredients. Fortified the pudding with extra calories (cream and sugar).
Mini-meal	Cheese soufflé purée (60g) Puréed potato (80g) Purée of tinned tomatoes (sieved) (50g) Thickened orange juice (40g)	15%	This is a more substantial mini-meal rather than a snack.
Mini-meal and dessert	Salmon pâté (60g) Lemon sauce (10g) Puréed potato (80g) Beetroot purée (50g) Chocolate pudding purée (50g) with custard (80g) Thickened orange juice (40g)	25%	Puréed and sieved all the ingredients (separately). Added a higher calorie dessert.
Drink	Thickened chocolate milkshake (100ml)	5%	
TOTAL		100%	



**For more
information**

General food-based guidance to help with food and drink choices

This section contains some information about the five food groups and how to choose foods which will make up a healthy, balanced diet.

The *Eatwell plate* below shows the five food groups and the balance to aim for.



It can also be helpful to look at the nutrition information labels and ingredients lists on foods, to choose those that are lower in salt, sugar and fat. Information is usually provided both about the amount of nutrients in 100g of a food as well as in a portion of the food. Look at the 'per 100g' figures on the food and compare it to the figures in the box below.

Foods high in fat have more than 20g of fat per 100g of food.	Foods low in fat have 3g of fat or less per 100g of food.
Foods high in saturated fat have more than 5g of saturated fat per 100g of food.	Foods low in saturated fat have 1.5g of saturated fat or less per 100g of food.
Foods high in sugar have more than 15g of sugars per 100g of food.	Foods low in sugar have 5g of sugars or less per 100g of food.
Foods high in salt have: more than 1.5g of salt per 100g of food or more than 0.6g (600mg) of sodium per 100g of food.	Foods low in salt have: 0.3g of salt or less per 100g of food or 0.1g (100mg) of sodium or less per 100g of food.

Food group: Bread, rice, potatoes, pasta and other starchy foods

Advice	Why?	What's included
<p>Starchy foods – which include bread, rice, potatoes and pasta – should make up a third of the daily diet.</p> <p>A variety of breads should be available daily at mealtimes.</p> <p>Different starchy foods should be offered in main meals throughout the week, so that a variety of starchy foods are included. Aim to include pasta and rice on the menu once a week.</p> <p>Wholegrain and wholemeal cereal foods are a good source of fibre and other nutrients.</p>	<p>Starchy foods are a good source of energy and the main source of a range of nutrients in the diet. As well as starch, these foods supply fibre, calcium, iron and B vitamins.</p>	<p>All varieties of bread including wholemeal, granary and seeded breads, chapattis, bagels, roti, tortillas and pitta bread</p> <p>Potatoes, yam, cocoyam, dasheen, breadfruit and cassava</p> <p>Breakfast cereals</p> <p>Rice, couscous, bulgar wheat, maize (polenta) and cornmeal</p> <p>Noodles, spaghetti and other pastas</p>

Tips

- When serving rice and pasta, try to use wholemeal, wholegrain, brown or high-fibre versions.
- Some breakfast cereals are nutrient-fortified (that is, with added iron, folic acid and other vitamins and minerals). Choose wholegrain cereals or mix some in with other cereals.
- Offer a variety of breads, such as seeded, wholegrain and granary.
- If you are making chips or fried potatoes, use large pieces of potato and have thick or straight-cut chips as these absorb less fat.
- Baked potatoes do not need to have butter or margarine added when served with moist fillings or sauces.
- Cereal foods which are good sources of iron and zinc include fortified cereals, wholegrain cereals, wholemeal bread and flour, couscous and wholemeal pasta.

Food group: Fruit and vegetables

Advice	Why?	What's included
Fruit and vegetables should make up about a third of the daily diet.	Fruit and vegetables are good sources of many vitamins and minerals.	All types of fresh, frozen and canned vegetables – for example, broccoli, Brussels sprouts, cabbage, carrots, frozen peas, peppers, swede and sweetcorn
It is important to offer a variety. 5 portions a day is an achievable target.	There is evidence that consuming 400g or more of fruit and vegetables a day reduces the risk of developing chronic diseases such as coronary heart disease and some cancers.	Beans and pulses, including baked beans, chick peas and kidney beans
Aim for 1 or 2 portions of fruit or vegetables with each meal, and offer fruit and vegetables as snacks.	Including fruits and vegetables in the diet will also help to increase the intake of fibre, and can help to reduce the total amount of calories consumed among those who may wish to lose weight.	All types of salad vegetables, including lettuce, cucumber, tomato, raw carrots, peppers and beetroot
One portion is about 80g of fresh, frozen or canned fruit or vegetables, or about 40g of dried fruit.		All types of fresh fruit – for example, apples, bananas, kiwi fruit, oranges, pears, mango and plums
A glass of 100% fruit juice can count as 1 portion of fruit each day.		All types of canned fruit in fruit juice – for example, pineapple, peaches and mandarin oranges
		Stewed fruit
		Dried fruit
		Fruit juice (100% juice)

Tips

Steaming or cooking vegetables with minimum amounts of water, and serving them as soon as possible, will help retain vitamins.

Use fresh fruit and vegetables as soon as possible, rather than storing them, to avoid vitamin loss.

Incorporate fruit and vegetables in snack options. Offer a variety of healthy snack alternatives.

Add vegetables and pulses to curries, casseroles or stir-fry dishes and serve at least two types of vegetables with fish, chicken or meat.

Encourage people to have a daily glass of fruit juice (100% juice, unsweetened) with meals.

Add a handful of dried fruit to cereal options and porridge.

Offer traditional salads as well as raw vegetables, to increase colour, taste and texture at mealtimes.

Add extra vegetables to savoury dishes.

Vegetable soups are a useful way of increasing vegetable intake.

Fruit and vegetables which are useful sources of iron include spinach, broccoli, spring greens, dried apricots, raisins, baked beans, broad beans and blackcurrants.

Fruit and vegetables which are useful sources of folate include spinach, broccoli, peas, oranges, melon, green leafy salads and tomatoes.

Fruit and vegetables which are useful non-dairy sources of calcium include green leafy vegetables, dried fruit and oranges.

Food group: Milk and dairy products

Advice	Why?	What's included
<p>Offer dairy foods such as milk, yoghurt and cheese as part of meals and snacks.</p> <p>Don't rely on cheese as the main protein item for vegetarians.</p>	<p>Milk and dairy products are good sources of calcium, protein and vitamin A. Calcium helps to contribute to good bone health.</p>	<p>Skimmed, semi-skimmed and whole milk</p> <p>Dried milk, goat's and sheep's milk</p> <p>All types of cheeses – for example, Cheddar cheese, cottage cheese, cheese spreads, Brie, feta, Edam, goat's cheese, Stilton and Parmesan</p> <p>Yoghurt</p> <p>Fromage frais</p>

Tips

Some dairy products can contain high levels of salt. Look for lower-salt cheeses and use smaller amounts of stronger cheese rather than larger amounts of milder cheese.

Try serving frozen yoghurts as an alternative to ice cream.

For those on dairy-free diets, serve soya drinks fortified with calcium as an alternative to milky drinks.

Restrict sweetened milk drinks to mealtimes, as the sugars in these drinks can damage the teeth.

Food group: Meat, fish, eggs, beans and other non-dairy sources of protein

Advice	Why?	What's included
Offer a variety of meat and meat alternatives at main meals.	Meat and meat alternatives are a good source of protein, vitamins, and minerals such as iron and zinc.	Meat includes all cuts of beef, pork, lamb, poultry, offal and meat products such as bacon, sausages, beefburgers, pies and cold meats.
Use lean meat (meat which has a fat content of about 10%).	Some meat and meat products can contain a lot of fat and saturated fat.	
Fish should be offered at least twice a week.	White fish is low in fat.	
It is strongly recommended that oil-rich fish – such as salmon, trout, mackerel, herring, pilchards or sardines – should be served once a week.	Oil-rich fish provides a good source of omega-3 fats, which may help to protect against heart disease. Oil-rich fish are also a source of vitamins A and D.	Fish includes fresh, frozen and canned fish, such as tuna and sardines. Fish products such as fish cakes and fish fingers may have a low fish content.
Eggs can be served at breakfast and as part of main meals.	Eggs are a good source of protein, vitamin A, vitamin D and some minerals.	Boiled, poached or scrambled eggs, or omelettes
Make sure that meat alternatives for vegetarians are varied.	Beans, pulses, eggs, meat alternatives and nuts all provide good sources of nutrients.	Beans and pulses such as chick peas, lentils, kidney beans, butter beans, textured vegetable protein, nuts, and soya products such as tofu and Quorn.

Tips

Always choose the leanest cuts of meat and remove visible fat and poultry skin.

Roast meat on a rack in order to let the fat run off.

Grill, poach or roast meat rather than frying. If you do fry, use clean oil and at the correct temperature to minimise absorption. Note that larger pieces of fish and meat absorb less fat.

Use more vegetables, pulses and starchy food to extend dishes further, and to add more texture and flavour. This will also mean that less meat is needed, reducing both the fat content and the cost of the meal.

Buy good-quality meat and use smaller amounts.

Use fish from sustainable fish stocks. Look for the Marine Stewardship Council logo.

Offer unsalted nuts and seeds as snacks.

Reduce the amount of processed meat products served, such as meat pies and pasties, sausages, burgers and coated chicken products.

Reduce the amount of processed fish products on offer, particularly those that are fried or coated, such as fish fingers or fish cakes.

Food group: Foods and drinks high in fat and/or sugar

Advice	Why?	What's included
These foods can add palatability to the diet but should be eaten in small amounts each day.	Foods containing fat and foods containing sugar often provide a lot of calories and a lower proportion of other nutrients.	Foods containing fat include: butter, margarine, other spreading fats and low-fat spreads, cooking oils, oil-based salad dressings, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cakes, puddings, ice cream, rich sauces, and gravies.
Reduce the amount of foods containing fat – for example, fat spreads and butter, cooking oils and mayonnaise.	Some foods in this group are also high in sodium/salt.	Foods and drinks containing sugar include: soft drinks, sweets, chocolate, jams, sugar, cakes, puddings, biscuits, pastries and ice cream.
Other foods containing fat and sugar – such as cakes and biscuits – should be eaten only occasionally.	Foods and drinks containing sugar often contain few other nutrients, and having them frequently between meals can contribute to tooth decay and may blunt the appetite.	

Tips

- Use fat spreads rich in monounsaturated or polyunsaturated fats.
- Use cooking oils high in monounsaturates, such as soya, rapeseed or olive oils.
- Incorporate fresh fruit, canned fruit in juice or dried fruit into puddings and cakes.
- Offer water, unsweetened fruit juices and chilled milk drinks rather than sugary soft drinks.

To increase the amount of vitamin D in menus

- Use fat spreads fortified with vitamin D for baking or as a fat spread.
- Include an oil-rich fish that is rich in vitamin D in the menu at least once a week – for example, herring, mackerel, pilchards, salmon, sardines, trout, roe, or canned tuna fish.
- Egg yolks are also rich in vitamin D.
- Meat and poultry contribute small but significant amounts of vitamin D.

Good sources of nutrients

This section shows a number of foods and drinks which are important sources of certain vitamins and minerals. These are based on average servings.

	EXCELLENT	GOOD	USEFUL
VITAMIN A	liver liver sausage/pâté carrots spinach sweet potatoes red peppers mango canteloupe melon dried apricots	nectarine peach blackcurrants fresh/canned apricots watercress tomatoes cabbage (dark) broccoli Brussels sprouts runner beans broad beans margarine butter cheese kidney	canned salmon herrings egg honeydew melon prunes orange sweetcorn peas whole milk
VITAMIN D	fortified breakfast cereals herrings mackerel, pilchards roe sardines trout tuna salmon egg	liver (other than chicken liver) liver sausage/pâté margarine	chicken liver malted-style drinks
B VITAMINS			
Thiamin	liver and liver pâté pork, bacon and ham fortified breakfast cereals malted drinks	wholemeal bread yeast extract oatcakes currant buns nuts potatoes	lean meat chicken and other poultry eggs white or brown bread semi-sweet biscuits
Riboflavin	liver kidney	milk malted drinks fortified breakfast cereals almonds	lean meat or poultry bacon mackerel, tuna, salmon sardines, pilchards cheese yoghurt eggs

	EXCELLENT	GOOD	USEFUL
B VITAMINS Cont.			
Niacin	fortified breakfast cereals salmon, tuna pilchards chicken	lean meat sausages kidneys herrings sardines	wholemeal bread peanut butter yeast extract bacon liver sausage
Vitamin B6	bran flakes red meat poultry liver oil-rich fish	potatoes bananas nuts peanut butter dried fruit white fish	baked beans lentils and other pulses green vegetables tomatoes wholemeal bread cheese
Vitamin B12	liver kidney oily fish	beef lamb pork turkey fish eggs	chicken milk cheese yoghurt marmite ribena bran flakes
FOLATE	most fortified breakfast cereals, eg cornflakes, bran flakes, crисped rice liver spinach	yeast extract cabbage Brussels sprouts broccoli peas orange melon kidney	wholemeal bread/flour wheat biscuits cauliflower beef runner beans tomatoes parsnip potatoes green leafy salads ackee peanuts
VITAMIN C	blackcurrants orange (and orange juice) strawberries canned guava spring greens green and red peppers	broccoli, cabbage cauliflower, spinach tomato Brussels sprouts watercress kiwi fruit mango grapefruit	potatoes green beans peas satsumas eating apples nectarines peaches raspberries blackberries

	EXCELLENT	GOOD	USEFUL
IRON	fortified breakfast cereals liver kidney chicken liver liver sausage/pâté	wholemeal bread/flour wheat biscuits beef, beefburger corned beef lamb sardines, pilchards soya beans chick peas, lentils spinach, broccoli spring greens dried apricots raisins	white bread baked beans broad beans black-eyed peas blackcurrants salmon, tuna herrings sausage chicken and other poultry egg tofu
CALCIUM	green leafy vegetables sardines cheese tofu	pilchards yoghurt milk (all types) soya drink fortified with calcium cheese spread sesame seeds	canned salmon muesli white bread/flour peas, beans, lentils dried fruit orange egg yolk
ZINC	liver kidney lean meat corned beef	bacon ham poultry canned sardines shrimps and prawns tofu whole grain breakfast cereals nuts	sausages cold cooked meats canned tuna or pilchards eggs, milk, cheese beans and lentils brown or wholemeal bread plain popcorn sesame seeds
FIBRE	whole grain/wholewheat breakfast cereals such as bran flakes, wheat biscuits, shreddies, shredded wheat, sultana bran wholemeal bread baked beans chick peas, kidney beans (and most beans) lentils dried apricots dried figs prunes	muesli wholemeal pasta brown bread white bread with added fibre baked potato with skin sweet potato broad beans, fresh and frozen peas, sweetcorn, broccoli Brussels sprouts Quorn blackberries dried dates almonds, hazelnuts	puffed wheat cereal brown rice white pitta bread potatoes yam houmous canned peas cabbage carrots plantain banana mango raisins sunflower seeds potato crisps

Organisations

There are many organisations which offer help and support related to older people and older people with dementia.

Age UK

T: 0800 169 6565

www.ageuk.org.uk

Alcohol Concern

T: 020 7264 0510

E: contact@alcoholconcern.org.uk

Drinkline: 0800 917 8282

www.alcoholconcern.org.uk

Allergy UK

T: 01322 619898

E: info@allergyuk.org

www.allergyuk.org

Alzheimer Scotland – Action on Dementia

T: 0131 243 1453

E: alzheimer@alzscot.org

Helpline: 0808 808 3000

www.alzscot.org

Alzheimer's Society

T: 020 7423 3500

Helpline: 0845 300 0336

E: enquiries@alzheimers.org.uk

www.alzheimers.org.uk

Arthritis Care

T: 020 7380 6500

Helpline: 0808 800 4050

E: info@arthritiscare.org.uk

www.arthritiscare.org.uk

Asthma UK

T: 020 7786 4900

E: info@asthma.org.uk

Helpline: 0800 121 62 44

www.asthma.org.uk

Contact details for Asthma UK Cymru, Asthma UK Northern Ireland and Asthma UK Scotland can also be found on this website.

British Dental Health Foundation

T: 01788 546 365

Helpline: 0845 063 1188

E: mail@dentalhealth.org

www.dentalhealth.org

British Geriatrics Society

T: 020 7608 1369

E: info@bgs.org.uk

www.bgs.org.uk

British Heart Foundation

T: 020 7554 0000

Heart HelpLine: 0300 330 3311

E: supporterservices@bhf.org.uk

www.bhf.org.uk

Care Quality Commission

T: 03000 616161

www.cqc.org.uk

Carers UK

T: 020 7378 4999

E: adviceline@carersuk.org

www.carersuk.org

Chartered Institute of Environmental Health

T: 020 7928 6006

E: info@cieh.org

www.cieh.org

Coeliac UK

T: 01494 437278

Helpline: 0845 305 2060

www.coeliac.org.uk

Counsel and Care

T: 020 7241 8555

Advice line: 0845 300 7585

E: advice@counselandcare.org.uk

www.counselandcare.org.uk

Crohn's and Colitis UK

(National Association for Colitis and Crohn's Disease)

T: 01727 844296

Information line: 0845 130 2233

E: info@CrohnsAndColitis.org.uk

www.nacc.org.uk

Dementia UK

T: 020 7874 7200

E: info@dementiauk.org

www.dementiauk.org

Diabetes UK

T: 020 7424 1000

Careline: 0845 120 2960

E: info@diabetes.org.uk

www.diabetes.org.uk

Disability Wales

T: 029 2088 7325

E: info@disabilitywales.org

www.disabilitywales.org

Disabled Living Foundation

T: 020 7289 6111

Helpline: 0845 130 9177

E: helpline@dlf.org.uk

www.dlf.org.uk

Equality and Human Rights Commission

T: 020 3117 0235

Helplines:

England: 0845 604 6610

Scotland: 0845 604 5510

Wales: 0845 604 8810

E: info@equalityhumanrights.com

www.equalityhumanrights.com

Freelance Dietitians

E: admin@freelancedietitians.org

www.freelancedietitians.org

**International Longevity
Centre – UK**
Tel: 0207 340 0440
E: rhiannonfreeland@ilcuk.org.uk

Mental Health Foundation
London office
T: 020 7803 1101
E: mhf@mhf.org.uk
www.mentalhealth.org.uk
Scotland:
T: 0141 572 0125
E: scotland@mhf.org.uk

MIND
T: 0208 519 2122
Mind Info Line: 0845 766 0163
E: contact@mind.org.uk
www.mind.org.uk

**NAGE (Nutrition Advisory Group
for Older People)**
c/o the British Dietetic
Association
T: 0121 200 8080
E: info@bda.uk.com
www.bda.uk.com

National Care Association
T: 020 7831 7090
E: info@nationalcareassociation.
org.uk
[www.nationalcareassociation.
org.uk](http://www.nationalcareassociation.
org.uk)

National Family Carer Network
T: 01883 722 311
or 07747 460 727
E: info@familycarers.org.uk
www.familycarers.org.uk

National Heart Forum
T: 020 7831 7420
www.heartforum.org.uk

National Osteoporosis Society
T: 01761 471771
Helpline: 0845 450 0230
E: info@nos.org.uk
www.nos.org.uk

NHS Direct
T: 0845 4647
www.nhsdirect.nhs.uk

NHS Health Scotland
T: 0131 536 5500
E: nhs.healthscotland-
generalenquiries@nhs.net
www.healthscotland.com

NHS Live Well
<http://www.nhs.uk/livewell>

**Public Health Agency
(Northern Ireland)**
T: 028 9031 1611
www pubichealth.hscni.net

**RADAR (Royal Association for
Disability Rights)**
T: 020 7250 3222
E: radar@radar.org.uk
www.radar.org.uk

**Registered Nursing Home
Association**
T: 0121 451 1088
E: frankursell@rnha.co.uk
www.rnha.co.uk

**The Relatives and Residents
Association**
T: 020 7359 8148
Advice line: 020 7359 8136
E: advice@relres.org
www.relres.org

ResCare
T: 0161 474 7323
Helpline: 0161 477 1640
E: office@rescare.org.uk
www.rescare.org.uk

Sense
T: 0845 127 0060
Textphone: 0845 127 0062
E: info@sense.org.uk
www.sense.org.uk

Vegan Society
T: 0121 523 1730
E: info@vegansociety.com
www.vegansociety.com

Vegetarian Society
T: 0161 925 2000
E: info@vegsoc.org
www.vegsoc.org

WRVS
T: 0845 600 5885
E: enquiries@wrvs.org.uk
www.wrvs.org.uk

Useful resources

RESOURCES FOR OLDER PEOPLE

Check your local health promotion department or primary care trust website as they may produce easy-read or accessible versions of leaflets for use in your area. A selection of other useful publications is given below.

FOOD AND HEALTHY EATING

Eating Matters – A Resource for Improving Dietary Care in Hospitals
Published by the Centre for Health Services Research, University of Newcastle, 21 Claremont, Newcastle upon Tyne NE2 4AA.
T: 0191 222 7044

Eating Well for Older People with Dementia
Published by VOICES (1998). Details from the Caroline Walker Trust website www.cwt.org.uk

Food, Drink and Dementia
How to help people with dementia to eat well.
By Helen Crawley (2002). Available from: Dementia Services, Development Centre University of Stirling.
T: 01786 467740.
www.stir.ac.uk/dsdc

Food for Thought
A4 poster about nutrition for people with dementia.
Available from:
www.dsscotland.org.uk

Good Practice Guide on African Caribbean Foods
Published by the Relatives and Residents Association (2002). (For contact details see page 116.)

Mealtimes
Factsheet published by Scope.
Available from:
www.scope.org.uk/information/factsheets

Nutritional Care for Older People
By June Copeman.
Published by Age Concern, London (1999).

Food Standards Agency (FSA) publications

FSA publications are available from:
PO Box 369
Hayes
Middlesex UB3 1UT
T: 0845 606 0667
F: 020 8867 3225
Minicom (for people with hearing disabilities): 0845 606 0678
E: foodstandards@eclogistics.co.uk
www.food.gov.uk/aboutus/publications

The Balance of Good Health
FSA 0008
The Little Book of Salt
FSA1133

Publications by NAGE

NAGE is the Nutrition Advisory Group for Older People of the British Dietetic Association.

The following NAGE publications are available from Nutrition and Diet Resources UK.
www.ndr-uk.org/published-resources.html#NAGE

Eating Well and Keeping Well with Diabetes
Have You Got a Small Appetite? Staying Healthy

Videos
Fibre Keeps You Fit
Stimulating a Small Appetite
Supermarket Shopping and the Store Cupboard

Scottish Nutrition and Diet Resources Initiative

The following resources are for dietitians or health professionals to use with people with learning disabilities. (For details see: www.caledonian.ac.uk/sndri.)

Are You Constipated?
Healthy Eating and Gentle Exercise

ORAL HEALTH

Dental Care for Older People in Homes
Published by the Relatives and Residents Association (2002). (For contact details see page 116.)

NUTRITIONAL SCREENING

MUST Tool

The *MUST Tool* is widely used by health professionals in community settings to determine nutritional status. This tool is explained and can be viewed and accessed at: www.bapen.org.uk

Nutrition Assessment Checklist and Guidance Notes

Published by NAGE (Nutrition Advisory Group for Elderly People of the British Dietetic Association).
(For contact details see page 117.)

Local screening tools

For local screening tools, talk to your hospital or community dietitian who will be able to advise you on suitable tools to use.

CATERING AND MENU PLANNING

Catering for Health

Produced by the Food Standards Agency and Department of Health.
Published by TSO.
Available from:
T: 0870 600 5522.
E: bookorders@tso.co.uk.

Easy Cooking For One or Two and

More Easy Cooking For One or Two

By Louise Davies.
Published by Penguin Books.

Food in Care

By Diana Sandy.
Published by Macmillan Caring (1997).

Good Practice Guide on African Caribbean Foods

Published by the Relatives and Residents Association (2002).
(For contact details see page 116.)

National Association of Care Catering resources

The following resources provide practical guidance on catering in residential care, catering for special diets and catering for community meals. Further details are available from:
www.thenacc.co.uk.
T: 0870 748 0180.

The Catering Checklist Meeting CQC's Outcome 5 – Nutritional Care Menu Planning and Special Diets in Care Homes Quality Standard Indicators for Catering A Recommended Standard for Community Meals

Vegetarian for Life publications

Available from:
www.vegetarianforlife.org.uk

Vegetarian Living: A Healthy-living Handbook for Older Vegetarians and Vegans, or Those Who Care for Them
Catering for Older Vegetarians and Vegans: A Practical Guide for Care Homes, Retirement Schemes, and Others Catering for Older People

Nutmeg UK

www.nutmeg-uk.com
Provides menu planning software.

FOOD SAFETY AND HYGIENE

Food Standards Agency publications

(Their contact details are on page 117.)

Food Allergy and Other Unpleasant Reactions to Food PB1696
Food Safety PB0551
The Food Safety Act and You PB2507
Keeping Food Cool and Safe PB1649
Ten Tips for Food Safety.
Leaflet PB1684; posters in A4 or A2 sizes.

SUPPLIERS OF SPECIALIST EATING AND DRINKING EQUIPMENT, AND THICKENERS FOR PURÉED FOOD

Disabled Living Foundation
380-384 Harrow Road
London W9 2HU
T: 020 7289 6111
E: info@dlf.org.uk
Helpline: 0845 1309177
E: helpline@dlf.org.uk
Training: 020 7432 8010
E: training@dlf.org.uk
www.dlf.org.uk

The Disabled Living Foundation can advise on disability equipment.

Suppliers of specialist equipment

Specialist equipment is available from a number of suppliers including:

Ableworld
Stapeley Technology Park
London Road
Stapeley
Cheshire CW5 7JW
T: 01782 205901
www.ableworld.co.uk
See the website for store locations.

Kapitex Healthcare
Kapitex House
1 Sandbeck Way
Wetherby LS22 7GH
T: 01937 580 211

Nottingham Rehab Supplies (NRS)
Clintron House
Excelsior Road
Ashby de la Zouch
Leicestershire LE65 1NG
T: 0845 120 4522
E: customerservice@nrs-uk.co.uk
www.nrs-uk.co.uk

Smith and Nephew Homecraft
Sidings Road
Lowmoor Road Industrial Estate
Kirkby in Ashfield NG17 7JZ
T: 01623 721 000

Suppliers of thickeners, food moulds and soaking solutions for puréed diets

Abbott Laboratories – Multi-Thick
Norden Road
Maidenhead SL6 4XE
T: 01628 773355

Nutilis: Nutricia Clinical Care
Nutricia Ltd
White Horse Business Park
Newmarket Avenue
Trowbridge BA14 0XQ
T: 01225 711677
Clinical Nutrition Direct Helpline:
01225 751098
E: cndirect@nutricia.co.uk
www.nutricia-clinical-care.co.uk

Thick & Easy: Fresenius Kabi Ltd
Cestrian Court
Eastgate Way
Manor Park
Runcorn
Cheshire WA7 1NT
T: 01928 533533
www.fresenius-kabi.co.uk
Provide products such as moulds, thickeners and soaking solutions,

a range of ready-made drinks and recipes. They also provide product training materials and demonstrations for caterers.

Thixo-D: Sutherland Health Ltd
Unit 1
Rivermead
Pipers Way
Thatcham
Berkshire RG13 4EP
T: 01635 874488

Vitaquick: Vitaflo International Ltd
11-16 Century Building
Brunswick Business Park
Liverpool L3 4BL
T: 0151 709 9020
E: vitafo@vitafo.co.uk
www.vitafo.co.uk

EXERCISE AND PHYSICAL ACTIVITY

Active for Later Life
By the British Heart Foundation National Centre for Physical Activity and Health.
Published by the British Heart Foundation, London.
A resource for agencies and organisations promoting physical activity with older people.

Alive and Kicking – The Carer's Guide to Exercises for Older People
By J Sobczack (2001).
Published by Age Concern Books England.

Easy Exercises for the Older Person
By MP File and T File (1999).
Published by Springfield Books.

Good Practice Guide on Activities and Leisure
Published by the Relatives and Residents Association.
(For contact details see page 116.)

Keep Moving, Keep Young: Gentle Yoga Exercises for the Elderly
By M Graham (1988).
Published by Unwin, London.

More Active, More Often
A video explaining the practical benefits of setting up regular chair-based movement to music sessions for older people, and advice on how to set up the sessions.
Published by Research Into Ageing, Baird House, 15-17 St Cross Street, London EC1N 8UN.
T: 020 7404 6878

You Can Do It! – Exercises for Older People
By Margaret Ruddlesden.
Published by Hawker Publications Ltd, 13 Park House, 140 Battersea Park Road, London SW11 4NB.

HEALTH PROFESSIONALS

For advice on diets for older people, nutrition support and nutritional screening, contact a **dietitian**. You can access community dietitians through your GP or via your local health authority.

Freelance dietitians can be contacted at:
E: admin@freelancedietitians.org
www.freelancedietitians.org

Registered nutritionists can be found via the Association for Nutrition at:
www.associationfornutrition.org

For advice on swallowing and appropriate food and drink textures, seek support from a **speech and language therapist (SALT)**. You can access a community SALT via your GP or local health authority.

Independent registered speech and language therapists can be found at:
<http://www.helpwithtalking.com/>

For support around equipment to help people eat and drink well and keeping active, contact an **occupational therapist** via your GP or local health authority.

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www.cwt.org.uk

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