Staying healthy

Carers' advice sheet 522

When someone has dementia, it's important that they remain as fit and healthy as possible - both physically and mentally. The better they feel, the better life will be for them and those around them. A person's health and well-being is affected by many different factors. Use these pointers to check whether any adjustments can be made to the person's lifestyle or environment to boost their health.

Exercise

Everyone needs some form of regular exercise, whether or not they have dementia. Try to find a form of exercise that will be enjoyable - ask your GP, occupational therapist or physiotherapist for suggestions.

Exercising can:

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

Mental well-being

Mental health and well-being is as important as a person's physical health. When someone has dementia, they need:

- reassurance that they are still valued, and that their feelings matter
- freedom from as much external stress as possible
- appropriate activities and stimulation to help them to remain alert and motivated for as long as possible.

Eating well

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

- Eating fatty, sugary foods can cause considerable weight gain, leading to further health problems. Eating sweet foods can cause peaks and troughs in energy levels, exacerbating mood swings.
- If someone with dementia is eating so much that they feel uncomfortable, those around them may need to tactfully limit the amount of food available or offer low-calorie alternatives.
- If someone with dementia forgets to eat, they may need to be accompanied at mealtimes. Having Meals on Wheels delivered won't help if the person forgets to eat
them.
- It is very important to drink enough fluids. Dehydration is a health risk and can increase confusion in someone with dementia.

For more information, see Factsheet 511, Eating.

**Keeping warm**

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

- Try to make sure that any rooms that are occupied during the day are kept warm. Draught proofing and roof insulation will help.
- Encourage wearing layers of clothing, ideally with natural fibres, such as wool.
- If someone feels very cold, they may need to wear a hat, gloves and warm socks if they go out in cold weather - and indoors too, if necessary.

**Tackling constipation**

This is a common problem among older people and those who are less physically active. It can cause pain and discomfort, and can also increase the person's confusion. If problems persist, consult the GP. Rather than using laxatives, you can help prevent constipation through:

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

**A good night's sleep**

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

- limiting daytime naps, and ensuring a range of stimulating activities - someone is more likely to doze off if they are bored
- reducing fluid intake in the evening, and avoid stimulating drinks such as tea and coffee
- taking some form of exercise during the day
- finding soothing and relaxing ways to encourage the person to sleep, such as giving them a warm milky drink at bedtime.

**What to do about smoking**

It's common knowledge that smoking is bad for us, and when a person has memory loss, smoking not only damages their health - it can also mean an increased fire risk.
Some people with dementia have been known to simply forget about smoking if cigarettes and ashtrays are removed from sight. Some people seek to stop their loved ones with dementia from smoking. However, if the person stops smoking, they may become tense and irritable. There are also ethical considerations surrounding the person's right to continue to enjoy something that they have enjoyed in the past, even if it is bad for them. This is something that should be discussed with the person with dementia if possible, or with friends and family, before a final decision is made.

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

**Dealing with alcohol**

Having a drink in company can be a pleasant way to relax. However, people with dementia can become more confused after a drink, so may need to limit the amount. Also, alcohol doesn't mix well with certain medicines. If in doubt, ask the GP for advice.

If someone with dementia seems to be drinking too much because they've forgotten how much they've had, or if they are drinking inappropriately, some carers or family members choose to keep alcohol out of reach and out of sight. As with smoking, it is important to balance the issue of the person's right to enjoy a pleasurable activity against the risk.

**Dealing with hearing problems**

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

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

- If the person uses a hearing aid, make sure it's switched on and working properly. As dementia progresses, hearing aids can become too difficult to manage and may simply add to the person's confusion.
- If the person has hearing difficulties that a hearing aid can't resolve, try to attract their attention before speaking to them. Touch them on the arm to indicate where you are, make sure you're facing them, and then speak slowly and clearly.
- If the person doesn't understand you, try altering the form of words you're using rather than repeating the same phrase more loudly. Make sure there's no distracting noise, such as television, radio or loud voices. Remember to keep your questions simple, and never ask too many questions at a time, as this may cause further confusion and distress.

**Ensuring good eyesight**

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

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

**Healthy teeth and gums**

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

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

See [Factsheet 448, Dental care and dementia](http://www.alzheimers.org.uk).

**Foot care**

Healthy feet are essential if the person with dementia is to remain mobile and active. It is important that people with dementia have their feet cared for in the following ways:

- Wearing well-fitting shoes - although slippers are comfortable, they should not be worn for more than a few hours at a time, as they don't offer enough support.
- Making sure their feet are kept clean and dry, with toenails cut short.
- Addressing problems such as corns or ingrown toenails - by consulting a state-registered chiropodist.
- Contacting the GP in case of other problems - for example, if any part of the foot becomes swollen or painful, or if the skin changes colour.

**Remaining mobile**

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

- If the person becomes unsteady on their feet, an occupational therapist should be able to provide information on aids and equipment, such as grab rails, to help them move around. (For more information, see [Factsheet 428, Adaptations, improvements and repairs to the home](http://www.alzheimers.org.uk), and [429, Equipment to help with disability](http://www.alzheimers.org.uk).)
- If the person spends a lot of time sitting down, they will need a firm, comfortable chair that is easy for them to sit down in and get up from.
- If the person needs support when they move around, an occupational therapist or physiotherapist can give advice on how people can safely give them the support they need without injuring themselves.

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

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

For more information, see Factsheet 444, Depression.

**Spotting a problem**

It is important that everyone involved in the life of the person with dementia keeps an eye on their state of health. As the dementia progresses, they may become less able to identify health problems or to tell others about them, so it is important to look out for signs that the person might be in pain or discomfort. If you help them wash or dress, discreetly look out for cuts and bruises in case they have fallen and forgotten to tell you. Also look out for rashes or sore places. Any red patches that don’t go away after a few hours could be pressure sores, so tell the GP or district nurse immediately. For more information, see Factsheet 512, Pressure sores.

**Getting check-ups**

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

If anything is worrying you, ask for a general health check. If there's an area of particular concern, such as diabetes, make sure the person has regular check-ups.

See Factsheet 425, How the GP can help.

**Medication**

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

- As soon as possible after diagnosis, check with the GP to make sure that the person is not taking any drugs that they don't need any more, and that they are taking the lowest possible effective dose.
- If any drugs are used to relieve behavioural symptoms, make sure these are reviewed very regularly. (If someone you know is being prescribed drugs for this reason, see Factsheet 408, Dementia: drugs used to relieve depression and...
If you suspect that the person's medication may be increasing their confusion or causing other unwanted side-effects, tell the GP.

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

For more information, see Factsheet 407, Drug treatments for Alzheimer's disease.

For details of Alzheimer's Society services in your area, visit alzheimers.org.uk/localinfo
For information about a wide range of dementia-related topics, visit alzheimers.org.uk/factsheets

Useful organisations

Chartered Society of Physiotherapy

14 Bedford Row
London WC1R 4ED
T 020 7306 6666
E enquiries@csp.org.uk
W http://www.physio2u.co.uk/

The professional, educational and trade union body for chartered physiotherapists, physiotherapy students and assistants. Provides contact details of private physiotherapists in your area.

College of Occupational Therapists

106-114 Borough High Street
Southwark
London SE1 1LB
T 020 7357 6480
E info@cot.co.uk
W http://www.cot.co.uk/

Provides details of independent occupational therapists in your local area.

Society of Chiropodists and Podiatrists

1 Fellmongers Path
Tower Bridge Road
London SE1 3LY
T 020 7234 8620
E use the enquiry form on the website (see below)
The professional body and trade union for registered podiatrists. Provides patient information on common foot problems and details of private practice podiatrists.

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