Eating, drinking and swallowing difficulties - information for patients with dementia

What is dysphagia?

Dysphagia is a problem with chewing and swallowing due to weakness or in co-ordination of the muscles in the mouth and or throat.

It can affect eating, drinking and even management of saliva.

Things to look out for - the signs and symptoms of dysphagia

- coughing or choking
- a weak cough or throat clearing
- inability to manage secretions
- client is changing colour or has a rapid heartbeat
- breathing difficulty - wheezing, crackly, gasping for breath
- wet or gargly voice or unable to speak at all
- dribbling and food falling out of the mouth
- food pocketing in the cheeks
- food or drink coming down the nose
- repeated need to swallow.

Chronic dysphagia - what to watch out for in the longer term

- weight loss
- malnutrition
- hunger
- dehydration
- chest Infection / aspiration pneumonia
- death.

Aspiration - what is it?

Aspiration is when food, drink, saliva or medication enters the airway below the level of the vocal cords.

Particular challenges for people with dementia

- prolonged chewing and holding food or drink in the mouth with no activation of the swallow reflex
- difficulty feeding themselves - perceptual and spatial difficulties
- lack of interest, motivation and appreciation as to why they need to eat and drink
- memory disturbance
- communication difficulties
- cramming food
- pacing / agitation
- aggression
- depression (low mood, tearfulness, low motivation, disturbed sleep, negative conversations)
- delusions - abnormal beliefs about food
- hallucinations.

Does the person with dementia need to be referred to speech and language therapy?

Yes, if:

- coughing persistently
- one or more chest infections
- has oral movement difficulties
- is losing food from mouth or pocketing
- cannot initiate a swallow
- cannot cough to clear
- has a change in vocal quality after swallowing
- altered breathing (gasping, wheezy, crackly)
- losing weight.

No, if:

- not managing to swallow solid dose medication (tablets)
- only a ‘one-off’ episode of coughing
- cannot maintain upright sitting posture
- refusal / unwillingness to eat and drink
- retching / vomiting (this requires referral to GP / gastroenterologist)
- losing weight (refer to dietician).

After speech and language therapy assessment

Alterations to the texture of food may be recommended to make it easier and safer for the resident to eat.

Drinks may need to be thickened to slow down the flow, thereby reducing the likelihood of coughing.

Certain postures may be advised.

The level of supervision will be addressed.

Normal diet and high risk textures

Even elderly people who don't have dysphagia and can manage a normal diet, i.e. any foods, should be aware of **high risk food textures**, including:

- hard, tough, chewy, fibrous, stringy, dry, crispy or crumbly textures, such as pineapple, celery, runner beans, toast, crusts, pastry, crisps, crumbly biscuits
- skin, bone, gristle
- round or oblong foods such as sausages, grapes, seeds / toffees
- sticky foods and those that congeal, such as marshmallows, bread, scones, cheese
- 'floppy foods', such as cucumber, salad leaves
- juicy foods that separate, such as watermelon, tomatoes, muesli and other cereals that do not blend with the milk and have a mixed texture
- vegetable and fruit skins / pith, such as broad / baked beans, peas, oranges
- pips, seeds, nuts or husks, such as sweetcorn
- ice-cream and jelly are not appropriate for those advised to take thickened fluids as these melt in the mouth to a thin liquid consistency

Be vigilant about food / snacks brought in by visitors and advise them appropriately.

Dementia diet 'finger' foods

These may be suitable for people with dementia who wander or cannot use utensils.

But be aware that some may fall into the category of **high risk food textures** and should not be given if the person has been recommended a modified diet or is at risk of choking.

- fruit loaf
- small pitta breads
- chicken slices
- pizza slices
- mini spring rolls
- fish or crab sticks
- cheese cubes
- carrot sticks
- chips
- jelly cubes
- sliced cucumber
- celery sticks
- banana pieces
- mandarin segments
- waffles
- buns / crackers with butter
- small sandwiches with moist fillings

Assisting people with dementia to eat and drink

The eating environment

- simplify it
- keep it calm
- small tables
- soothing music
- mix able and less able residents/clients/patients
- use light coloured table cloths
- get less able clients to help lay the table so they can anticipate a meal-time
- allow wanderers to have 'finger foods'.

Fluctuating confusional state

- can vary from moment to moment
- monitor their level of consciousness
- guide them when they are distracted.

Visual difficulties

- do they need glasses when they eat?
- watch out for visual neglect.

Dentition

- consult the dentist if dentures no longer fit
- if they fit badly they may be obstructive to eating and drinking
- watch out for infected or loose teeth
- ensure regular mouth care
- use medium bristled toothbrush, but not swabs
- saliva can build up - client may need prompting to swallow saliva if pooling / dribbling.

Note: please ask for our oral care leaflet if you require more information.

Close Contact

- sit facing the person or side by side, making eye contact
- ensure they are as upright as possible
- give a commentary on the food
- give verbal prompts to “stop chewing and now swallow”. Be subtle. Rather than “come on, open up”, try “that tastes nice”
- use a calm but firm tone
- consistency of feeder is important
- encourage ‘hand over hand’ to assist eating and drinking
- chin tuck
- may need extra swallows to clear each mouthful

Utensils

- use plate guards and non-slip mats
- issue chunky cutlery

Be aware of preferences

- People with Dementia often develop a sweet tooth
- may dislike bitty / lumpy food

Refusers and slow eaters

- get them tasting
- try small amount on the lips
- assess if better with food or drink first
- keep food warm and appetising
- use high calorie foods and supplements as advised by Dietician
- small helpings 'little and often'

Management of medication

- tablets can be difficult - problem with mixed texture of solid (pill) and fluid to wash it down
- alternative administration can be an option (via injection, PEG, IV, suppositories or patches)
- note that the prescriber's advice should be sought for alternatives to solid dose medication as these may pose a choking risk
- if oral medications or nutritional supplements are prescribed in a liquid form, they must be no thinner than the recommended consistency of fluid
- adding thickening agents to liquid medications, taking of medication with food (e.g. in a spoonful of jam / yogurt), crushing of tablets and opening of capsules must be authorised by the prescriber

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