

## Information for carers

# Advice on eating, drinking and swallowing in dementia

## Before you refer to Speech and Language Therapy



Dysphagia (a difficulty swallowing) is common in people with dementia. This leaflet is designed to cover the main symptoms: what to look out for; when to refer to Speech and Language Therapy (SLT); and things to try before a referral to Speech Therapy is made.

### Common difficulties associated with dementia include:

- Difficulty recognising food
- Refusal to eat/drink, not opening their mouth
- Holding food in the mouth or forgetting to swallow
- Spitting out food
- Becoming distracted, cramming food
- Difficulty using utensils
- Delayed or impaired swallow
- Coughing when eating or drinking



These difficulties put people with dementia at risk of dysphagia, dehydration, weight loss (malnutrition), and severe lung infections, (aspiration pneumonia - when food or drink particles enter the lungs causing an infection).

## Common swallowing difficulties in dementia

Symptoms	It may be due to...	This can be managed by...
<b>Drooling of food or saliva</b>	<ul style="list-style-type: none"> <li>• Build-up of saliva due to not swallowing frequently</li> <li>• Posture (head slumped forward)</li> <li>• Not aware of food left in mouth</li> <li>• Muscle weakness</li> </ul>	<ul style="list-style-type: none"> <li>• Saliva – contact GP.</li> <li>• Losing food – verbal prompts to clear mouth. Are there consistencies of food that help, adaptive cutlery?</li> <li>• Sticky, creamy, thick food stays in mouth for longer.</li> <li>• Upright posture.</li> <li>• Some cases may need suctioning/respiratory physiotherapy.</li> </ul>
<b>Holding food in mouth / spitting out food / delay in swallow initiation</b>	<ul style="list-style-type: none"> <li>• Reduced awareness</li> <li>• Reduced sensation</li> <li>• Drowsiness</li> <li>• Change in taste</li> </ul>	<ul style="list-style-type: none"> <li>• Stronger flavoured foods.</li> <li>• Encourage/help to self-feed to increase awareness.</li> <li>• Verbal prompts to swallow.</li> <li>• Dummy empty spoon to prompt swallow.</li> <li>• Talk to them about what they are eating.</li> <li>• Try sweet or sour flavours to increase sensation.</li> <li>• Try more texture if swallowing is not impaired.</li> <li>• Cold drinks.</li> <li>• Enhance taste - soaking foods (eg meat in sweet juices).</li> </ul>
<b>Coughing when swallowing, choking, wet voice after swallowing or recurrent unexplained chest infections</b>	Pharyngeal stage difficulty – needs SLT assessment	Refer to SLT for full swallow assessment – may need dietary modification, or additional support.

Making changes in a person's environment, and supporting them differently, can help a person with dementia eat and drink more safely. This can compensate for some of the behavioural and sensory changes linked to dementia.

## Environmental factors that affect people with dementia

Environmental factor	Things to think about
<b>Meal time supervision</b>	<ul style="list-style-type: none"> <li>• Presence/absence of support?</li> <li>• Provide verbal prompts, monitor safety/size of mouthfuls and monitor signs of aspiration.</li> </ul>
<b>Positioning</b>	<ul style="list-style-type: none"> <li>• Sitting upright facilitates a safe swallow.</li> </ul>
<b>Independence and ability to self-feed</b>	<ul style="list-style-type: none"> <li>• Helps increase awareness at meal times.</li> <li>• Support the person to be as independent as possible.</li> <li>• Hand over hand support.</li> <li>• Provide finger foods (if swallow is not impaired).</li> </ul>
<b>If the person needs assistance with feeding</b>	<ul style="list-style-type: none"> <li>• Make sure the person with dementia is able to see/smell/taste food to increase awareness.</li> <li>• Be sensitive to verbal/non-verbal cues and watch for the person to swallow before giving a second mouthful.</li> <li>• Good pacing, slow with pauses if needed, making sure the person is ready for the next mouthful.</li> </ul>

Behavioural changes are usually linked to progression of dementia and strategies can help to minimise difficulties. A medical cause should always be considered if changes are sudden.

## Behavioural difficulties that impact on meal times

Behaviour	Things to think about
<b>Agitated</b>	<ul style="list-style-type: none"> <li>• Reduce distractions in environment.</li> <li>• Create calm environment focused on eating, eg turn off TV.</li> <li>• Think of person's personal preferences eg do they prefer to be alone or with others?</li> </ul>

Behaviour	Things to think about (continued)
<b>Drowsy</b>	<ul style="list-style-type: none"> <li>• What is the cause? Deterioration of medical condition? Infection? Medication?</li> <li>• Try and feed when most alert. Try little and often when alert.</li> <li>• Avoid feeding when drowsy/fatigued due to increased risk of aspiration.</li> <li>• If consistently too drowsy to eat/drink the person might not be able to meet nutritional needs, discuss with SLT/GP/dietitian.</li> </ul>
<b>Wanders</b>	<ul style="list-style-type: none"> <li>• Use environmental and verbal prompts to help the person to understand that it is meal time.</li> <li>• Try finger foods, (if swallow not impaired) that they can graze on as they walk.</li> <li>• Don't assume that because they have walked away from table that they have finished. Keep offering encouragement.</li> </ul>
<b>Distracted / forgetting</b>	<ul style="list-style-type: none"> <li>• Reduce distractions. Adapt meal time environment to suit person.</li> <li>• Supervise and give verbal and non-verbal prompts.</li> <li>• Ensure they can see food/drink. Use a clear cup.</li> <li>• Place cutlery in hand. Consider hand-over-hand feeding.</li> </ul>
<b>Refusing food / drink</b>	<ul style="list-style-type: none"> <li>• Why? <ul style="list-style-type: none"> <li>- oral hygiene</li> <li>- reduced alertness</li> <li>- change in taste</li> <li>- food preferences</li> <li>- assistance needed</li> </ul> </li> <li>• Try cues to encourage appetite eg 'this smells nice', 'oh I'm feeling thirsty'.</li> <li>• Try to stimulate eating/drinking by placing a small amount on lips first.</li> <li>• Offer small amounts little and often during the day, sometimes larger amounts are off putting.</li> </ul>

Behaviour	Things to think about (continued)
<b>Eating too slow</b>	<ul style="list-style-type: none"> <li>• Keep food hot so it is appetising, small portions might be needed.</li> <li>• Offer regular snacks and small meals.</li> <li>• Support feeding if needed, with hand over hand feeding.</li> <li>• If consistently coughing/choking refer to SLT to assess for dietary modification.</li> </ul>
<b>Eating too fast</b>	<ul style="list-style-type: none"> <li>• Cut up food before giving to patient.</li> <li>• Offer verbal prompts to slow down.</li> <li>• If consistently coughing/choking refer to SLT to assess for dietary modification.</li> </ul>
<b>Eating inappropriate things (due to lack of object recognition)</b>	<ul style="list-style-type: none"> <li>• Monitor environment for harmful things.</li> <li>• Increase supervision.</li> </ul>

## When to refer to Speech and Language Therapy

Please refer if the patient:

- Is getting recurrent chest infections
- Is coughing or throat clearing during, or after, eating and drinking
- Coughing continues despite use of strategies or previous SLT recommendations
- Has acute unexplained weight loss and is anxious

When referring please have this information available:

- Identified foods and/or drinks that are causing difficulty
- Frequency of symptoms
- Chest infection history, (how many and if antibiotics were prescribed)
- Weight history
- Current diet and diet consistency history
- The eating environment

**To refer, contact the Care Coordination Centre on 0300 123 2425**