

When to see a Speech and Language Therapist

If the person with Dementia presents with any of the following when eating or drinking, their swallow needs to be assessed by a speech and language therapist:

- coughing after swallowing
- drooling
- wet voice after swallowing
- shortness of breath while eating
- recurrent chest infections
- unexplained weight loss

Name: _____

SLT: _____

Ph: _____



The information contained in this leaflet is designed as a resource for people living with dementia and is to be used as a guide only. Please contact your speech and language therapist with any specific concerns about safe swallowing in dementia.

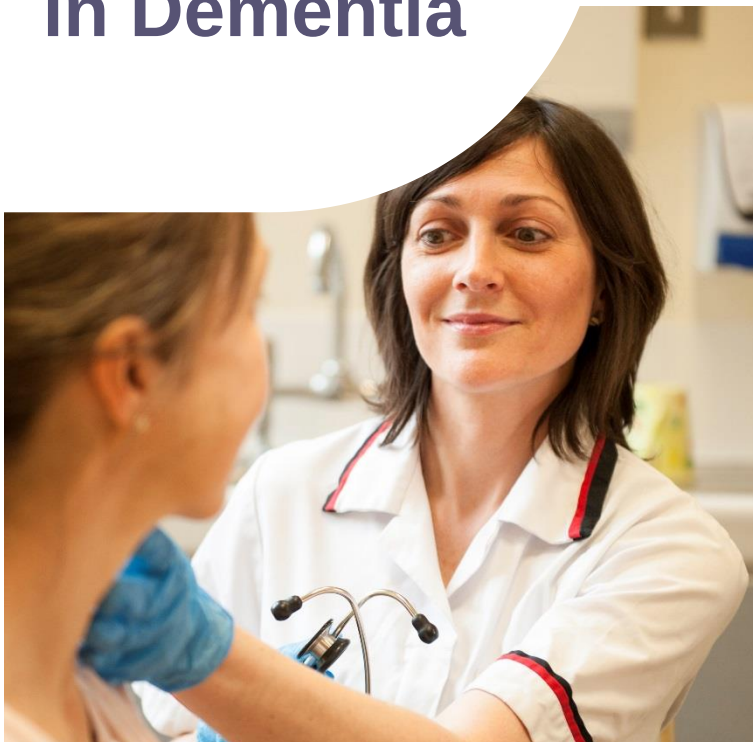
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Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

PATIENT INFORMATION LEAFLET

Safe Swallowing in Dementia



How Dementia affects Swallowing

Dementia is a physical illness that causes damage to brain cells. This damage means a person's ability to remember, think, speak and do everyday things can change. As dementia progresses, eating behaviours and swallowing can be affected. Difficulty swallowing is known as dysphagia.

How Dementia Affects the Ability to Eat and Drink Well

There can be:

- Practical changes such as difficulty using cutlery
- Changes in swallow ability for example difficulty chewing hard foods
- Emotional changes e.g. being easily distracted at mealtimes

The following are common eating and drinking problems experienced by those with dementia and some suggested solutions:

Presenting problem	Possible solutions
Problems with bitty or lumpy food	Avoid bitty foods and foods with mixed textures e.g. food with skins or pips, soup with bits
Messy when eating	Move the person closer to the table Use napkins on front and on the lap Consider if finger food would be easier Talk to an Occupational Therapist about plate guards and non - slip mats
Holding food in mouth	Try reminding the person to swallow Place an empty spoon to the person's mouth or on the tongue to stimulate the swallow
Food left in the mouth after swallowing	Carry out mouthcare after every meal Do not lie down immediately after eating
Difficulty swallowing dry / hard foods or tablets	Give tablets with yoghurt Avoid any dry or crumbly foods Talk to a speech and language therapist about safe swallowing
Difficulty sitting for any length of time at table	Let the person wander until food arrives Give the opportunity to go to the toilet before the meal
Food refusal / refusal to open mouth	Check that positioning, mouthcare, appropriate cutlery and environmental distractions all looked after before the meal Talk about the food, e.g. "That's nice" Try to eat with them rather than watching them eat alone Look for patterns in food refusal. Is the person refusing certain foods or textures? Think about what foods and textures they might like
Difficulty using cutlery	Cut up food (avoid doing this in front of person) Give only a fork or a spoon. Put utensil directly into person's hand. Consider adapted cutlery - consult Occupational Therapy.