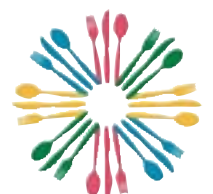


Swallowing Matters



CONTENTS

Section	Page No.
Introduction	3
Swallowing Assessment Referral Guidance flowchart	4
Frequently Asked Questions (FAQ)	5-6
Mealtime Concerns in Dementia	7-11
Swallowing Diary	12-13
Swallowing and End of Life Care	14-15
Quick Guide to Food and Fluid Consistencies	16-17
High Risk Foods	18
Action Plan	19
Contacts	20

INFORMATION FOR PATIENTS & CARERS

Dementia and Swallowing Leaflet	21-24
Dementia and Communication Leaflet	25-28

INTRODUCTION

Swallowing Matters has been developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in both North and South Lanarkshire.

It is hoped that this resource will assist care home staff to identify how best to manage residents with eating and drinking difficulties.

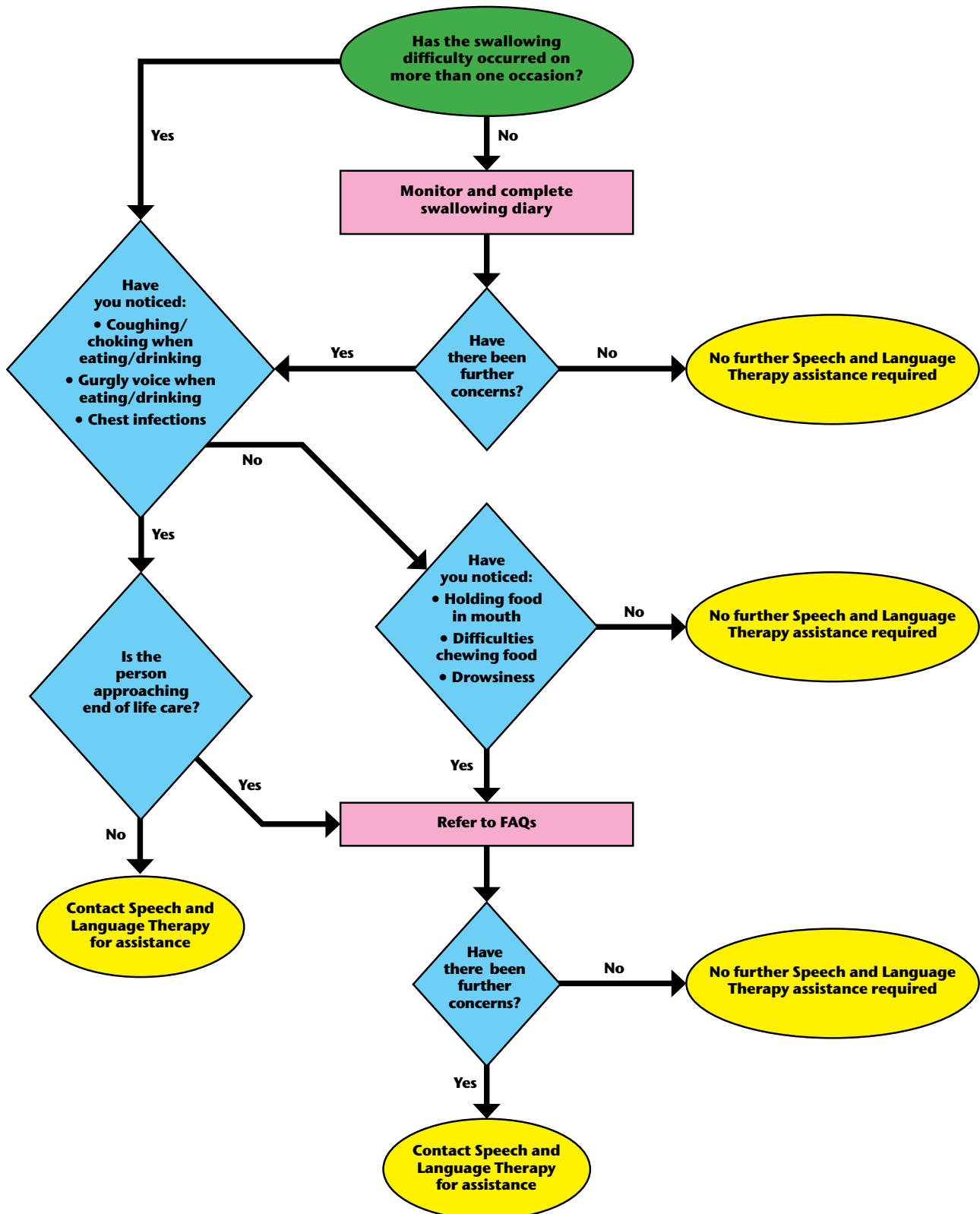
KEY FEATURES OF SWALLOWING MATTERS:

- ❖ A flow chart to aid decision making and provide guidance as to when assistance should be requested from Speech & Language Therapy.
- ❖ Practical tools which can be photocopied. An electronic version will also be made available to each care home manager.
- ❖ An action plan to record outcomes for individual residents.

We would like to thank everyone who has contributed to this project.

Please contact your local Speech and Language Therapy (SLT) department if you have any comments or questions about Swallowing Matters.

Swallowing Assessment Referral Guidance



FREQUENTLY ASKED QUESTIONS

Listed below are some questions commonly asked of the Speech and Language Therapy (SLT) service. The answers may provide you with a solution or signpost you to the most appropriate profession if SLT is not appropriate.

What should you do if:

1. Q. The resident is ...

- ❖ **Holding food in their mouth**
- ❖ **Forgetting to swallow**
- ❖ **Chewing food continuously**
- ❖ **Spitting food out**

A. These behaviours are most commonly associated with dementia. Food or fluid modification will often not resolve this issue.

Please refer to **'Mealtime Concerns in Dementia.'**

Consider giving the **'Dementia and Swallowing leaflet'** to residents and carers.

2. Q. The resident has infrequent/inconsistent difficulties

A. Please monitor and complete 'Swallowing Diary.'

Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

3. Q. The resident cannot swallow tablets

A. SLT are unable to recommend changes in medication. Please discuss options with GP or Pharmacist.

4. Q. The resident is not eating/drinking enough and/or losing weight

A. If the resident is eating/drinking small amounts but managing to swallow this safely, a swallow assessment is not required.

If the resident is not eating/drinking enough due to suspected swallowing problems please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

If there are concerns that the resident's daily nutritional requirements are not being met, please refer to Dietetic service and Nutrition Matters.

5. Q. The resident is having difficulty chewing food

- A. Check there are no issues with oral hygiene/dentition. Ensure any dentures are in place.

If no concerns noted, try softer foods.

Consider completing **'Swallowing Diary.'**

6. Q. The resident is falling asleep/drowsy when eating/drinking

- A. Please note it is not safe to offer oral intake if the resident is drowsy or has reduced consciousness levels. Try offering diet/fluids if the resident becomes more alert.

Consider medical status and prognosis – is the resident approaching end of life care?

If unsure consider discussion with GP. Please refer to **'Swallowing and End of Life Care'** and/or Record of End of Life Care if appropriate.

7. Q. The resident is having difficulty drinking from a straw/spouted beaker

- A. Has a straw or adapted beaker been recommended by the SLT team? If so, contact the SLT department for assistance.

Otherwise, drinking from an open cup with assistance, if required, is recommended. Try teaspoons of fluids if there are difficulties drinking from an open cup.

Monitor for further signs of swallowing difficulty.

8. Q. The resident is approaching end of life care

- A. Please refer to **'Swallowing and End of Life Care.'**

9. Q. The resident coughed with their lunch today

- A. Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

10. Q. The resident is vomiting after meals

- A. Concerns regarding reflux or vomiting should be directed to the GP.

MEALTIME CONCERNS IN DEMENTIA

HOW TO USE

This tool has been designed to help guide you in supporting mealtime challenges in dementia, and recognise when a request for speech and language therapy (SLT) assistance may be appropriate.

People with dementia can have a variety of difficulties at mealtimes and these issues can change and evolve over time. Mealtime Concerns in Dementia can help you to identify a specific concern or concerns, and then select advice/strategies to try with the person with dementia. This can be developed into a personalised plan for all staff to work towards and can be included in the resident's care plan.

Some of the concerns may lead to an SLT request for assistance, and these are highlighted in bold. If you have used Mealtime Concerns in Dementia prior to contacting SLT you may have essential information that could help the speech and language therapist in their assessment and when making recommendations.

As dementia is progressive in nature, Mealtime Concerns in Dementia may also help you monitor for changes or deterioration in eating/drinking.

If you have any questions or wish to discuss anything further, please contact your local SLT department.

MEALTIME CONCERNS IN DEMENTIA

Resident Name: _____ Date: _____

	Concern or issue	Advice or potential strategy	
✓			✓
	Distracted from eating	Remind the resident to eat, where they are and what they are eating	
		Reduce glare/reflections from windows by closing curtains and ensuring shades are on lightbulbs	
		Ensure there is a contrast between chairs, floor, plates and table	
		Try using contrasting coloured crockery – remember primary colours are often recognisable for longer than pastel colours	
		Reduce background noise – switch off TV, radio, nearby appliances	
		Keep immediate dining area free from unnecessary visual distractions e.g. condiments, pictures, ornaments, vases	
	Plays with food	Give verbal prompts to keep eating e.g. “You’ve still got some food there, keep going”	
		Consider finger foods	
	Refusal of food and drink	Allow the resident to finish if ¾ of the meal is taken. If less, then keep encouraging	
		Give a verbal description of the food/drink and flavours e.g. “There’s a lovely cream cake here, with strawberries on it, your favourite”	
		Try enhancing flavours – e.g. adding additional spices, herbs, onion, garlic, chilli, lemon juice	
		Assist the resident with feeding if felt appropriate and they will allow	
	Resists help with meal	Consider cutting food into small pieces before giving meal	
		Consider finger foods to avoid difficulties with cutlery	
		Have a familiar member of staff offer assistance – this may help create routine and make the resident feel more at ease	

MEALTIME CONCERNS IN DEMENTIA

✓ Concern or issue	Advice or potential strategy	✓
Eats too quickly	<p>Prompt the resident to slow down</p> <p>Offer meals with a teaspoon rather than knife, fork, spoon</p> <p>Offer small portions at a time only</p>	
Prolonged chewing without swallowing	<p>Make sure any dentures are in place and fit well</p> <p>Give verbal prompts to swallow e.g. "there's food in your mouth, try to swallow"</p> <p>Give small amounts at a time and do not offer more food until the mouth is clear</p> <p>Make a note of problematic foods and consider avoiding</p> <p>Contact SLT if there seems to be a pattern with more textured foods</p>	
Spits out food	<p>Try not to make a fuss and think about personal preference and taste</p> <p>Offer another part of the meal, or alternative food if possible</p> <p>Avoid bitty foods or mixed textures (biscuits, soup with bits, food with skins)</p> <p>Leave the resident initially – return in a few minutes</p>	
Refuses to open mouth	<p>Place food on spoon or cup at lips for taste/texture stimulation</p> <p>Leave finger foods within reach if the person is able to feed themselves</p> <p>Try stroking the lower lip down to the chin to stimulate mouth opening</p> <p>Give gentle encouragement / verbal description of the food/drink e.g. "I'm going to give you some carrots now" / "I'm going to give you a sip of your juice/tea"</p>	
Reduced chewing before swallowing	<p>Give verbal prompts to keep chewing e.g. 'keep chewing that biscuit'</p> <p>Make a note of problematic foods and look out for a pattern with textures</p> <p>Contact SLT if there are concerns about choking or a pattern emerges</p>	

MEALTIME CONCERNS IN DEMENTIA

✓	Concern or issue	Advice or potential strategy	✓
	Holds food in mouth		
		Encourage self feeding where possible. This may require some direct assistance initially	
		Give verbal prompts to chew and swallow e.g. “You have food in your mouth, keep chewing and try and swallow it”	
		Alternate food and fluids throughout the meal but avoid eating and drinking at the same time	
		Check that the mouth is clear between each mouthful. Do not offer more until the mouth is clear	
		Give gentle encouragement / verbal description of the food e.g. “I’m going to give you some carrots now” / “I’m going to give you a sip of your juice/tea”	
		Try placing an empty spoon against the lips. This can be a reminder that there is food in the mouth	
	Coughing or choking at mealtimes	Monitor for patterns with specific foods or difficulties happening more often	
		Are there any other signs of aspiration – recurrent chest infections, weight loss	
		Do not thicken fluids unless recommended by SLT	
		Contact SLT if difficulties are happening frequently and/or other signs of aspiration are present	

MEALTIME CONCERNS IN DEMENTIA

Outcome: (e.g. what strategies trialled and if success, request for assistance from SLT)

SWALLOWING DIARY

Resident Name: _____

Monitor swallowing difficulties by recording them in the table below.

Date	Time	What was difficulty with? (drink?, food?)	What happened? (e.g. coughed, choked had to clear throat, had to take a drink)	How were they feeling? (e.g. tired, unwell, needed medication)	Position (standing?, sitting?, lying in bed?, other?)

Outcome: (e.g. pattern when tired, only odd occasions, request for assistance from SLT)

SWALLOWING AND END OF LIFE CARE

Swallowing deterioration can be part of the normal dying process. The focus of care at this time should be comfort, and it is important that we follow any eating and drinking wishes that the resident or their family may have expressed.

A direct SLT assessment is not indicated as the aspiration risk often cannot be reduced. However we can try to maximise the comfort of residents and their families, and this can be documented within an individual's care plan.

The following advice may help you support residents with comfort, nutrition and hydration at this time:

What should you do if:

1. Q. You are not sure if the resident is nearing end of life

A. Contact the GP to discuss the resident's condition.

2. Q. The resident is in the last days of their life

A. Consider starting a Record of End of Life Care

Please refer to Goal 6 and Goal 7 of the Record of End of Life Care

Please refer to the Mouth Care section of the Scottish Palliative Care Guidelines

3. Q. The resident is looking for oral intake

A. Oral intake should be offered as the person wishes, taking their own comfort into account

4. Q. The resident is coughing or spluttering when eating and drinking

A. Oral intake should be offered as the person wishes, taking their own comfort into account

5. Q. The resident is coughing during oral intake and is distressed

A. Try smaller amounts via teaspoon

Stop and try again later as there may be some variability in the resident's swallow

Make sure the resident is sufficiently alert for oral intake

6. Q. Staff and/or family are distressed by coughing during oral intake

A. If the resident is not distressed then offer oral intake as they wish

Remember that swallowing deterioration can be part of the normal dying process

The focus of care at end of life is comfort for the individual

7. Q. The resident is drowsy or has reduced consciousness

- A. This can be normal as someone is nearing the end of their life
Only offer oral intake when the resident is sufficiently alert
Try at regular intervals throughout the day as alertness may be variable

8. Q. The resident isn't eating or is eating less

- A. A reduced need for food is part of the normal dying process
Try offering preferred flavours
Offer oral intake as the resident wishes
Please refer to Nutrition Matters – Guidance for the Nutritional Management of Patients in Late Palliative Care

9. Q. The resident has a dry mouth

- A. Regular mouth care is important even in the last few days of life
Refer to the Mouth Care section of the Scottish Palliative Care Guidelines

Please contact your local SLT department if you would like to discuss any individual case or are looking for any further advice.

DYSPHAGIA DIET DESCRIPTORS: QUICK GUIDE

	✓	✗
IDDSI Level 7 -Regular Diet	Includes hard, tough, chewy, fibrous, stringy, dry, crunchy and crumbly foods; includes mixed textures, sticky foods (e.g. cheese chunks, marshmallows) and ‘floppy’ foods (e.g. lettuce, cucumber)	SLT may advise specific caution or to avoid high risk foods. This advice is made on an individual basis.
IDDSI Level 6 - Soft and Bite-sized	<ul style="list-style-type: none"> • Soft, tender and moist throughout with no separate thin liquid • Dishes may need a thick, smooth sauce or gravy • Can be eaten with a fork or spoon • Can be mashed/broken down with pressure from a fork or spoon • A knife is not required to cut this food • Chewing is required before swallowing • Tongue force and control is required to move the food for chewing and keep it within the mouth 	No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round/long shaped food (e.g. sausages, sweets) ; no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatin) or ‘floppy foods’ (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells(e.g. peas, grapes), skin(e.g. chicken skin), Husks(e.g. bran) no sharp or spiky foods(e.g. corn chips)
Bread	No bread unless assessed directly by SLT	
IDDSI Level 5 (Minced and Moist)	<ul style="list-style-type: none"> • Soft and moist with no separate liquid (drain excess liquid) • Can be eaten with a fork or spoon • Can be scooped and shaped e.g. into a ball shape • These foods may be served or coated with thick, smooth gravy or sauce • Small lumps visible within the food – no bigger than 4mm lump size(distance between standard fork prongs) • Lumps are easy to squash with the tongue • Minimal chewing is required • Meats – if texture cannot be finely minced it should be pureed 	Minimal chewing is required, biting is not required ; No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round/long shaped food (e.g. sausages, sweets) ; no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatin) or ‘floppy foods’ (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells(e.g. peas, grapes), skin(e.g. chicken skin), Husks(e.g. bran) no sharp or spiky foods(e.g. corn chips) no crispy(e.g. crackling, crispy bacon etc), no juicy foods where the juice separates from the solid in the mouth(e.g. water melon)
IDDSI Level 4 – (pureed)	<ul style="list-style-type: none"> • Does not require chewing • Usually eaten with a spoon, a fork is possible. • Can be piped, layered or moulded • Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate • No lumps • Not sticky • A food that has been pureed and sieved to remove small bits • Liquid must not separate from solid • A thickener may be added to maintain stability 	No bits; no fluid has separated out; not sticky in mouth; does not require chewing; no crust, skin, fibres, gristle or husks; cannot be poured; does not spread out when spilled, No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round/long shaped food (e.g. sausages, sweets) ; no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatin) or ‘floppy foods’ (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells(e.g. peas, grapes), skin(e.g. chicken skin), Husks(e.g. bran) no sharp or spiky foods(e.g. corn chips) no crispy(e.g. crackling, crispy bacon etc), no juicy foods where the juice separates from the solid in the mouth(e.g. water melon)

NHS Lanarkshire Adult Speech and Language Therapy 2019
www.iddsi.org
<http://iddsi.org/framework/food-testing-methods/>

DYSPHAGIA DIET DESCRIPTORS: QUICK GUIDE CONTINUED

	✓	✗
IDDSI Level 3 (liquidised)	<ul style="list-style-type: none"> • Food that cannot be piped, layered or moulded on a plate. Spread out if spilled on a flat surface • Cannot be eaten with a fork because it drips slowly in dollops through the prongs • Can be eaten with a spoon • No chewing required • Smooth texture with no 'bits' (lumps, fibres, bits of shell or skin, husk, particles of gristle or bone) 	<p>No bits; no fluid has separated out; not sticky in mouth; does not require chewing; no crust, skin, fibres, gristle or husks; spreads out if spilled. No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round/long shaped food (e.g. sausages, sweets); no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatin) or 'floppy foods' (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells (e.g. peas, grapes), skin(e.g. chicken skin), Husks(e.g. bran) no sharp or spiky foods(e.g. corn chips) no crispy(e.g. crackling, crispy bacon etc), no juicy foods where the juice separates from the solid in the mouth(e.g. water melon)</p>

FLUID DESCRIPTORS: QUICK GUIDE

IDDSI Level 0 – thin fluids	No thickener required: any thin fluid	e.g. water, tea without milk, coffee without milk, diluted squash
IDDSI Level 1 – (slightly thick)	Thickener required, though some fluids may not require modification e.g. thick milkshake. Effort is required to drink this thickness through a standard bore straw(5.3mm diameter); pours quickly from a spoon but slower than thin drinks, sippable	
IDDSI Level 3 – (Moderately thick)	Thickener required: Can be drunk from a cup; Can be taken by a spoon, Easily pours from a spoon when tilted, does not stick to a spoon. Some effort is required to suck through a standard bore straw or wide bore straw (wide bore straw 6.9mm)	<ul style="list-style-type: none"> • Cannot be taken with a fork because its drips through the prongs • No 'bits'
IDDSI Level 4 – (Extremely Thick)	Thickener required: Usually eaten with a spoon. Cannot be drunk through a straw; cannot be drunk from a cup, shows some very small movement under gravity, but cannot be poured	Needs to be taken with a spoon

NHS Lanarkshire Adult Speech and Language Therapy 2019
www.iddsi.org
<http://iddsi.org/framework/drink-testing-methods/>

Handy hints

- ❖ Use a fork or shaker to thicken
- ❖ Add more fluid if the drink becomes over thick

HIGH RISK FOODS

The following foods may be more difficult to chew and swallow. These may stick in the throat or 'go down the wrong way'. It can be beneficial to be more cautious with these foods or avoid them if they are particularly difficult.

Mixed consistencies:

- e.g.
- Mince with thin gravy
 - Orange/grapefruit segments
 - Runny porridge with milk
 - Dunked biscuits

Dry or crumbly foods:

- e.g.
- Biscuits
 - Pastry
 - Crisps
 - Rice
 - Toast
 - Crackers

Fruit and vegetables with a husk or skin:

- e.g.
- Beans
 - Apples
 - Peas
 - Sweetcorn
 - Grapes
 - Tomatoes

Leafy vegetables:

- e.g.
- Cabbage
 - Lettuce
 - Sprouts

Very chewy foods:

- e.g.
- Meat
 - Toffee
 - Fresh fruit
 - Crispy vegetables, especially if raw
 - Boiled sweets

Stringy, fibrous textures:

- e.g.
- Pineapple
 - Celery
 - Runner beans
 - Lettuce

If the resident is having difficulty eating or drinking and you would like further advice, please contact your local Speech and Language Therapy Department.

ACTION PLAN

Resident Name: _____ Date: _____

Section	Used (tick)	Outcome (e.g. success, no change, onwards request for assistance from SLT)
Frequently Asked Questions (FAQ)		
Mealtime Concerns in Dementia		
Swallowing Diary		
Swallowing and End of Life Care		
Quick Guide to Food & Fluid Consistencies		
High Risk Foods		
Final outcome:		

CONTACTS

Speech and Language Therapy Department
University Hospital Hairmyres
Eaglesham Road
East Kilbride
G75 8RG
Tel: 01355 585423

Speech and Language Therapy Department
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS
Tel: 01236 712139

Speech and Language Therapy Department
University Hospital Wishaw
50 Netherton Street
Wishaw
ML2 0DP
Tel: 01698 366423

Speech and Language Therapy Department
Central Health Centre
North Carbrain Road
Cumbernauld
G67 1BJ
Tel: 01236 789909

Speech and Language Therapy Department
Coathill Hospital
Hospital Street
Coatbridge
ML5 4DN
Tel: 01236 707746

Dementia and Swallowing

Information for patients and carers

This leaflet provides information about swallowing difficulties that can be associated with dementia. It offers practical advice and suggestions that may help support eating and drinking.

This guide gives **general** advice only. For specific advice or to discuss any concerns you may have please contact your local Speech and Language Therapy Department.



SWALLOWING DIFFICULTIES

Eating and drinking are an integral part of our daily life. We often take for granted how automatic this process is. Dementia can interfere with the processes involved in making eating, drinking and swallowing a safe and enjoyable experience.

Mealtimes can become more challenging and it may be hard to work out what is happening and why. This may be particularly difficult if the person also has communication difficulties, as they may be unable to explain what they are experiencing.

It is good to identify factors which are likely to lead to problems and adapt before complications develop.

Everyone has different experiences in their journey with dementia. However there are often similarities in the problems encountered.

These might include:

- ❖ Distraction
- ❖ Not recognising food or drink
- ❖ Holding food in the mouth
- ❖ Not opening the mouth
- ❖ Refusing food or drink
- ❖ Difficulties with chewing
- ❖ Coughing and choking when eating and drinking

There are many practical hints and tips to try and make the most of mealtimes. The following information will include advice on:

- ❖ Preparing for Mealtimes
- ❖ The Environment
- ❖ How to identify swallowing problems
- ❖ Assisting at mealtimes

PREPARING FOR MEALTIMES

- ❖ Reduce distractions - turn the TV/Radio off, reduce clutter in the surrounding area;
- ❖ Make sure the person does not need the toilet and that they are comfortable;
- ❖ Make sure any pain is addressed well in advance of the mealtime;
- ❖ Ensure the person is wearing their glasses, hearing aid or dentures if required. Sight, smell, hearing and taste have a huge role in stimulating the appetite and the swallowing reflex;
- ❖ Be aware of the effect of medication on eating and drinking and plan medication accordingly;
- ❖ Ensure good mouth care to increase comfort and decrease any pain or discomfort. This can reduce chest infections in the case of people with swallowing problems.

THE ENVIRONMENT

- ❖ Ensure the person is in a good position. For swallowing, the best position is sitting upright;
- ❖ Only put out the essentials, if having soup you only need to put out a spoon
- ❖ If crockery is a different colour from the table or tablecloth it can increase awareness of the crockery;
- ❖ Ensure there is adequate lighting;
- ❖ Make food look and smell appealing. Use different colours, textures and smells. The aroma of cooking can stimulate someone's appetite;
- ❖ Explain what the food is and encourage small amounts regularly;
- ❖ Finger foods can be easier for people who are easily distracted or who prefer to be on the move;
- ❖ Make sure the temperature of the food is right as people with dementia can lose the ability to judge the temperature;
- ❖ Provide fluids regularly. The sensation of thirst can change, so people sometimes benefit from encouragement;
- ❖ Use a clear glass so the person can see what's inside, or a brightly coloured cup to draw attention to it.

IDENTIFYING SWALLOWING PROBLEMS

People with dementia can develop swallowing difficulties and there may be a risk of food or drink going down the wrong way. It is important that people with dementia and those around them look out for the warning signs.

Everybody coughs on their food occasionally, but if there are concerns please seek medical advice. Your GP will refer to your local Speech & Language Therapy service if they think this is indicated.

SIGNS OF SWALLOWING DIFFICULTIES INCLUDE:

- ❖ Coughing or choking;
- ❖ A gurgly or moist sounding voice during or after eating/drinking;
- ❖ A change in breathing rate after eating/drinking;
- ❖ Throat clearing;
- ❖ Pocketing food in mouth;
- ❖ Reduced chewing, particularly with textured foods. If this is noted the person may benefit from eating softer foods.

OTHER SIGNS OF SWALLOWING DIFFICULTIES

CAN INCLUDE:

- ❖ Recurrent chest infections;
- ❖ Avoiding/refusing food or drinks;
- ❖ Dehydration;
- ❖ Weight Loss;
- ❖ Not coping with saliva/secretions.

It may be helpful for you to keep a diary of any swallowing difficulties. There is an example below. This may be a useful tool to help monitor any issues.

ASSISTING AT MEALTIMES

- ❖ Encourage independence at mealtimes as much as possible;
- ❖ Try and position yourself at eye level as much as possible;
- ❖ Make sure you are in a comfortable position so the mealtime is relaxed;
- ❖ Tell the person what you are giving them;
- ❖ Try not to talk to anybody else whilst giving the person their food as it can be distracting;
- ❖ Ensure the person is being given the appropriate consistencies of food/drink if they are on a modified diet;

- ❖ Allow plenty of time to give the person their food. Do not rush;
- ❖ Ensure they have swallowed before giving them the next mouthful;
- ❖ Offer sips of fluid throughout the meal but avoid eating and drinking at the same time;
- ❖ Consider what may be useful. This could be a teaspoon for someone who overfills their mouth, a smaller plate for someone who doesn't enjoy a larger portion, or their favourite cup;
- ❖ A verbal prompt to swallow may be helpful;
- ❖ Softer foods may be easier for some people to manage;
- ❖ Dry, crumbly foods can be more difficult to manage.

EXAMPLES OF SOME FOODS THAT ARE MORE DIFFICULT TO CHEW AND SWALLOW:

- ❖ **Mixed Consistencies:** mince with thin gravy, runny porridge with milk;
- ❖ **Dry or Crumbly Foods:** biscuits, crackers, toast;
- ❖ **Very Chewy Foods:** meat, toffee;
- ❖ **Fruit/Vegetables with a husk or skin:** beans, peas, apples

FURTHER INFORMATION

- ❖ Alzheimer's Scotland
www.alzscot.org
- ❖ Alzheimer Scotland
22 Drumsheugh gardens, Edinburgh EH3 7RN
Tel: 0131 243 1453
Email: info@alzscot.org
- ❖ Speech & Language Therapy
Wishaw General Hospital,
50 Netherton Street, Wishaw
01698 366423
- ❖ Speech & Language Therapy
Hairmyres Hospital
Eaglesham Road, East Kilbride
01355 585423
- ❖ Speech & Language Therapy
Monklands Hospital
Monkscourt Avenue, Airdrie ML6 0JS
01236 712139

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 3030 243 or e-mail info2@lanarkshire.scot.nhs.uk

Pub. date:	May 2015
Review date:	May 2017
Issue No:	02
Department:	Speech and Language Therapy

PIL.DEMSWA.04226.L

Dementia and Communication

Information for patients and carers



DEMENTIA AND COMMUNICATION

This leaflet provides information about communication difficulties that can be associated with dementia. It offers practical advice and strategies that may make communicating easier.

This guide gives **general** advice only. For specific advice or to discuss any concerns you may have please contact your local Speech and Language Therapy Department.

COMMUNICATION DIFFICULTIES

Communicating with others is vital to express our needs, wishes and feelings. It is essential to maintain our quality of life and our sense of identity.

Communication is not just talking but about how we show other people what we want to say. This might include our facial expressions, body language and gesture.

It can be very frustrating when you are trying to tell somebody something and they don't understand.

Dementia affects the brain in a way that can interfere with the usual way of communicating – speaking, listening, reading and writing. It can be a very difficult change to adjust to and it is important to remember that it doesn't always matter **how** the message gets across but that it does.

Everyone has different experiences in their journey with dementia. However problems might include:

- ❖ Memory problems
- ❖ Finding the right words
- ❖ Understanding what people are saying
- ❖ Repetition
- ❖ Attention and concentration difficulties
- ❖ Holding a conversation

THE COMMUNICATION ENVIRONMENT

The environment can affect how successful our communication is. Consider the following to make life easier for yourself and the person you are communicating with:

- ❖ **Sit facing the person you are communicating with** - facial expression, body language and gesture help get your meaning across
- ❖ **Reduce distractions** - it can be harder to concentrate when there are lots of distractions. Try clearing tables and surfaces;
- ❖ **Vision** - make sure glasses are worn if needed. Some people are affected by glare, reflections, low light and/or if there isn't much contrast between objects. Windows and mirrors can be distracting;

- ❖ **Hearing** - make sure aids are worn if required. It can be hard to tell if there are problems with hearing or understanding. Some people have both. Reducing background noise can help. Try turning down the TV or radio or going somewhere quieter;

- ❖ **Do not challenge what the person is saying** as this can cause stress and anxiety; agreement results in positive interactions and can reduce distressed behaviour.

A positive communication environment can make you feel calm and relaxed and facilitate communication.

WHAT CAN AFFECT COMMUNICATION?

Memory

Changes in memory can be one of the most upsetting aspects of dementia for the person and their carers.

This can seriously affect communication. Repeatedly asking about the same things or having no memory of visits/conversations can often be frustrating for you and the people around you.

What can you do?

- ❖ **Memory aids** - a diary, alarm, labelling, written prompts or reminders can ensure medications are taken, appointments are attended and can help in locating items around the home;
- ❖ **Communication books/white boards** - these can be useful to document a conversation, a visit, or an important event and will often be a good memory jogger;
- ❖ **Life Story or Memory Books** - can be a good way of documenting information that is time and again forgotten. It can remind you where you are and who the people are around you. Many people find them familiar, reassuring and comforting. Some people enjoy photos of familiar faces
- ❖ **Routine** - many people find routines help their memory. It builds familiarity in situations. Even simple things like always keeping your keys in the same place can be helpful.

SPEECH

Many people report difficulty finding the right words. Sentences can become muddled and sometimes this can lead to you saying less than you normally would.

What can you do?

- ❖ **Stay Calm**
- ❖ **Use another word**
- ❖ **Describe** the thing that you are thinking about.
- ❖ **Use your hands** sometimes showing people what you mean or pointing to it are enough to get your message across.
- ❖ **Write or draw**
- ❖ **Give a Clue** use things around you – calendars, photos etc.
- ❖ **Keep it simple**
- ❖ **Clarify** - Tell people if it's not right. It's important to keep the conversation on the right track.

UNDERSTANDING

Understanding what people are saying can be difficult at times. This can be worse if people give a lot of information at one time, or if there are different people speaking at the same time. A noisy environment can make this even more challenging.

What can you do?

- ❖ **Get attention** - try to ensure the person is paying attention to you by using their name and/or gently touching their arm if needed;
- ❖ **Use short simple sentences** - small amounts of information at a time is easier to process. If there is a lot of information to convey, do it in chunks. Make sure one message is passed on at a time;
- ❖ **Emphasize key words** - this lets the brain filter the important information in a simple way. Writing or drawing key words or objects may help;
- ❖ **Non-verbal communication** - is just as important. Gesture, facial expression and tone can help you get your message across;
- ❖ **Ensure one person speaks at a time** - too much to concentrate on and process at the same time means lots of information is lost. Keep it calm and simple;
- ❖ **Objects, Photos, calendars and pictures** - can be useful tools to show what you mean. They can be more instantly recognised.

FURTHER INFORMATION

Alzheimer's Scotland

www.alzscot.org

Alzheimer Scotland

22 Drumsheugh Gardens, Edinburgh EH3 7RN

Telephone: 0131 243 1453

Email: info@alzscot.org

Speech & Language Therapy

Wishaw General Hospital

50 Netherton Street, Wishaw

Telephone: 01698 366423

Speech & Language Therapy

Hairmyres Hospital

Eaglesham Road

East Kilbride

Telephone: 01355 585423

Speech & Language Therapy

Monklands Hospital

Monkscourt Avenue

Airdrie, ML6 0JS

Telephone: 01236 712139

If you need this information in another language or format, please contact the

NHS Lanarkshire General Enquiry
Line on 0300 3030 243 or e-mail
info2@lanarkshire.scot.nhs.uk

Pub. date:	April 2015
Review date:	April 2017
Issue No:	02
Department:	Speech and Language Therapy



www.patientopinion.org.uk

REFERENCES & USEFUL RESOURCES:

Nutrition Matters in the Community (2011)

Stroke SIGN Guidelines

www.guidelines.co.uk/sign/stroke-dysphagia

Scottish Palliative Care Guidelines (2014), End of Life Care

Record of End of Life Care (Community)

[http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20\(Community\)%20SAMPLE.pdf](http://firstport2/staff-support/nurses-midwives-allied-health-professionals/nmahp-clinical-records/Documents/Record%20of%20End%20of%20Life%20Care%20(Community)%20SAMPLE.pdf)

NES Education for Scotland – (Video demonstrations of food preparation to desired consistencies)

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/allied-health-professions/resources,-publications-and-useful-links/dysphagia-dvd.aspx>

NHS Lanarkshire Adult Speech and Language Therapy 2019

www.iddsi.org

<http://iddsi.org/framework/food-testing-methods/>

The Dysphagia Game

<http://www.dysphagiagame.com/#!/Home>

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

For the purpose of your present and future medical treatment, we will record details of your care. Some use may be made of this information for research purposes and to help in the planning of health services for the future. Some information will be processed on a computer. Information about your care and treatment may also be viewed by inspectors authorised by the Scottish Government. At all times great care will be taken to ensure that your information is kept confidential.

The “**Data Protection Act 1998**” gives you the right of access to any personal information which NHS Lanarkshire hold about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act you should, in the first instance, contact the **Health Records Manager** at the hospital.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.org.uk
NHS Lanarkshire General Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 30 30 243 or e-mail info@lanarkshire.scot.nhs.uk



www.careopinion.org.uk

Pub. date:	January 2019
Review date:	January 2021
Issue No:	02

PIL.SWAMAT.19_02897.L