

Speech and Language Therapy – Dementia and Swallowing

Dysphagia (difficulty swallowing) is common in people with dementia.

Dementia can impact individuals' eating and drinking in many ways, including:

- Difficulty recognising food
- Refusal to eat/drink and difficulty closing their mouth
- Holding food in their mouth or forgetting to swallow
- Becoming distracted when eating or drinking
- Cramming food
- Delayed or impaired swallow function
- Coughing when eating and drinking
- Have a change in appetite or taste

These difficulties can put people with dementia at risk of dysphagia, dehydration, weight loss and severe chest infections (aspiration pneumonia).

These tips and strategies can help with mealtimes:

Environmental:

Positioning: Make sure the person is in a comfortable and upright position during mealtimes so that they are not slouching or leaning to one side. Also ensure they are kept upright up to 30 minutes after eating to aid digestion.

Distractions: Reduce background noise, ensure good lighting and reduce visual distractions such as too many items on the table at one time. Simplify mealtimes by serving one thing at a time.

Feeding times: Provide meals/snacks/drinks when your loved one is most alert. Providing several smaller meals throughout the day, instead of three big meals may work better for some people.

Using utensils: If the person is having difficulty using utensils, try bite-sized foods that are easy to pick up if safe to do so. Consider adaptive equipment provided by an occupational therapist.

Supporting eating and drinking:

Supervision and independence: Provide verbal prompts, monitor size of mouthfuls and monitor for signs of aspiration. Support the person to be as independent as possible, provide hand-over-hand feeding if needed.

Assistance with feeding: Make sure the person can see/smell/taste food to increase awareness. Be aware of verbal/non-verbal cues and watch for the person to swallow before giving the next mouthful. Slow down the pace of feeding if needed.

Common difficulties when eating and drinking:

Eating too fast: Providing alternate small sips and bites may help with pacing. Feed the person patiently with small amounts. Ensure all food or fluid is swallowed before offering the next mouthful. Give verbal prompts to slow down.

Eating too slowly: Ensure food remains warm/appetising, offer regular snacks, provide support if needed e.g., hand-over-hand feeding.

Holding food in mouth: Frequently check the person's mouth to make sure there is no food left in the cheeks or on the tongue. Verbally prompt your loved one to swallow after each mouthful. Consider softer foods that require less chewing. Talk to them about what they are eating to increase awareness.

Refusing food/drink: Think about why- oral hygiene, reduced alertness, changes in taste, food preferences? Try giving encouraging cues e.g. 'this smells nice'. Offer smaller amounts throughout the day; sometimes larger amounts are off-putting.

Other tips:

- Ensure dentures are worn if the person has them
- Use plain coloured plates to ensure they can see food easily
- Offering food little and often can help if appetite has been reduced
- Have a drink beside them at all times if fluid intake reduced
- Add a little flavour of squash to fluid if not keen on water
- Help the person with oral care if there is food residue in their mouth after eating

If you notice coughing when swallowing, choking, wet voice after swallowing or recurrent or unexplained chest infections, refer to the Speech and Language Therapy Service.