

Special Diets Catering Manual



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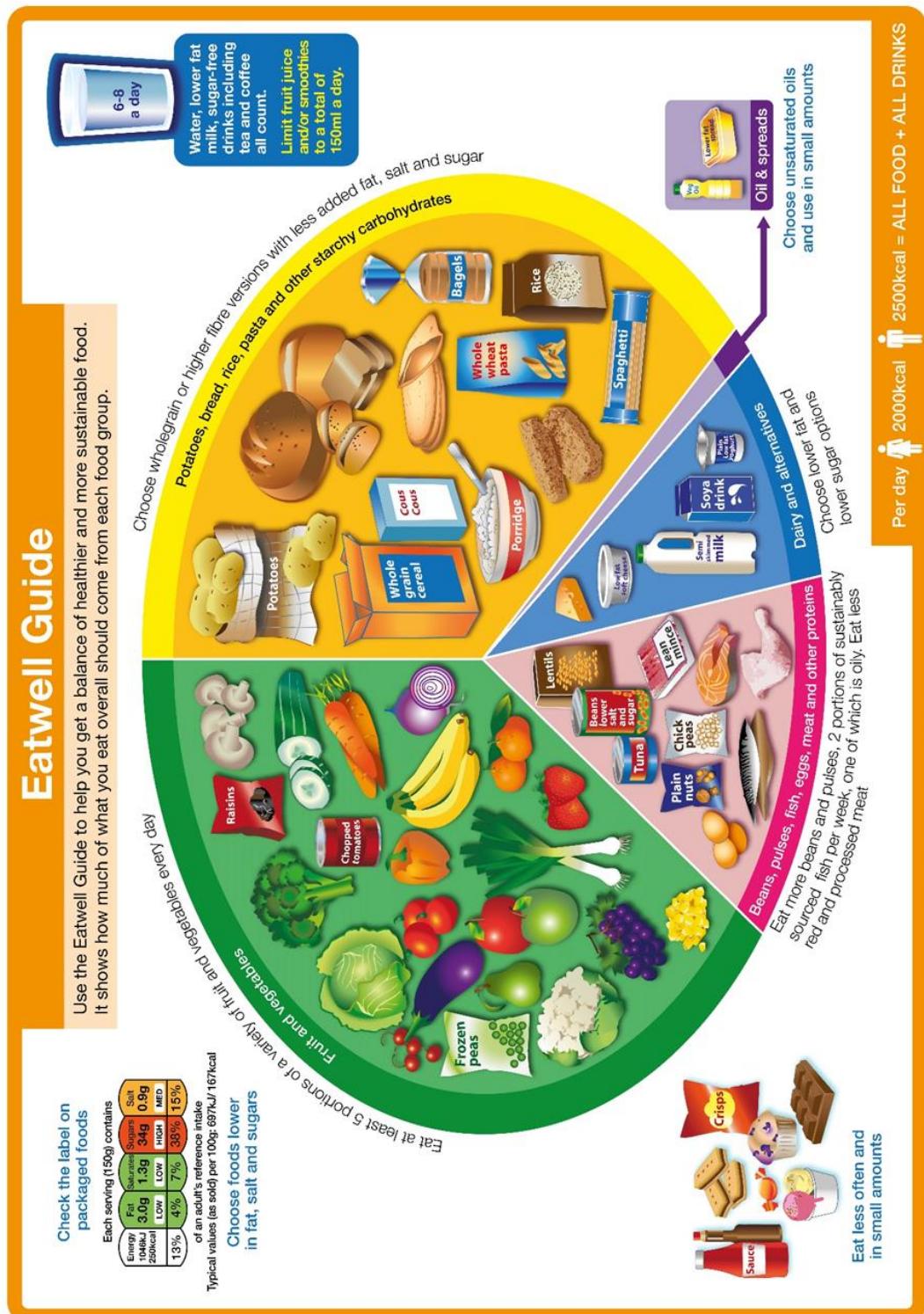
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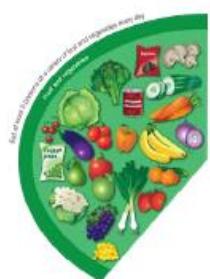
Chapter 1: Healthy Eating

The Eatwell Guide illustrates the proportions of each main food group needed to have a well-balanced and healthy diet. These proportions represent your diet over a day or a week, and don't reflect the proportion of each food group needed at each meal.



Fruit and vegetables:

- These are a good source of fibre, vitamins and minerals.
- Limit fruit canned in syrup, opting for fruit canned in juice instead.
- Eat at least 5 portions of a variety of fruit and vegetables per day.
- What counts as a portion?



1 medium apple



2 broccoli florets



2 halves of canned peaches



1 handful of grapes



1 medium banana



3 heaped tablespoons of peas



1 medium glass of orange juice



7 strawberries



3 whole dried apricots



Just Eat More
(fruit & veg)

www.doh.gov.uk/fiveaday



3 heaped tablespoons of cooked kidney beans



16 okra

NHS

Potatoes, bread, rice, pasta and other starchy carbohydrates:

Meals should be based around starchy carbohydrates as these are our main source of energy. Examples of wholegrain carbohydrates include: wholemeal pasta, wholegrain bread, pitta & chapatti, whole-wheat pasta, brown rice, wholegrain breakfast cereals and whole oats.



Why choose wholegrain varieties?

- Wholegrain varieties contain more fibre than the white or refined varieties.
- They are digested more slowly, helping you to feel fuller for longer.
- Replace sugar coated breakfast cereals with a low sugar alternative, e.g. Corn Flakes or Weetabix.
- Oats are an excellent source of fibre and can be prepared with milk, water or yoghurt (overnight oats).

What about potatoes?

- Leave the skin on.
- Prepare baked potatoes instead of roast potatoes or chips.

Include a portion at each meal. One portion consists of:

- 1 medium slice of bread
- 2-3 tablespoons of boiled rice/pasta
- 2 boiled new potatoes or 1 medium potato
- 3 tablespoons of breakfast cereal/porridge oats

Beans, pulses, fish, eggs, meat and other proteins:

These foods are a source of protein, vitamins and minerals, they include:



Meat:

- Choose lean cuts of meat or lean mince.
- Trim the fat off meat.
- Remove the skin from chicken.
- Grill instead of fry.
- Aim for 70g per day.

Fish:

- Aim for two portions per week.
- One portion should be oily (e.g. salmon, mackerel, herring).

- Select smoked, baked, steamed or poached varieties instead of fried/in batter.

Beans & pulses (also known as legumes):

- Include lentils, chickpeas, beans and peas.
- Low in fat & high in fibre.
- Source of protein, vitamins and minerals.

Other vegetables sources of protein include tofu, bean curd and mycoprotein e.g. Quorn.

Eggs:

- Scrambled, boiled or poached instead of fried.

Nuts:

- Source of protein and vitamins.
- High in fat, therefore limit intake.
- Avoid salted varieties.

Include two portions per day. One portion consists of:

- 60-90g of cooked meat or 140g of cooked fish
- 4 tablespoons of baked beans/pulses/tofu
- 1 tablespoon of nuts/peanut butter



Dairy and alternatives:

Includes milk, yoghurt, fromage frais, quark, cream cheese.

Butter and cream are not included as they are high in saturated fat and therefore, they should be eaten less often and in small amounts.

These are a good source of protein, vitamins and calcium.

Try to select the reduced fat options, e.g. semi-skimmed milk, low fat yoghurt and low fat or cottage cheese.

When purchasing dairy-free alternatives, select options which are unsweetened and have been fortified with calcium. Examples of fortified brands include Alpro, Koko, Tesco and Grower's Harvest.

Examples of dairy free alternatives include soya, almond, rice and oat.

Include two to three portions per day. One portion consists of:

- One 200ml glass of milk/calcium fortified alternative
- One small (125g) pot of yoghurt
- 30g cheese (a piece the size of two fingers, or a small match-box)

Oils and spreads:

Small amounts of fat are essential in our diet. However, all fats are high in energy and should only be included in our diet in small amounts. Switching from saturated to unsaturated fat can help to lower blood cholesterol.



Unsaturated fats:

- Examples include olive oil, rapeseed oil, vegetable oil
- Liquid at room temperature
- Usually from plant sources

Saturated fats:

- Examples include butter, ghee, the visible fat present in red meat, coconut oil, lard.
- Present in foods such as pastries, cakes and biscuits
- Solid at room temperature
- Usually from animal sources

Replace butter and margarine with a low-fat spread.

A portion consists of:

- 1 teaspoon of butter/spread
- 1 teaspoon of oil

Fluid:

Inadequate fluid intake can lead to dehydration. Signs of dehydration include increased thirst or dry sticky mouth. Other effects include tiredness, poor concentration, headache and dizziness or light-headedness. The colour of urine is usually the best indicator of hydration - clear or pale-yellow urine indicates adequate hydration.

Aim for 10 to 12 50ml cups (or 6 – 8 half pint glasses) of fluid per day. This can include:

- Water
- Milk
- Sugar-free drinks
- Tea
- Coffee

Fruit juice and fruit smoothies should be limited to 150ml per day.

Foods high in fat, salt and sugar:

These foods are not essential in our diet; therefore, the guidance is to eat less often and in small amounts. These foods include cakes, biscuits, chocolate, cream, ice cream, sweets and full-sugar soft drinks.

However, these foods can play an important role in nutrition support, when someone is experiencing a reduced appetite.

Try to choose foods with the following:

- Fat content 3g or less per 100g
- Sugar content 5g or less per 100g
- Salt content 0.3g or less per 100g

Food labels:

Try to select products which have more greens and ambers and fewer reds as these are lower in fat, sugar and salt. However, remember to check the serving size as sometimes this is not reflective of the typical serving size.

More information about The Eatwell Guide can be found at:
www.gov.uk/government/publications/the-eatwell-guide

Vitamin D:

Vitamin D is only found in a small number of foods and therefore it is difficult to get enough from diet alone. In the UK adults and children over the age of one should consider taking a daily supplement containing 10mcg of vitamin D, particularly during autumn and winter. Some groups of people are advised to take a supplement all year round, these groups include:

- Frail or housebound individuals who are rarely outdoors (e.g. in care homes).
- People from minority ethnic groups with dark skin such as those with African, African-Caribbean and South Asian origin.
- People who habitually wear clothes that cover most of their skin while outdoors.

Chapter 2: Vegetarian and Vegan Diets

There are different types of vegetarian diets that someone may follow:

types of vegetarian diet	will eat	will not eat
Demi-vegetarian	poultry, fish, eggs, dairy products	red meat
Pescatarian	fish	red meat and poultry
Lacto-ovo-vegetarian	eggs and dairy products	red meat, poultry, fish and ingredients derived from them e.g. gelatine, rennet
Lacto-vegetarian	dairy products	As above plus eggs, mayonnaise and salad cream
Vegans (see previous section)	only fruit, vegetables, cereals, nuts/beans/pulses	red meat, fish, eggs, dairy products and ingredients derived from them. Many vegans also avoid any animal derived products e.g. honey.

Special considerations need to be made to some nutrients to ensure a healthy balanced diet for vegetarians and vegans. These are: protein, iron, calcium, vitamin B₁₂ and vitamin D, as well as omega 3 fats, zinc, selenium and iodine.

Good sources of protein are:

- fish (pescatarians only)
- milk, cheese and yoghurt (lacto/lacto-ovo vegetarians only)
- vegetarian meat substitutes (but check for milk, egg and honey)
- beans and pulses e.g. lentils, beans, chickpeas
- tofu and soy milks
- nuts and nut butters

Good sources of iron are:

- dark green vegetables e.g. spinach and broccoli
- dried fruits e.g. figs, apricots and raisins
- pulses e.g. chick peas, kidney beans, soya beans and lentils
- nuts and seeds e.g. almonds, cashews, sesame seeds
- eggs (not suitable for vegans)

- wholemeal bread

Vitamin C helps the body absorb the iron from these foods more easily. Therefore, a small glass of pure orange juice, a fresh salad, lightly cooked vegetables or fresh fruit with each meal will ensure maximum absorption.

Tannin (found in tea) reduces the absorption of iron, so it is better taken between meals rather than with them.

Good sources of calcium are:

- milk and most dairy products (excluding cottage cheese) (not suitable for vegans)
- calcium enriched soya milks, tofu (if set with calcium chloride or calcium sulphate, not nigari)
- some dark green vegetables e.g. broccoli, spring greens
- nuts and seeds e.g. almonds, brazil nuts, hazelnuts, sesame seeds, sunflower seeds

Good sources of vitamin B₁₂ are:

- eggs (not suitable for vegans)
- dairy produce (not suitable for vegans)
- fortified breakfast cereals
- marmite
- fortified soya milk

Good sources of vitamin D are:

- eggs (not suitable for vegans)
- fortified margarine
- fortified breakfast cereals
- fortified soya milk
- oily fish (only for pescatarians)

Vitamin supplements may be required to ensure an adequate intake.

Note: The Department of Health recommend that everyone, especially people aged 65 years and over and people who are not exposed to much sun should take a daily supplement containing 10 micrograms of Vitamin D

Good sources of omega-3 fats are:

- oily fish (only for pescatarians)
- flaxseeds, walnuts, rapeseed and soya oils

Good sources of zinc are:

- beans (soak dried beans then rinse before cooking to increase zinc absorption)
- wholegrains e.g. whole meal bread
- nuts and seeds

Good sources of selenium are:

- nuts, especially Brazil nuts

Good sources of iodine are:

- iodised salt (small amounts)
- sea vegetables



Serving suggestions:

Breakfast:

- Cereal with soya milk
- Fruit or fruit juice
- Bread/toast & margarine/soya margarine + marmite

Mid-morning:

- Tea, coffee with soya milk, fruit juice
- Fruit, plain crisps, plain biscuits, nuts e.g. walnuts & biscuits

Lunch:

- Veggie sausages, veggie burgers, tofu, beans, lentils
- Vegetables or salad including sea vegetables
- Potatoes, rice or pasta
- Vegan Jelly, fruit & soya custard, hot dessert with soya custard

Mid afternoon:

- Tea, coffee with soya milk, fruit juice
- Fruit, nuts e.g. brazil huts, biscuit (milk/egg-free), soya yoghurt

Evening meal:

- Bean or lentil soup (not creamy)
- Baked potato with baked beans
- Sandwiches with peanut butter or humus
- Fruit, cake (egg/milk-free)

Bedtime:

- Tea, coffee, fruit juice or water
- Fruit, biscuit (egg/milk free)

Chapter 3: Food Allergy and Intolerance

Food Allergy is an abnormal immune system response resulting in the body making antibodies to 'fight off' a food. Normally symptoms arise within a few minutes of eating the offending food, although they may be delayed by up to a couple of hours. Symptoms can include rashes, swelling of the tongue, mouth, wheezing, itching, severe gut symptoms or (very rarely) sudden collapse. The rapid onset of symptoms, which always occur in response to the same food, mean that most people will already recognize that the food causes them a problem. There are reliable blood tests (IgE or RAST tests) and skin tests, available through the NHS that can show quite accurately the presence or absence of food allergy.

The foods that most commonly cause allergy are milk and eggs, nuts (including peanuts) and seeds, shellfish, fish, wheat, soya and some fruits such as citrus and kiwi.

If someone has a food allergy it is important that they do not eat even tiny amounts of the food they are allergic too as this could cause a reaction, which in some people can be severe or life threatening (anaphylaxis).

Food intolerance is much more common than food allergy and is not caused by the immune system. The onset of symptoms is usually slower and may be delayed by many hours after eating the offending food. The symptoms may also last for several hours, into the next day or sometimes longer. Intolerance to several foods or a group of foods is not uncommon, and it can be much more difficult to decide whether food intolerance is the cause of chronic illness, and which foods or substances may be responsible. With food intolerance, some people can tolerate a reasonable amount of the food, but if they eat too much (or too often) they get symptoms because their body cannot tolerate unlimited amounts. Symptoms are varied however are usually gastrointestinal related such as bloating, diarrhoea, nausea, vomiting, irritable bowel and can include skin rashes and sometimes fatigue, joint pains, dark circles under the eyes, night sweats and other chronic conditions.

Care should be taken to avoid cross contamination of foods with potential allergens in care home stores, kitchens and serving areas.

By law all common allergens in pre-packaged foods must be highlighted in bold on the ingredients list, so check for these before serving foods to a patient/resident with a food allergy or intolerance.

If a patient / resident requires an allergen free diet, please contact your kitchen to request suitable menu choices.

The above and further information can be obtained from **Food Allergy UK:** www.allergyuk.org



Chapter 4: Gluten Free Diet

A gluten free diet is required for patients who have coeliac disease or dermatitis herpetiformis.

Gluten is a type of protein found in **wheat, barley and rye** and these have to be avoided.

Some people also have to avoid oats.

In **coeliac disease**, gluten damages the lining of the small intestine which leads to food not being absorbed properly by the body. Diarrhoea, weight loss, tiredness or anaemia are common symptoms. In **dermatitis herpetiformis**, gluten causes an itchy rash. There may also be symptoms of coeliac disease.

A gluten free diet means avoiding all foods containing or made from wheat, rye, barley. You will need to check whether your patient avoids **oats** or not. If they tolerate oats, choose those that are labelled 'gluten free' which means that they are less likely to be contaminated with other grains containing gluten. All pre-packaged foods now must be clearly labelled if it contains any gluten containing cereal.

Some ingredients are made from gluten containing cereals but are processed to remove the gluten e.g. glucose syrup, maltodextrin, distilled alcoholic drinks. Any foods labelled 'gluten free' have to contain less than 20 parts per million (ppm) of gluten. This means that there are some foods e.g. breakfast cereals which contain gluten containing ingredients (in this case barley malt) but have a low enough content to be considered 'gluten free' e.g. many supermarket own brand cereals are safe but not Kelloggs cereals. Check the Coeliac UK food and drink directory for details of products.

The following list gives a guideline only of foods which need to be avoided. For further help, including additional information on labelling and cross contamination, contact **Coeliac UK** on their helpline: **0333 332 2033** or check their website: www.coeliac.org.uk



A coeliac patient may have an up to date copy of the food and drink directory which will give you information on gluten free products; if possible, ask relatives to bring this in and ask the patient which products they usually have.

If in doubt, contact your dietitian.

The following should be avoided. If in doubt, **DO NOT USE**:

- Barley, pearl barley
- Breadcrumbs
- Bran
- Bulgur wheat
- Couscous
- Dinkle
- Durum wheat
- Einkorn
- Emmer Wheat
- Hydrolysed wheat protein
- Kamut
- Oats*
- Semolina
- Rusk
- Rye
- Spelt
- Triticale
- Wheat
- Wheat bran
- Wheat flour
- Wheat protein
- Wheat rusk
- Wheat starch

*depending on tolerance

NB: Please try not to allow traces of the above to come into contact with gluten free meals. Even the tiniest amount could make the patient ill. When toasting bread in a toaster, use a 'toaster bag' to minimize risk of cross contamination. Toaster bags can be bought from kitchenware shops and supermarkets. Bread boards, baking trays, deep fat fryer oil and butter dishes / jars of jam or similar products can also be source of contamination with crumbs of food containing gluten.

Foods marked with * need to be checked with the Coeliac UK food and drink directory, as recipes and manufacturing methods can vary.

food group	suitable ✓	not suitable ✗
bread, other cereals and potatoes	rice - white or brown gluten free pasta Corn Flakes*, Rice Krispies*, gluten free cereals gluten free bread - white or wholemeal gluten free flour - white or wholemeal, corn flour, potato flour, soya flour, chickpea flour (gram flour), arrowroot potatoes - boiled, mashed, jacket rice cakes	wheat, rye, barley and oats and foods made from these cereals ordinary pasta, noodles Weetabix, Ready Brek, porridge, muesli, Shredded Wheat, puffed wheat etc. ordinary bread, rolls, Ryvita cream crackers, oatcakes ordinary flour, white, wholemeal, brown - any type barley frozen potato croquettes, instant mashed potato crispbreads
meat, fish and alternatives	all fresh and frozen meats Quorn, Tofu, textured vegetable protein (TVP), hydrolysed vegetable protein (HVP) all plain fish, fresh, frozen, canned in oil, brine or water all normal methods of cooking eggs lentils and dry beans	meat pies, any meat cooked with flour or breadcrumbs dried packet meats, sausages tinned meat*, beefburgers*, ham*, meat paste*, paté* readymade products made with any meat substitute fish fingers, battered or breadcrumbed fish, tinned fish in sauce*, fish paste* scotch eggs baked beans* dry roasted peanuts*, peanut butter*
milk and dairy foods	all types of milk plain and fruit yoghurts fromage frais cheese	yoghurts containing cereal e.g. muesli yoghurts processed cheese*, cheese spreads*

food group	Suitable ✓	not suitable ✗
fruit and vegetables	fruit: fresh, frozen, dried, tinned in syrup or water vegetables: fresh, frozen, tinned in salt and water	fruit pie fillings* tinned vegetables in sauce*
foods containing fat, foods containing sugar	butter, lard, margarine, cooking oil cream gluten free puddings gelatine, jelly rice pudding, sago, tapioca sugar, golden syrup, honey, jam, marmalade Complan	packet suit mix ice-cream* ice-cream wafers and cones sponge puddings, crumbles, pastries, semolina, macaroni pudding, trifle, pancakes mousses*, canned milk puddings*, custard powder*, canned custard* ordinary cakes, biscuits sweets*, chocolates* and chocolate bars* mincemeat*, lemon curd*, lemon cheese* chocolate spread* cooking chocolate, cake decorations*, marzipan* malted milk drinks e.g. Ovaltine, Horlicks, Barley water/squash hot milk drinks*, milkshakes*, cocoa*, drinking chocolate*, tomato juice*, cloudy fizzy drinks*
miscellaneous	yeast salt, pure pepper, herbs vinegar, pure spices bicarbonate of soda, cream of tartar gravies thickened with cornflour Bovril*	packet, tinned soup pepper compounds, packet condiments, curry powder* baking powder*, cook-in sauces, soy sauce, packet stuffing mixes *savoury spreads, bottled sauces, chutneys, pickles and mustard *stock cubes, gravy mixes and brownings beef, chicken, vegetable or yeast extracts*



Serving suggestions:

Main meal - A portion of:

- rice, gluten-free pasta, potato, gluten free-bread
- meat, poultry, fish, egg (without flour thickened sauces or breadcrumbs) or cheese, beans (without sauce)
- vegetables/salad
- fruit, yoghurt, jelly, homemade milk puddings, any desserts listed in Coeliac UK Directory

Snack meal:

- homemade soup or soup listed in Coeliac UK Directory or stated as gluten free from supplier
- baked potato or sandwiches made with gluten-free bread with meat, poultry, fish, egg and salad
- fruit, yoghurt, jelly, gluten free cake or biscuit

Snacks:

- gluten-free crackers, biscuits, cakes
- fruit

Chapter 5: Low Lactose Diet

Lactose is a natural sugar found in animal milk and milk products such as cow's, goat's & sheep's milk including yoghurts, ice cream, cream, and in lower levels in cheese. Some cheeses are naturally low in lactose and so are often suitable e.g. edam, gouda, mozzarella, cheddar, brie, stilton, Danish blue and cream cheese. Lactose may also be added as an ingredient to less obvious foods such as ham, chips or crisps, so check the label for 'milk' or 'lactose'.

Some medicines and artificial sweeteners also contain small amounts of lactose.

Lactose intolerance means that the body cannot break down (digest) lactose. Undigested lactose causes symptoms such as cramping pain, wind, bloating, diarrhoea and nausea. Following a diet low in lactose relieves these symptoms, however level of tolerance will vary from person to person and it may not be necessary to avoid completely. Discuss with your patient what they feel they can tolerate.

If the lactose intolerance is due to coeliac disease, surgery or following a course of antibiotics or having an infection, it is likely to be temporary. In this case keep to very low lactose products until the gut has recovered, then lactose can gradually be reintroduced.

As dairy products are a good source of calcium, it is important to ensure that alternatives are given e.g. using Lactofree™ milk or products (which is cow's milk with the lactose removed) or calcium fortified alternatives such as those made from soya, oat, rice, nut, coconut, flaxseed, sesame, quinoa, hemp or potato milks, yoghurts, cream and ice cream.



Serving suggestions:

Breakfast:

- Cereal with fortified soya/nut/oat milk or Lactofree™
- Fruit or fruit juice
- Bread/toast & butter/marg./soya marg. + jam/marmalade etc.

Mid-morning:

- Tea, coffee with Lactofree™ or soya milk, fruit juice
- Fruit, plain crisps, plain biscuits, hard cheese (if tolerated) & biscuits

Lunch:

- Meat, chicken, fish, egg
- Vegetables or salad
- Potatoes, rice or pasta
- Jelly, fruit & soya custard, hot dessert with soya custard

Mid-afternoon:

- Tea, coffee with Lactofree™ or soya milk, fruit juice
- Fruit, biscuit (milk-free), soya yoghurt

Evening meal:

- Soup (not creamy)
- Baked potato with suitable topping
- Sandwiches
- Fruit, cake

Bedtime:

- Tea, coffee, fruit juice or water
- Fruit, biscuit

Chapter 6: Religions

The following page is to provide a guide to the dietary restrictions observed by different religions. Each individual will vary as to how strictly they follow the diets within their faith, so it is **important** to ask.

food item eaten	Rasta-farian	Jew	Sikh	Muslim	Hindu	Buddhist
eggs	some	no blood spots	yes	yes	some	some
milk/yoghurt	some	vegetarian. not eaten with meat.	yes	not with rennet	not with animal rennet	some
cheese	some	vegetarian. not eaten with meat	some. non animal rennet	not with rennet	not with animal rennet	some
chicken	some	kosher	some	halal	some	no
mutton/lamb	some	kosher	some	halal	some	no
beef	some	kosher	no	halal +/- kosher	no	no
pork	no	no	rarely	no	no	no
fish	with fins and scales, less than 12" long	with scales and fins	some	with scales and fins	yes / with fins and scales	some
shellfish	no	no	some	yes	some	no
animal fats	some	kosher	some	some halal	no	no
alcohol	some	yes	some	no	some	no
caffeine	some	yes	yes	yes	some	some
nut/pulses	yes	yes	yes	yes	yes	yes
fruit/vegetables	yes	yes	yes	yes	yes	yes
fasting	varies	Yom Kippur	varies	Ramadan	varies	varies

Halal: meat from animals which have been killed according to Muslim Law.

Kosher: prepared in accordance with the dietary laws of the Jewish faith.

1. *Oxford Handbook of Nutrition and Dietetics 2nd Edition*, Webster-Gandy, Madden, Holdsworth, 2012, Oxford University Press

2. *Manual of dietetic practice 4th edition*, Thomas and Bishop, Blackwell Publishing, 2007

3. BBC online resource – religions, worships and customs,

http://www.bbc.co.uk/religion/religions/rastafari/customs/customs_1.shtml 2009 [accessed 26-11-2019]

Chapter 7: Constipation/Diverticular Disease

Causes:

The most common causes include:

- not eating enough fibre – such as fruit, vegetables and cereals
- not drinking enough fluids
- immobility - not moving enough and spending long periods sitting or lying in bed
- reduced gut motility e.g. in patients with multiple sclerosis or spinal injuries
- a side effect of medicine
- stress, anxiety or depression

Complications:

Faecal impaction -

Long-term constipation can lead to faecal impaction. This is where stools build up in the rectum. The main symptom is diarrhoea after a long bout of constipation.

Diverticular disease -

Diverticular disease and diverticulitis are more likely to occur if there's not enough fibre in the diet. Diverticula are small bulges or pockets that can develop in the lining of the intestine as you get older. Most people don't get symptoms and only know they have them after having a scan.

If the diverticula become inflamed or infected, causing more severe symptoms, it's called diverticulitis. If someone has diverticulitis, they may be recommended to stick to a fluid-only diet for a few days until symptoms improve. When recovering, a very low-fibre diet is recommended to rest the digestive system. (See chapter on Low Residue/Low Fibre diet).

Once the symptoms have gone, they can gradually return to a higher fibre diet.

Fibre:

Fibre /roughage is found in plant foods and is the part that humans cannot digest.

Insoluble fibre isn't broken down by the gut and absorbed into the bloodstream, it adds bulk to waste in the digestive system. It is found in whole grains, nuts, fruits and vegetables (specifically in the stalks, skins, and seeds) and doesn't dissolve in water.

Soluble fibre acts like a sponge; soaking up water making stools larger, softer and easier to pass. Good sources of soluble fibre are oats, fruit and vegetables e.g. beans, peas.

In the UK, the average fibre intake for adults is 60% (18g) of what it should be (30g).

General dietary changes:

To make stools softer and easier to pass:

- ensure drinking plenty of fluids, with and between meals
- increase fibre, particularly wheat and other cereals
- food/drinks at regular intervals to encourage the gut to function effectively

Fibre rich sources:

- Starchy foods: porridge, oat bran, high fibre breakfast cereals, sweet potato, potato with skin, wholemeal or wholegrain bread and pasta
- Beans and pulses such as baked beans, hummus and dahl
- Vegetables: peas, parsnip, mixed veg (from frozen), green beans, carrot, canned sweetcorn and broccoli
- Fruits: pear, apple, raspberries and blackberries, plums and prunes, banana and orange
- Nuts (almonds, hazelnuts and peanut butter) and seeds

Constipation:

food group	choose ✓	limit ⚡
bread, other cereals and potatoes	wholegrain varieties of breakfast cereals e.g. Weetabix, Shredded Wheat, bran flakes, wholemeal bread or chappatis, brown rice, wholemeal pasta, porridge oats crispbreads potatoes (jacket)	potatoes - fried, roast, chips rice or corn-based cereals e.g Rice Krispies, Cornflakes cream crackers
fruit and vegetables	all types (include skins where possible) – fresh, tinned or dried aim for at least 5 portions of fruit and vegetables per day and give large portions prunes and prune juice	
meat, fish and alternatives	all types of lean meat and poultry fish - poached, steamed, grilled or baked eggs - poached, scrambled or boiled pulse vegetables (beans and lentils)	fried meat, meat products such as beef burgers, sausages, meat pies, tinned meat fried fish fried eggs nuts and nut butters
milk and dairy foods	reduced fat dairy products e.g. semi-skimmed milk diet yoghurts reduced fat cheese	whole milk full fat yoghurts full fat cheese
foods containing fat, foods containing sugar	low fat spreads low fat mayonnaise, salad dressings low fat and low sugar puddings made with wholemeal flour digestive biscuits, scones, currant buns, teacakes - made with wholemeal flour reduced sugar jam/marmalade artificial sweeteners in diet chocolate drinks e.g. highlights, options	butter, margarine, lard, oils creamy sauces and dressings cream, ice cream creamy, high fat/sugar puddings cream and chocolate biscuits cakes, pastries sweets and chocolate chocolate and malted drinks e.g. Horlicks, Ovaltine



Meal suggestions:

Breakfast:

- porridge or other wholegrain cereal with fruit

Main meals:

- jacket potatoes, brown rice, wholemeal pasta or wholemeal bread
- meat, poultry, fish, eggs, pulse vegetables e.g. lentils, baked beans or reduced fat cheese
- large serving of vegetables or salad
- fresh fruit, tinned fruit in juice or stewed fruit, wholemeal fruit crumble,
- wholemeal bread and butter pudding with yoghurt, custard or ice cream.

Snack meals:

- lentil/vegetable soup
- jacket potato with baked beans and salad
- wholemeal sandwiches containing lean meat, poultry, fish, egg, peanut butter, reduced fat cheese and salad
- fresh fruit, tinned fruit in juice, stewed fruit with artificial sweetener, diet yoghurt
- cakes, biscuits made with wholemeal flour

Snacks:

- fruit – fresh, tinned or dried
- fruit cake, fruit scone (made with wholemeal flour if possible)
- flapjack
- digestive biscuit

Chapter 8: Low Residue Diet

What is a low residue/fibre diet?

Dietary fibre is the part of cereals, pulses, vegetables and fruits which are not digested and continues to pass down the gut. This diet is made up of foods that are easily digested and absorbed leaving minimal residue in the bowel.

When is a low residue/fibre diet needed?

This diet is recommended when people need to avoid foods that may irritate an inflamed bowel or obstruct narrowed parts of the bowel. It may be required after an operation or for diarrhoea. A diet low in fibre may reduce the amount of gas produced and bulk passing through the bowel. This should help to reduce symptoms such as bloating and abdominal discomfort.

General principles and tips:

- Encourage to chew foods slowly and thoroughly
- Eat small meals at regular intervals (every three to four hours)
- Avoid food that is too hot or too cold
- Ensure meals are soft and well cooked
- Avoid tough or stringy foods
- Avoid skins, pips and seeds
- Avoid raw or hard vegetables
- Avoid tough, fibrous, gristly meat
- Include as wide variety of suitable foods as possible
- Some people may tolerate smooth, blended fruits and vegetables such as smoothies or soup
- Use white cereals and white bread instead of wholegrain/wholemeal varieties
- Limit fruit and vegetables to small, cooked portions of those allowed
- Avoid rich sauces and spicy foods if they worsen symptoms

food group	suitable ✓	not suitable ✗
bread, cereals, crackers	<p>white flour, white bread, white bagels, potato cakes, crumpets, pikelets, English muffins,</p> <p>white rice, pasta, rice or egg noodles, couscous, polenta, ground rice, semolina, tapioca, sago arrowroot, custard powder, cornflour</p> <p>Rice Krispies®, cornflakes, puffed wheat, puffed oats, milled oat products such as Ready Brek® or instant porridge sachets</p> <p>plain crackers such as cream crackers, water biscuits cornish wafers, Ritz®' crackers, crisps, puffed maize or corn snacks</p>	<p>wholemeal or granary flours and breads, rye bread, seeded bread, brown rice, wild rice, black rice, wholemeal noodles whole-wheat pasta, wheat germ, quinoa, any other wholegrains</p> <p>Branflakes®, wheat flakes, Allbran®, Weetabix®, Shredded Wheat®, muesli, whole porridge oats, bran, granola, Shreddies®, Cheerios®</p> <p>seeded or whole grain crackers such as Ryvita®, Krackerwheat®, popcorn</p>
fruit all fruit should be soft and ripe with skins, pips and seeds removed	banana, tinned peaches, tinned pears, tinned mandarins, lychee, stewed apple, soft and de-skinned pears, peaches, nectarines, fruit juices	dried fruit, fresh fruit with peel or seeds such as kiwi fruit, unripe banana, strawberries, blackberries, blueberries, rhubarb, pineapple, prunes, pomegranate, passion fruit, fibrous mango.
vegetables all vegetables must be well cooked. remove skins and seeds where possible	de-skinned potato, sweet potato, butternut squash root vegetables such as carrots, parsnip, swede, turnip peeled cucumber, skinned & deseeded tomatoes and peppers, avocado, cauliflower & broccoli florets (no stalks) peeled marrow, aubergine, courgette. finely chopped and well-cooked onion clear or strained soup	potato skins, celery, sweet corn, raw vegetables, french, green or runner beans, mange tout, radish, artichokes, fennel, leeks, peas, mushrooms, asparagus green leafy vegetables for example cabbage, kale, cavolo nero, brussel sprouts, spinach coleslaw chunky soup

food group	suitable ✓	not suitable ✗
milk and dairy foods	milk, cheese, cream, butter, crème fraîche, fromage frais, smooth yoghurt, custard, rice pudding, milk puddings, mousse, ice-cream non-dairy alternatives such as soya, oat, almond, cashew, hazelnut drink, soya desserts	any dairy products containing fruit, nuts, seeds or cereals such as yoghurts with added whole grains or granola
meat, fish, poultry and alternatives meat should be tender and not stringy, tough or gristly	any fresh, frozen, smoked, tinned meat, poultry or fish plain or covered in white breadcrumbs eggs - scrambled, boiled, poached, fried smooth nut butters such as peanut, cashew, almond tofu, soya mince	any meat/fish cooked with wholemeal flour/breadcrumbs fish/meat pies made with wholemeal pastry pulse vegetables e.g. beans, lentils, peas, kidney beans, chickpeas nuts, seeds, coconut tinned fish with bones such as sardines Quorn®
foods containing fat, sugar	margarine, butter, oil cream, ice-cream rice pudding, fruit pie, sponge and custard, creme caramel, egg custard, mousse jelly, meringues plain biscuits e.g. rich tea, bourbon, custard cream etc. plain cakes, scones made with white flour	fruit cake or scones, flapjack, cereal bars, garibaldi or digestive biscuits cakes/puddings made with wholemeal flour or containing dried fruits or nuts
miscellaneous	jam or marmalade without pieces of peel or fruit, honey, syrup, lemon curd, boiled sweets, chocolate, mayonnaise, salad cream, vinegar, gravy, soya sauce, marmite®, stock and stock cubes, passata, smooth sauces, for example cheese sauce, white sauce, tomato ketchup, smooth mustard, pepper, salt, spices, herbs	jam or marmalade with peel or pieces of fruit, chocolate with dried fruit and/or nuts, chutney, pickle, wholegrain mustard.



Serving suggestions:

Breakfast:

- Cornflakes/Rice Krispies® and sliced ripe banana with milk or non-dairy alternative
- Ready break with stewed apple (no skin or pips) and cinnamon
- Plain yoghurt with tinned peaches
- Scrambled egg on white toast
- White bread or toast with butter/spread and smooth peanut butter or jam or Marmite

Main meals:

- Cottage pie (with carrot and finely chopped, well cooked onion) with cauliflower florets
- Grilled salmon with boiled potatoes (no skins) and roasted butternut squash
- Tofu with sweet and sour sauce and noodles or rice with carrots
- Tuna pasta bake (white pasta)
- Jacket potato scooped out of skin with tuna mayonnaise, egg mayonnaise, cheese
- Cheese on white toast
- Chicken casserole made with potatoes, carrots and parsnips
- Beef stew (meat must be tender) with dumplings and swede
- Baked white fish with cheese sauce and mashed potatoes, cauliflower and broccoli florets

Puddings:

- Stewed apple or pear (no skin or pips) with custard, ice-cream, plain or smooth fruit yoghurt, jelly
- Rice pudding with stewed plums (no skins)
- Cheese and crackers with ripe pear (no skin)
- Yoghurt with ripe banana

Snacks:

- Clear soup
- White bread sandwich or roll filled with meat, poultry, fish, egg, cheese
- Plain or smooth yoghurt
- Cream crackers or water biscuits and cheese

Chapter 9: Dementia

Having dementia can present some challenges with eating and drinking, which in turn can make getting enough nutrition at mealtimes a struggle.

There may not be any noticeable changes to eating and drinking at the time of diagnosis, and some people find the condition has no impact on food or mealtimes. Others find eating habits and food preferences change over time and it is important to acknowledge these changes so that 'liked' foods can be offered and alterations in feeding behaviour accommodated.

The basics:

If there are no weight concerns, eating a healthy balanced diet will provide all the nutrients the body needs. Please refer to the Health Eating section and encourage your patient/resident to choose the healthy options from the menu.

Important: Don't forget to take into account individual food preferences as well as any cultural or religious needs.

Challenges in dementia:

The Alzheimer's society recognises the following as problems that can reduce food intake, and lead to weight loss & a poorer nutritional status:

1. Changes in food preference – loss of smell & taste; remembering only past eating habits; developing a sweet tooth.
2. Forgetting how or when to eat
3. Coordination difficulties – unable to use standard cutlery or self-feed
3. Chewing or swallowing difficulties
4. Food refusal and altered eating behaviour
5. Side effects of medication – loss of appetite; dry mouth; constipation, drowsiness
6. Increased activity from wandering/pacing; or involuntary movements –increased energy requirements

Ensuring adequate nutrition can therefore become more challenging and stressful for those

involved. It is important to keep mealtimes as stress free as possible as these are also an opportunity to socialise and enhance the physical and emotional wellbeing of the patient.

Encouraging eating and drinking:

- **Ensure a regular meal pattern:** routine is reassuring. Be flexible and patient as meals may take longer than they used to.
- **Provide a range of cues to stimulate appetite:** cooking smells; seeing & hearing the dining table being laid (only less than 30 minutes before meals to avoid confusion).
- **Identify who needs help with mealtimes:** some people will need assisted feeding but may not be able to communicate this. Allocate staff time to help or invite carers to help with meals and snacks between meals.
- **Encourage involvement**
- **If capable, allow self-feeding to give independence:**
 - Trigger eating by putting food into the hand & guiding to the mouth.
 - Touching food against the lips provides a non-verbal cue to eat.
 - Verbal prompts such as 'Open your mouth,' 'Chew,' or 'Swallow' may also be useful.
- If coordination is a problem, use *modified utensils* e.g. cups with large handles to assist grasp and plastic plate mats or suction cups to prevent them sliding around the table. Your occupational therapist is the best person to ask for ideas.
- **Cleanliness & Preparation:**
 - Make sure the person has been to the toilet and feels clean before dining.
 - Ensure dentures and glasses are worn so the food and drink consumed can be identified as liked and safe.
 - Fit any hearing aids in place
 - Special crockery and cutlery - adapted, brightly coloured crockery and cutlery that is light and easy to use(e.g. two handed mug, plate with lip) and distinct in colour from the food and the tablecloth can be helpful



Source: DailyCaring

- **Make meals sociable:** eat with the person or with family & friends.
- **The right environment:**
 - Assess whether distractions like the T.V or radio affect eating. Some people may be encouraged to eat with background music; the 1920-30's is a popular era.
- **Food refusal?**
 - Rule out physical problems, e.g. oral thrush, mouth ulcers, chewing or swallowing difficulties, heartburn, feeling sick, constipation; check dentures fit & chewing/swallowing is not painful. You may wish to consult a medic if there are any concerns.
 - Assess for depression
- **Check food is liked:** likes and dislikes can drastically change during the course of dementia. Check with friends and family if these cannot be communicated directly.
- **Can't sit still:** why not offer a range of finger foods at meal times. If appropriate you could leave in a favourite place for them to find.
 - Finger foods can be just as nutritious as a cooked meal and are ideal for someone who can't or won't use cutlery, or who likes to wander. Finger foods preserve dignity by allowing self-feeding and may rekindle an interest in food. For ease, choose foods that can be served at room temperature and prepared in advance.
 - To make sure foods remain safe to eat, avoid leaving the following out of the fridge for long periods of time: items containing cream; cakes or baked confectionary; soft cheeses; any cold meats or fish; products containing meat/fish/egg e.g. sausage rolls or egg sandwiches.
- **A sweet tooth:** it is not uncommon for a sweet tooth to develop. It is ok to have sweet food or drink in moderation, but these often lack important vitamins & minerals, and should therefore be enjoyed as part of a varied diet. Some people with Dementia develop a preference for sweeter food or drinks. This can lead to an unbalanced diet if they only wish to eat cakes, biscuits and sweet drinks. Some strategies for dealing with a sweet tooth include:
 - Serve sweeter tasting vegetables like carrots, parsnip and squash. You could even mix these in with mashed potato.



- Add a small amount of sugar to sauces, gravy, or egg dishes
- Serve a fruit-chutney with meat e.g. apple or cranberry sauce
- Offer naturally sweet nutritious foods like full-fat yoghurt, custard, milky puddings, wholemeal toast with jam/honey, peanut butter and jam, or banana sandwiches.
- Keep desserts out of sight and serve main meals first.
- **Allow enough time:** Identify slow eaters and give them extra time to finish meals.
 - Serve food on warmed plates
 - Offer a small portion followed by a second helping
 - Keep food warmer for longer by stacking two warm plates on top of one another
 - Invest in plate warmers – see your Occupational Therapist for details
- **Stimulate appetite:** Some fresh air before meals or a tot of sherry may increase appetite (always consult your GP if on medication before offering alcohol)
- **Accept unusual eating behaviour:** someone with dementia may forget what is considered ‘normal eating’. For example, they may pour a drink over their meal. Be accepting. As long as the food gets eaten & in a safe manner, does it matter how?

Poor Appetite:

- Adopt the little & often approach
 - Offer small portions as large helpings can be off-putting
 - Aim to have 5 small meals and snacks throughout the day and include nourishing drinks
- Refer to Chapter 13 or 14 on Poor Appetite and Dietary Supplements as necessary.

Intensifying flavours:

Loss of taste is a common problem with dementia and can reduce food intake.

Choose one part of the meal to focus on, such as:

- **Fruit:** Try more acidic fruits like tinned grapefruit segments. Add extra sugar or cinnamon to stewed fruit.
- **Potatoes:** Add mustard or cheese to mash, add mint to new potatoes
- **Gravy:** Add extra gravy granules or a reduced-salt stock cube. Some will prefer sweetened gravy



- **Sauces:** Add extra sugar to redcurrant jelly, apple or mint sauce and custards.
- **Casseroles:** Add red wine or Worcestershire sauce
- **Shepherd's pie:** Add extra gravy granules or Worcestershire sauce

Remember fluid intake:

People with dementia are less able to communicate when they are thirsty and may forget or refuse to drink. More drink may be spilled than consumed if involuntary movements are not well controlled with medication. Dehydration can lead to headaches, irritability, confusion and constipation so should be avoided.

- Do not restrict drinks if urinary incontinence is a problem – this will only increase the risk of a UTI.
 - Aim for 8-10 small cups of fluid a day (more on hot days).
 - Encourage and prompt drinking by offering a cup or lifting towards their mouth.
 - Use clear cups & glasses so the person can see what they're drinking.
 - Smaller cups & glasses are easier to lift.
 - Coloured liquids will catch someone's eye more - try juice, squash or milkshakes.
 - Semi-liquid foods such as soups, sauces, jellies, ice lollies and ice cream can contribute to fluid intake
 - Avoid excess caffeine and alcohol - these can make someone pass more urine and increase their risk of dehydration; try to limit caffeine-containing drinks to no more than 4 per day
 - Spillage a problem? Try a straw or a child's anyway-up mug with dual handles.
- Important: Feeder beakers with spouts increase the risk of aspiration so should be avoided if there are swallowing difficulties.**
- Drinks may need to be thickened if there are swallowing problems – refer to a Speech & Language Therapists for advice and see next section on Textures.

Good Hydration!

Part of the implementation toolkit

A good principle of adequate hydration is that the clearer and lighter the urine the better

How hydrated is your resident?

1	Hydrated	If the colour of your resident's urine matches 1, 2 or 3, it can be used as an indication that they are hydrated.
2		
3		
4	Dehydrated	If the colour of your resident's urine matches 4, 5 or 6, they need to drink more. Update their care plan to ensure regular drinks are offered and drunk. Allocate a member of staff to assist the resident to drink for the next 24/48 hours.
5		
6		
7	Severely Dehydrated	If the colour of your resident's urine matches 7 or 8 – it may be an indication that your resident is dehydrated. <ul style="list-style-type: none">• Urgent fluids• Commence fluid chart• Hourly fluids• Observe for other signs of deterioration• Contact the doctor if necessary
8		



Note: some foods, vitamins and medication can change the colour of urine. Also, be aware if your resident is on a fluid restriction for heart failure

Find out more in these short animated videos: bit.ly/HydrationFilms
Test your knowledge in our quiz: bit.ly/HydrateQuiz



Finger foods:



Breads and cereals:

- Buttered toast, bread or pitta fingers
- Sandwich quarters
- Buttered crumpets or muffins
- Slices of pizza
- Crackers with soft cheese or fish paste
- Toasted teacake or fruit loaf
- Buttered scone
- Soft cereal bars
- Potato or sweet potato wedges
- Small halves of baked potato- try mixing the potato with a filling like tuna & mayo or cheese
- Small boiled potatoes, whole or halved, with or without skin



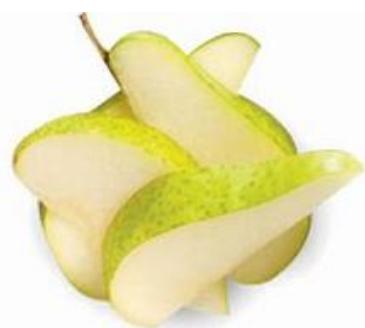
Milk and dairy foods:

- Cubes of hard cheese
- Cheese spread on bread/crackers
- Yoghurt or milky drinks
- Probiotic mini-drinks (e.g. Actimel, Muller Vitality, supermarket own brand)



Fruit and vegetables:

- Wedges of melon
- Slices of apple or pear
- Dried fruit (be careful if loose dentures - try apple rings, apricots or prunes)
- Seedless grapes
- Strawberries
- Segments of orange – pith & pips removed.
- Cooked carrot, swede or parsnip sticks
- Mangetout or sugarsnap peas
- Cherry tomatoes
- Cooked florets of broccoli, cauliflower or green beans
- Sliced peppers



Meat, Fish and Alternatives:

- Well-cooked hard boiled egg

- Hummus on bread or toast fingers, breadsticks or crudités
- Slivers of cooked meat or fish (e.g. kippers, smoked mackerel, ham) – try to keep meat moist as this can be dry & difficult to eat
- Small fishcakes or chipolata sausages
- Slice of pork pie
- Slither of quiche
- vegetarian sausages



Foods containing fat, or sugar –

Offer cakes & biscuits occasionally. If the person is not eating well & has lost weight these foods are high in calories and should be offered as well as savoury foods.

Recommended Reading:

Care Homes for Older People: National Minimum Standards
Department of Health 3rd edition, 2003
ISBN 011 322579 2
www.doh.gov.uk

Menu Planning and Special Diets in Care Homes 2006/7 edition
National Association of Care Catering (NACC)
Tel: 0870 7480 180
Email: info@thenacc.co.uk
www.thenacc.co.uk

National Minimum Standards for Care Catering
NACC
Tel: 0870 748 0180
Email: info@thenacc.co.uk
www.thenacc.co.uk

Eating well for older people
Published by the Caroline Walker Trust, 1998
ISBN 1 897820 02X
www.cwt.org.uk/publications.html

The Allergy Catering Manual
Published by Berrydales Books, 2005
ISBN 0-9518427-4-9

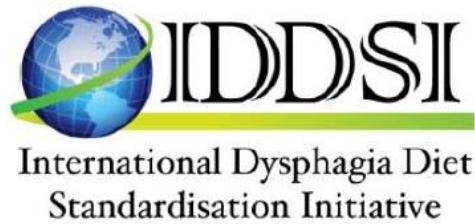
Chapter 10: Modified Textures - Diet Consistencies for Patients with Dysphagia

Swallowing problems (dysphagia) can result following a stroke, from conditions such as multiple sclerosis or motor neurone disease or following surgery to the head and neck.

Drinks may need to be thickened, and / or foods may need to be pureed, minced and moist or soft chew to be swallowed safely.

The Speech and Language Therapist will advise as to the consistency the patient needs and will advise as to which type of foods are suitable.

The International Dysphagia Diet Standardisation Initiative or IDDSI provides guidelines on the different modified textures, and should be referred to when providing diets for people with swallowing problems: <https://iddsi.org/>



Chapter 11: Diabetes

Type 2 diabetics whose blood sugars are managed with diet or oral medications only (not insulin injections) do not need to follow a special diabetic diet. However, dietary recommendations depend on their individual circumstances:

If your patient/resident is eating well and maintaining their weight, or needs to lose weight, they should follow the healthy eating guidelines – refer to Healthy Eating or Weight Management sections as appropriate. Patients should be encouraged to choose healthy options from the menu. If blood sugar management is poor, their medication / insulin should be reviewed. If they are not on insulin, they should be encouraged to limit their intake of starchy foods to a fist sized portion at each meal, with a maximum of one portion of fruit at each snack. If they are on regular insulin injections across the day, 'carbohydrate counting' may be useful to determine their insulin dose; the GP may refer to a diabetes specialist nurse or specialist dietitian to provide training in this.

If your diabetic patient is eating poorly and/or has lost weight (and has an ongoing MUST score of 1/scores 2), it is especially important that they are encouraged to eat what they like and calories are not restricted because of their diabetes. Patients should be encouraged to choose high energy options from the menu. If blood sugar management is poor, their medication should be reviewed to help get blood sugars under control, rather than altering their diet. If tolerated, it may be preferable for them to choose foods high in fat over those high in sugar to assist with blood sugar management, but ensuring they get adequate nutrition should be the priority.

For further information please refer to:

- NICE Clinical Guideline 28. The management of type 2 diabetes. May 2015.
<https://www.nice.org.uk/guidance/ng28/resources/type-2-diabetes-in-adults-management-1837338615493>
- Connor H *et al.* (2003). The implementation of nutritional advice for people with diabetes. *Diabetic Medicine*, 20, (10), 786-807.

Chapter 12: Weight Management

You may feel a patient would benefit from losing weight to improve their quality of life/medical health, for example if they have a body mass index of 30 or more, or of 27.5 or more if they are Asian. A weight reducing diet should only be introduced if agreed by the patient, if they have capacity, and also by their doctor.

A weight management diet should be based around healthy eating guidelines, following the Eatwell Guide but filling half the plate with vegetables and salad, a quarter of the plate with protein foods like meat, fish, egg or beans, and a quarter of the plate with starchy foods like potatoes, rice, pasta or bread. Older adults have lower calorie requirements but similar nutrient requirements to younger adults. It is important that they have a varied diet to ensure that their requirements are met. Agree with the patient/resident on some simple changes they could make and aim for a weight loss of $\frac{1}{4}$ to 1kg ($\frac{1}{2}$ -2lb) per week.

Some general tips:

- fill up on high fibre starchy foods, vegetables and fruit at each meal
- snack on fruit rather than cakes, biscuits, crisps etc.
- reduce alcohol intake
- aim to drink at least 1.5L of water / diet drinks / tea / coffee per day

To reduce fat intake:

- use semi-skimmed or skimmed milk instead of full cream
- use a low fat spread instead of butter or margarine
- use lean meat, white fish and remove skin from poultry
- use less mayonnaise, salad cream, dressings, oils
- reduce intake of crisps, nuts and savoury snacks
- avoid pastries, batter, dumplings, fried foods
- limit corned beef, sausages, salami, meat pies
- cook without adding oil/fat e.g. grill, bake in foil, steam, microwave, or casserole
- poach eggs instead of frying
- use pulses in cooking (beans and lentils)

- use less cheese or try reduced fat varieties

Reduce sugar intake by:

- limiting intake of jams, marmalade, honey, syrup, treacle, chocolate spread, lemon curd
- avoiding cakes, pastries, sweet biscuits, sweets, chocolate
- choosing plain cereals instead of sugar coated
- having fruit tinned in juice rather than syrup
- choosing reduced sugar drinks
- using artificial sweetener if needed instead of sugar in drinks and baking

food group	Choose ✓	limit ⚡
bread, other cereals and potatoes	high fibre/wholegrain/ whole-wheat/wholemeal varieties of: rice, pasta, breakfast cereals, bread, crispbreads potatoes (jacket, boiled)	potatoes - fried, roast, chips sugar coated breakfast cereals cream crackers
fruit and vegetables	all types aim for 5 portions of fruit and vegetables per day	fruit tinned in syrup vegetables in creamy sauces
meat, fish and alternatives	all types of lean meat and poultry fish - poached, steamed, grilled or baked eggs - poached, scrambled or boiled pulse vegetables (beans and lentils)	fried meat, meat products such as beefburgers, sausages, meat pies, tinned meat fried fish fried eggs nuts and nut butters
milk and dairy foods	reduced fat dairy products e.g. semi-skimmed milk, diet yoghurts reduced fat cheese, cottage cheese	whole milk, cream full fat yoghurts large quantities of cheese especially creamy or hard, high fat cheese
foods containing fat, foods containing sugar	low fat spreads low fat mayonnaise, salad dressings low fat and low sugar puddings plain biscuits, scones, currant buns, teacakes low sugar jam/marmalade artificial sweeteners diet chocolate drinks e.g. highlights, options diet fizzy drinks and squashes	butter, margarine, lard, cooking oils creamy sauces and dressings creamy, high fat/sugar puddings sweets, chocolate, cakes, pastries, cream and chocolate biscuits chocolate and malted drinks e.g. Horlicks, Ovaltine* fizzy drinks and squashes

* make these up with semi skimmed or skimmed milk or water



Serving suggestions:

Main meal - A portion of:

- jacket potato, brown rice or wholemeal pasta
- lean meat, poultry, fish, eggs, pulse vegetables e.g. lentils, baked beans or reduced fat cheese
- vegetables or salad
- fruit, low sugar/low fat puddings, diet yoghurt, teacake

Snack meal:

- bean or lentil based soup
- jacket potato with baked beans
- sandwich made with wholemeal bread containing lean meat, fish, egg or reduced fat cheese and salad
- fresh, tinned or stewed fruit, diet yoghurt
- plain biscuits, scone, teacake, currant bun, fruit cake

Snack:

- fruit
- low fat lower sugar yoghurts e.g. Mueller lite, Weight Watchers, Activia Fat free, Danone light and free

Useful link:

Achieve Oxfordshire offer free group weight management services for people in Oxfordshire with a body mass index of at least 30, or at least 27.5 with a co-morbidity or who are of Asian origin, or at least 23 of Asian origin with comorbidities:

<https://achieveoxfordshire.org.uk/>



Chapter 13: Poor Appetite & Weight Loss

The following guidance is for patients who have a reduced appetite and/or have lost weight and have a MUST score of 2 or more or a MUST score of 1 with no improvement over time. Please see the Nutritional Support Plans for Patients at Moderate or High Risk of Malnutrition in the Appendices.



Food First: Eating well to Prevent Malnutrition/Unplanned Weight Loss Patient / Carer Advice

To help prevent further weight loss and where appropriate promote weight gain, the Food First approach is recommended which involves small modifications to your current diet. This involves three main elements:

1 • Aim to have one pint of full fat milk each day – see below and

2 • Include two high calorie snacks a day from the list below and

3 • Aim to eat three meals a day that have been fortified following the advice below.

1 Aim to have one pint of full fat milk each day

If you currently use skimmed or semi skimmed milk swapping to full fat milk adds extra calories to your diet.

If you use full fat milk, add 4 tablespoons of skimmed milk powder to each pint of milk and mix well – then use this milk to make drinks, on cereal and when cooking

If you use a milk alternative (e.g. soya, almond, hemp, oat, coconut, etc) aim to have one pint a day and choose a higher calorie product where possible.

A milky drink during the evening (at least an hour before bed) adds more calories to your intake.

2 Include two high calorie snacks a day

Including a snack mid-morning and mid-afternoon adds extra calories to your diet. Eating a little and often is an effective way of spreading your intake over the day which is more helpful if you have a small appetite. Snacks can be sweet or savoury e.g. full fat yogurts, cheese cubes or triangles, nuts, dried fruit, savoury snacks (crisps, cheesy biscuits, Bombay Mix, nachos,) squares of chocolate, biscuits, cake, tinned fruit with evaporated or condensed milk, manufactured desserts (e.g. chilled or tinned rice pudding or custard, chocolate mousse, trifle, etc). Over the counter nutritional supplements can be used as snacks which are readily available in supermarkets and pharmacies e.g. Complan®, Meritene® or Nurishment®

Aim to eat three meals a day fortified with other food items to make them more nutritious



Keep meals simple but try to ensure they contain a good source of protein such as meat, fish, cheese, pulses (e.g. lentils, split peas, chick peas, kidney beans), or tofu as well as a starchy food for energy (e.g. bread, potato, rice, pasta, noodles).

Eat pudding with lunch and dinner to top up your intake – add cream, ice cream or sugar.

Sandwiches or wraps can also be a good quick meal – include some cold meat, fish, tofu, eggs or cheese with some salad and serve with some crisps.

Simple meals such as one of the following on toast: cheese, egg, beans, oily fish (e.g. mackerel, pilchards, sardines) are quick to prepare and are nourishing. Casseroles, fish pie, cottage pie, spaghetti bolognese, chilli con carne, curries, ratatouille, pasta with a sauce and cheese sprinkled on top or a meal cooked in a slow cooker are **very nutritious** and if you batch cook you can freeze or chill the extra to eat another day.

Ready meals (from supermarket chains or companies who deliver to your home) are a convenient alternative to making meals from scratch if you do not want to or cannot cook.

Tinned foods offer a wide range of foods such as meat, fish, pulses, vegetables, fruit, desserts (e.g. rice pudding and custard) and have a long shelf life.

Eat with friends –take it in turns to cook or eat out.

Enriching foods adds extra calories and is helpful if your appetite is small. Enrich foods by adding butter, margarine or oil; cream, Greek yogurt or crème fraîche; full fat mayonnaise or salad cream; peanut, almond or other nut butters; sugar, honey, Golden syrup or jam. Each spoonful of these 'enrichers' adds towards an increased calorie intake.

Drinks: 6-8 drinks a day will help you stay hydrated, help your appetite and reduce the risk of falling

Exercise: Taking a walk each day can stimulate your appetite

What about Healthy Eating? For someone at risk of malnutrition, "normal" healthy eating advice does not apply. Some of the suggestions for fortifying your diet are high in fat which some people worry that this will harm their heart. However, malnutrition is a risk to heart health, so treating malnutrition can help to strengthen your heart.

Medicines Optimisation Team, Oxfordshire Clinical Commissioning Group. Approved by APCO May 2017. V 1.0

Hints & Tips:

- 'Little and often': offer small, nourishing snacks, meals and drinks frequently. Aim for 3 meals and 2 snacks or 5 small meals per day.

- Switch to full fat milk and consider adding 2 - 4 tablespoons of milk powder (e.g. Marvel™) to each pint of milk and mix well. This milk can be used to make drinks, on cereal, when cooking or served alone.
- Switch to full fat dairy products, e.g. full fat milk, full fat yoghurt and full fat cheese.
- Always offer a dessert following a meal, even if the meal was untouched.
- Try to find out what the patient enjoys and when. For example, do they have a sweet tooth? Or do they enjoy grazing on cheese and biscuits in the afternoon and evening. Or do they enjoy a milky drink?
- Apply food fortification to meals and snacks (see following page).

Food Fortification:

food	add one or more of the following:	useful tips:
oats or cereal	milk powder*, honey, sugar, maple syrup, chopped dried or fresh fruit, cream	for those who prefer chilled – try oats mixed with yoghurt and left in the fridge for several hours or overnight.
eggs (scrambled)	cream, grated cheese*, butter	add to a bagel or toast with a thick layer of spread.
soup	cream, grated cheese*, milk powder*, beans, lentils, croutons, rice, dumplings, pasta	choose the cream of varieties and/or those with added meat.
salad or vegetables	salad cream, mayonnaise, grated cheese*, sauces, margarine, butter, yoghurt*, olive oil	more energy dense salad ingredients include cheese, avocado and dressing.
sandwiches	butter, mayonnaise, grated cheese*, hummus*, peanut butter*	add butter/spread and/or mayonnaise to both slices of bread.
baked beans	grated cheese*, olive oil	serve with toast or baked potato (with butter/spread).
meat, fish & poultry	gravy made with olive oil, butter, cream/cheese* sauce	
mashed potato	cream, margarine, butter, grated cheese*	
pudding	cream, milk powder*, sugar, ice cream*, custard	choose creamy puddings instead of jelly which is lower in energy.
warm, milky drinks	milk powder*, honey, sugar, cream	use full fat milk where possible.

*Source of energy and protein

100 Calorie Boosters

The following examples are approximately 100 calories each. These boosters can be added to any appropriate meal to fortify it, or eaten as a snack to promote weight gain.

Savoury Options:

- A small handful of grated cheese
- 1 tablespoon of mayonnaise
- 1 tablespoon of peanut butter
- 1 tablespoon of oil
- 2 cubes of butter
- 2 tablespoons of pesto
- 2 tablespoons of salad cream
- 2 tablespoons of hummus
- 2 heaped tablespoons of dried milk powder



Sweet Options:

- 1 heaped tablespoon of sugar
- 1 small pot of full fat yoghurt
- 1½ tablespoons of double cream
- 2 tablespoons of chocolate sauce
- 2 tablespoons of golden syrup
- 2 tablespoons of lemon curd
- 2 tablespoons of condensed milk
- 2 tablespoons of honey
- 2 scoops of ice cream



Snacks and drinks

- A small handful of nuts
- A small handful of dried fruit
- 1 banana
- 1 shortbread finger
- 1 bag of crisps
- 1 slice of malt loaf
- 2 Jaffa Cakes
- 3 cream crackers
- 3 cubes of milk chocolate
- 5 jelly babies
- 150ml of full fat milk
- 200ml of orange juice
- 250ml of regular cola



Tip: Choose at least 5 booster examples to have each day to achieve the 500 extra calories required to help you gain weight.

Source: NHS Bedfordshire Community Services

Energy content of foods commonly used in food fortification:

Food	Portion	Energy (kcal)
Butter	1 teaspoon (5g)	40
Cheddar	Small cube (25g)	100
Double cream	1 tablespoon (15g)	70
Honey	1 teaspoon (6g)	20
Mayonnaise	1 tablespoon (15g)	100
Olive oil**	1 teaspoon (4g)	40
Pesto**	1 tablespoon (16g)	100
Milk powder	1 tablespoon (15g)	50
Sugar**	1 teaspoon (5g)	20
Yoghurt (Greek, full fat)	1 small pot (125g)	170
Hummus**	2 tablespoons (20g)	100
Peanut butter	Medium spread (16g)	100

** Suitable for vegans

For more information about food fortification, please see the Fortified Diet Plan leaflet in the Appendices.

It may be helpful to keep a food record chart to monitor how frequently, and much, a resident is eating. Food record charts may also help to identify food preferences (please see following page).

Good Hydration!

Part of the implementation toolkit

Food and Drinks Chart

Enter name of residential home

1. Start a food and drinks chart each day per resident
 2. Each time they have a drink at the structured drinks round or more – ensure that it is documented below.
 3. Each time they eat ensure it is completed below.

Name of resident:	Date:	Room Number:	
Time:	What type of drink? Tea/Juice/Water	Drinks - Type of cup or glass used?	How much was eaten/drunk?
	What type of food? Porridge, scrambled egg		
08:00	Tea	Teacup 150mls	Mug 200mls
10:00	Water	Small glass 200ml	Beaker 200mls
			Drank/ Ate None 0%
			Drank/ Ate a little 25%
			Drank/ Ate half 50%
			Drank/ Ate most 75%
			Drank/ Ate all 100%
			Total in mls
			Running total
			Initials

Comments:

Good Hydration!

Part of the implementation toolkit

Food and Drinks Chart

Enter name of residential home

Comments:



Meal suggestions:

Breakfast:

- Oats, fortified with cream, milk powder and sugar or honey. Add chopped fresh or dried fruit if possible.
- Cereal, fortified with milk powder and sugar or honey. Add chopped fresh or dried fruit if possible.
- Scrambled eggs, made with cream, butter and cheese.
- Toast with butter and peanut butter/avocado/cheese
- Muffin with butter and jam

Mid-morning, afternoon or evening snack:

- Glass of full fat milk fortified with milk powder and Nesquik/honey if preferred.
- Full fat yoghurt or custard or pudding
- Handful of nuts and dried fruit
- Boiled egg
- Cheese and biscuits
- Aymes RETAIL™ or Complan™ made up with full cream milk
- Cake

Main meal:

- Meritene/Complan soup or soup fortified with oil/cream/milk powder and grated cheese (try and opt for the 'Cream of ...' variety)
- Serve with a creamy sauce, e.g. cheese, parsley or white sauces.
- Fortify mashed potatoes as above or replace with roasted potatoes.
- Baked beans on toast/baked potato, with added butter and cheese.
- Sandwiches made with extra spread/cheese/sauce, e.g. mayonnaise.

Dessert:

Apple crumble and custard made with whole milk, with 2 tsp skimmed milk powder and 2 tsp double cream.

Drinks:

- Offer full fat milk with added skimmed milk powder between meals.
- Offer a milky coffee, e.g. latte, instead of a black coffee or an Americano
- Offer fruit juice instead of water or tea
- Offer a warm milky drink before bed, e.g. Ovaltine, hot chocolate, milk and honey, etc. (using full fat milk).

Chapter 14: Dietary Supplements or Oral Nutrition Supplements (ONS)**

**** Please note ONS are ONLY available for very specific medical conditions e.g. head and neck cancer, and would need to be prescribed by the dietitian or GP**

Dietary supplements can be high in a combination of protein, energy, vitamins and minerals. Dietary supplements should only be considered when **food fortification**, snacks and nourishing drinks have failed to improve the patient's nutritional status for a period of one month (except for specific medical conditions such as malabsorption or severe swallowing difficulties where they may be needed from the outset).

Set an aim of treatment and record this in the patient's notes. Examples could include; preventing further weight loss; reaching admission weight; reaching a healthy BMI or to assist in healing a pressure sore.

A patient requiring additional energy generally requires an additional 250-600kcal / day. An additional 250-300kcal can be met with food fortification rather than supplements. The clinically beneficial dose of 2 nutritional supplements per day will provide an extra 500-600kcal. They should be given between meals or as meal replacements if a meal is not eaten. They can be given as they are or added to soups or puddings to increase their nutritional value - see recipes.

Homemade supplements can be prepared which are almost identical in nutritional value to milkshake type sip feeds such as Complan Shake®, Aymes Shake®, Ensure Plus® and are generally more cost effective (see following page for recipes). They should not be given to a patient with impaired kidney function without consultation with the Dietitian.

High Calorie/ Protein Milkshake

1 ripe banana
1/3 pint full cream milk
1dsp dried skimmed milk powder
4 tbsp plain yoghurt
3 tsp sugar

Energy = 315kCals
Protein = 14gms



High Calorie / Protein Milkshake

1/3 pint full cream milk
1 tbsp dried skimmed milk powder
1 scoop vanilla ice cream
50mls double cream
milkshake flavouring

Energy = 597kCals
Protein = 16.7gms



Appendices:

Appendix 1: Fortified Diet Plan

Fortified Diet Plan

The following dietary changes can be tried to help prevent weight loss and encourage weight gain. Discuss with your Nurse/Healthcare professional which options to try.

- Eat 'little and often': try small, nourishing meals, snacks and drinks every 2-3 hours throughout the day
- Use full cream milk: aim for 1 pint / 600mls per day
- Fortify your milk: add 2-4 heaped tablespoons of dried skimmed milk powder to 1 pint full cream milk and blend/mix until smooth. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies or milky drinks etc.
- Add dried skimmed milk powder directly to soups, milk puddings, custards, mashed potatoes: try adding 2-3 teaspoons per portion of food
- Choose full fat and full sugar* products rather than 'diet' 'reduced/low fat' 'low sugar' or 'healthy eating' varieties as these provide more calories
- Add knobs of butter, margarine, vegetable oil, rapeseed oil, or olive oil to vegetables, mashed potato, jacket potato etc. Add grated cheese to soup, mashed potato, scrambled eggs etc.
- Serve main meals with a creamy sauce e.g. cheese, parsley or white sauces
- Add cream or evaporated milk to soups or puddings e.g. stewed / canned fruits, custard, rice puddings etc and add sugar* to cereals, drinks, desserts. Serve milk or bread puddings with jam, honey or syrup.
- Have snacks between meals and at bedtime. Try toast with butter and jam, a cheese sandwich, cereal with milk, creamy or Greek yogurt, cake, biscuits, full fat mousse, cream cheese and crackers, dried fruit and nuts, or try a nourishing drink
- A little alcohol before a meal can stimulate appetite, but check with your GP or chemist first if you take any medications
- For a balanced diet choose a wide variety of foods. At each meal try to have a protein food (meat, fish, egg, cheese, milk, vegetarian alternative, e.g. Quorn, soya, beans or lentils) and a starchy food (bread, cereals, potato, rice, pasta). Eat fruit and vegetables every day – puree or take as juice if easier
- Have plenty of nourishing fluids: aim for 8 glasses (i.e. at least 1.6 litres) a day. Try sweetened fruit juice*, chilled or warmed fortified milk, coffee, hot chocolate or malted drinks made with all milk (fortified) or milk shakes. Choose drinks with high sugar content e.g. fruit juice, lemonade, full sugar squash*

- Consider an A-Z multivitamin and mineral supplement if you are only eating a small amount or a limited variety of foods. Avoid these however if you are taking 3 or more supplement drinks daily (such as Complan, Build Up or Foodlink Complete)

*If you have diabetes, continue to choose sugar free drinks. You can have a moderate amount of sugar containing foods. Contact your Nurse or GP if you have concerns such as continued weight loss, difficulty taking solids, worsening appetite, limited food variety, or you have diabetes and are experiencing high blood sugars or sugar in your urine.

How to fortify some common foods

Here are some examples to show how easy it is to fortify your diet:
please note tsp = teaspoon / tbsp = tablespoon

1 tbsp dried skimmed milk powder (9g) = 30kcal and 3.3g of protein
 1 tsp dried skimmed milk powder (3g) = 10kcal and 1.1g of protein
 1 tsp sugar (5g) = 20kcal and 0g of protein
 1 heaped tsp honey (17g) = 50kcal and 0g of protein
 1 tsp butter or margarine (5g) = 35kcal and 0g of protein
 10g cheddar cheese = 42kcal and 2.5g of protein
 1 tsp double cream (10g) = 50kcal and 0.2g of protein
 2 large dates (40g) = 108kcal and 1.3g of protein

Scrambled egg with whole milk (120g)
 Before fortification: 308kcal and 13.1g of protein. Add 1 tsp butter, 2 tsp of dried skimmed milk powder and 45g of cream cheese:
 603kcal and 15.8g of protein

Porridge with whole milk (150g)
 Before fortification: 170kcal and 7.2g of protein. Add 2 tsp of dried skimmed milk powder, 1 tsp of double cream, 1 tsp of sugar and 2 chopped dates:
 368kcal and 10.9g of protein

Custard with whole milk (150g)
 Before fortification: 142kcal and 4.7g of protein. Add 2 tsp of dried skimmed milk and 2 tsp of double cream:
 262kcal and 7.3g of protein

White sauce with whole milk (30g)
 Before fortification: 45kcal and 1.3g protein. Add 1 tsp of double cream, 2 tsp of dried skimmed milk powder and 10g of cheddar cheese:
 157kcal and 6.2g of protein

Boiled Carrots (30g)
 Before fortification: 7kcal and 0.2g of protein. Add 1 tsp of butter and 2 tsp of honey:
 90kcal and 0.2g of protein

Mashed Potato (60g)
 Before fortification: 62kcal and 1.1g of protein. Add 1 tsp butter, 2 tsp of dried skimmed milk powder and 1 tsp of double cream:
 170kcal and 3.5g of protein

Handy portion guide

Your hands can be very useful in estimating appropriate portions. When planning a meal, use the following portion sizes as a guide:



FRUITS*/GRAINS &

STARCHES*:

Choose an amount the size of your fist for each of Grains & Starches, and Fruit.

VEGETABLES*:

Choose as much as you can hold in both hands.

MEAT &

ALTERNATIVES*:

Choose an amount up to the size of the palm of your hand and the thickness of your little finger.

FATS*:

Limit fat to an amount the size of the tip of your thumb.

MILK & ALTERNATIVES*: Drink up to 250 mL (8 oz) of low-fat milk with a meal.

*Food group names taken from Beyond the Basics: Meal Planning for Healthy Eating, Diabetes Prevention and Management © Canadian Diabetes Association, 2005.
Please refer to this resource for more details on meal planning.