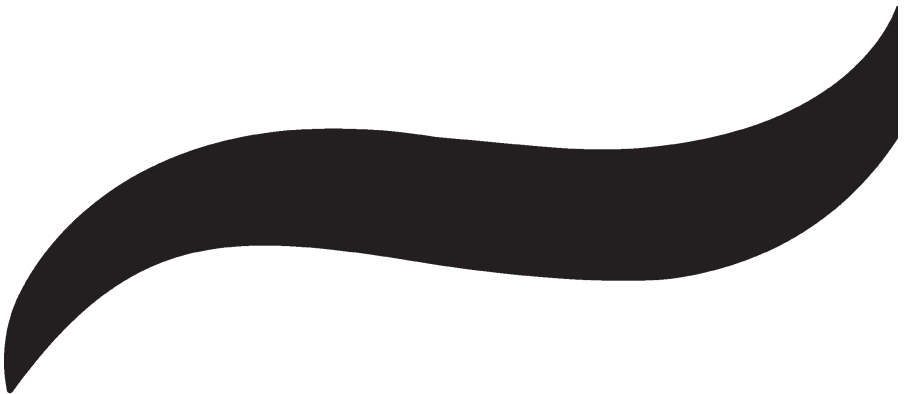




Dementia and Swallowing



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 mealtimes enjoyable. 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 this is happening regularly please contact your local SLT service to discuss this further. If you are concerned please seek medical advice.

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;
- ❖ Dehydration;
- ❖ Weight Loss;
- ❖ Not coping with saliva/secretions.

It may be helpful for you to keep a diary of any swallowing difficulties.

ASSISTING AT MEALTIMES

- ❖ Encourage independence 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 require modifications;
- ❖ 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
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Email: info@alzscot.org
- ❖ Speech & Language Therapy, University Hospital
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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

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