

Factsheet 511 Eating and drinking

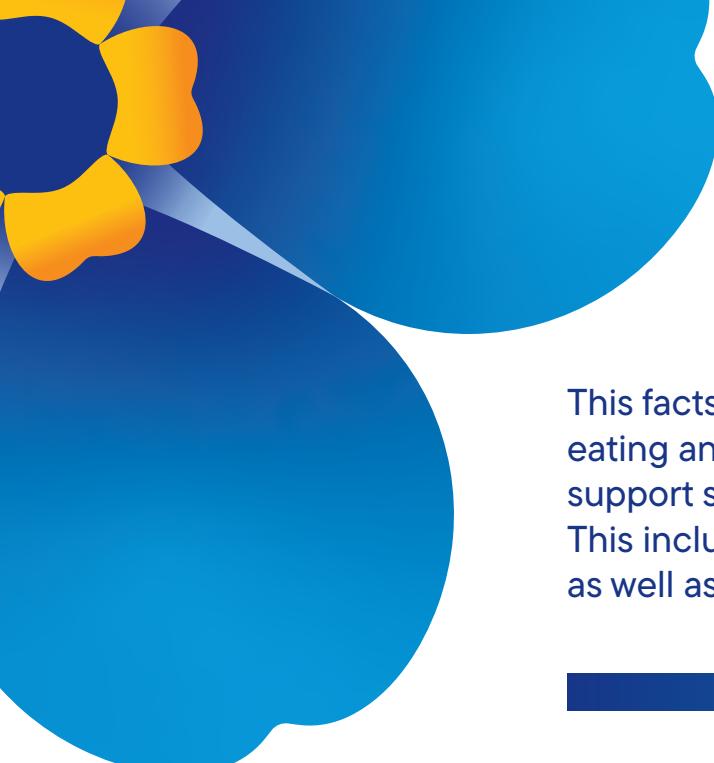
November 2024

Eating and drinking



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia



This factsheet describes how dementia can affect eating and drinking. Throughout, you will find tips to support someone with dementia to eat and drink well. This includes day-to-day support that you can give, as well as services that can help.

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1 How dementia affects eating and drinking

Eating and drinking difficulties are common for people with dementia. The difficulties will be unique to the person and their situation.

As dementia progresses, a person is likely to need more support to meet their needs. While eating a balanced diet is recommended, sometimes it is more important to make sure they are eating enough, even if that means eating foods considered to be less healthy.

In this section, you will find some of the issues that a person may face, as well as tips on how to cope with them.

Problems with memory and thinking

Thinking and memory problems can make it more difficult for a person to eat and drink well. A person with dementia may struggle to recognise the food and drink in front of them. Or they may be unsure how to begin eating or using cutlery. Unfamiliar food or food that looks different to how it normally does can also cause difficulties.

The person may not eat or drink for these reasons, even when they feel hungry. This can lead to weight loss and the person not getting the nutrition they need.

Meal delivery services can be helpful for people with dementia and for carers. These services, which provide prepared nutritious meals, help the person with dementia to eat well and maintain independence. And they reduce the time and energy needed to prepare or give support with meals. See ‘Services that can help’ on page 17.

Dementia and diabetes

Dementia can make diabetes more difficult to manage. Memory problems can mean people forget they have taken insulin or forget to eat. It can also make people less able to recognise that their blood sugar level is low. Speak with the doctor, a Diabetes Specialist Nurse (DSN) or dietitian about the person’s symptoms of dementia and ways to manage their diabetes. For more information see Diabetes UK in ‘Other useful organisations’ on page 20.

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Problems with coordination

People with dementia may struggle to pick up or grip items, such as cutlery or a glass. They may also have trouble putting food into their mouth. Or they may not open their mouth to take in food and may need reminding to do so.

Some people may have other conditions that affect their coordination, such as Parkinson's disease.

Problems with coordination can lead to the person avoiding mealtimes because they are embarrassed or they want to avoid struggling.

Finger foods may help someone who has coordination difficulties. For more tips, see 'Encouraging a person's appetite' on pages 11 and 12. You may also find these other ideas helpful:

- If the person is struggling with using cutlery, such as a knife and fork or chopsticks, cut up food into smaller pieces so it can be eaten more easily, perhaps with a spoon.
- If the person is still having difficulty, you may need to prompt them and guide their hand to their mouth to remind them how to do it.
- An occupational therapist (OT) can tell you about things that could help, such as adapted cutlery, lipped (high-sided) plates or non-spill cups. Ask your social worker or GP to put you in contact with an OT.

Problems with chewing or swallowing

A person with dementia may have difficulties with chewing food. They may forget to chew or their jaw may get tired easily. Certain foods, such as hard vegetables or dry biscuits, may be more difficult for the person to chew or swallow.

As dementia progresses, swallowing difficulties (called dysphagia) become more common. They will vary from person to person, but difficulties can include the person chewing continuously or holding food in their mouth.

Swallowing difficulties can lead to weight loss, malnutrition and dehydration. If the person is drowsy or not sitting upright, they may struggle to swallow safely, which may cause them to choke.

If the person is having difficulties chewing or swallowing, talk to the GP about getting a referral to a speech and language therapist. They can diagnose swallowing difficulties and give advice. The GP can also refer you to an occupational therapist, who can advise on eating and drinking aids.

Tips to help with chewing and swallowing

- Make sure the person is fully awake, comfortable and sitting upright before you offer food and drink.
- Avoid foods that the person has difficulty chewing. Think about ways to cook or prepare the food to make it softer.
- Good oral hygiene is important. If the person has painful gums or teeth, or has mouth ulcers, chewing will be uncomfortable and difficult. If the person wears dentures, make sure they are comfortable and fitted properly. For more information see factsheet 448, **Dental and mouth care**.
- Try softer foods, such as scrambled egg or stewed apple, before considering pureed food.
- If a speech and language therapist advises you to use pureed food, seek advice from a dietitian too to make sure it's nutritious and has enough flavour. For more information on finding a dietitian, see 'Services that can help' on page 17.

Our online shop has products and technology that can help with eating and drinking. Visit **shop.alzheimers.org.uk** to see the full range of specially-designed products.

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Physical and sensory problems

Other symptoms of dementia and issues that commonly affect older people can affect eating and drinking.

Problems with eyesight

If someone has problems with their eyesight, they may not be able to see the food or the items on the table. It's important not to assume that the person isn't hungry if they don't start eating. The following tips may help:

- Make sure the person is wearing the correct glasses.
- If they aren't able to see the food in front of them, it may help to describe the food and where it is on the plate.
- Make sure the environment is well lit.
- Choose contrasting, plain colours for the food, plate and table. For example a yellow tablecloth, a blue plate and mashed potato will be easier for the person to see. There is no particular colour that works best, but there needs to be a good contrast between the items.
- If you leave a drink out for someone, describe where it is so that they can find it. Consider a closed cup to avoid any spillages.

Loss of taste and smell

As people get older they often begin to lose their sense of taste and smell, which can lead to food tasting less pleasant. People with dementia may begin to want more sugar, salt and spices in their food, and it's common for them to begin eating more sweet foods.

A person with dementia may also enjoy unusual flavour combinations or ways of eating as their tastes change. Often people mix sweet and savoury food and flavours. They may start to have a less varied diet, only eating certain types of food. See 'Coping with changing eating habits' on page 8 for tips on how to manage this.

Judging temperature

The person may lose their ability to judge the temperature of food and drink. Be careful when giving the person hot food straight from the oven, or hot drinks that have just been made with boiling water.

Consider adding cold water to cool down hot drinks. This can help to prevent the person from burning their mouth and making further eating and drinking uncomfortable.

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Constipation

Constipation is a common problem. It can result in a person feeling bloated or nauseated, making them less likely to want to eat. Try to prevent constipation by:

- encouraging physical movement
- making sure the person is drinking enough
- offering the person more fibre in their meals.

If constipation becomes a problem for the person, speak to a pharmacist or the GP. For more information see factsheet 502, **Continence and using the toilet**.

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2 Changes in eating habits and food preferences

Dementia can affect how much and when someone eats, as well as what food they prefer. Their experience of flavour may change. They might enjoy flavours they never liked before, or dislike foods they always liked.

Consider a person's life history

Thinking about a person's life history can be useful. Dementia can cause 'time-shifting'. This is when a person believes they are in an earlier period of their life.

If a person has fasted as part of their religion, they may be confused at times and feel that they should not be eating. They may need regular prompting and support with this.

Or if a person has had an eating problem or disorder earlier in their life, this may affect their present relationship with food. For more information on time-shifting see factsheet 527, **Changes in perception**.

Cultural and religious dietary beliefs

Sometimes, people with dementia make food choices that don't match their usual beliefs or preferences. For example, a person who has been a lifelong vegetarian may want to eat meat for reasons including:

- their preference has changed
- they remember that they used to eat meat before they became vegetarian
- they have forgotten they don't eat meat
- they see you or someone else eating meat and want the same, without knowing what it is.

For similar reasons, people who have other beliefs may start to want something that they previously wouldn't have eaten. For example, a person who does not eat pork for religious reasons may start to want pork.

It can be difficult to know what to do in these situations. It is important to remember that if the person has the mental capacity to make their own decisions, then changes should not be made without them knowing. For more information, see factsheet 460, **Mental Capacity Act 2005**.

Significant diet changes can have an impact on a person's digestion. If the person has always been vegetarian but asks for meat, a meat substitute might be easier to digest. It's best to introduce changes in the amount of protein, fibre or carbohydrates in a person's diet slowly.

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Changes to diet or routine

Eating and drinking can be more difficult if a person's routine and diet are changed. For example, the person may be used to having different portion sizes, or eating more or less regularly throughout the day. By understanding a person's preferences, you can support them to eat and drink.

Eating non-food items

As dementia progresses, a person may put things that aren't food in their mouth, such as napkins, soap or washing tablets. There could be a number of reasons for this. The person may no longer recognise the item or what it's for, or they may be hungry and mistake the item for food.

It can be helpful to:

- make sure everyone involved in the person's care is aware of this behaviour
- where possible, remove non-food items that could be mistaken for food, and lock away any harmful substances, like cleaning products
- be vigilant and remove small items that may be easily placed in the mouth
- ensure food is available and easily accessible throughout the day
- during mealtimes, remove all non-food items from the table, such as napkins and flowers
- season meals in the kitchen, so that the salt and pepper shakers and spice containers are not on the table.

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Coping with changing eating habits

Support the person to make their own choices as much as possible.

- Be led by them on what they would like to eat, even if the food combinations seem unusual or are different to what they have always liked to eat.
- Be led by the person on when they prefer to eat. Some people like a light lunch and larger evening meal and others prefer a main meal in the middle of the day. This may be different to when they have previously wanted to eat. For more information see ‘Being flexible about mealtimes’ on page 12.
- The person’s preferences about how they eat may have changed. They may prefer to talk and be sociable while eating, while others might not like this. Consider if the person prefers to eat at a table or sitting on the sofa, while watching TV or listening to music, or in silence.
- If the person does not seem to be enjoying their food, experiment to find out what types of flavours the person might prefer now. You could use herbs and spices, sauces and chutneys to enhance flavours.
- Consider trying food the person has never eaten before, but remember the person’s beliefs and personal preferences about certain foods.
- If a person often enjoys sweet foods, a healthier option might be fruit or naturally sweet vegetables. Adding small amounts of honey, syrup or jam to food can also help.

Our This is me® leaflet (Code 1553, alzheimers.org.uk/thisisme) can be used to record details about a person who can’t easily share information about themselves. This includes their food and drink preferences.

3 Poor appetite and stopping eating

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A person with dementia may lose interest in food. They may refuse to eat it or spit it out. The person may become angry or distressed, or behave in a challenging way during mealtimes.

If someone isn't eating enough, it can lead to weight loss and less muscle strength. They may also feel tired and weak. This can make them frailer and less able to recover from infections or viruses.

If you're concerned about someone who continues to refuse to eat, speak to a pharmacist or the GP.

Why someone with dementia might stop eating

A person may lose interest in, or turn down, food and drink because of physical difficulties, such as problems with chewing and swallowing, or constipation. For more information see 'How dementia affects eating and drinking' on page 1.

There are other reasons why a person may stop eating. Understanding the reason can help you find appropriate support and solutions.

Depression

Loss of appetite can be a sign of depression, which is common in people with dementia. There are effective treatments for depression, including medication and other therapies. If you suspect that the person you are caring for has depression, talk to the GP. For more information see factsheet 444, **Supporting a person with dementia who has depression, anxiety or apathy**.

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Communication barriers

The person may have problems communicating that they're hungry, that they don't like the food they have been given or that the food is too hot. They may be unsure what to do with the food. They may communicate their needs through their behaviour, such as refusing to eat or holding food in their mouth.

You could try giving them a choice of food, or use prompts and pictures so they can choose the food they would like. For more information see factsheet 500, **Communicating**.

Pain

The person may be in pain or discomfort, which can make eating difficult. They may have problems with their dentures, sore gums or painful teeth. Going to the dentist for oral hygiene and regular mouth checks is important. For more information see factsheet 448, **Dental and mouth care**.

Tiredness and concentration

Tiredness can cause people with dementia to not eat or to give up partway through a meal. It can also lead to other difficulties, such as problems with concentration or with coordination. A person with dementia may have difficulties focusing on a meal all the way through. Try to support the person to eat when they are most alert.

Medication

Changes to medication or dosage can affect a person's appetite. If you think this may be the case, speak to a pharmacist or the GP.

Physical activity

If the person is not very active during the day, they may not feel hungry. Encouraging them to be active will be good for their wellbeing and may increase their appetite.

Equally, if the person is very active or restless – for example, walking about or fidgeting – they may use extra calories and may be hungrier than usual or lose weight more quickly. For more information see factsheet 529, **Physical activity, movement and exercise**.

Encouraging a person's appetite

There are lots of ways to increase a person's appetite and interest in food and drink. Knowing the person and their life history helps, as everyone has their own needs, routines, likes and dislikes.

Here are some ideas that may help:

- Use different tastes, colours and smells. The smell of cooking – for example freshly baked bread – can stimulate someone's appetite.
- Try different types of food and drink with varying temperatures and textures, such as milkshakes or potato wedges.
- Try not to overload the plate with too much food – small and regular portions often work best. Consider serving half portions to keep hot food from going cold and losing its appeal.
- Give the person food they like. However, remember that a person's food preferences can change as their dementia progresses. See 'Changes in eating habits and food preferences' on page 6.
- Don't stop someone from eating dessert if they haven't eaten their savoury meal. They may prefer sweet tastes to savoury. Although bear in mind any health or dental concerns with eating too much sugar.
- Don't assume the person has finished because they have stopped eating.
- Give the person gentle reminders to eat and remind them what the food is.

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When I cared for my late mum I noticed she would eat when I ate, i.e. she was copying me. Also, when I finished my plate she would stop, regardless of whether she had anything left on her plate.

Former carer

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Being flexible about mealtimes

- If the person is agitated or distressed, don't put pressure on them. Wait until they are calm and less anxious before offering food and drink.
- Use eating and drinking as an opportunity for activity and social stimulation. It may be an opportunity to talk about food from their childhood, which could help to encourage their appetite. They could also help with preparing the food – see 'Improving the eating experience' on page 18.
- If the person doesn't want to eat meals at set times or at a table, make finger foods and snacks available instead. This could include sausage rolls, falafel, samosas, spring rolls, sandwiches, slices of fruit or vegetables. Some full meals could be served in this way too – for example a roast dinner, as long as it's presented in easy-to-hold pieces.
- Look for opportunities to encourage the person to eat. For example, if they're awake for much of the night, nighttime snacks may be a good idea.
- If the person refuses food, try again a bit later.

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4 Overeating

Some people with dementia may eat too much or too often. They may have forgotten that they've recently eaten, or worry about when the next meal is coming.

If a person is overeating, they may also eat foods that their doctor has told them to avoid. They might frequently ask about or search for food. This can be stressful for them and the people around them.

Certain types of dementia, such as frontotemporal dementia, may be more likely to cause overeating and other changes to eating behaviour. These may include changes in dietary preference and obsession with particular foods. For more information on this see factsheet 404, **What is frontotemporal dementia (FTD)?**

Preventing overeating

- Make sure the person has something to do, so they don't feel bored or lonely, which may lead to 'comfort eating'.
- Consider the person's life history. If there have been times when they haven't known when the next meal is coming, they may need reassurance that they don't need to overeat.
- Divide the original portion into two and offer the second one if the person asks for more.
- Fill most of the plate with salad or vegetables.
- Make sure the person is well hydrated as they may be mistaking thirst for hunger. Offer them a drink with their meal.
- Leave bite-sized fruit or healthy snacks, such as chopped bananas, orange segments or grapes, within reach for the person to snack on when they want to.
- Offer the person a low-calorie drink instead of more food. Consider not having certain foods in the house, or substituting them with low-fat or low-calorie versions.
- If the person has developed a strong preference for particular foods and is not eating enough of other foods, or if they are struggling with excess weight gain, ask the GP for a referral to a dietitian.

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5 Drinking

Someone with dementia may not recognise that they are thirsty, or they may forget to drink. They might also struggle to get themselves a drink or tell you when they are thirsty. This can lead to them becoming dehydrated, which can cause headaches, increased confusion, constipation and urinary tract infections (UTIs). These can make their dementia symptoms worse.

For more information see factsheet 528, **Urinary tract infections (UTIs) and dementia**.

Helping a person with dementia to drink enough

It's important to look out for signs of dehydration. This can include:

- a dry mouth or lips
- feeling dizzy or lightheaded
- needing the toilet less than usual
- dark or strong-smelling pee.

Placing a drink in front of someone doesn't always mean they will drink it. Also, an empty cup doesn't always mean that the person has finished the drink. It may have been spilt, drunk by someone else, or poured away.

Here are some tips to help a person stay hydrated.

- Encourage the person to drink throughout the day. The recommended amount is between 6 and 8 cups or glasses of fluid a day. Offer different types of drinks throughout the day such as tea, coffee, hot and cold milky drinks, fruit juice or smoothies, soup, squash and water.
- Give the person a drink whenever they are eating.
- Use a clear glass so the person can see what's inside or try a brightly coloured cup to draw attention instead.
- If possible, give the person the cup or put it where they can see it clearly. Give them a straw if this makes drinking easier.
- Make sure the cup or glass is suitable – not too heavy or a difficult shape to hold.
- Encourage the person to eat foods that have a high liquid content, such as gravy, ice lollies, milk jellies and yogurt.
- Try using sweets called Jelly Drops®, which can help people with dementia to get more water into their diet. For more information go to www.jellydrops.com.

Drinking alcohol with dementia

People with dementia can become more confused after they drink alcohol. This can lead to accidents, misjudging situations and injury. Drinking alcohol can also lead to dehydration. Alcohol also doesn't mix well with certain medicines.

People who have dementia-like symptoms related to past alcohol use should not drink alcohol. We have more information on our website about alcohol-related brain damage. If you have any concerns ask the GP for advice.

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Tips for drinking less alcohol

You may need to look at ways to limit the amount of alcohol the person drinks. A person with dementia may drink too much because they have forgotten how much they have had. If this happens, you could pour the drink for them and then keep any alcohol out of sight.

Think about the times when they want an alcoholic drink. For example, if they have always had an alcoholic drink with their main meal, they may want to continue this habit. Consider low-alcohol or non-alcoholic substitutes or watered-down alcoholic drinks.

If the person wants alcohol when they are bored, look at ways to keep them engaged and involved.

Alcohol dependency

If the person has struggled with alcohol dependency in the past, think about approaches in the past that have helped, and whether these same approaches could be used or adapted now.

Think about contacting an organisation such as Alcoholics Anonymous for more specialised, professional support. See 'Other useful organisations' on page 20.

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6 Supporting someone with dementia to eat and drink

It's important to remember that people with dementia don't need a special diet. There is no evidence that certain foods or supplements slow down or treat dementia. If someone with dementia wants to try supplements or specific foods, speak to the GP first.

Finding solutions that work for you both can involve trial and error.

- Think about what the person likes and dislikes. Keep in mind past routines and things that are important to them, like their culture, religion or dietary beliefs.
- Look for non-verbal clues about how the person is feeling, such as body language and eye contact.
- Keep calm and try not to rush the person. It's important they don't feel hurried and they are given enough time to eat.
- Help them maintain as much independence as possible.

It can be stressful and upsetting when a person won't eat, or when their food preferences seem to completely change. It is important that you are supported as well. For more information see factsheet 523, **Carers – looking after yourself**.

You could also join our Dementia Support Forum where many carers share their experiences of supporting a person with dementia – visit **forum.alzheimers.org.uk**

Services that can help

Remember that you are not alone. If you are concerned about a person's diet, speak to the GP.

A dietitian can also give advice on what is best in a particular situation. You can speak to the GP about a referral to a dietitian, or in some areas you can self-refer. You can also find more information about registered dietitians and search for dietitians near you online: www.bda.uk.com

You could look into having meals delivered. A 'meals on wheels' service is available in some areas. It may also be possible for the person to have a week's supply of ready meals delivered. Contact your local council to see what is available in your area.

Alternatively, you could arrange a homecare worker to help the person with eating and drinking. For more information contact your local social services or the UK Homecare Association. The UKHCA has details of homecare providers available on their website: www.homecareassociation.org.uk

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Improving the eating experience

A person's surroundings can play an important part in their eating and drinking experience. If the person feels comfortable, it can affect how much they enjoy eating and the amount they eat. A good mealtime experience can have a positive impact on the person's health and wellbeing.

- Make the environment calm, relaxing and as appealing to the person as possible. Think about what environment they usually like to eat in.
- Keep the table free from clutter. Avoid patterned tablecloths, napkins or other items that can cause confusion.
- Consider playing soothing music at mealtimes, as this can help create a relaxing environment. Try to switch off any distracting background noise and avoid distracting movement, for example on the television.
- Be led by the person on where they would like to sit and eat. Make sure that they are comfortable.
- Try not to worry about mess – it's more important for the person to eat than to be tidy. Wipe-clean mats and covers may help.
- If you or others are eating at the same time as the person, it may encourage them to eat. It may also help remind them how to use cutlery or pick up their drink.

Preparing food

Staying involved in preparing food and drink can help people with dementia to maintain certain skills, and to stay interested in food and drink.

Carers, friends or family members could help prepare meals. You could break down preparation into individual tasks, such as preparing vegetables or buttering bread. It's important for the person with dementia to do as much as they can for themselves.

Supporting someone who is living alone

People with dementia who live alone may struggle to prepare meals, or they may eat out-of-date or uncooked food. These are all signs that they may need more support.

- Leave simple notes or pictures to show the person where things are – for example a sign or picture of food on the fridge.
- Leave simple instructions to help the person prepare, cook or reheat food for themselves – for example ‘microwave on high for three minutes’. You may need to add more detail, such as which button to press on the microwave.
- If the person is not throwing away out-of-date or spoiled food, speak to them about ways to manage this. Some people find it helpful to regularly check and, if necessary, replace items when visiting.
- Talk to the person about using frozen, refrigerated or room-temperature ready meals. They often need little preparation. Some meals are specifically made to be nutritionally balanced.
- If the person struggles using utensils for chopping or peeling, ready-prepared or frozen vegetables can help them maintain a balanced diet.
- If the person has trouble cooking, consider keeping pre-cooked food, such as packs of chicken in the fridge. For more information on cooking safely in the kitchen see booklet 819, **Making your home dementia friendly**.

Online shopping

Organise online shopping if the person struggles with going to the shops. The person can order what they want and have it delivered – usually on the date and at the time of day they choose. You could help the person with this, but it's important to make sure the food order is what the person wants.

It may also help to be there when the shopping is delivered, or remind the person nearer the time that it will be arriving.

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Other useful organisations

Alcoholics Anonymous
0800 917 7650
help@aaemail.org
www.alcoholics-anonymous.org.uk

Alcoholics Anonymous is a community of members who support each other to stay sober and recover from alcoholism.

British Dietetic Association
0121 200 8080
info@bda.uk.com
www.bda.uk.com

The BDA is the UK body representing dietetic workers. They also provide a range of information for members or the public.

Diabetes UK
0345 123 2399
helpline@diabetes.org.uk
www.diabetes.org.uk

Diabetes UK offers advice and support for living with diabetes.

UK Home Care Association (UKHCA)
020 8661 8188
www.ukhca.co.uk

UKHCA is the representative body for organisations that provide personal care – including nursing care – to people in their own homes. They have details of homecare providers available on their website.

Jelly Drops®
hello@jellydrops.com
www.jellydrops.com

Jelly Drops® are sugar-free sweets that can help people with dementia to get more water into their diet.

NHS website
www.nhs.uk/live-well/eat-well

The NHS website provides information on eating a healthy, balanced diet.

Factsheet 511

Last reviewed: November 2024

Next review due: November 2027

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email **publications@alzheimers.org.uk**

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information on **Adjusting to life with dementia**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit alzheimers.org.uk

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit alzheimers.org.uk/donate



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