PHYSICAL HEALTH & HEALTHY LIVING FACTSHEET

Nutrition, Hydration and Everyday Eating

A realistic whole-person approach to food and drink

The short version

Healthy eating is not one perfect meal, a forbidden-food list or a test of willpower. It is the overall pattern of food and drink that supports energy, nutrients, health, enjoyment and daily life. Needs vary with age, health, medicines, culture, appetite, activity, finances, disability and personal preference. Small, repeatable improvements count.

What food does for the body

Energy	Carbohydrate and fat are major energy sources; protein can also provide energy. Individual energy needs vary and are not captured by one universal calorie target.
Protein	Supports muscles, organs, enzymes, immune function, repair and recovery. Needs may change with age, illness, activity or treatment.
Fibre	Supports bowel health and is found in wholegrains, fruit, vegetables, beans, pulses, nuts and seeds. Increase gradually if needed and consider fluid intake.
Fats	Provide energy, essential fatty acids and help absorb some vitamins. Unsaturated oils, nuts, seeds and oily fish can contribute beneficial fats.
Vitamins and minerals	Support many body processes. A varied diet usually supplies a broad range, although some people need clinically advised supplements.
Fluid	Supports circulation, temperature control, digestion and normal body function. Needs vary with health, activity, weather, pregnancy and illness.

Using the Eatwell Guide flexibly

The Eatwell Guide describes the overall balance recommended for most people over a day or even a week. Every meal does not have to match it. Mixed dishes, cultural foods, convenience foods and different eating patterns can all contribute.

Fruit and vegetables	Aim for variety. Fresh, frozen and tinned choices can all count. UK guidance recommends at least five portions a day; juice and smoothies are limited to a combined 150 ml daily.
Starchy foods	Potatoes, bread, rice, pasta, oats and other grains provide energy. Choose higher-fibre or wholegrain options where suitable and tolerated.
Protein foods	Beans, pulses, eggs, fish, meat, tofu, textured vegetable protein, nuts and other sources can support protein needs. Variety helps provide different nutrients.
Dairy and alternatives	Milk, yoghurt and cheese provide protein and calcium. Choose fortified plant alternatives where appropriate; not every plant drink has the same nutrients.
Oils and spreads	Choose unsaturated varieties such as rapeseed, olive, sunflower or vegetable oils more often, while remembering all fats are energy dense.
Higher fat, salt or sugar	These foods can still have a place. Public-health guidance is to have them less often and in smaller amounts, rather than treating eating as morally good or bad.

General guidance may need adapting

The Eatwell Guide may need individual adaptation for medical conditions, allergies, eating disorders, malnutrition, swallowing difficulties, pregnancy, kidney or liver disease, diabetes, gastrointestinal conditions or prescribed therapeutic diets. A registered dietitian can provide personalised advice.

Hydration in everyday life

UK guidance suggests 6 to 8 cups or glasses of fluid a day for most people, but this is a guide rather than an exact prescription. More may be needed in hot weather, during prolonged activity, pregnancy, breastfeeding, fever, vomiting, diarrhoea or recovery from illness.

What counts	Water, lower-fat milk, unsweetened fortified alternatives, tea, coffee and lower-sugar or sugar-free drinks can contribute. Food also provides some fluid.
A practical check	For many people, pale clear-yellow urine suggests adequate hydration. Dark urine, passing urine less often, thirst, dry mouth, dizziness or tiredness may indicate dehydration.
Making it easier	Keep a drink within reach, use an accessible cup or bottle, link drinks with routines, vary temperature or flavour and accept help with pouring or opening containers.
Caffeine	Tea and coffee count towards fluid intake. Sensitivity varies; caffeine may affect sleep, anxiety, palpitations or bladder symptoms in some people.
Juice and smoothies	Limit fruit juice and smoothies to a combined 150 ml a day and have them with a meal because free sugars can affect dental health.

When standard hydration advice is not suitable

- heart failure, kidney disease, liver disease or low blood sodium may require an individual fluid limit
- some medicines affect fluid balance or increase urine output
- thickened fluids should only be used according to swallowing guidance
- persistent vomiting, diarrhoea, high stoma output or inability to keep fluids down may need clinical advice

Seek urgent advice for serious dehydration

Confusion, marked drowsiness, persistent dizziness on standing, very little urine, rapid breathing or a fast heart rate can indicate serious dehydration. Use NHS 111 or urgent medical care as appropriate.

Eating with fatigue, pain or limited mobility

Low energy	Use a seated preparation area, pre-cut or frozen ingredients, microwave options, batch-cooked portions, ready meals or help from another person. Convenience is a tool, not a failure.
Pain or weak grip	Try lightweight pans, easy-open packaging, jar openers, adapted utensils, non-slip mats, electric can openers or foods needing little preparation.
Reduced mobility	Store regular foods and drinks within reach. Consider accessible worktops, trolley delivery, online shopping, community support or prepared-meal services.
Brain fog	Keep a short repeat shopping list, visible meal options, labelled leftovers and a few dependable combinations rather than planning every meal from scratch.
Sensory needs	Temperature, smell, texture, colour and predictability may affect intake. Build nutrition around tolerated foods and widen variety carefully without shame or pressure.

Simple meal-building ideas

- toast or a jacket potato + beans, eggs, tuna or cheese
- soup + bread + yoghurt, cheese, egg or hummus
- ready meal + frozen or tinned vegetables
- microwave rice + frozen vegetables + fish, tofu or pulses
- porridge or cereal + milk/alternative + fruit or nuts
- wrap, pitta or sandwich + protein filling + fruit or salad

A meal does not need to be cooked from fresh to be nourishing. If appetite or capacity is limited, the most useful meal may be the one that can actually be obtained, prepared and eaten.

Reduced appetite and unintentional weight loss

Poor appetite can result from illness, pain, fatigue, low mood, medicines, nausea, constipation, mouth problems, altered taste, swallowing difficulties, social isolation or treatment. A person can be at nutritional risk at any body size.

Eat little and often	Smaller meals and snacks may feel more manageable than three large meals. Use the time of day when appetite and energy are best.
Add nourishment	Where clinically suitable, enrich food with milk powder, cheese, yoghurt, nut butter, oil, cream, eggs or pulses rather than simply increasing portion size.
Include protein	Add a manageable protein source to meals or snacks, particularly during illness, recovery or reduced intake.
Protect enjoyment	Choose appealing flavours and familiar foods. Avoid turning every meal into an argument, test or weight-loss intervention.
Ask for help	A GP, dietitian, pharmacist, dentist or other professional can investigate causes and advise on food fortification, oral nutrition support or treatment.

Signs that need assessment

- unintentional loss of 5 to 10% of body weight within 3 to 6 months
- persistent poor appetite, weakness, tiredness or slow healing
- coughing, choking, wet voice or food sticking when eating
- clothes, belts or jewellery becoming noticeably looser
- recurrent illness, feeling cold or difficulty concentrating
- dehydration, repeated chest infections or inability to swallow

Swallowing problems need proper assessment

Do not independently change food texture or thicken drinks. Difficulty swallowing can lead to choking, dehydration, weight loss and chest infections. Contact a GP or NHS 111 as advised; a speech and language therapist may assess swallowing safety.

Affordable and practical eating

Compare value	Own brands can be nutritionally similar to branded products. Compare price per 100 g or unit where helpful, not only the shelf price.
Use different formats	Frozen, tinned and dried fruit, vegetables, fish, beans and pulses can reduce waste and preparation. Choose fruit in juice or water and drain salty foods if appropriate.
Plan flexible meals	Choose ingredients that work in several meals, keep a small emergency cupboard and freeze portions or reduced items safely.
Budget proteins	Eggs, beans, lentils, chickpeas, tinned fish, yoghurt and peanut butter may offer practical lower-cost options depending on dietary needs.
Reduce waste	Check cupboards before shopping, understand use-by versus best-before dates, label frozen food and plan a leftovers meal.

Reading food labels without obsession

Per 100 g	Useful for comparing similar products because serving sizes chosen by manufacturers may differ.
Traffic lights	Red, amber and green front-of-pack labels can help compare energy, fat, saturated fat, sugars and salt at a glance.
Ingredients	Listed in descending weight order. Allergen information must be emphasised, but suitability still depends on the individual.
Context matters	One red label does not make a food forbidden. Consider frequency, amount, the whole eating pattern and any clinical priorities.

Supplements, restrictions and food relationships

Food first, when possible	Most people can obtain most nutrients from varied eating, but supplements may be recommended for particular life stages, deficiencies, diets or health circumstances.
Vitamin D	UK guidance includes specific vitamin D advice, particularly during autumn and winter and for people at higher risk of deficiency. Check the current NHS recommendation.
Check interactions	Supplements and herbal products can interact with medicines or be unsuitable with some conditions. Ask a pharmacist, GP or dietitian and disclose everything taken.
Avoid unnecessary restriction	Removing whole food groups without a clear reason may create nutrient gaps, cost and anxiety. Seek qualified advice for allergy, intolerance or therapeutic diets.
Notice distress	Fear, guilt, bingeing, compensating, rigid rules or avoiding social eating may indicate a difficult relationship with food and deserve compassionate support.

Building an eating pattern that fits

- start with what is already working
- consider access, cost, fatigue, culture and household needs
- include foods you enjoy as well as foods that nourish
- seek qualified help when needs are complex
- choose one useful change rather than rebuilding everything
- plan a low-energy option for difficult days
- review energy, bowels, symptoms, recovery and satisfaction
- avoid judging health from weight or one meal alone

Food should support life, not take it over

A sustainable eating pattern is one that is nutritionally appropriate, affordable, accessible, culturally acceptable and realistic on both better and harder days.

Your nutrition and hydration checklist

Eating pattern	What do you usually eat across a day or week? Consider variety, meals, snacks, enjoyment and foods that are realistically available.
Hydration	What and how often do you drink? Consider access, urine colour, symptoms, weather and any clinical fluid advice.
Barriers	Appetite, fatigue, pain, mobility, cooking skills, equipment, money, transport, culture, sensory needs, mood or caring responsibilities.
Clinical needs	Allergies, swallowing, bowel symptoms, diabetes, kidney or heart conditions, medicines, treatment, pregnancy or nutritional deficiencies.
One next step	Choose a small, specific improvement: one extra drink, a protein addition, a prepared vegetable, a regular breakfast or asking for support.
Review	Notice what changed in energy, symptoms, appetite, bowel habits, function and confidence, rather than focusing only on weight.

Important information

This factsheet provides general education for adults. It does not diagnose nutritional problems, prescribe a therapeutic diet or replace care from a GP, registered dietitian, pharmacist, speech and language therapist or other appropriate professional. Seek personalised advice if you have medical conditions, unexplained symptoms, significant dietary restriction, swallowing problems or unintended weight change.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS and UK government resources. External guidance remains the responsibility of the issuing organisation.

• NHS. The Eatwell Guide. nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/

• Office for Health Improvement and Disparities. The Eatwell Guide. gov.uk/government/publications/the-eatwell-guide/

• NHS. Water, drinks and hydration. nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/water-drinks-nutrition/

• NHS. Food labels. nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/how-to-read-food-labels/

• NHS. Malnutrition symptoms. nhs.uk/conditions/malnutrition/symptoms/

• NHS. Dysphagia. nhs.uk/symptoms/swallowing-problems-dysphagia/

• NHS. Vitamins and minerals. nhs.uk/conditions/vitamins-and-minerals/

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