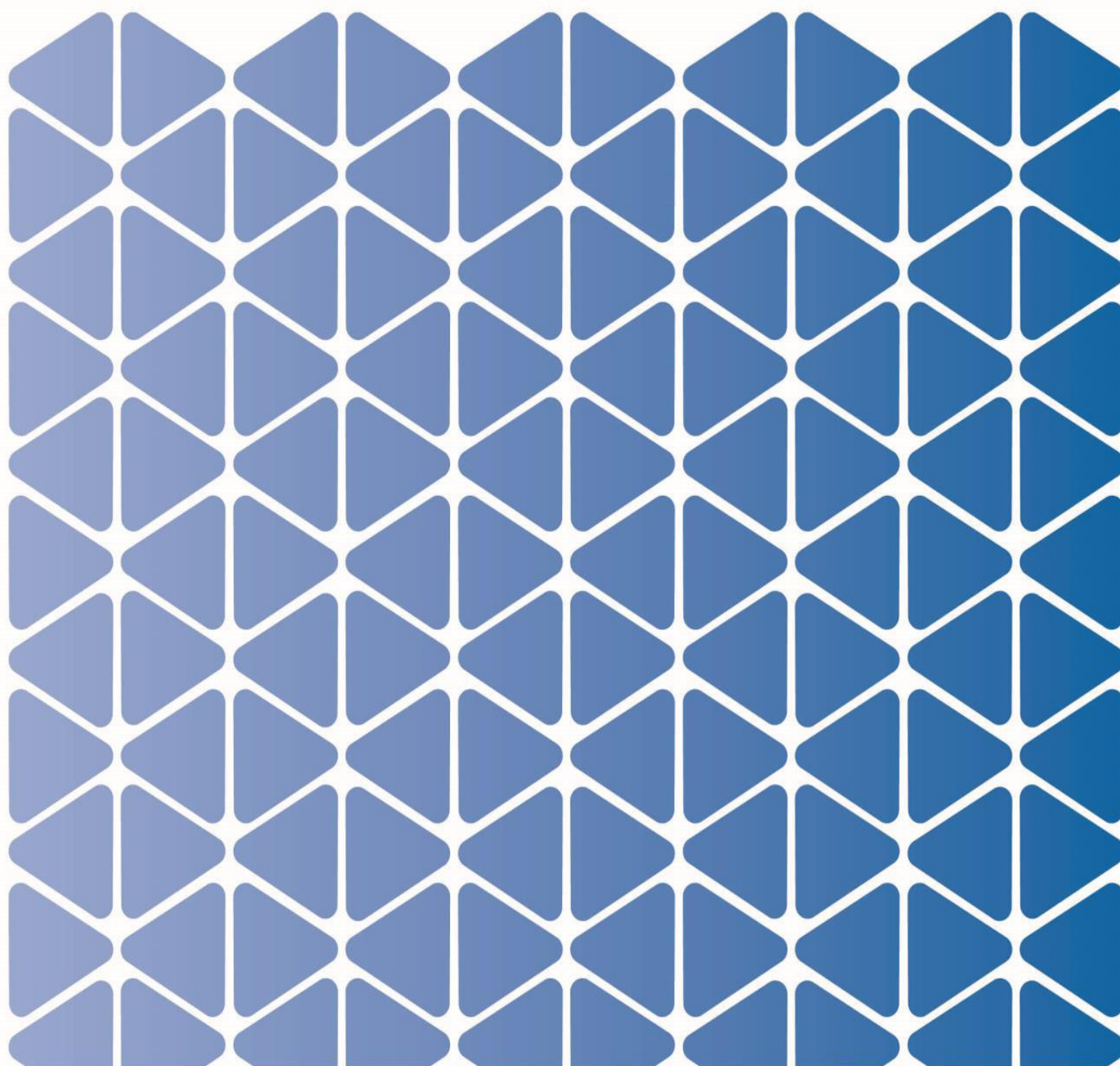


PATIENT INFORMATION**Speech and Language Therapy Department****DEMENTIA AND DYSPHAGIA**

Advice for eating, drinking and swallowing



Your relative has been referred to Speech and Language Therapy (SLT) during this hospital admission because of swallowing difficulties (this is called dysphagia). Dementia is a progressive condition and can impact on a person's ability to swallow food and drink safely.

The Speech and Language Therapist's (SLT) role:

- Assess eating/drinking and swallowing difficulties
- Optimise the person's ability to eat and drink
- Inform/update/train hospital staff and family/relatives/carers on how to support the person with eating and drinking.
- Support with decisions and future planning if the person with dementia is not able to eat/drink safely.

A 'Dysphagia Passport' will have been provided which outlines the Speech and Language Therapy recommendations about eating and drinking. We also write the recommendations by the bed space and a member of staff should discuss them with you.

If you need support, please leave a message with us on 01905 760475. Tell us your name, the name of the patient, their NHS number/date of birth and the phone number you would like us to call - let us know if you prefer us to call you or meet you on the ward. We will try to accommodate your requests but we are usually best able to meet or call you between 9am-4pm.

Here are some common difficulties that people with dementia may have and ways you may be able to support them in and out of hospital.

Difficulty	How to support
Poor oral intake	- Offer small amounts often throughout the day. - Provide assistance as required at mealtimes, e.g. feeding the person. - Consider smaller/half portions to ensure food stays hot and appetising.
Holding food/fluid in mouth	- Provide short prompts e.g. 'big swallow'. - Use a teaspoon so their mouth isn't overfilled. - Strongly flavoured foods may increase awareness and improve swallowing for some people. - An empty spoon against the lips/mouth may prompt the person to swallow food still in their mouth. - Applying gently pressure to the centre of the tongue with a teaspoon helps some people to trigger a swallow. - Remove any food from the mouth if not swallowed.
Not opening mouth or refusing food/drink	- Give only foods they like. - Offer choices. - Touch spoon to lips or put a small amount of food on their lips to encourage mouth opening. - Reduce distractions e.g. turn off TV. - Encourage with short prompts, e.g. open wide. - Make sure they have a clean mouth/teeth – regular brushing of teeth, dentures, gums and tongue. People sometimes refuse to eat if their mouth feels unpleasant.
Cramming lots of food in their mouth or eating very fast	- May need altered food textures to reduce choking risk. - Short prompts to slow down; may need hand over hand support with feeding. - Present a smaller amount of food on the plate/bowl and then top-up.

Prolonged chewing	- Ensure dentures are in and fit well. Trial fixative if dentures are loose. - Altered textures may be easier to chew. - Use short prompts to encourage a swallow. - Remove any food from the mouth if not swallowed.
Spitting out lumps	- A smoother texture of food may help.
Preference for sweeter foods	- Offer what they prefer, e.g. offer extra dessert if not wanting main meal to make sure they are eating enough. - Use food boosters e.g. make custard with full fat milk.
Wandering/being distracted	- Give visual cues that it is time to eat, e.g. set up a table/tray, make sure they are sitting up, talk about the meal - Keep their attention on eating and drinking, e.g. turn off TV/radio. - Re-orientate, if sitting, show them the food on the plate/bowl and reintroduce the spoon/fork for them to see'.

Additional information

Feeding at Risk

If it becomes unsafe to eat and drink, then a doctor may discuss the option of the 'feeding at risk' pathway – this is when the person continues to eat and drink, acknowledging the risk of aspiration (food/drink going into the lungs) and/or acknowledging risks of malnutrition/dehydration. Please see the separate 'Feed at Risk' leaflet for further information about this pathway.

Advice for the 'End of Life Pathway'

If the focus of care has moved to end of life/comfort care, a person may no longer be able to eat/drink, or it may become too distressing. The focus might then switch to regular mouth care for comfort.

'Taste for pleasure' can be provided. This is mouth care using the person's favourite flavours to provide comfort, e.g. dip the mouth care brush into a cup of tea, shake off any excess and gently brush round the mouth to provide flavour. This removes the need to swallow/ removes any distress associated with swallowing.

Other useful resources

- For more information on modified food and drink textures, please visit www.IDDSI.org/framework
- **The Alzheimer's Society** website has useful information for people living with dementia. Please visit www.alzheimers.org.uk.
- **Age UK** - Community-based support services for people living with dementia and their carers. Go to www.ageuk.org.uk or 0800 678 1602.
- **Admiral Nurses** (Dementia UK specialist nurses) provide advice and support to anyone affected by dementia. Go to: www.dementiauk.org/ or call 0800 888 6678.
- **Community Speech and Language Therapy (SLT) team** – We will tell you if we have referred onto the community SLT team for more support with eating and drinking after you leave our hospitals. See the Dysphagia Passport for their contact details if you are worried while you are waiting to see them.

Worcestershire Acute Hospitals NHS Trust
Covering the Alexandra Hospital, Redditch, Worcestershire Royal Hospital and
Kidderminster Hospital

Tel: 01905 760 475

Email: wah-tr.SpeechLanguageTherapy@nhs.net

Produced by:
Speech and Language Therapy Department
Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.