

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...
Drooling of food or saliva	<ul style="list-style-type: none"> • Build-up of saliva due to not swallowing frequently • Posture (head slumped forward) • Not aware of food left in mouth • Muscle weakness 	<ul style="list-style-type: none"> • Saliva – contact GP. • Losing food – verbal prompts to clear mouth. Are there consistencies of food that help, adaptive cutlery? • Sticky, creamy, thick food stays in mouth for longer. • Upright posture. • Some cases may need suctioning/respiratory physiotherapy.
Holding food in mouth / spitting out food / delay in swallow initiation	<ul style="list-style-type: none"> • Reduced awareness • Reduced sensation • Drowsiness • Change in taste 	<ul style="list-style-type: none"> • Stronger flavoured foods. • Encourage/help to self-feed to increase awareness. • Verbal prompts to swallow. • Dummy empty spoon to prompt swallow. • Talk to them about what they are eating. • Try sweet or sour flavours to increase sensation. • Try more texture if swallowing is not impaired. • Cold drinks. • Enhance taste - soaking foods (eg meat in sweet juices).
Coughing when swallowing, choking, wet voice after swallowing or recurrent unexplained chest infections	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
Meal time supervision	<ul style="list-style-type: none"> • Presence/absence of support? • Provide verbal prompts, monitor safety/size of mouthfuls and monitor signs of aspiration.
Positioning	<ul style="list-style-type: none"> • Sitting upright facilitates a safe swallow.
Independence and ability to self-feed	<ul style="list-style-type: none"> • Helps increase awareness at meal times. • Support the person to be as independent as possible. • Hand over hand support. • Provide finger foods (if swallow is not impaired).
If the person needs assistance with feeding	<ul style="list-style-type: none"> • Make sure the person with dementia is able to see/smell/taste food to increase awareness. • Be sensitive to verbal/non-verbal cues and watch for the person to swallow before giving a second mouthful. • Good pacing, slow with pauses if needed, making sure the person is ready for the next mouthful.

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

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

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

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