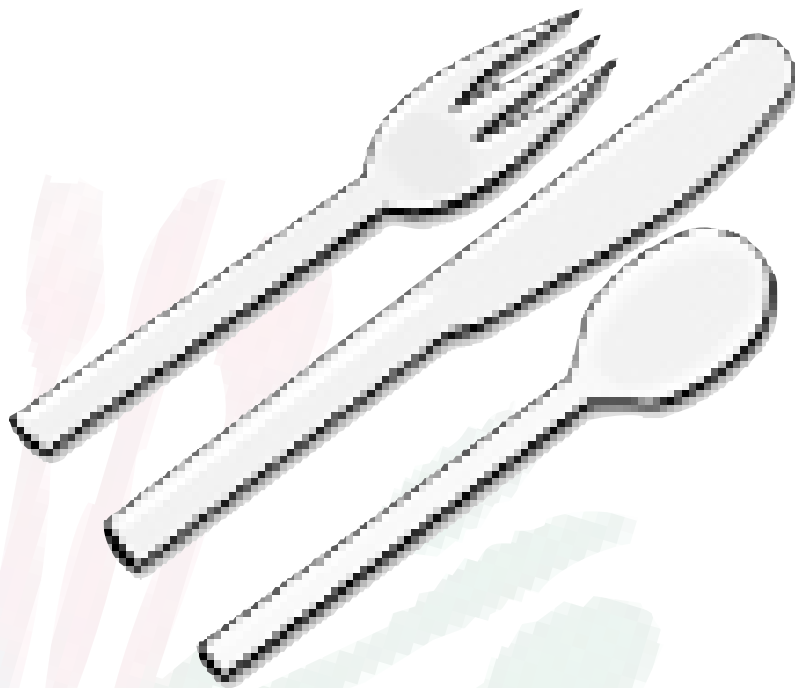


# Swallowing Matters



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## **INTRODUCTION**

Swallowing Matters was developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in both North and South Lanarkshire and the first version was published in 2018.

This resource assists care home staff to identify how best to manage residents with eating and drinking difficulties.

Heather Edwards AHP Consultant at the Care Inspectorate welcomes this revised version of Swallowing Matters,

“Swallowing Matters is an excellent resource for social care staff, giving practical guidance that can be used in everyday situations to ensure that people experiencing care have positive mealtime experiences”.

### **KEY FEATURES OF SWALLOWING MATTERS:**

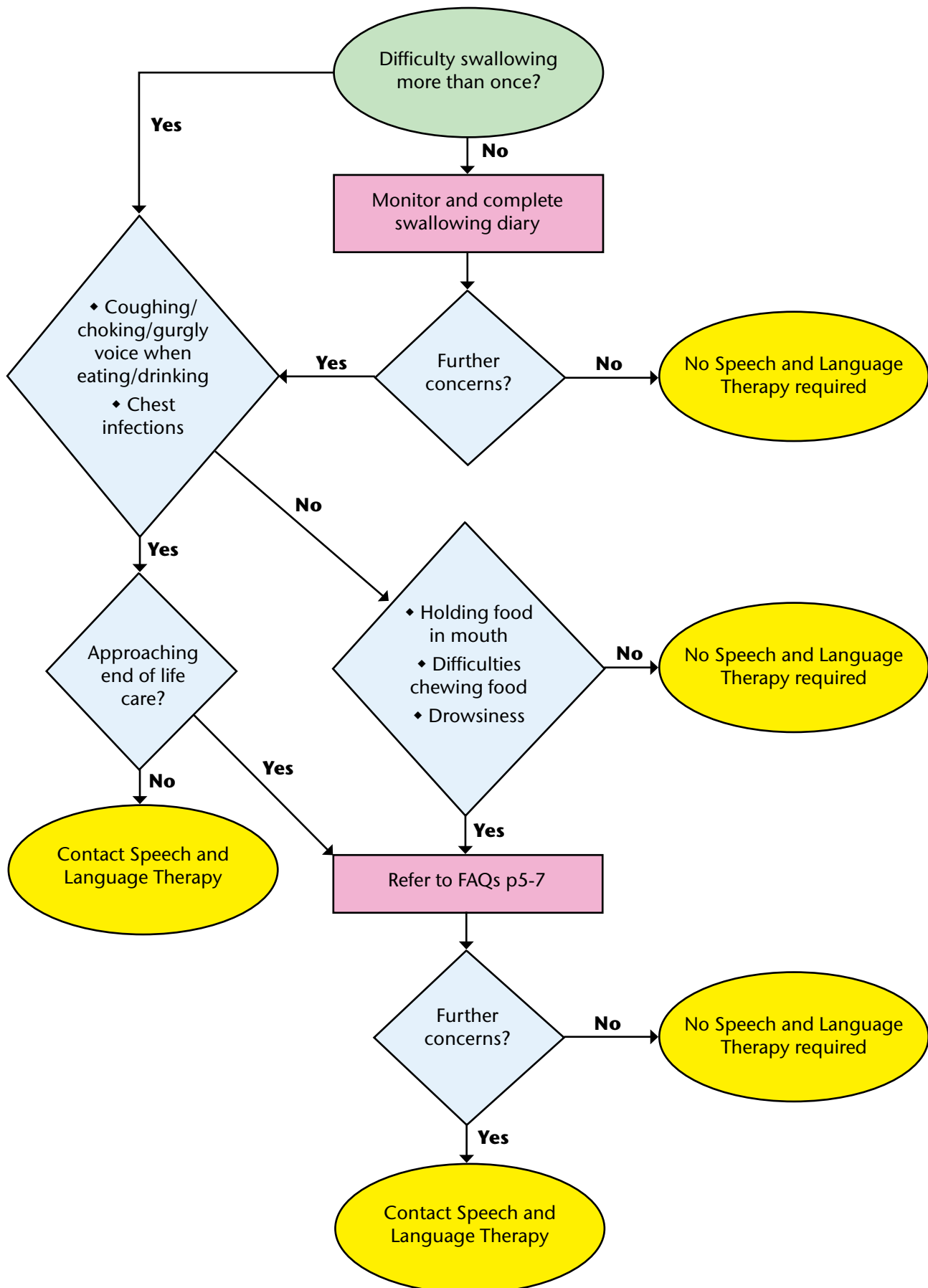
- ❖ A flow chart to aid decision making and provide guidance as to when assistance should be requested from Speech & Language Therapy.
- ❖ Practical tools which can be photocopied. An electronic version will also be made available to each care home manager.
- ❖ An action plan to record outcomes for individual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

Swallowing Matters is also available on FirstPort and on the Care Inspectorate website.

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 topics which come up regularly when discussing concerns regarding residents. The answers may provide you with a solution or signpost you if SLT is not required at this time.

### **Q1. What should you do if the resident is ...?**

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

A1. These behaviours are most commonly associated with dementia. Modification of food and drinks will not necessarily resolve this issue. It can be of benefit to use the 'Mealtime Concerns in Dementia.' checklist. This enables you to identify some of the issues and suggests some advice to try and make life easier.

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

### **Q2. The resident has infrequent/inconsistent difficulties**

A2. Please monitor using a 'Swallowing Diary.'

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

### **Q3. The resident is having difficulty swallowing their tablet medication**

A3. If residents are having difficulty swallowing tablets, please discuss medication with the practice pharmacist or GP. SLT are unable to recommend changes in medication.

### **Q4. The resident is not eating/drinking enough and/or losing weight**

A4. Encourage food fortification (offer high calorie snacks and fortified milkshakes). Monitor weight weekly. If concerns regarding decreasing weight over a 4 week period, refer to Dietitians.

If the resident is eating/drinking small amounts but managing to swallow this safely, a swallowing 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.

### **Q5. The resident is having difficulties chewing food**

A5. Check there are no issues with oral hygiene or dentition. If the resident wears dentures, ensure the dentures fit and are staying in place. A fixative can be useful.

It may be worth trying easy chew foods and avoiding high risk foods. Please refer to “High Risk Foods” information.

Consider completing a ‘Swallowing Diary’ and refer to the ‘Swallowing Assessment Referral Guidance’ flowchart if required.

### **Q6. The resident is falling asleep/drowsy when eating/drinking**

A6. It is safest to offer food and drink when residents are alert. If you have a resident that is drowsy often, choose the best times for them when they are most alert. If they fall asleep during meal times please ensure no food remains in their mouth.

Consider the resident’s medical status and prognosis – is the resident approaching end of life care? If unsure, consider discussion with either the practice pharmacist in relation to the patient’s medication and/or discussion with their GP. Please refer to ‘Swallowing and End of Life Care’ and/or ‘Record of End of Life Care’ if appropriate.

### **Q7. The resident is having difficulty drinking from a straw/spouted beaker**

A7. 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, is generally recommended. Use a wide or shallow cup or glass if possible. Try teaspoons of fluids if there are difficulties drinking from an open cup.

Monitor for further signs of swallowing difficulties. Consider using the ‘Swallowing Diary’ and refer to the ‘Swallowing Assessment Referral Guidance’ flowchart if required.

### **Q8. The resident coughed with their lunch today**

A8. It may be worth keeping a ‘Swallowing Diary’ to see if this is a one off or if the resident is having more regular difficulties. If they are having more regular episodes of coughing and/or choking, please refer to the ‘Swallowing Assessment Referral Guidance’ flowchart as the resident may benefit from an assessment in this instance.

### **Q9. The resident is vomiting after meals**

A9. Concerns regarding reflux or vomiting should be directed to the GP.

**Q10. We have a resident who was seen in hospital in another health board who needs a review. Can you help?**

A10. When residents are discharged from hospital they usually have details of their admission and recommendations on their discharge summary. This may include modification of food and drinks to help the resident to swallow safely. If the resident is managing these recommendations, we do not necessarily need to review them. If the SLT in the other health board feels they would benefit from review they will usually transfer the resident's details to our service. However, if you think your resident is not managing or would benefit from further advice please contact us to discuss.

**Q11. Can we access further information on Parkinson's disease and swallowing?**

A11. Most neurological conditions have charities which are a great source of information and advice. Parkinson's UK have an information sheet called 'Eating, Swallowing and Saliva control' which may be helpful. They also have a learning hub which offers programmes for staff (see references for details).

**Q12. The resident is approaching end of life care**

A12. Please refer to the 'Swallowing and End of Life Care' Section.

## **MEALTIME CONCERNS IN DEMENTIA**

### **HOW TO USE**

This tool has been designed to help guide you in supporting mealtimes for residents with dementia. It can help you 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.

Many issues can be resolved without assistance from your local SLT. However, some of the concerns may lead to an SLT request for assistance, and these are highlighted in red. If you have used Mealtime Concerns in Dementia prior to contacting SLT you may have essential information that could help the SLT 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	✓
<input type="checkbox"/>	<b>Distracted from eating</b>	Remind the resident to eat, where they are and what they are eating	<input type="checkbox"/>
		Reduce glare/reflections from windows by closing curtains and ensuring shades are on lightbulbs	<input type="checkbox"/>
		Ensure there is a contrast between chairs, floor, plates and table	<input type="checkbox"/>
		Try using contrasting coloured crockery - remember primary colours are often recognisable for longer than pastel colours	<input type="checkbox"/>
		Reduce background noise - switch off TV, radio, nearby appliances	<input type="checkbox"/>
		Keep immediate dining area free from unnecessary visual distractions e.g. condiments, pictures, ornaments, vases	<input type="checkbox"/>
<input type="checkbox"/>	<b>Plays with food</b>	Give verbal prompts to keep eating e.g. "You've still got some food there, keep going"	<input type="checkbox"/>
		Consider finger foods	<input type="checkbox"/>
<input type="checkbox"/>	<b>Refusal of food and drink</b>	Allow the resident to finish if ¾ of the meal is taken. If less, then keep encouraging	<input type="checkbox"/>
		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"	<input type="checkbox"/>
		Try enhancing flavours - e.g. adding additional spices, herbs, onion, garlic, chilli, lemon juice	<input type="checkbox"/>
		Assist the resident if felt appropriate and they will allow	<input type="checkbox"/>
<input type="checkbox"/>	<b>Resists help with meal</b>	Consider cutting food into small pieces before giving meal	<input type="checkbox"/>
		Consider finger foods to avoid difficulties with cutlery	<input type="checkbox"/>
		Have familiar staff or family offer assistance where possible - this may help to create routine and make the resident feel more at ease	<input type="checkbox"/>

## MEALTIME CONCERNS IN DEMENTIA

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

## MEALTIME CONCERNS IN DEMENTIA

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

## 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.

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

<b>Date</b>	<b>Time</b>	<b>What was difficulty with?</b> (drink/type of food)	<b>What happened?</b> (e.g. coughed/choked/had to clear throat/had to take a drink)	<b>How were they feeling?</b> (e.g. tired/unwell/needed medication)	<b>Position</b> (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 usually the most appropriate management for someone at the end of their life. Supporting residents to be comfortable, and take small amounts of food and fluids as they are able and want to, should be the priority. This can be documented in the Action Plan or in their care plan as required.

The following advice may help you support residents at this time:

### **What should you do if:**

#### **Q1. You are not sure if the resident is nearing end of life**

A1. Contact the GP to discuss the resident's condition.

#### **Q2. The resident is in the last days of their life**

A2. 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.

#### **Q3. The resident is looking for oral intake**

A3. Support residents to take small amounts of food and fluids as they are able and want to, where appropriate.

#### **Q4 The resident is coughing or spluttering when eating and drinking**

A4. Oral intake should be offered as the person wishes, taking their own comfort into account.

#### **Q5. The resident is coughing during oral intake and is distressed**

A5. Make sure the resident is sufficiently alert for oral intake. Try to make sure the resident is sitting as upright as they are able and offer small amounts at a time. Trying a teaspoon can be helpful. Stop and try again later as there can be variability in the swallow.

#### **Q6. Staff and/or family are distressed by coughing during oral intake**

A6. 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 the end of life is comfort for the individual. Often talking with families and educating staff about what is happening can support them during this time.

**Q7. The resident is drowsy or has reduced consciousness**

A7. 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.

**Q8. The resident isn't eating or is eating less**

A8. 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.

**Q9. The resident has a dry mouth**

A9. Regular mouth care is important, particularly 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 any further advice or assistance.



# DYSPHAGIA DIET DESCRIPTORS: QUICK GUIDE



## FOODS



## DRINKS

## DYSPHAGIA DIET DESCRIPTORS: FOODS

	✓	✗
<b>IDDSI Level 7 Regular Foods</b>	<ul style="list-style-type: none"> <li>• Normal everyday foods</li> <li>• Variety of textures</li> <li>• Biting and chewing required</li> </ul>	<ul style="list-style-type: none"> <li>• Includes all food types</li> </ul>
<b>IDDSI Level 7 Regular Easy to Chew Foods</b>	<ul style="list-style-type: none"> <li>• Normal everyday foods which are soft or tender</li> <li>• Biting and chewing required</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid high risk foods</li> </ul>
<b>IDDSI Level 6 Soft &amp; Bite Sized Foods</b>	<ul style="list-style-type: none"> <li>• Soft, tender &amp; moist throughout</li> <li>• Bite sized (no bigger than 1.5cm)</li> <li>• Can be mashed down with the pressure of a fork, spoon or chopstick</li> <li>• No thin liquid leaking or dripping from the food</li> <li>• Chewing required</li> </ul>	<ul style="list-style-type: none"> <li>• Biting not required</li> <li>• Avoid high risk foods</li> <li>• Avoid bread unless recommended by SLT</li> </ul>
<b>IDDSI Level 5 Minced &amp; Moist Foods</b>	<ul style="list-style-type: none"> <li>• Very soft</li> <li>• Small moist lumps (no bigger than 4mm)</li> <li>• Lumps should be easy to squash with the tongue</li> <li>• Can be eaten with a fork or spoon</li> <li>• Can be scooped and shaped on the plate/holds its shape on a spoon and slides off when the spoon is tilted leaving very little residue</li> <li>• May be served with thick, smooth gravy/sauce</li> <li>• Minimal chewing required</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid high risk foods</li> <li>• Avoid foods that require biting or any significant chewing</li> <li>• No separate thin liquid (liquid can be drained)</li> </ul>
<b>IDDSI Level 4 Pureed Foods</b>	<ul style="list-style-type: none"> <li>• Smooth</li> <li>• No lumps</li> <li>• Pureed and sieved to remove small bits</li> <li>• Not sticky</li> <li>• Usually eaten with a spoon, a fork is possible</li> <li>• Can be piped, layered or moulded</li> <li>• Falls off the spoon in a single spoonful when tilted and continues to hold shape on a plate</li> <li>• No chewing required</li> <li>• A thickener may be added to maintain stability</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid textured food</li> <li>• Not sticky</li> <li>• No lumps (puree or sieve as required to remove small bits)</li> <li>• Liquid must not separate from solid</li> <li>• Cannot be drunk from a cup</li> <li>• Cannot be sucked through a straw</li> <li>• Cannot be poured</li> </ul>
<b>IDDSI Level 3 Liquidised Foods</b>	<ul style="list-style-type: none"> <li>• Smooth texture with no bits</li> <li>• Can be eaten with a spoon</li> <li>• Can be drunk from a cup</li> <li>• Effort needed to drink it through a straw</li> <li>• No chewing required</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be eaten with a fork because it slowly drips through the prongs</li> <li>• Cannot be piped, layered or moulded on a plate</li> <li>• No mixed textures</li> </ul>

## DYSPHAGIA DIET DESCRIPTORS: DRINKS

	✓	✗
<b>IDDSI Level 0 Normal Thin Drinks</b>	<ul style="list-style-type: none"> <li>• Thin</li> <li>• Flows like water</li> <li>• Flows easily through a straw</li> </ul>	<ul style="list-style-type: none"> <li>• No thickener</li> <li>• Examples include water, diluting juice, tea/coffee with no milk</li> </ul>
<b>IDDSI Level 1 Slightly Thick Drinks</b>	<ul style="list-style-type: none"> <li>• Thicker than water</li> <li>• A little more effort required to drink than thin liquid</li> <li>• Flows through a straw</li> </ul>	<ul style="list-style-type: none"> <li>• Examples include full fat milk, thin smoothies, thick fruit juice</li> <li>• Thickener may be required for some drinks to achieve this consistency</li> </ul>
<b>IDDSI Level 2 Mildly Thick Drinks</b>	<ul style="list-style-type: none"> <li>• Flows off a spoon</li> <li>• Can sip from a cup</li> <li>• Pours directly from a spoon but slower than thin drinks</li> <li>• Effort is required to drink this thickness through a standard straw</li> </ul>	<ul style="list-style-type: none"> <li>• Thickener may have to be added to achieve this consistency</li> <li>• Some drinks may not need thickener e.g. thicker smoothie</li> </ul>
<b>IDDSI Level 3 Moderately Thick Drinks</b>	<ul style="list-style-type: none"> <li>• Easily pours from a spoon when tilted, does not stick to spoon</li> <li>• Can be taken from a spoon</li> <li>• Can be drunk from a cup</li> <li>• Some effort is required to suck through a standard straw</li> </ul>	<ul style="list-style-type: none"> <li>• Thickener will need to be added to achieve this consistency</li> <li>• Cannot be taken with a fork because it drips through the prongs</li> <li>• No bits</li> </ul>
<b>IDDSI Level 4 Extremely Thick Drinks</b>	<ul style="list-style-type: none"> <li>• Usually eaten with a spoon</li> <li>• Shows some very small movement under gravity, but cannot be poured</li> <li>• A spoonful must plop off the spoon if the spoon is tilted or turned sideways: a very gentle flick may be needed to dislodge from the spoon</li> </ul>	<ul style="list-style-type: none"> <li>• Thickener required</li> <li>• Cannot be sucked through a straw</li> <li>• Cannot be drunk from a cup</li> </ul>

Food and Drinks Guide based on the IDDSI Framework and Descriptors <http://iddsi.org/framework/>

### Handy hints

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

**For more detailed information, including advice sheets and audit forms for catering staff please visit [www.iddsi.org](http://www.iddsi.org)**

## 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
  - Cereals which do not blend with milk (e.g. muesli)
  - Runny porridge with milk
  - Dunked biscuits
  - Soup with lumpy vegetables

### Dry, crunchy or crumbly foods:

- e.g.
- Biscuits
  - Pastry
  - Nuts
  - Raw vegetables (e.g. carrot, cauliflower, broccoli)
  - Bread
  - Crumble
  - Crisps
  - Rice
  - Popcorn
  - Dry cereal
  - Toast
  - Crackers
  - Cornflakes
  - Dry cakes
  - Pie crusts

### Fruit and vegetables with a husk or skin:

- e.g.
- Beans
  - Apples
  - Rhubarb
  - Peas
  - Sweetcorn
  - White of an orange
  - Grapes
  - Tomatoes

### Pips or seeds:

- e.g.
- Apple seeds
  - Pumpkin seeds

### Very chewy foods:

- e.g.
- Meat
  - Toffee
  - Crackling
  - Cheese chunks
  - Sticky mashed potatoes
  - Fresh fruit
  - Crispy vegetables, especially if raw
  - Crispy bacon
  - Marshmallows
  - Dried fruit
  - Boiled sweets
  - Lollies/sweets/toffees
  - Chewing gum
  - Sticky foods

### Bone or gristle:

- e.g.
- Chicken bones
  - Meat with gristle
  - Fish bones
  - Other bones

### Sticky or gummy food:

- e.g.
- Edible gelatine
  - Cognac containing jelly
  - Sticky rice cakes

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

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## 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](http://www.alzscot.org)
- ❖ Alzheimer Scotland  
22 Drumsheugh Gardens,  
Edinburgh  
Tel: 0131 243 1453  
Email: [info@alzscot.org](mailto:info@alzscot.org)
- ❖ Speech & Language Therapy  
University Hospital Wishaw,  
50 Netherton Street, Wishaw  
01698 366423
- ❖ Speech & Language Therapy  
University Hospital Hairmyres  
Eaglesham Road, East Kilbride  
01355 585423
- ❖ Speech & Language Therapy  
University Hospital Monklands  
Monkscourt Avenue,  
Airdrie  
01698 752084

## REFERENCES & USEFUL RESOURCES:

International Dysphagia Diet Standardisation Initiative Framework (IDDSI) 2019  
**<https://iddsi.org/Framework>**

Management of patients with stroke: identification and management of dysphagia (SIGN Guidelines, 2010)  
**<https://www.guidelines.co.uk/cardiovascular/sign-stroke-and-dysphagia-guideline/455178.article>**

Nutrition Matters in the Community (NHS Lanarkshire, 2018)  
**<https://nhs.uk/guidelines.scot.nhs.uk/media/1137/nutrition-matters-in-the-community.pdf>**

Parkinson's UK - **[www.parkinsons.org.uk](http://www.parkinsons.org.uk)**  
Eating, Swallowing & Saliva Control Information Leaflet (2018)  
**<https://www.parkinsons.org.uk/information-and-support/eating-swallowing-and-saliva-control>**

Link to training hub for staff -  
**<https://www.parkinsons.org.uk/professionals/learning-hub>**

Record of End of Life Care (RELC) (Community and Care Homes)  
NHS Lanarkshire 2019

Resuscitation Guidelines (Resuscitation Council UK, 2021)  
**<https://www.resus.org.uk/library/2021-resuscitation-guidelines>**

Scottish Palliative Care Guidelines (2020), End of Life Care (Mouthcare)  
**<https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/Mouth-Care.aspx>**

Supporting people with eating, drinking and swallowing difficulties (Dysphagia) Guidance 2020  
New guidance on supporting people with eating, drinking and swallowing difficulties (**[www.careinspectorate.com](http://www.careinspectorate.com)**)

The Dysphagia Game  
**<https://www.dysphagiagame.com/>**

## 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](http://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](http://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](mailto:info@lanarkshire.scot.nhs.uk)



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