

# Speech and Language Therapy: How to support someone with dementia with their swallowing

A guide for carers



# RDaSH

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As dementia progresses it is normal for changes to happen to someone's eating and drinking. This is a normal part of the process of dementia progressing. Here are some of the things you may notice:

- Changes in appetite, with only small amounts of food and fluids being accepted at times
- More frequent refusal of food and fluids
- Difficulty cutting up and controlling food with cutlery
- Difficulty getting a cup or cutlery to their mouth
- Increased dependence on others to feed
- Holding food and fluid in their mouth for a long time, taking a very long time to swallow
- Pouching food in their cheeks rather than swallowing
- Spitting out of food and fluids
- Falling asleep during feeding
- Increased agitation at meal times
- Coughing during or following food and fluids
- Very variable eating and drinking habits. For example, at certain times they may take a drink well, whereas at other they refuse completely, or hold it in their mouth without swallowing
- Changes in taste.

There are a number of ways you can support someone with their eating and drinking at this time.

In this guide there is information about: the person's environment (page 4); positioning (pages 5-6); self-feeding (pages 6-7); assisted feeding (pages 7-8); food and fluids textures (pages 8-9) and mouth care (pages 9-10).

## Environment

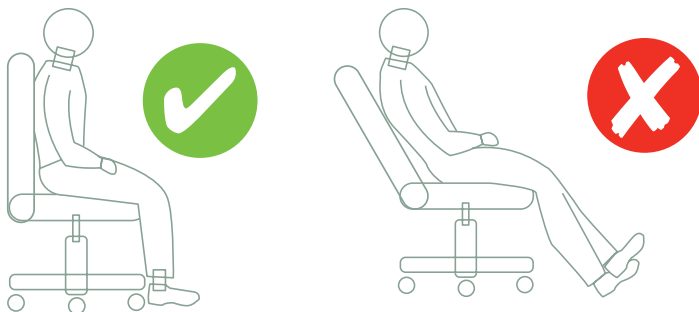
The surrounding environment has a huge impact on someone with dementia's eating and drinking.

- The majority of individuals with dementia are best eating and drinking in a **communal environment**, where they can see others eating and drinking and have an opportunity to feel part of a social environment. If they live alone, eat and drink with the person with dementia, so it is a pleasant social experience
- Minimise noisy distractions such as television. Calming music in the background can be helpful, however
- Keep the table clear from clutter
- Prompt the person not to talk as they are chewing or drinking
- Have a picture menu of the food being offered at that meal time, so they can see what they are going to be eating. Where possible, **always offer a choice** to enable the person to be involved in their food and drink choices
- If someone becomes agitated or distressed at a meal time, move them to a different environment and encourage them to eat and drink again once settled. In nice weather, try having meals outdoors
- Find out as much as you can about their previous meal-time habits, and try to incorporate them into their new routine at the care home. For example, if they always used china teacups at home, offer drinks from a china tea cup
- Large meals are often over-facing for someone with dementia. Try offering **regular small meals and snacks** frequently on smaller 'tea plates', rather than three large 'dinner plate' meals.

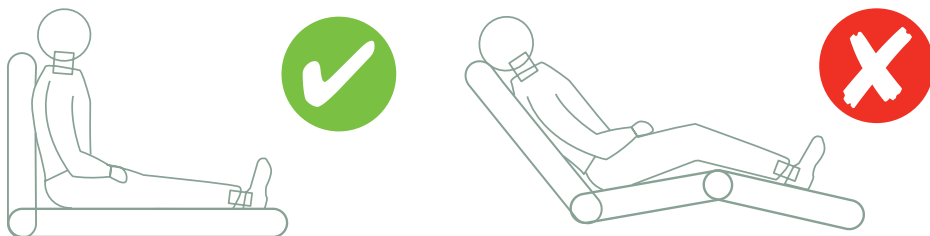
## Positioning

The position someone is in while they eat and drink has a big impact upon their swallowing function, comfort and safety.

- Ideally, a person should be **sitting bolt upright** in a chair for all food and drinks, for example:



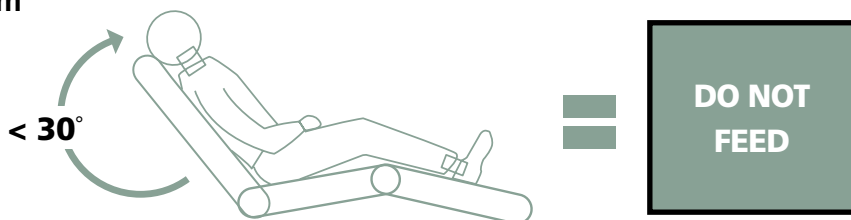
- If a person needs to be fed in bed, ensure they are **sitting bolt upright**, well supported with pillows etc. before they are offered anything to eat or drink, for example:



- If this is painful or uncomfortable for someone to achieve, they may need to be more reclined during feeding. **Aim to achieve an upright a position as possible** before offering any food or fluids
- Ideally, keep them in an upright position for 30-60 minutes after meals and drinks to stop the risk of reflux. Reflux is when food and drink 'come back up'

the food pipe (the oesophagus). People may cough on this refluxed material

- If someone is **less than 30 degrees upright in a chair or bed, do NOT feed them**



- If you cannot support someone into an upright position for feeding at that time, offer mouth cares to keep their mouth moist and comfortable (see **Mouth Care** on page 9 for further information). Try to reposition them again later. Use pillows, a profiling bed/ chair and slide sheets to support them into an upright position for feeding.

## Self-feeding

People with dementia eat and drink more safely and with fewer problems if they are involved in feeding themselves.

- When someone holds their cup, cutlery or food in their own hand, their body gets ready to swallow. This means they are more likely to eat and drink safely and without difficulty. It is therefore very important to try and help people to be **as independent as possible when eating and drinking**
- Try to support the person to **self-feed for as long as possible**. If they struggle to bring the cup/ cutlery to their mouth, gently support their hand to their mouth. This is called **hand over hand support**
- If cutlery is difficult for someone to control, encourage them to self-feed with their fingers
- Offer **finger foods**. These are often easier to self-feed and more readily accepted

- Use **verbal prompts** to encourage the person to self-feed and swallow
- Use plates, cups and cutlery that are of a **single** bright colour (not patterned)
- Try a plate guard and large-handled cutlery to support self-feeding
- Ideally, open cups are preferable over spouted beakers or straws for fluids
- **Try not to worry about mess!** Adequate intake and enjoyment of food and drink is more important. Use easy-wipe place mats and bibs if mess is a concern.

## Feeding

How someone is fed has an enormous impact on their comfort and safety when swallowing.

- **How to feed:**
  - Offer **small amounts** at a time (e.g. by a teaspoon). It is easy for a person with dementia to feel 'over faced' by large portions
  - **Allow a long time for each mouthful** to be chewed, enjoyed and swallowed. It is normal for eating and drinking to take much longer as dementia progresses
  - Tell the person what food they are being given in each spoonful.
  - If you hear wet, rattley or fast breathing, **stop feeding immediately**. Support the person to maintain an upright position, and encourage them to cough if they are able
  - **Only re-commence offering food and fluids when any coughing, wet, rattley or fast breathing has ceased, and the person's breathing has returned to normal.**
- **Managing refusal of food and drink:**
  - If food or drink is held or pouched in the mouth, **offer an empty spoon** to prime the person to carry on eating

- Use verbal prompts to encourage the person to swallow
- If you have the person's attention, take a loud, over-exaggerated swallow yourself, and prompt them to do the same
- If someone has their eyes closed, hold the food or drink below their nose so they can smell it and/or feel the heat of it. This may prime them to swallow. **If they still do not respond, do not feed them at this time**
- If someone does not open their mouth when presented with a cup/spoon, **try placing a tiny amount of a moist food on their lips** (you can do this with a teaspoon or gloved fingertip), to try and prime them to eat. Sweet pureed foods such as jam, honey, chocolate mousse and fruit yoghurt often work well
- If food becomes cold due to slow eating rate, offer half portions at a time
- Ideally, open cups are preferable over spouted beakers or straws for fluids
- **Do not force someone to eat and drink if they are not tolerating it or continue to refuse.**

## Food and fluid textures

Certain foods and drinks may be easier to manage and be swallowed better than others.

- It is likely that hard, dry, crumbly, tough and chewy diet textures take a longer time to be prepared ready for swallowing and require more muscle strength for the throat to swallow. This means they are more likely to be chewed at length or pouched. It might therefore be best to **avoid these difficult textures**
- Moist, well mashed foods are much easier to chew and swallow, and so tend to be better tolerated. They often cause fewer difficulties. See Minced and Moist Diet (Level 5) for further information on these diet textures



- If mashed foods are still very difficult to chew, try pureeing/ blending them. See Pureed Diet (Level 4) and Liquidised Diet (Level 3) for further information on these diet levels
- Try offering food and drink flavours that the individual has always historically enjoyed. Ask family and friends for details of their favourite foods
- **Sweet foods** and drinks may be more readily accepted. Try a range of flavours
- If sweet foods are taken much more readily than savoury meals, try adding sweet sauces, chutneys or a spoon of honey to savoury foods.
- Offer food and drink **'little and often'**
- **Focus on food and drink as being enjoyable, to enhance their quality of life.** For example, it is ok if someone only has puddings and sweet foods to eat if this is all that they now enjoy
- If someone appears to have difficulties with thin drinks (e.g. dribbling them or coughing with them), **offer naturally thick drinks** such as smoothies and milkshakes. Slightly thicker fluids are sometimes easier to control and swallow
- Offer food and drinks of different colours and temperatures
- Use open cups rather than spouted beakers. If fluids are still difficult for someone to drink, try offering them from a teaspoon.

## Mouth Care

Keeping a person's mouth clean and moist is very important in ensuring their comfort and swallowing safety.

- Encourage people to be **independent** with mouth care if they are able
- If hand to mouth coordination is difficult, offer **hand-over-hand support** with their toothbrush

- **How to carry out mouth care:**
  - If someone needs assistance to carry out mouth cares, use a small, soft infant's toothbrush
  - Use a high fluoride, low or non-foaming toothpaste ('Colgate Duraphat'; 'BioXtra'; 'Oranurse' and 'Biotene' are brands available from pharmacies)
  - Brush gently over the roof of the mouth, starting at the back and moving forwards
  - Brush around the inside of the cheeks
  - Brush over the tongue blade, starting at the back and moving forwards.
  - Brush under the tongue, and around all teeth/gums, starting from the back and moving forwards.
- If someone wears dentures, clean their mouth as well as their dentures
- If someone's mouth is very dry – to the point of discomfort – offer regular small sips of fluids, and ask the GP for a water-based moisturising spray or gel (e.g. 'Oralieve')
- Prompt or carry out mouth care **at least twice a day**. If someone only tolerates mouth cares for a short amount of time, try them **little and often**
- If someone becomes agitated when receiving mouth care, try **building it up gradually**, day by day. Start with very short sessions, and increase the length of time and frequency oral cares are given.

If you have further questions regarding managing someone's health, chest status or pain levels, contact their GP immediately.

If you need further advice about how to manage someone's swallowing, contact the community Speech and Language Therapy (SLT) team on **01302 796336**.



If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 0800 015 4334.

#### Amharic

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#### Arabic

إذا أردت الحصول على هذه الوثيقة بالخط الكبير أو بلغة برايل أو على هيئة شريط صوتي أو مترجمة إلى لغة بديلة فيرجى الاتصال بخدمة التنسيق ونصيحة المريض Patient Advice and Liaison Service على رقم الهاتف 0800 015 4334 .

#### Bengali

আপনি যদি এটা বড় অক্ষরের ছাপায়, ব্রেইল-এ, বা কানে শোনার টেপ-এ পেতে চান অথবা আপনি যদি এই কাগজটা অন্য কোন ভাষায় পেতে চান, তাহলে দয়া করে 0800 015 4334 নম্বরে পেশেন্ট এ্যাড্‌ভাইস এন্ড লিয়েজঁ সার্ভিসের সাথে যোগাযোগ করবেন।

#### Cantonese (traditional Chinese)

如果你希望本文件是采用大字印刷、盲文或录音磁带等格式，或者希望本文件是使用其它的语言，请联络病患建议与联络服务（Patient Advice and Liaison Service），电话号码：0800 015 4334。

#### Czech

Pokud byste chtěli dokument psaný většími písmeny, brailovým písmem nebo na zvukové kazetě nebo v jiném jazyku, prosím, kontaktujte poradenskou službu pacientům na tel. 0800 015 4334.

#### Farsi

در صورت تمایل به داشتن این سند به نسخه ای با چاپ درشت تر، به خط بریل یا نسخه صوتی، و یا به زبانی دیگر، لطفاً با دفتر خدمات مشاوره و هماهنگی بیماران به شماره تلفن ۰۸۰۰۰۱۵۴۳۳ تماس حاصل نمایید.

#### French

Si vous désirez ce document en gros caractères, en braille, enregistré sur cassette audio ou dans une autre langue, veuillez contacter le service de conseils et liaison des patients [Patients Advice and Liaison Service] au 0800 015 4334.

#### Kurdish Sorani

ئەگەر تۆم زانیاریانە بە چاڵی گەورە، برایل، یان لەسەر شەیتی دەنگی دەخوازیت یاخود ئەم بەلگەنامەیە بە زانیاری دیکە دەخوازیت، تکلیف پەیوەندی بکە بە خزمەتگوزاری زینمایی و هاوئاهەنگی نەخۆشەو بە ژمارە 0800 015 4334.

#### Polish

Jeżeli dokument wymagany jest w wersji drukowanej dużą czcionką lub alfabetem Braille'a, na kasecie audio lub w innym języku, prosimy o kontakt z zespołem ds. kontaktów z pacjentami (Patient Advice and Liaison Service) pod numerem telefonu 0800 015 4334.

#### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਵੱਡੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ ਚੁੱਟੇ ਹੋ ਜਾਂ ਇਸ ਸਮਝਾਵੇਂ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚੁੱਟੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਰੀਜ਼ ਸਲਾਹ ਅਤੇ ਤਾਲ-ਮੇਲ ਸੇਵਾ (Patient Advice and Liaison Service) ਨਾਲ 0800 015 4334 ਤੇ ਸੰਪਰਕ ਕਰੋ।

#### Somali

Haddii aad jeclaan lahayd in aad kan ku hesho far waaweyn, farta braille ee dadka indhaha la' ama cajalad dhegeysi ah ama haddii aad jeclaan lahayd in aad dukumeentigan ku hesho luqad kale, fadlan Adeegga Talobixinta iyo Xiriirinta ee Bukaanleyda (Patient Advice and Liaison Service) kala soo xiriir lambarka 0800 015 4334.

#### Turkish

Bu belgeyi büyük yazı, braille (kör alfabesi) veya ses kaydı olarak veya başka bir dilde almak istiyorsanız, lütfen 0800 015 4334 no.lu telefondan Hasta Danışmanlık ve İrtibat Hizmetleri ile bağlantıya geçiniz.

#### Urdu

اگر آپ یہ بڑی چھپائی، بریل میں یا صوتی ٹیپ پر حاصل کرنا چاہیں یا یہ دستاویز کسی مقبول زبان میں چاہیں تو براۓ کرم پیسٹ ایڈوائس اینڈ لیاؤن سروس سے 0800 015 4334 پر رابطہ کریں۔

#### Vietnamese

Nếu muốn có tài liệu này dưới dạng in chữ cỡ lớn hơn, chữ nổi braille hay bằng ghi âm, hoặc bằng một ngôn ngữ khác, xin quý vị liên hệ bộ phận Dịch vụ Tư vấn và Liên lạc với Bệnh nhân theo số 0800 015 4334.

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