When someone has dementia, it’s important that they remain as fit and healthy as possible – both physically and mentally. The better they feel, the better life will be for them and those around them. A person’s health and wellbeing is affected by many different factors.

This factsheet explains some of these factors and looks at adjustments that can be made to the person’s lifestyle or environment in order to boost their health.

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Mental wellbeing

Mental health and wellbeing is as important as physical health and wellbeing. When someone has dementia, they need:

- reassurance that they are still valued and that their feelings matter
- freedom from as much external stress as possible
- appropriate activities and stimulation to help them remain alert and motivated for as long as possible
- the opportunities to engage in activities that are meaningful and important to them
- healthy social interaction and relationships with others.

It is important to keep in mind that a person’s health will depend a lot on them as an individual. Each person will have interests, preferences and routines, as well as different physical needs and abilities. Being able to follow their routines and continue to enjoy their interests will impact on a person’s wellbeing as much as some physical factors, so it is important to remember to treat them as an individual.
Exercise

Exercise is beneficial to everyone, whether or not they have dementia, and everyone who is capable should get some exercise. There are lots of different types of exercise that can be adapted to individual preferences and abilities. For example, there are lots of seated exercises for people who have difficulty walking. Try to find a form of exercise that will be enjoyable – ask the GP, occupational therapist or physiotherapist for suggestions.

Exercising can:

- encourage mobility – and therefore independence – for as long as possible
- improve circulation and help prevent stiffness and muscle wasting
- aid relaxation, promote a sense of calm and help ensure a good night’s sleep
- reduce anxiety, stress and depression.

For more information see factsheet 529, Exercise and physical activity.

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Eating well

Eating too little or missing out on essential nutrients will reduce a person’s resistance to illness and can make someone with dementia feel more confused. If someone refuses to eat a balanced diet, the GP may suggest alternatives, or may prescribe vitamins or supplements.

- Eating fatty, sugary foods can cause considerable weight gain, leading to further health problems. Eating sugary foods can cause peaks and troughs in energy levels, making mood swings worse.

- If someone with dementia is eating so much that they feel uncomfortable, those around them may tactfully need to limit the amount of food available they eat, or offer low-calorie or healthy alternatives, depending on which is appropriate.

- If someone with dementia forgets to eat, they may need to be accompanied at mealtimes and encouraged to eat. Having ready-made meals delivered to the home (‘meals on wheels’) won’t help if the person forgets to eat them.

- If a person is struggling to use cutlery to eat, offer foods that can be eaten without a knife and fork, ie finger foods.

- It is very important to drink enough fluids. Dehydration is a health risk and can increase confusion in someone with dementia. Older people should drink about 1.6 litres or six to seven glasses a day.

For more information see factsheet 511, Eating and drinking.
Keeping warm

Being cold for any length of time is a serious health risk – particularly for older people and those who are inactive and have poor circulation. A drop in body temperature can cause hypothermia, which can result in loss of consciousness and, in extreme circumstances, death. The person you are caring for may feel the cold far more than you do, but they may not realise it or may be unable to tell you. The following things should help.

- Try to make sure that any rooms that are occupied during the day are kept warm. Draught-proofing and roof insulation will help.
- Encourage wearing layers of clothing, ideally with natural fibres, such as cotton and wool.
- Encourage regular movement, such as standing and sitting repeatedly, as this increases body temperature.
- Drinking hot beverages can also help people stay warm.
- If someone feels the cold a lot, they may need to wear a hat, gloves and warm socks if they go out, especially in cold weather – and indoors too, if necessary.
- Equipment can be installed to warn of extreme temperatures in the home. For more information see factsheet 437, Assistive technology – devices to help with everyday living.

You may be able to get a grant to make improvements to the home to help keep it warm. For information see factsheet 429, Using equipment and making adaptations at home.
Tackling constipation

This is a common problem among older people and those who are less physically active. Constipation can cause pain and discomfort, and can also make the person more confused. If problems persist, consult the GP. Try to avoid the need to use laxatives by taking steps to prevent constipation from occurring in the first place. You can help to prevent constipation by:

- providing plenty of foods that are high in fibre, such as wholegrain cereals, wholemeal bread, fruit and vegetables
- providing fibre supplements (available from health food stores and on prescription)
- offering plenty of liquid
- encouraging regular exercise.

Mental health and wellbeing is as important as physical health and wellbeing.

A good night’s sleep

We all need a good night’s rest, but dementia can cause people difficulties in getting to sleep. People can become confused about night and day, and may get up in the middle of the night, thinking that it is morning. Things that can help include:

- limiting daytime naps (which will impact on their ability to sleep through the night) and ensuring a range of stimulating activities – someone is more likely to doze off during the day if they are bored
- avoiding caffeinated drinks such as tea and coffee, particularly in the evening
- taking some form of exercise during the day
- finding soothing and relaxing ways to encourage the person to sleep, such as giving them a warm milky drink (which does not contain caffeine) at bedtime.
What to do about smoking

It’s common knowledge that smoking is bad for us, and when a person has memory loss smoking not only damages their health, it can also mean an increased fire risk.

Some people with dementia have been known to simply forget about smoking if cigarettes and ashtrays are removed from sight. Some people seek to stop their loved ones with dementia from smoking. However, if the person stops smoking, they may become tense and irritable. There are also ethical considerations around the person’s right to continue to enjoy something that they have enjoyed in the past, even if it is bad for them. This is something that should be discussed with the person with dementia, if possible, or with friends and family before a final decision is made.

If someone with dementia does smoke, those around them should try to make it as safe as possible – for example, by replacing matches with disposable lighters.

For those wanting to quit smoking, there is plenty of support available from the GP.

Alcohol

Having a drink in company can be a pleasant way to relax. However, people with dementia can become more confused after a drink, so may need to limit the amount they have. Also, alcohol doesn’t mix well with certain medicines. If in doubt, ask the GP for advice. People who have dementia related to past alcohol use should not drink alcohol.

If someone with dementia seems to be drinking too much because they’ve forgotten how much they’ve had, or if they are drinking inappropriately, you may choose to keep alcohol out of reach and out of sight. You might also decide to provide low alcohol or non-alcoholic substitutes, or watered down alcoholic drinks. As with smoking, it is important to balance the issue of the person’s right to enjoy a pleasurable activity against the risk it may pose.
Dealing with hearing problems

In people with dementia, poor hearing can add to feelings of confusion and isolation. If someone seems to have a hearing problem, ask the GP for a referral for a hearing test. The test and hearing aids, if needed, are free on the NHS.

If someone you know has hearing problems, the following tips may help.

- If the person uses a hearing aid, make sure it’s switched on and working properly. As dementia progresses, hearing aids can become too difficult for people to manage themselves and may simply add to the person’s confusion.

- If the person has hearing difficulties that a hearing aid can’t resolve, try to attract their attention before speaking to them. Touch them on the arm to indicate where you are, make sure you’re facing them and then speak slowly and clearly.

- If the person doesn’t understand you, try altering the form of words you’re using rather than repeating the same phrase more loudly. Make sure there’s no distracting noise, such as television, radio or loud voices. Remember to keep your questions simple, and never ask too many questions at a time as this may cause further confusion and distress.

Ensuring good eyesight

Problems with eyesight can increase confusion in people with dementia, and can make it harder for them to recognise people or objects. Optometrists have special techniques for assessing sight, even for people in the later stages of dementia. They should also check for cataracts and glaucoma (both of which can lead to blindness if left untreated), as well as for certain other medical conditions.

If someone with dementia has sight problems, you may need to tactfully remind them to wear their glasses and check that their lenses are clean.

Problems with hearing and eyesight can add to feelings of confusion and isolation in people with dementia.
Healthy teeth and gums

It is important that a person with dementia has regular dental check-ups to make sure there are no problems with their teeth, gums or dentures. Any pain or discomfort will cause distress and may lead to difficulties with eating and drinking.

If you notice that someone is having problems, such as swollen gums, ulcers, broken teeth or missing fillings, let the dentist know immediately. It can help to explain at the dentist’s that the patient has dementia. Encourage or help the person to follow the dentist’s instructions, such as brushing and flossing their teeth, and cleaning their dentures regularly.

For more information see our factsheet 448, Dental care and oral health.

Remaining mobile

The more mobile the person remains, the better it will be for their health, and the easier for those around them to manage. Look for ways to help the person remain mobile.

- If the person becomes unsteady on their feet, an occupational therapist should be able to provide information on aids and equipment, such as grab rails, to help them move around (for more information see factsheet 429, Using equipment and making adaptations at home).

- If the person spends a lot of time sitting down, they will need a firm, comfortable chair that is easy for them to sit down in and get up from.

- If the person needs support when they move around, an occupational therapist or physiotherapist can give advice on how carers can safely give them the support they need without injuring themselves.

- There are many chair based exercises that can help someone to stay mobile, such as raising legs in isolation. For more information see factsheet 529, Exercise and physical activity.
**Foot care**

Healthy feet are essential if the person with dementia is to remain mobile and active. The following tips should help.

- Make sure the person is wearing well-fitting shoes – although slippers are comfortable, they should not be worn for more than a few hours at a time, as they don’t offer enough support.

- Address problems such as corns or ingrown toenails by consulting a chiropodist registered with the Health and Care Professions Council (see ‘Other useful organisations’). Make sure the person’s feet are kept clean and dry, with toenails cut short. A chiropodist can help with cutting toenails if you find it difficult.

- Contact the GP in case of other problems – for example, if any part of the foot becomes swollen or painful, or if the skin changes colour.

**Bone health**

It’s very important for people with dementia to keep their bones as healthy as possible. This is because people with dementia are at risk of falls, and bone health makes a big difference to the effect of a fall.

Calcium and vitamin D are important for maintaining strong bones. Vitamin D deficiency is common in the UK, particularly in older people. The Department of Health recommends that people over the age of 65 take vitamin D supplements.

Good sources of calcium include milk, green leafy vegetables, dried fruit, tofu and yoghurt. Vitamin D can be found in eggs and oily fish, but most vitamin D is made in the skin in response to sunlight.

The recommended daily intake of calcium is 700mg, which is the amount found in about one pint of milk. About 20 minutes of sunlight exposure (without sunscreen) every day throughout the summer is thought to provide a person with enough vitamin D for the whole year.
Depression and anxiety

A certain amount of depression or anxiety is very common in people with dementia – particularly in the early stages, when they may be aware of their declining abilities. Those around them can help in the following ways:

- If they are able to talk about what is troubling them, listen and show that you are trying to understand their feelings. Do not brush their feelings aside or attempt to ‘jolly them along’ – their feelings are very real.
- Offer affection, reassurance and support.
- If you feel that the person is extremely depressed or anxious, ask the GP for advice – the sooner the better.

For more information see factsheet 444, *Apathy, depression and anxiety*.

Spotting a problem

It is important that everyone involved in the life of the person with dementia keeps an eye on their state of health. As the dementia progresses, they may become less able to identify health problems or to tell others about them, so it is important to look out for signs that the person might be in pain or discomfort.

If you help them wash or dress, discreetly look out for cuts and bruises in case they have any injuries that they haven’t told you about. Also look out for rashes or sore places. Any red patches that don’t go away after a few hours could be pressure sores, so tell the GP or district nurse immediately.

For more information see factsheet 512, *Pressure ulcers (bedsores)*.
Check-ups

It is worth arranging check-ups with the GP, as well as sight, hearing and dental checks, as soon as possible after the diagnosis of dementia. At this stage, many people are still able to give information about themselves and find it easier to adjust to any changes, such as using a different hearing aid. Also, later check-ups will be easier if the professional has been able to establish a relationship with the person at an early stage of their dementia.

If there's an area of particular concern, such as diabetes, make sure the person has regular check-ups.

It is recommended that people with dementia and their carers have a seasonal flu vaccination. Most GP surgeries organise vaccination sessions in the autumn. People over 65 and people with dementia are considered ‘at risk’, so they are entitled to a free flu jab.

For more information see factsheet 425, How the GP can support a person with dementia.
Medication

In general, the fewer drugs someone with dementia has to take, the better – both for their dementia and their general health. This includes prescription and over-the-counter drugs. If you are supporting someone with dementia, you may find the following tips useful.

■ As soon as possible after diagnosis, check with the GP to make sure that the person is not taking any drugs that they don’t need any more, and that they are taking the lowest possible effective dose of those they do.

■ If any drugs are used to relieve behavioural symptoms, make sure these are reviewed very regularly. (If someone you know is being prescribed drugs for this reason, see factsheet 408, Drugs for behavioural and psychological symptoms in dementia.)

■ If you suspect that the person’s medication may be increasing their confusion or causing other unwanted side-effects, tell the GP.

■ Help the person take their medication at the right time by using box compartments or individual tablets marked with days or times. For more severe memory problems, you may need to make sure that the person doesn’t overlook a dose or take an extra dose by mistake. You might even need to place medicines out of reach and out of sight as an extra precaution.

Other useful organisations

Chartered Society of Physiotherapy
14 Bedford Row
London, WC1R 4ED

020 7306 6666
enquiries@csp.org.uk
www.physio2u.co.uk

The professional, educational and trade union body for chartered physiotherapists, physiotherapy students and assistants. Provides contact details of private physiotherapists in your area.
College of Occupational Therapists
106–114 Borough High Street
London SE1 1LB

020 7357 6480
info@cot.co.uk
www.cot.co.uk

The professional, educational and trade union body for occupational therapists. Provides details of independent occupational therapists in your local area.

Health and Care Professions Council
Park House
184 Kennington Park Road
London SE11 4BU

0845 300 6184
www.hpc-uk.org

Maintains and publishes a register of health professionals who meet their standards so you can be sure that the professional is genuine and that you are protected.

Society of Chiropodists and Podiatrists
1 Fellmongers Path
Tower Bridge Road
London SE1 3LY

020 7234 8620
www.scpod.org

The professional body and trade union for registered podiatrists. Provides patient information on common foot problems and details of private practice podiatrists.
Alzheimer’s Society National Dementia Helpline
England, Wales and Northern Ireland:
0300 222 1122
9am–8pm Monday–Wednesday
9am–5pm Thursday–Friday
10am–4pm Saturday–Sunday

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