

Why Red Plates and Cups Can Increase Eating and Drinking in Dementia



In dementia, changes in eating and drinking are often misunderstood as appetite loss, refusal, or behavioural change. In reality, the difficulty frequently begins much earlier — in the space between the eyes and the brain. Vision in dementia is not just about eyesight. Many people living with dementia can still see clearly in the traditional sense, yet struggle to interpret what they are seeing in everyday situations. This is because dementia affects not only the eyes, but the brain's ability to process, organise, and make meaning of visual information.

In a healthy brain, visual input is taken in and automatically translated: this is a plate, this is food, this is a cup, this is water, and this is something to eat or drink. That process happens without conscious effort. In dementia, that automatic system begins to break down. As the condition progresses, the brain often loses contrast sensitivity, depth perception, visual-spatial awareness, and object recognition. This means that food and drink may be physically visible but no longer recognised for what they are. The person is not being difficult or resistant — the brain is failing to complete the final step of recognition.

This is why water in a transparent glass can seem to disappear. It relies on subtle visual cues such as reflection and contrast, exactly the cues the dementia brain struggles to process. To the person living with dementia, the glass may genuinely look empty. Similarly, pale foods such as mash, rice, porridge, or fish served on a white plate can visually blend into the background. The brain cannot distinguish where the plate ends and the food begins, so it can look as though there is nothing there at all. When this happens, carers may see food left untouched, drinks ignored, and repeated prompting required, leading to frustration on both sides. The issue is not motivation or appetite — it is visual breakdown.

Red plates and cups make a difference because they create strong, immediate contrast that the dementia brain can still process. Red is detected earlier and more reliably in the brain's visual processing pathways than many other colours, and even as colour discrimination declines, red often remains visible for longer. It provides a clear boundary between food and plate, liquid and cup, and object and background. This allows the brain to anchor what it is seeing and recognise it as something meaningful. Once recognition happens, eating and drinking become possible

again. This is why research consistently shows improved intake when red crockery is used appropriately — the brain is not being persuaded, it is being supported.

Yellow and green crockery can work for some people, particularly in earlier stages, but they rely more heavily on intact colour perception and often blend with common food colours and table settings. As dementia advances, these colours tend to lose effectiveness because the contrast they provide is no longer strong enough for reduced visual processing. Red remains the most reliable option when recognition difficulties are more pronounced.

This is not about preference, fashion, or treating adults like children. Using coloured crockery is a compensatory strategy, no different in principle to using glasses for reduced vision or hearing aids for hearing loss. What becomes problematic is when this understanding turns into a blanket rule. Some people living with dementia eat perfectly well from white plates when food is well presented, lighting is good, and contrast is created through placemats or table surfaces. Familiar crockery can also support identity, comfort, and dignity. This is why good dementia care is not about choosing one solution for everyone, but about understanding why something works, who it helps, and when it is needed.

When eating and drinking become difficult, the question should not be “Why won’t they eat?” but “What is the brain struggling to recognise right now?” When environments are adapted to support the brain’s changing abilities rather than forcing the person to cope with a world that no longer makes sense, distress reduces, intake improves, and dignity is preserved. This is not a loss of independence — it is a different form of support.

What often confuses families is that this works beautifully for one person — and not at all for another. Without understanding the brain changes behind it, families are left confused when ‘good advice’ suddenly stops working.

This is why dementia support can’t rely on tips alone.

Learn more about dementia, progression, overlaps and brain interpretation in our Dementia Care & Understanding course.

<https://launexltd.com>

