

DIET AND PARKINSON'S

PARKINSON'S^{UK} CHANGE ATTITUDES. FIND A CURE. JOIN US.



**If you have Parkinson's,
making some simple changes
to your eating and drinking
habits may help you manage
your symptoms effectively
and should improve your
general health and wellbeing.**

This booklet provides some basic healthy eating information, to help you maintain a balanced diet and a healthy weight. It also looks at the diet issues related to Parkinson's and what you can do to manage these.

Contents

Eating a balanced diet	5
What should I eat?	5
Understanding the food groups	5
Can I drink alcohol?	9
Maintaining a healthy weight	11
I am underweight or losing too much weight, what should I do?	11
I am overweight, what can I do?	11
Constipation	15
How does fibre help?	15
How to increase your fibre intake	15
How much fluid should I drink?	16
Eating and swallowing difficulties	17
What can I do to help with swallowing?	18
Should I try a different diet?	18
Difficulties with fluids	20
Tube feeding	20
Parkinson’s medication and your diet	21
When should I take my Parkinson’s medications?	21
How can protein affect my medication?	21
Side effects of Parkinson’s medications	22
Indigestion and heartburn	22

Vitamins, food supplements and special diets	25
Calcium and vitamin D	25
Antioxidants.....	25
Special diets.....	27
 Low blood pressure	 29
 Food shopping and preparation	 31
 Dishes and cutlery	 33
Should I buy special utensils?	33
 More information and support	 35

EATING A BALANCED DIET

What should I eat?

If you have Parkinson's there is no specific diet that you should follow to the letter. But you should find it helpful to maintain as healthy a diet as you can. Generally, the rules for following a healthy diet are:

- eat a varied diet
- eat healthy portions of foods
- eat the right balance of food groups
- eat regular meals
- drink plenty of fluid
- eat at least five portions of fruit and vegetables a day

Eating a balanced diet will improve your health and may help to ease various problems you may be experiencing, including constipation, low mood, reduced bone density and weight changes.

Understanding the food groups

Starchy (carbohydrate) foods

Try to base your main meals on starchy foods. These contain fibre, calcium, iron and B vitamins, and will give you healthy calories. Examples of starchy foods are bread, potatoes, rice, yams, chapattis (flatbread), pasta, noodles, oats, cornmeal, crackers and breakfast cereal.

Some people think that starchy foods are fattening, but they are actually low in calories, as long as extra fat is not added to them, for example by frying potatoes in oil or buttering bread. They are also filling, which makes you less likely to snack between meals. A third of your plate should be made up of starchy foods.

Eating wholegrain versions of starchy food, such as wholemeal bread, can keep you fuller for longer and help ease constipation. This is a common problem among people with Parkinson's – see page 15 for more information.

Dairy

Try to aim for three servings of milk or dairy foods every day to get the calcium you need. A serving is:

- a third of a pint of milk
- one small pot of yoghurt
- a small matchbox-sized portion of cheese

If you're trying to keep your weight down, reduced fat, light and diet versions of cheese, milk and yoghurt are available.

If you don't like dairy, there are non-dairy sources of calcium, including green leafy vegetables (for example spinach), tinned fish with soft bones (like sardines), pulses like baked beans and chickpeas, dried fruit, and nuts and seeds like tahini paste (used in hummus).

Having Parkinson's can make your bones more fragile and increase your risk of bone fractures if you fall. Vitamin D helps to keep your bones healthy and is needed to help your body absorb calcium. Most of the vitamin D you need comes from the effect of sunlight on your skin but what you eat can also help, especially during the winter.

Good sources of vitamin D are:

- oily fish, such as salmon, tuna, sardines and mackerel
- breakfast cereal
- eggs
- meat
- some powdered milks
- fortified margarines and spreads

People with Parkinson's may have lower levels of vitamin D, which may be related to reduced bone density and an increased risk of fractures. So it is important to get your levels tested by your GP. See page 25 for more details on vitamins and minerals.

Meat, fish and vegetarian or vegan alternatives

Try to have two to three servings each day. This is the main source of protein in your diet and will help you maintain your muscles and strength. Good sources include meat, white or oily fish, eggs, beans, pulses and nuts. Lamb, beef, eggs, beans and pulses are also good sources of iron.

A healthy diet should contain two portions of fish a week. One portion a week should be 'oily'. If you don't eat fish, you can try including linseeds, soybeans, walnuts and their oils in your diet.

One portion of each is:

- 3 oz (80g) of meat or the size of a deck of cards
- 3–4 oz (80–110g) of fish or the size of a cheque book
- three heaped tablespoons of pulses (beans or lentils)
- two eggs
- two tablespoons of nuts

Red meat is a good source of protein, vitamins and minerals, but you should avoid eating too much red or processed meat. Stick to one portion a day, and eat a variety of other high protein foods, such as nuts and pulses.

Fruit and vegetables

Fruit and vegetables are a good source of vitamins, minerals and fibre. Try to have at least five

portions of differently coloured fruit and vegetables each day. These can be fresh, frozen, canned or dried. For tips, recipes and advice, visit the NHS website www.nhs.uk/livewell/5aday

One portion of fruit and vegetables is:

- one banana
- two satsumas, kiwis, plums or clementines
- two large tablespoons of fruit salad or stewed fruit
- one tablespoon of dried fruit
- one small glass of fruit juice
- one dessert bowl of salad

Remember, potatoes are a starchy food, so don't count towards one of your five portions of fruit and vegetables a day.



Fatty and sugary foods

Fatty and sugary foods, such as cakes, biscuits, and pastries, contain lots of calories, fat and sugar. Try to reduce how often you eat them, especially if you are trying to lose weight.

If you have high cholesterol or are diabetic, please seek further advice from a dietitian.

Fluid

It is very important to drink plenty of liquid. Try to drink six to eight mugs or glasses each day. Any fluid counts towards this, including water, fruit juice, milk and squash.



If you have bladder problems, it is important not to cut down on the amount of fluid you drink. It is likely to lead to other problems, such as dehydration, constipation or worsened postural hypotension (see page 29).

Find out more: see our booklet *Looking after your bladder and bowels when you have Parkinson's*.

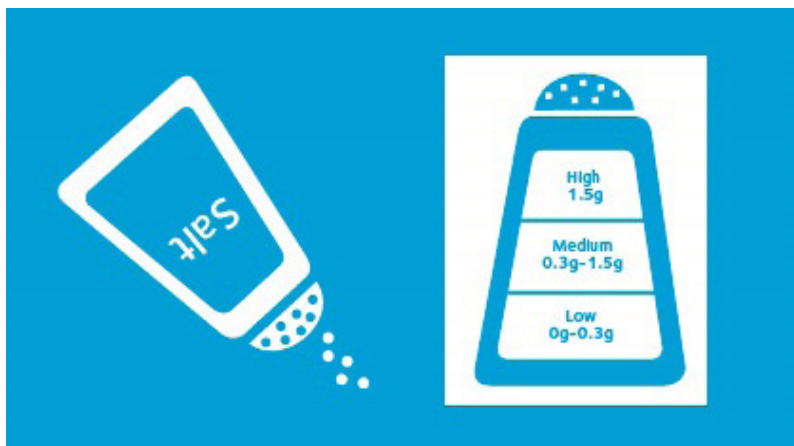
There are other ways to increase your fluid intake, including:

- eating juicy fruits, such as melon, watermelon, grapefruit, grapes and berries
- having soups, custards, jellies and ice lollies

Some people with Parkinson's have swallowing problems and may need to thicken drinks to make the liquid move more slowly in the mouth. Sometimes this makes it harder for people to drink enough, which can lead to dehydration. If you're experiencing problems eating or swallowing you should seek a referral to a speech and language therapist. See page 17 for more details.

Salt

Lots of people have too much salt in their diet. Extra salt often comes from processed food, such as soups, sauces, bread and ready meals.



One way you can eat less salt is to stop adding extra salt during cooking or at the dinner table. Try using herbs and spices for flavour instead.

You can look at the labels of food to assess how much salt it contains. The diagram above shows how much is too much, per 100g.

Some people with Parkinson's may have problems with low blood pressure (also called hypotension). It can be a symptom of Parkinson's or it can be a side effect of the drugs used to treat the condition. Salt causes your body to retain water, so reducing your intake can lead to decreases in your blood pressure. So, if you have low blood pressure, reducing your salt intake may not be advisable. If you are concerned, speak to your GP, specialist or Parkinson's nurse.

For more information low blood pressure and Parkinson's see page 29.

Can I drink alcohol?

Generally, unless your GP, specialist or Parkinson's nurse have advised you not to drink alcohol, a small amount, such as a glass of wine or a beer every now and again, should not cause any problems.

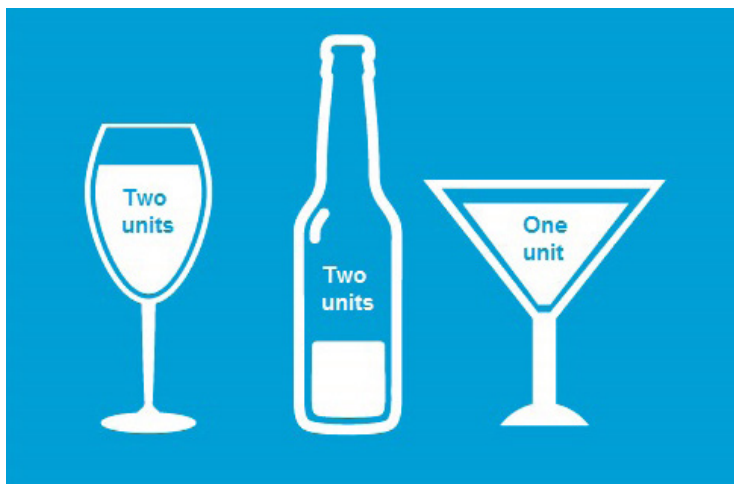
People can respond to alcohol in different ways, so talk to your medical professional if you have any concerns. Remember to take into account any medication you may be taking for other conditions. Alcohol can also cause problems with low blood pressure (see page 29).

If you are trying to lose weight, remember that alcohol is high in calories.

Men and women should not drink more than 14 units of alcohol a week. It's important to spread out alcoholic drinks throughout the week.

Keep at least two days each week free of alcohol and avoid binge drinking.

Here are a few examples of how many units are in an average alcoholic drink:



MAINTAINING A HEALTHY WEIGHT

It is important for everyone to maintain a healthy weight, as being overweight or underweight can affect your health. You can find out more about what your healthy body weight is by speaking to your GP.

I am underweight or losing too much weight, what should I do?

If you are underweight or have difficulty putting weight on, it may be because of the side effects of Parkinson's medication or difficulties with chewing or swallowing. It may also be due to practical problems, such as food shopping, preparation or keeping your food hot while you are eating.

You may find the following useful:

- Make the most of adding extras to foods, such as extra cream, butter, oil, or honey where you can. These will make the food more energy dense and tasty.
- Try to have three meals a day and two to three snacks

between your meals. It's important to try to eat every two to three hours during the day.

- Instead of snacks, try having a milkshake, malted drink or smoothie. These may be used to supplement your usual diet. But, if you find you are replacing your meals with these, it is important to seek help from a dietitian.

If you are finding it difficult to maintain your weight or reach a healthy weight, your GP, specialist or Parkinson's nurse can refer you to a dietitian. They may recommend tailored changes to your diet and special high-calorie products that are available on prescription.

I am overweight, what can I do?

It is easy to gain weight if you become less active but are eating the same amount of food.

If you are trying to lose weight, here are some tips to start with:

- Don't eat fried food regularly – grill, dry fry, microwave, bake, steam, poach or boil, without adding fat or oils. Instead, use marinades adding extra herbs, stock and spices for flavour.
- Use skimmed or semi-skimmed milk instead of full fat.
- Cakes, sweet biscuits and pastries all have lots of sugar and fat in them, so try to cut down on treats. Try eating healthier snacks like diet yoghurts, crumpets or teacakes.
- Use 'sugar-free', 'no added sugar' or 'low calorie' drinks and use artificial sweetener instead of sugar.

If you have other health conditions as well as Parkinson's, such as circulation problems, high cholesterol, heart disease or diabetes, and are concerned about being overweight, speak to your GP, specialist, Parkinson's nurse or ask to see a registered dietitian.

Parkinson's and weight gain

Parkinson's medication does not tend to make people gain weight, but a small number of people may experience impulsive and compulsive behaviour. This is a side effect of some Parkinson's medication, particularly dopamine agonists and, in some cases, levodopa.

Impulsive behaviour is when a person can't resist the temptation to carry out certain activities. These are often activities that give an immediate reward or pleasure, such as gambling, hypersexuality and overeating. So, someone may eat large amounts of food in a short period of time because they can't control their appetite, and they therefore gain a lot of weight.

If you think you're experiencing this behaviour, speak to your GP, specialist or Parkinson's nurse. We don't advise anyone to stop taking or to change their Parkinson's medication without the advice of their specialist or Parkinson's nurse. Any changes have to be made slowly and gradually, and should always be carried out and reviewed by a specialist, because of the risk of side effects and withdrawal symptoms.

Someone experiencing impulsive or compulsive behaviour may not realise they have a problem. So it's important that your carer (if you have one) is aware of these side effects.

Find out more: see our [information sheet *Impulsive and compulsive behaviour in Parkinson's*](#).

“ I am very overweight. I never had any problems with weight until I was diagnosed six years ago, and it is simply a matter of comfort eating. My neurologist has told me not to lose weight, as it will be an advantage to me later.

But my worst Parkinson symptom is permanent curling over of my toes, which makes walking hard work. My toes and weight combined make it ever harder to walk and take exercise of any kind, and I worry that this is damaging my general health.

But in the last few weeks, my weight has stabilised and I am no longer gaining. I think that is mainly because I have become busier socially outside the house, so I don't eat through boredom or inactivity as I was before. That has encouraged me to look for other exercise possibilities. I'm hoping to join a friend on some short walks, and maybe a dance class! ”

Mosie, diagnosed in 2010

Deep brain stimulation and weight gain

Some people with Parkinson's may put on weight quickly after having deep brain stimulation, a surgery sometimes used to treat the condition.

If you are considering surgery, talk to your healthcare professional about being referred to a dietitian, ideally before you have surgery.

Find out more: see our booklet *Surgery for Parkinson's*.



CONSTIPATION

Some people with Parkinson's may experience constipation. This can be helped by:

- drinking more fluid
- exercising
- eating more fibre-rich foods

How does fibre help?

Fibre absorbs fluid as it moves through your bowel, forming a soft stool that can be passed more easily. It is very important to increase your fluid intake if you increase the fibre in your diet, because too much fibre without enough fluid can increase constipation. A dietitian can give you more information and advice.

How to increase your fibre intake

Fibre is found in cereals, seeds, nuts, fruit, vegetables and pulses, such as peas, beans and lentils. To increase your fibre intake you can try:

- eating high-fibre varieties of foods, such as wholemeal bread, pasta or brown rice
- altering recipes to use some wholemeal flour instead of all white
- choosing a breakfast cereal containing wheat, wheatbran or oats, such as Weetabix, porridge or bran flakes
- eating more vegetables. They can be raw or cooked, fresh or frozen. Try using more peas, beans or lentils
- eating more fruit. It can be fresh, stewed, tinned or dried. Try bananas, oranges or prunes
- gradually introducing ground linseeds. You can add one teaspoon to cereals, salads or yoghurts to start with and increase this over time to one tablespoon. If you do this, make sure you drink an extra glass of fluid a day, otherwise it won't work and may make constipation worse

When increasing your intake of fibre, it is important to do so gradually to avoid bloating or flatulence (wind). Aim to introduce one new high-fibre food every three days.

Some people may need to take laxatives for regular bowel movements and minimal straining.

You can discuss this further with your GP, specialist or Parkinson's nurse.

How much fluid should I drink?

It is essential to drink plenty throughout the day, to help the fibre do its work. Try to drink six to eight mugs or glasses every day. Any fluid is suitable, such as water, fruit juice, milk, tea, coffee or squash. See page 8 for more about fluids.

Find out more: see our booklet *Looking after your bladder and bowels when you have Parkinson's*.

EATING AND SWALLOWING DIFFICULTIES

Some people with Parkinson's may find they have problems when eating and swallowing.

If you find it difficult to swallow, you may:

- cough when eating or drinking
- find it difficult to keep food or drink in your mouth
- find it hard to start to swallow so that food goes round and round in your mouth
- find that it takes longer to chew your food
- have difficulty opening your mouth

There are four main problems that are linked to swallowing:

- Silent aspiration, which is when food or liquid from the mouth enters the lungs rather than the stomach, without any of the usual signs of coughing or choking. This can lead to a chest infection, known as aspiration pneumonia.

- Not eating enough to maintain good general health (known as malnutrition).
- Not drinking enough, which can lead to other medical issues, such as constipation or dehydration.
- A rarer occurrence is food blocking the airway and stopping your breathing (known as asphyxiation).

It is very important to talk to your GP as soon as you can if you have problems with swallowing, as they may refer you to specialists who can offer help.

A speech and language therapist, who works with people with swallowing problems, can offer information and suggest strategies to overcome some of the challenges you are experiencing. In most areas, you will be able to contact a speech and language therapist through the speech and language therapy department at your local hospital. You may also be referred by your GP, specialist or Parkinson's nurse.



Before an assessment, you may find it helpful to keep a diary of when problems with swallowing happen and which foods you find most difficult to eat.

Find out more: see our information sheets *Keeping a diary: people with Parkinson's* and *Speech and language therapy and Parkinson's*.

What can I do to help with swallowing?

Make sure you are comfortable at meal times. The following suggestions may help make it easier to eat:

- Take your time and eat in a comfortable, quiet place.
- If you feel you are taking too long and food is getting cold, consider eating smaller, more frequent meals and snacks, or food that is easier to eat.
- You can buy heated plates to keep food warm for longer or consider serving smaller portions so that a second portion can be kept warm or reheated if it's safe to do so.
- Try eating sitting upright in your chair.
- Try planning your meals for when your medication is working. Avoid trying to eat large meals when you are 'off'.
- If you wear dentures try to ensure they fit comfortably. Ask for a review by your dentist if you are concerned.
- Try to eat when you are less tired, this may mean moving your main meal to lunchtime rather than in the evening.

Should I try a different diet?

You may find certain foods difficult to chew or swallow. If swallowing is becoming difficult, seek advice from a speech and language therapist, via your GP or a registered dietitian.

“Eighteen months ago my mum, Jean, was given three or four days to live. We kept her comfortable, warm, and well-hydrated. We also offered her jelly and ice cream, which she took in tiny portions. Since then we’ve provided tiny portions of home cooked foods, eg soups bulked out with cream and buttered crumbles of bread, mashed poached salmon and potato, well-buttered, lightly scrambled eggs made with cream and so on. We used a ramekin dish half full of food but that has slowly increased to a reasonable adult portion.

I marvel at my Mum and her ability at 90 to try different foods in a variety of combinations. I truly believe that her willingness to try, taste, listen, and explore foods have provided a boost and added interest to her life.”

Joan, whose mother has Parkinson’s

They may suggest changing the texture of the food you eat – for example, food that is able to be mashed with a fork, food that is pre-mashed or food that has been puréed. Semi-solid foods are usually easier to swallow than foods with mixed textures or very hard or dry foods.

A dietitian can then advise you on the type of foods that may be available in these forms so you can eat a balanced diet.

You may find the following helpful:

- Avoid hard, dry or crumbly foods.
- Meat that is tough or chewy can be difficult to swallow. Try using a gravy or sauce, chop meat up and consider different cooking methods, such as casseroles, as this makes meat more tender.
- Having a drink with your meal makes chewing and swallowing easier.

- Good posture and a comfortable position while eating will help with swallowing.
- Try taking smaller mouthfuls.

Difficulties with fluids

Sometimes people with Parkinson's have problems swallowing fluids. Following an assessment, a speech and language therapist may suggest adding thickening agents to drinks. These are available on prescription from your GP. Your dietitian can suggest fluids that thicken well to help maximise your fluid intake.

Tube feeding

If swallowing becomes very difficult or you are not able to eat enough to maintain a healthy weight, your specialist, Parkinson's nurse, speech and language therapist, or dietitian may suggest you consider tube feeding.

Tube feeding usually involves a small tube, called a PEG (Percutaneous Endoscopic Gastrostomy) tube, being inserted into your stomach. All or some nutrition, hydration and medication is then delivered directly into your stomach through the tube. PEG tubes can normally be easily cared for at home or in a care home setting.

A dietitian can discuss what PEG feeding involves, show you a tube and discuss your feeding options to help you make an informed decision.

To make sure your wishes are taken into consideration, you may wish to talk to your healthcare team and your family about whether you would want to be tube fed a long time before you may need it.

Find out more: see our [information sheet *Eating, swallowing and saliva control in Parkinson's*](#).

PARKINSON'S MEDICATION AND YOUR DIET

When should I take my Parkinson's medication?

When you take your Parkinson's medication should always be discussed with your GP, specialist or Parkinson's nurse.

Some people with Parkinson's may feel sick after taking medication, especially if they take it on an empty stomach. Having a snack, such as a plain cracker or biscuit, at the same time as taking your medication can help ease this side effect. Or you may find taking medication with plenty of water can help to reduce nausea.

Your GP can also prescribe anti-sickness tablets if you do feel sick after taking your medication.

Talk to your GP, specialist or Parkinson's nurse if you have difficulty swallowing your medication. It may help to take your medication with a cold drink, such as water, squash or fruit juice, or with yoghurt. You may also benefit from a referral to a speech and language therapist.

How can protein affect my medication?

In some people, protein (which is found mainly in meat, fish, eggs, cheese, yoghurt, nuts, beans and pulses) may interfere with the effects of their levodopa medication. Therefore it is generally advised that you should take your Parkinson's medication at least 30 to 45 minutes before meals.

Some people with Parkinson's have told us that their medication is less affected by some milk alternatives, such as rice milk, although there is no actual evidence to support this.

You may also find it helpful to:

- reduce the amount of protein you eat earlier in the day. This may help to increase the response your body has to the medication and avoid unpredictable motor fluctuations
- eat your main protein meal in the evening, as a slower response to medication may not be as important as at other times of the day

If you do wish to review the timing of your protein intake, you should talk to your GP, specialist or Parkinson's nurse, or ask to see a registered dietitian.

You should not stop eating protein altogether as it is vital to help your body renew itself and fight infection. Reducing protein may cause dangerous weight loss.

Side effects of Parkinson's medications

We can't list all the possible side effects of all Parkinson's drugs in this booklet, but some Parkinson's medication may cause:

- nausea and vomiting
- diarrhoea or constipation
- low blood pressure
- dry mouth
- tiredness

These side effects may interfere with your appetite, which may lead to you eating and drinking less. A dietitian may be able to advise you on how to manage these symptoms, especially if they interfere with your normal appetite.

Indigestion and heartburn

Antacids, which are used to relieve heartburn or indigestion, should not be taken at the same time as other drugs. They may have an effect on the absorption of your Parkinson's medication.

If you do experience heartburn or indigestion, you should speak with your GP, specialist or Parkinson's nurse, who can advise on more appropriate treatments.

There are other things you can do to reduce heartburn, such as giving up smoking if you are a smoker, eating smaller more frequent meals rather than three large meals a day and avoiding eating just before bed. You may also find that certain foods make your heartburn worse, so it may help to avoid alcohol, coffee, chocolate, tomatoes, fatty foods and spicy foods.

“ I am not a very good cook but I do recommend experimenting. My husband takes Sinemet every two hours, so it is impossible to leave an hour either side of the tablets! But we have found that different types of protein affect the meds in different ways. Eggs and vegetarian products, such as Quorn, seem to interfere less.

If we are staying in, we eat whatever we fancy and put up with the shuffling! But if we are going out, we eat a meal before setting off with no protein, for example veg soup, pasta with a vegetable sauce, a sliced tomato and lettuce sandwich, or baked potato with butter and a mixed salad. It's not very exciting but it does mean the meds work.

If we are eating out with friends or family, we use dispersible Madopar before and after eating in addition to the usual Sinemet regime. And we try to choose the option with the least protein, ie not a big steak!

I can only recommend experimenting to see what works for you. ”

Val, whose husband has Parkinson's



VITAMINS, FOOD SUPPLEMENTS AND SPECIAL DIETS

Eating a well-balanced diet will give you a good amount of vitamins and minerals. For many vitamin and mineral supplements, there's no clear scientific evidence they have any health benefits (although there is evidence for the benefits of vitamin D, see below).

So, if you feel you need more of a particular vitamin or mineral, it is advisable to try to eat more of the foods containing it, rather than to buy expensive vitamin and mineral supplements.

You also need to be aware that some vitamins, when taken in large doses, can have side effects. Some supplements, for example vitamin B6 and iron supplements, may also affect the absorption of your Parkinson's medication.

Before purchasing any 'over the counter' mineral and vitamin supplements from chemists or health food shops, consult your GP, specialist, Parkinson's nurse or registered dietitian for advice.

Calcium and vitamin D

Osteoporosis is a condition that affects the bones, causing them to become weak and fragile and more likely to break. It is often diagnosed in people with Parkinson's. It has been suggested that increased severity of Parkinson's symptoms is linked to reduced bone density.

Some experts suggest that people with Parkinson's should be taking calcium and a vitamin D supplement daily, especially those who are bed/house-bound or immobile. This is because most of our vitamin D comes from exposing our skin to the sun.

Your levels of calcium and vitamin D should be assessed in the early stages of your condition to prevent or lower the risk of poor bone health. Speak to your health professional if you think you may need to take calcium or vitamin D.

Antioxidants

Antioxidants are chemicals produced by your body or taken from your

diet that work to stop the damaging effects of free radicals. Free radicals are damaging molecules that can be produced by normal chemical reactions in your body or absorbed from outside sources (such as cigarette smoke, pollution or spending too long in the sun).

Free radicals only last in your body for a very short time, but can damage cells during that time. Antioxidants keep cell damage under control, trapping and neutralising free radicals.

Currently, there is no evidence that antioxidants will slow the progression of Parkinson's or improve symptoms. Providing you are eating a well-balanced diet that includes lots of different fruit and vegetables your antioxidant needs will be met.

Taking excessive amounts of antioxidant supplements can have a negative effect on your health and wellbeing. You should speak to your GP, specialist, Parkinson's nurse or dietitian before taking any supplement.



Co-enzyme Q10

Co-enzyme Q10 is naturally present in very small amounts in a wide range of foods, such as offal, beef, soya oil or oily fish, and has strong antioxidant properties. There is currently no evidence to recommend co-enzyme Q10 as a treatment for Parkinson's. If you wish to take additional co-enzyme Q10, talk to your healthcare professional first.

Special diets

There are many websites and other sources that give dietary advice or make claims about diets that are suitable for people with health conditions. We do not recommend that you follow this advice without reliable medical evidence that it works.

If you want to know whether a health information website is reliable, ask yourself the following questions:

- Who has produced the content?
Is it owned or sponsored by a reputable organisation? (Most sites will have an 'About us' or 'About this site' section where you can get more information about the site and who has set it up.)
- Are contact details available for the website owners?
(Be wary if there is no way of contacting them.)

- Is the health information consistent with other material you have read?
- Does the website give information about both the benefits and risks of potential treatments?
- Is the information recent?
- Are they asking for money to access diet plans or to take part in research? (Be wary of any websites asking for money. Remember that you will never be asked to pay to take part in research.)

It is important for anyone who is considering trying any special diet to discuss this first with a health professional.



LOW BLOOD PRESSURE

People with Parkinson's can experience low blood pressure, particularly postural hypotension. Postural hypotension (also known as orthostatic hypotension) is a large drop in blood pressure when standing or changing position. This can be a symptom of Parkinson's or may be caused by the drugs used to treat Parkinson's, for example levodopa.

Common symptoms of low blood pressure include:

- feeling dizzy or light-headed (especially when you stand up after sitting or lying down)
- blurred vision
- feeling weak
- feeling muddled or confused

These symptoms are most likely to happen when there is an increased demand for blood, such as:

- after meals – the stomach and intestines need more blood, which lowers blood pressure in other parts of the body

- when you are dehydrated. A lack of fluids and salt in your body makes it harder for your autonomic nervous system to regulate your blood pressure. Drinking alcohol can cause dehydration and that can disturb the control of blood pressure, so try to drink water in between alcoholic drinks
- if you are constipated (a common problem in people with Parkinson's), sometimes the effort of straining may cause you to feel faint

If you have low blood pressure, your symptoms may be managed by:

- avoiding large meals
- reducing your carbohydrate intake, especially sugary foods
- increasing the amount of salt in your diet
- increasing your fluid intake, particularly caffeine drinks. You may also find it helpful to have a glass of water before getting up (for example, out of bed)

- decreasing how much alcohol you drink

For more advice on how to manage these symptoms speak to your GP, specialist, Parkinson's nurse or dietitian.

Find out more: see our information sheet *Low blood pressure and Parkinson's*.



FOOD SHOPPING AND PREPARATION

The way you buy, store, prepare and cook food may need a little advance planning.

Here are some tips if you find shopping or cooking a challenge:

- Plan meals in advance, making a shopping list of all the ingredients you need.
- When planning meals, think about how long you can stand at a cooker without becoming tired.
- At supermarkets, look out for special trolleys designed to make shopping easier for people with disabilities.
- Consider buying ready prepared foods, such as frozen vegetables (they are just as nutritious as fresh) and tinned fish, meat or beans. Ready meals can save time, your energy, gas, electricity and food wastage.
- Keep a wide supply of food in your store cupboard and freezer.
- If you don't already have one, consider buying a microwave. They are very versatile and take only a few minutes to cook meals and heat up drinks.
- If you like a nap in the afternoon, keep a flask on a tray so you can prepare a drink when you wake up. Drinking hot drinks regularly helps to keep you warm.
- Contact your Parkinson's local adviser to find out more about shopping services or volunteers in your area.
- You may be entitled to a meals on wheels service or home delivery of frozen meals. Contact your local social services or a social work department.

An occupational therapist can give you more advice on all aspects of food shopping and preparation, including kitchen and shopping aids.

Find out more: see our [information sheet *Occupational therapy and Parkinson's* for referral details.](#)



DISHES AND CUTLERY

Should I buy special utensils?

There are many types of adapted utensils for eating and drinking available that may be worth considering. An occupational therapist can advise you on the right equipment for your needs. Make sure you speak to an occupational therapist before buying any expensive items as they can also advise you on any grants or loans that may be available.

They may also advise you on:

Cutlery

Special cutlery is available in various shapes and sizes. These utensils can be useful if you have reduced grip, weakness or tremor. You may find the following helpful:

- Cutlery with the combined features of a knife and fork, or an all-in-one fork and spoon.
- Special handles for cutlery that are extra-large, easy-grip (moulded rubber), extra-light, weighted or curved.
- Foam sleeves, which can be placed over existing cutlery handles to make the item easier to hold.

Cups and mugs

If you have a tremor, you may find special mugs will help you to prevent spills when drinking. You may find the following helpful:

- Two-handled cups can help improve grip and reduce the chance of spills. Special ‘tumble-not’ mugs are available with wide, non-slip bases and tall necks.
- Using a sip or sports cup with a lid can stop liquids from spilling. If the sip cup is being used for hot drinks, it’s important to make sure that the cup is made out of a material that won’t soften or melt.
- Nosey cups have a low cut-out opposite the position of the mouth when drinking. The cut-out allows the person drinking to tilt and drain the cup more easily with limited neck movement. These cups are made of plastic so are only suitable for cold drinks.

“There were several things that I found helpful to keep my mother eating, drinking and interested in food, especially when swallowing became an issue. I bought her a set of ‘cut away’ cups, which you put in a two-handled, cup-holder base that was really lightweight. This meant she could manage hot and cold drinks and didn’t have to tip her head back to drink.”

Anne, whose mother had Parkinson’s

Plates

Several special plates are available that help if you find it takes a long time to eat or if you have trouble getting food on a fork or spoon. The following may be helpful:

- A ‘stay-warm plate’ may be useful if it takes you a long time to eat.
- High-lipped plates are available that reduce spills and make it easier to get food on a fork or spoon. You can also buy plate guards, that clip on to your own plates.

- A non-slip mat made from a special tacky material called Dycem can be placed under a plate or bowl to stop it from moving around while eating.

Equipment

You can also buy items to help with opening jars and bottles.

Find out more: see our booklet *Equipment and disability aids*.

MORE INFORMATION AND SUPPORT

For advice on where to obtain specialised utensils, please contact:

[Disabled Living Foundation](#)

0300 999 0004

(10am–4pm, Monday–Friday)

info@dlf.org.uk

www.dlf.org.uk

[Parkinson's nurses](#)

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also act as a liaison between other health and social care professionals to make sure your needs are met.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at **parkinsons.org.uk/nurses**

[Information and support from Parkinson's UK](#)

You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email **hello@parkinsons.org.uk**

Our helpline can also put you in touch with one of our local advisers, who provide one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

Our website has information about your local support team and how to contact them at **parkinsons.org.uk/localtoyou**. You can find details of our local groups and your nearest meeting at **parkinsons.org.uk/localgroups**. You can also visit **parkinsons.org.uk/forum** to speak with other people in similar situation on our online discussion forum.

Thank you to everyone who contributed to or reviewed this booklet:

**Alia S. Torreadrado, Community Neuro Rehabilitation Dietitian,
Horsham hospital**

**Karen Green, Senior Specialist Dietitian (Neurosciences), Nutrition and
Dietetics, National Hospital for Neurology and Neurosurgery, London**

**Kay Searles, Senior Community Dietitian, New Cross Hospital,
Wolverhampton**

**Sally Darby, Specialist Dietitian, Southmead Hospital, North Bristol
NHS Trust, Bristol**

**All were working on behalf of the Neurosciences Specialist Group of
the British Dietetic Association.**

**Thanks also to our information review group and other people
affected by Parkinson's who provided feedback.**

All of the photographs in this booklet feature people affected by Parkinson's, health and social care professionals involved in caring for people with Parkinson's and Parkinson's UK staff. Thank you to everyone involved for letting us use their photograph.

We make every effort to make sure that our services provide up-to-date, unbiased and accurate information. We hope that this will add to any professional advice you receive and will help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's.

References for this booklet can be found in the Microsoft Word version at **parkinsons.org.uk/publications**

Diet and Parkinson's (2016)

If you have comments or suggestions about this booklet, we'd love to hear from you. This will help us ensure that we are providing as good a service as possible. We'd be very grateful if you could complete this form and return it to:

**Editorial and Creative Services, Parkinson's UK,
215 Vauxhall Bridge Road, London SW1V 1EJ.**

Or you can email us at publications@parkinsons.org.uk. Thanks!

Please tick...

- ☐ I have Parkinson's. When were you diagnosed?
- ☐ I'm family/a friend/a carer of someone with Parkinson's
- ☐ I'm a professional working with people with Parkinson's

Where did you get this booklet from?

Please tick...

- ☐ GP, specialist or Parkinson's nurse
- ☐ Parkinson's UK local group or event
- ☐ Our website
- ☐ Parkinson's local adviser
- ☐ Ordered from us directly
- ☐ Other

How useful have you found this booklet?

(1 is not useful, 4 is very useful) ☐ 1 ☐ 2 ☐ 3 ☐ 4

Has this resource given you information that might help you manage your condition better?

- ☐ NA ☐ It hasn't helped ☐ It has helped a little ☐ It has helped a lot

Have you found the publication easy to read/use? ☐ Yes ☐ No



What aspects did you find most helpful?

Were you looking for any information that wasn't covered?

Do you have any other comments?

If you would like to become a member of Parkinson's UK, or are interested in joining our information review group (people affected by Parkinson's who give us feedback on new and updated resources), please complete the details below and we'll be in touch.

☐ Membership ☐ Information review group

Name

Address

Telephone

Email

What is your ethnic background?

Please tick...

☐ White ☐ Asian/Asian British ☐ Black/Black British
☐ Mixed/multiple ethnic backgrounds
☐ Other (please specify)



How to order our resources

0845 121 2354

resources@parkinsons.org.uk

Download them from our website at **parkinsons.org.uk/publications**

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's. If you would like to get involved, please contact our Supporter Services team on **020 7932 1303** or visit our website at **parkinsons.org.uk/support**. Thank you.

Every hour, someone in the UK is told they have Parkinson's – a brain condition that turns lives upside down, leaving a future full of uncertainty.

Parkinson's UK is here to make sure people have whatever they need to take back control – from information to inspiration.

We want everyone to get the best health and social care. So we bring professionals together to drive improvements that enable people to live life to the full.

Ultimately, we want to end Parkinson's. That's why we inspire and support the international research community to develop life-changing treatments, faster. And we won't stop until we find a cure.

Together we can bring forward the day when no one fears Parkinson's.

Parkinson's UK

Free confidential helpline **0808 800 0303**

Monday to Friday 9am–7pm, Saturday
10am–2pm. Interpreting available.

Text Relay **18001 0808 800 0303**

(for textphone users only)

hello@parkinsons.org.uk

parkinsons.org.uk



Last updated June 2016. Next update available June 2019.
B065

© Parkinson's UK, June 2016. Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A charity registered in England and Wales (258197) and in Scotland (SC037554).

