

DIET AND PARKINSON'S

Everyday life

Find out more about
diet issues when you
have Parkinson's and
ways to manage them



PARKINSON'S^{UK}
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If you have Parkinson's, making some simple changes to your eating and drinking habits may help you manage your symptoms effectively.

This booklet looks at the diet issues related to Parkinson's and what you can do to manage these. It also provides some basic healthy eating information, to help you improve your overall health and wellbeing.



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EATING A BALANCED DIET

In this section:

- What should I eat?
- Understanding the food groups
- Can I drink alcohol?

What should I eat?

If you have Parkinson's, there is no specific diet that you should follow. But it's recommended that you 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 problems, such as constipation, low mood, reduced bone density and weight changes.

Understanding the food groups

Starchy (carbohydrate) foods

Starchy food is a really important part of a healthy diet and should make up just over a third of the food you eat. These contain fibre, calcium, iron and B vitamins, and will give you healthy calories.

You should choose higher-fibre wholegrain varieties, including: wholemeal and wholegrain bread, pitta and chapatti (flatbread), wholewheat pasta, brown rice, wholegrain breakfast cereals and whole oats. Potatoes (with the skin left on), yams, noodles, cornmeal and crackers are also examples of starchy carbohydrates.

Keep an eye on the fats you add when you're cooking because they can significantly increase the calorie content of your food. Otherwise, starchy foods are low in calories and are also filling, which makes you less likely to snack between meals.

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 the 'Constipation' section](#).

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 (like spinach), tinned fish with soft bones (such as sardines), pulses (like baked beans and chickpeas), dried fruit, and nuts and seeds like tahini paste (used in hummus).

If you prefer oat, nut, rice, soya, coconut or other plant-based milks, you should check they are fortified with calcium. You should also be aware that some plant-based milks may contain lower levels of protein.

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, sardines and mackerel
- some breakfast cereals
- egg yolks
- meat
- some powdered milks, milk and some yoghurts
- fortified margarines and spreads

People with Parkinson's may have lower levels of vitamin D, which can be related to reduced bone density and an increased risk of fractures. So it's important to get your levels

tested by your GP. [See the 'Calcium and vitamin D' section for further details.](#)

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. They are also a source of vitamins and minerals. Good sources include meat, white or oily fish, eggs, beans, pulses, nuts and vegetable-based meat alternatives (such as tofu and mycoprotein). Lamb, beef, eggs, beans and pulses are also rich in 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:

- 2–3 oz (60–90g) of meat or the size of a deck of cards
- 5 oz (140g) of fish or the size of a palm of hand
- four tablespoons of pulses (beans, lentils, chickpeas)
- two eggs
- four tablespoons of soya or tofu, or a vegetable-based meat alternative (such as Quorn)
- one tablespoon or a handful of nuts

Try to reduce the amount of red meat or processed meat to no more than 70g a day. Choose leaner cuts of meat and poultry, and remove any visible fat. Try to 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 different 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
- three large tablespoons of fruit salad or stewed fruit
- one large tablespoon of dried fruit
- one small glass of unsweetened fruit juice, vegetable juice or smoothie (limit the amount to a combined total of 150ml a day)
- one dessert bowl of salad

Remember, potatoes are a starchy food, so don't count towards one of your five portions 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're trying to lose weight.

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

Fluid

It's very important to drink plenty of liquid. Dehydration can make some Parkinson's symptoms worse, including low blood pressure, dizziness and constipation. Try to drink six to eight mugs or glasses each day. Water is the easiest way, but any fluid except alcohol counts, including fruit juice, milk, tea, coffee, or diluted or sugar-free squash. Fruit juice is high in sugar, so it's important to consider this in relation to your dietary needs.

If you have bladder problems, it's important not to cut down on the amount of fluid you drink during the day. It's likely to lead to other problems, such as dehydration, constipation or postural hypotension ([see the 'Low blood pressure' section](#)).

Find out more: see our information on looking after your bladder and bowels when you have Parkinson's.

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

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

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 with eating or swallowing you should seek a referral to a speech and language therapist. [For more details, see the 'Eating and swallowing difficulties' section.](#)

Salt

Lots of people have too much salt in their diet. Extra salt often comes from processed food, snacks (such as crisps and biscuits), soups, sauces 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 food labels to assess how much salt it contains.

The following table shows how much salt is too much, per 100g.

High	>1.5g
Medium	0.3g-1.5g
Low	0g-0.3g

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're concerned, speak to your GP, specialist or Parkinson's nurse.

[For more information, see our section on low blood pressure.](#)

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, shouldn't cause any problems. If you have any concerns about your alcohol intake, you should speak to your healthcare professional.

Remember to take into account any medication you may be taking for other conditions. Alcohol can also cause problems with low blood pressure ([see the 'Low blood pressure' section](#)).

Men and women shouldn't drink more than 14 units of alcohol a week. Keep at least two days each week free of alcohol and avoid binge drinking.

For more information on drinking alcohol and alcohol units, visit www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units

MAINTAINING A HEALTHY WEIGHT

It's 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.

In this section:

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

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

If you're 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.

Weight loss is caused by your body using more calories than you're consuming. This may be due to increased movement caused by tremors or dyskinesia. It may also be due to practical problems, such as food shopping, preparation or keeping your food hot while you're 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're replacing your meals with these, it's important to seek help from a dietitian.

If you're 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's easy to gain weight if you become less active but are eating the same amount of food. If you're 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 dairy products instead of full fat.

- Try eating healthier snacks like diet yoghurts, nuts, fruit, crumpets or teacakes.
- Have '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

Lots of 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 medications, 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 as a result they gain weight.

If you think you're experiencing this behaviour, speak to your GP, specialist or Parkinson's nurse as soon as you notice any changes. Asking your specialist to make changes to your medication regime or adjust the doses that you take is the easiest way to control these behaviours.

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 on impulsive and compulsive behaviour in Parkinson's.

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

Find out more: see our information on deep brain stimulation for Parkinson's.



CONSTIPATION

In this section:

- How does fibre help?
- How to increase your fibre intake
- How much fluid should I drink?

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's 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 granary, seeded or wholemeal bread, brown pasta or rice
- altering recipes to use some wholemeal flour instead of all white
- choosing a wholegrain 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 a tablespoon a day to cereals, salads or yoghurts to start with, then increase to two tablespoons after seven days, or up to a maximum of three to four tablespoons a day. If you do this, make sure you drink an extra glass of fluid (around 150 ml) a day for each tablespoon of linseed consumed, otherwise it won't work and may make constipation worse

When increasing your intake of fibre, it's 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's 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. Choose a variety of drinks such as water, fruit juice, milk, tea, coffee or squash.

See the 'Eating and swallowing difficulties' section for more about fluids.

Find out more: see our information on looking after your bladder and bowels when you have Parkinson's.



EATING AND SWALLOWING DIFFICULTIES

In this section:

- What can I do to help with swallowing?
- Should I try a different diet?
- Difficulties with fluids

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, 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 problem is food blocking the airway and stopping your breathing (known as asphyxiation).

It's very important to talk to your GP as soon as you can if you have problems with swallowing, as they can 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 on eating, swallowing and saliva control, monitoring your Parkinson's, and speech and language therapy.

What can I do to help with swallowing?

Make sure you're 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're taking too long and food is getting cold, consider eating smaller, more frequent meals and snacks, or food that's 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.
- Posture is important to trigger a good swallow. Try eating sitting upright in your chair, taking time to lift your head properly before you swallow.
- Try planning your meals for when your medication is working. Avoid trying to eat large meals when you're 'off'.
- If you wear dentures, try to ensure they fit comfortably. Ask for a review by your dentist if you're concerned.
- Try to eat when you're 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. They may suggest changing the texture of the food you eat – for example, food that is soft and bite-sized, food that is minced and moist or food that has been pureed.

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're 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.

Find out more: see our information on eating, swallowing and saliva control, and thinking about advanced Parkinson's.



PARKINSON'S MEDICATION AND YOUR DIET

In this section:

- When should I take my Parkinson's medication?
- How can protein affect my medication?
- Side effects of Parkinson's medications
- Indigestion and heartburn
- Vitamin B12 and folate deficiency

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, 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. 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's 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 shouldn't stop eating protein altogether as it's 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 affect your normal appetite.

Indigestion and heartburn

Antacids, which are used to relieve heartburn or indigestion, shouldn't 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 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 – for example, alcohol, coffee, chocolate, tomatoes, fatty foods and spicy foods. It may therefore be helpful to avoid or limit the specific food that affects you.

Vitamin B12 and folate deficiency

Some people who take levodopa may have lower levels of vitamin B12 and vitamin B9 (folate). Symptoms of vitamin B12 and folate deficiency can include pins and needles (paraesthesia), a sore, red tongue, mouth ulcers and disturbed vision.

If you're worried about any symptoms you're experiencing, you should speak to your specialist or Parkinson's nurse.

VITAMINS, FOOD SUPPLEMENTS AND SPECIAL DIETS

In this section:

- Calcium and vitamin D
- Antioxidants
- 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's evidence for the benefits of vitamin D, folic acid supplements and vitamin B12. See the next section for more details).

So, if you feel you need more of a particular vitamin or mineral, it's 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's 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 bedbound, housebound or immobile. This is because most of our vitamin D comes from exposing our skin to the sun.

It's important you get your vitamin D and calcium levels tested by your GP to prevent or lower the risk of poor bone health. Speak to your health professional to discuss taking a supplement to prevent or lower the risk of poor bone health.



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's no evidence that antioxidants will slow the progression of Parkinson's or improve symptoms. Providing you're 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 has strong antioxidant properties, and is naturally present in very small amounts in a wide range of foods, such as offal, beef, soya oil or oily fish. It's also essential for providing energy to the body's cells. There's 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 don't 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's 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.

In this section:

- Low blood pressure

Low blood pressure

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're 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're 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 on low blood pressure and Parkinson's.

FOOD SHOPPING AND PREPARATION

In this section:

- Buying and preparing food

Buying and preparing food

If you find shopping or cooking a challenge, here are some tips that may help:

- 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 trolleys designed to make shopping easier for people with disabilities.
- Consider buying ready prepared foods, such as frozen vegetables and tinned fish, meat or beans. This can save time, your energy, gas, electricity and food wastage.
- Keep a wide supply of food in your store cupboard and freezer.
- With support from family or friends, bulk cook homemade meals and freeze them in individual portions.
- 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 have a drink when you wake up. Drinking hot drinks regularly helps to keep you warm.
- 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 on occupational therapy and Parkinson's.



DISHES AND CUTLERY

In this section:

- Should I buy special utensils?

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.

Find out more: see our information on occupational therapy and Parkinson's.

An occupational therapist 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-handed cups can help improve grip and reduce the chance of spills. Special ‘tumblenot’ 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.

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.

You may find the following 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. This equipment, and some others, can be purchased from shops specialising in disability equipment and living aids.

Parkinson's UK shop

We sell our own range of daily living aids on our online shop. You can also order a Daily Living Aids catalogue.

Call **0844 415 7863** or visit **parkinsons.org.uk/shop**

Find out more: see our Daily living equipment for people with Parkinson's booklet.

MORE INFORMATION AND SUPPORT

For advice on where to obtain specialised utensils, contact:

Disabled Living Foundation

0300 999 0004

(9am–5pm, Monday–Friday)

info@dlf.org.uk

www.livingmadeeasy.org.uk

Parkinson's nurses

Parkinson's nurses have specialist experience and knowledge of Parkinson's. They can:

- support people coming to terms with their Parkinson's diagnosis
- help people to manage their medication, so they get the best results and fewer side effects

- make referrals to other professionals such as speech and language therapists and physiotherapists

Some nurses are based in the community, such as your GP surgery. Others are based in hospital settings and clinics.

Talk to your GP or specialist for more details on speaking to a Parkinson's nurse.

Parkinson's UK information and support

You can read our most up-to-date information at **parkinsons.org.uk**

You can order printed information by calling **0330 124 3250** or visiting **parkinsons.org.uk/orderingresources**

If you'd like to speak to someone, our specialist adviser team can provide information about any aspect of living with Parkinson's.

They can talk to you about managing symptoms and medication, social care, employment rights, benefits, how you're feeling, and much more.

Call our team on:
0808 800 0303 or email
hello@parkinsons.org.uk

We'll provide expert information over phone or email or put you in touch with an adviser locally.

If you'd like to meet other people living with Parkinson's in your local area, you can find friendship and support through our network of volunteers and local groups. Go to **parkinsons.org.uk/localgroups** or call our helpline to find out more.

Our forum is also a very active space to share and chat with others who really understand,

at a time that suits you. Visit **parkinsons.org.uk/forum**

Thank you

Thank you very much to everyone who contributed to or reviewed this information.

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

Feedback

If you have any comments or feedback about our information, please call **0800 138 6593**, email **feedback@parkinsons.org.uk**, or write to us at Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ.

If you'd like to find out more about how we put our information together, please contact us at **healthcontent@parkinsons.org.uk** or visit our website.

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 Care team on **0800 138 6593** or visit our website at **[parkinsons.org.uk/donate](https://www.parkinsons.org.uk/donate)**

Thank you.



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We are Parkinson's UK.
Powered by people.
Funded by you.
Improving life for everyone
affected by Parkinson's.
Together we'll find a cure.

PARKINSON'S^{UK}

Free confidential helpline **0808 800 0303**
Monday to Friday 9am–6pm, Saturday 10am–2pm
(interpreting available)
NGT relay **18001 0808 800 0303**
(for textphone users only)
hello@parkinsons.org.uk
parkinsons.org.uk

Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ



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