

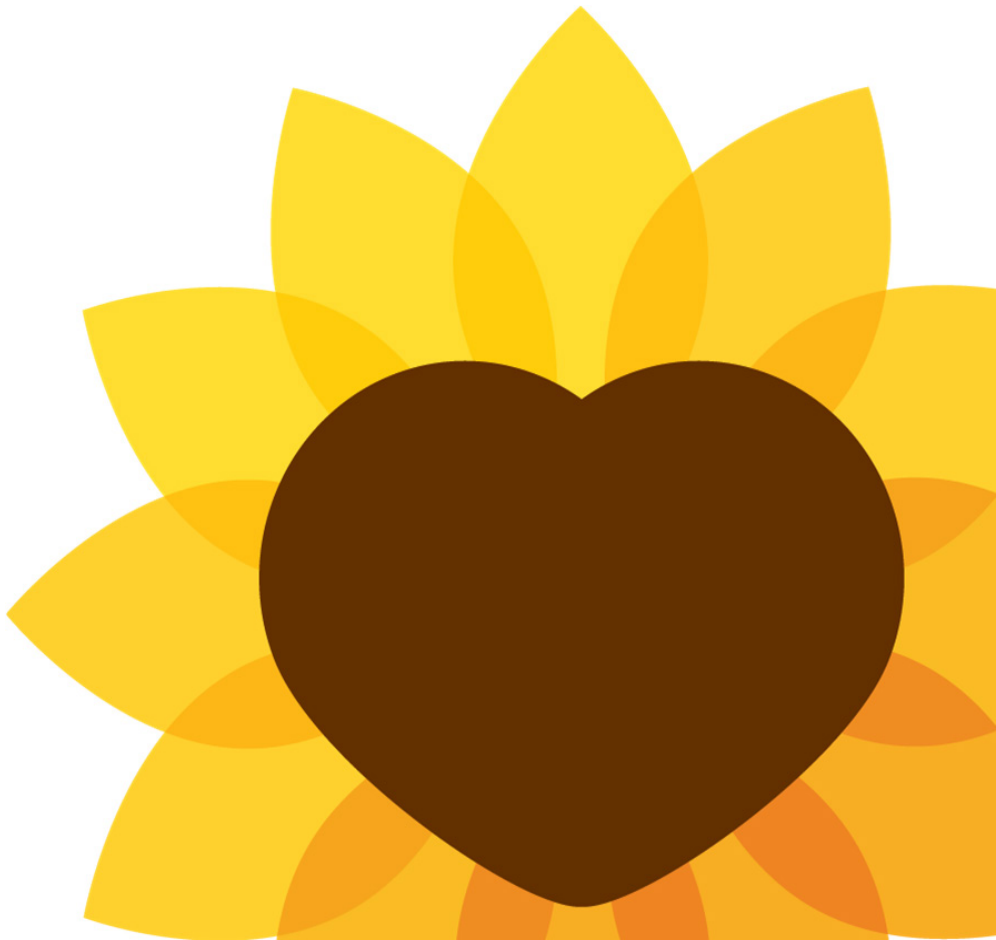


**East Cheshire
Hospice**

Where people come to live

Nutritional Advice for those with smaller appetites

Information for patients and their carers



It is important to understand that your appetite may vary throughout your illness, depending on several factors, such as:

- Specific disease
- Treatment
- Side effects to some medicines
- Acute illness
- Stage of illness

This information aims to provide you with some advice on how to get the most out of your dietary and fluid intake. We are unable to provide disease specific dietary information, however we can help to gain advice from alternative resources should you need it. For more detailed information specifically for you and your illness, please speak to a healthcare professional directly involved in your care.

Many people with a life limiting disease struggle to gain or even maintain weight, particularly during periods of illness, treatment or stress. Eating well whenever possible will help to maintain weight, fight infection, improve healing (e.g. wounds), and may also improve overall quality of life and general sense of well-being.

It may be difficult for you to change your diet, particularly if you have extremely healthy eating habits, but high sugar and fatty foods are recommended in those who are unwell, with a reduced appetite.

If you have a reduced appetite:

- Make the most of when you feel like eating – it doesn't have to be at set times
- Try having smaller portions or snacking through the day
- A small alcoholic drink before you eat may boost your appetite
- Try to make sure you are relaxed before eating
- Try to add additional enrichment

Adding value to your intake:

- Choose full fat options when using dairy products
- Add butter to potatoes, vegetables and pasta
- Add natural sweeteners (sugar, honey, syrup) to drinks
- Be generous when spreading butter, margarine

- Add jam, marmalade, honey, syrup, chocolate spread or peanut butter to baked goods and cereals
- Add hard or soft cheese, and cream to soups, potato dishes, casseroles and sauces
- Make up dried packet foods with milk instead of water if possible

Ideas for quick snacks:

- Cheese and crackers
- Nuts
- Soups
- Cereals/porridge
- Tinned fruit with cream/ice cream/evaporated milk
- Toast/crumpets/scones with spreads (as above) /cheese/ beans/banana/eggs
- Eggs – scrambled/omelette/boiled

Ideas for nutritious drinks:

- Hot milky drinks
- Milkshakes
- Fruit smoothies
- Supplements e.g Complan, Build Up can be bought. Other supplements e.g Ensure, Fortisip may be prescribed by your GP or recommended by a registered dietician

Altered taste

Sometimes during illness food can taste different or bland. Try:

- Foods you may not usually eat - consider experimenting with distinct flavours e.g. curries, chillies
- Add seasoning to meals
- Try adding acidic flavours to unusually sweet food e.g. lemon, vinegar
- Cold food may be more palatable as it tends to have less smell
- Keep your mouth clean and fresh

Sore mouth

A sore mouth may stop you eating even when you are hungry. Try:

- Soft foods which may be easier to chew and swallow
- Add sauces or gravy to meals to keep food moist
- Warm, rather than hot foods
- Avoid dry, coarse foods e.g toast, crisps, biscuits
- Drink as much as you can
- Avoid spicy foods, or food that may irritate your mouth e.g vinegar, fruit juice
- Use a soft toothbrush regularly to keep your mouth and teeth clean
- If possible, limit smoking and alcohol intake which can cause irritation to the mouth
- Seek advice if you have any dental issues, or your dentures are loose or poorly fitting
- A dry mouth may lead to soreness – maintain a moist mouth by sipping fluid regularly, using a water spray, using artificial saliva products or pastilles, sucking ice cubes or lollies

Difficulty swallowing

Swallowing is a complicated process which involves coordination of the tongue and muscles and nerves in the neck. Neurological conditions such as MND, MS, and Parkinson's can affect the muscles and nerves and cause difficulty swallowing (dysphagia). People with dementia and head and neck cancer can also be affected.

If someone has difficulty swallowing, there is a risk that when they swallow, food and drink doesn't go into their stomach but ends up in their lungs. This is called aspiration. It can cause choking, and if food gets into the lungs it can cause pneumonia.

It's important to make sure you are swallowing safely. Signs that you may have difficulty swallowing include:

- coughing or choking when eating or drinking
- bringing food back up, through the mouth or nose
- drooling of saliva
- being unable to chew food properly

- feeling that food is stuck in your throat or chest
- a wet or 'gurgly' sounding voice
- lung infections including pneumonia.

If you are having difficulty swallowing, contact your GP, district nurse or specialist nurse as it may be appropriate to consider a referral to saLT, depending on your condition to arrange an assessment from a speech and language therapist.

Based on the assessment, the speech and language therapist

- will make recommendations to modify what you are eating and
 - drinking. These can include:
 - observation when eating and drinking
 - taking a modified consistency diet
 - thickening fluids for drinking
- avoiding all food and drink by mouth – sometimes called nil by mouth (NBM)

In some rare instances, artificial nutrition and hydration may be considered – however this is not appropriate for most people. Follow the recommendations in the care plan and let someone know if you think the swallowing difficulty is getting worse.

You may find it helpful to share our information on eating and drinking with your family and friends, who can also gain an understanding of your nutritional needs and offer support.

Care in later stages of disease with reduced intake

Nutrition and hydration, and the way people eat and drink looks different in later stages of any disease. What eating and drinking looks like during this time can be distressing. Reduced food intake that occurs at this time can be very difficult to watch, as we often associate food with nourishment, care and love.

In life-limiting illness, nutritional requirements change as our body is in the process of slowing and shutting down. We need fewer calories, so our appetite and desire for food decreases. It is very important to remember that at the end of life most people will not experience hunger or thirst in the same way a healthy person

does. The decrease in appetite and the loss of thirst are natural processes. Forcing food and drink can cause uncomfortable symptoms such as bloating, nausea, vomiting, diarrhoea, constipation, swelling, gastric reflux, aspiration, choking.

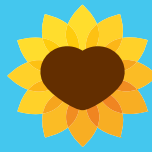
It is important that you determine what, how much, and how often you choose to eat or drink.

Nutrition and hydration in the last few days of life

It is very common for someone to become less interested in food in the last few days/small number of weeks of life. This is normal for those who are approaching end of life.

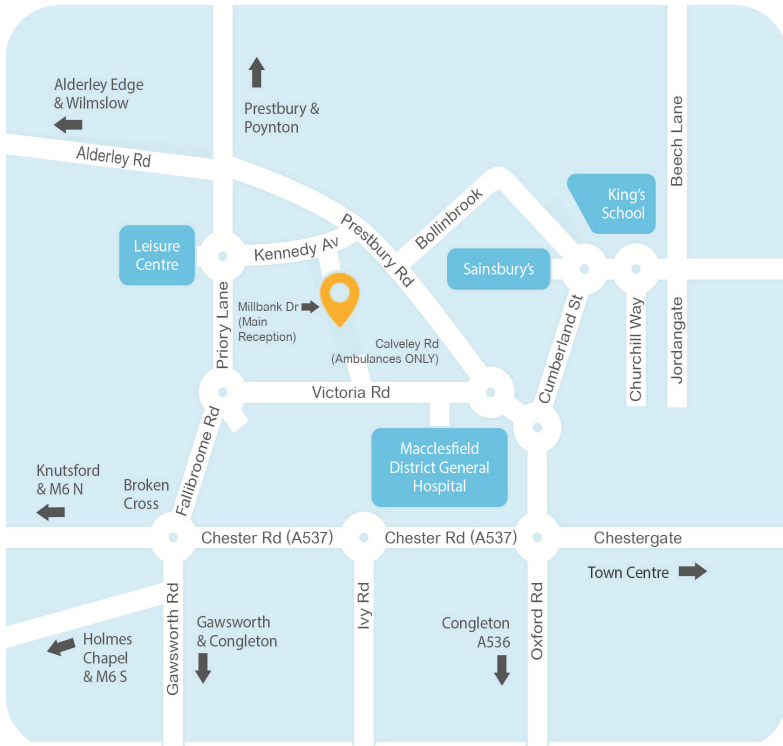
This doesn't tend to be distressing for the person who is dying but it can be very difficult for their family and friends. Providing food for our loved ones is a big part of showing that we care for them. Family and friends often want to continue doing this and don't want to feel that their loved one is hungry or thirsty.

Family and friends often ask if the person can have artificial hydration and nutrition, for example tube feeding or subcutaneous fluids. For some specific conditions, this is an option. For most conditions however, and often when people are in their final days, there is no evidence that it helps people to live longer or improves their quality of life.



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