



# Wellbeing for Life

## Swallowing Difficulties



## Learning Outcomes

- To understand the changes that affect swallowing as you get older.
- Why safer swallowing is important.
- How to support a person while eating and drinking to ensure safer swallowing.
- To be aware of the signs that may indicate swallowing difficulties and what to do.

Please note throughout this eBook, you will see the terms Swallowing Difficulties and Dysphagia used interchangeably.

Dysphagia is the medical term for a swallowing difficulty.



## Introduction to Safer Swallowing

Swallowing is the process which is used to pass something from the mouth into the oesophagus. This occurs when eating or drinking or to clear the mouth of saliva and mucus.

Swallowing essentially has three stages:

- **Stage 1** is the Oral stage, where food is chewed and mixed with saliva. The tongue then moves this to the back of the throat.
- **Stage 2** is the Pharyngeal stage where the larynx rises and the epiglottis moves to close the wind pipe and the food is pushed down into the oesophagus.
- **Stage 3** is the Oesophageal stage where the softened food moves into the oesophagus from where it can move to the stomach to be digested.



## Swallowing Difficulties and Dementia

People with dementia can lose the ability to undertake everyday activities including eating and drinking. This may mean they are no longer able to recognise food or know what to do with it, and therefore develop swallowing difficulties.

Swallowing problems in people with dementia is more to do with physical deterioration of the swallowing reflex, plus the damage to the person's brain affecting the signals of how to eat and swallow.

Not recognising food or knowing what to do with it is more closely linked to malnutrition than dysphagia.

Dysphagia is the medical term for swallowing difficulties.

It is used to describe eating and drinking disorders which may include:

- difficulties in dealing with food or drink in the mouth
- difficulties with movements of the mouth, for example sucking and chewing
- the process of swallowing itself.



## Dysphagia

- Dysphagia is caused by another medical condition for example stroke, brain injury, cancer or dementia.
- Dysphagia is more common among people with learning disabilities who have a physical disability such as cerebral palsy; those who have physical disability of the palate, teeth or tongue; and those with complex health needs.
- As people get older there is the potential to develop swallowing difficulties.
- Swallowing difficulties not only impact on the person's ability to enjoy eating and drinking, but also their ability to eat and drink well, thus affecting what they eat and a balanced diet.



## Treating Swallowing Difficulties / Dysphagia

The type of treatment will depend on the cause and type of dysphagia. The type of dysphagia is diagnosed after assessing the person's swallowing ability and examining their oesophagus.

Many causes of dysphagia can be improved with treatment, but a cure is not always possible, it is sometimes about managing the condition.

### **Treatments for dysphagia include:**

- Speech and Language Therapy to learn new swallowing techniques
- Modify consistency of foods to make them safer to swallow.
- Modify consistency of fluids to make them safer to swallow.
- Modify feeding strategies.
- Indirectly modify swallow techniques.
- Modify the physiology of the swallow mechanism during swallowing.
- Modify posture.
- Improve oral hygiene
- Introduce strategies to increase confidence and reduce fear of choking
- Educating carers
- Alternative forms of feeding, such as tube feeding through the nose or stomach
- Surgery to widen the narrowing of the oesophagus by stretching it or inserting a plastic or metal tube (known as a stent)



## Important Note on Treatments

### **Remember:**

Even though these treatments are available, it is really important to note that alternative forms of feeding (tube feeding) is generally not recommended for people with dementia as it can cause significant additional distress and confusion, and is likely to result in the person trying to remove the tube, potentially causing injury or infection.

Surgical option is also highly unlikely to ever be considered due to the risks of surgery for the person.

## Causes of Dysphagia

**There are many reasons why the person may have difficulty with eating and drinking as they get older:**

- Missing teeth – this means that the person is unable to effectively chew food so finds it difficult to prepare the food to swallow.
- Changes in the anatomy of the throat due to age – the throat becomes longer and more dilated meaning that during swallowing the airway needs to be protected for longer. This may be coupled with changes in the vocal cords which can lead to the airway not being protected completely.
- Reduced strength in the tongue and throat – this makes it more difficult to move the food down into the throat so food may stay in the throat after the swallow.
- Changes in the oesophagus – the muscle at the top of the oesophagus may become hard and narrow meaning that there is less space for food to get through.
- Certain conditions such as dementia, osteoarthritis (especially affecting the spine), Parkinson's and stroke – these impact on swallowing and are more prevalent in older people.
- An increased use of medicines – as people get older they are often prescribed medicines which can cause dryness of the throat which can also lead to difficulty swallowing.
- Diseases of the mouth, like ulcers, thrush etc., can also impact upon eating and swallowing.





## Safer Swallowing is Important Because...

- If the person is unable to swallow they may choke; choking can potentially lead to death.
- If the person is unable to swallow food and drink safely they may be frightened to eat and drink. This could lead to a number of conditions including:
  - Malnutrition where they do not get the nutrients they need which could lead to a higher risk of disease.
  - Weight loss as they are not eating sufficient to maintain their body weight. This in turn could lead to fatigue and again a higher susceptibility to disease.
  - Dehydration which could cause headaches, urinary tract infections, increased confusion and constipation.
  - The person may experience embarrassment when in a social situation and not want to eat out, and therefore become socially isolated.
  - There is a high risk of aspiration – this is when food particles get into the lungs causing coughing and choking.
  - Potentially this could lead to chest infections, pneumonia and possibly death.

## Safer Swallowing is Important Because...

### **Remember:**

A person is able to live well if they have dysphagia and it is managed correctly.

However, if the person is unable to swallow safely then it is likely to impact on their quality of life. There is also a risk that they may become unwell or even die as a result of the condition.





## Positioning and Safer Swallowing

As a member of staff, you need to consider all the different eventualities, do not assume you only need to think about positioning at mealtimes. Good general guidance on positioning is available from a variety of resources (including some below), BUT please note that this is only general guidance.

When a person has a Speech & Language Therapist (SALT) assessment, the assessor, if they diagnose dysphagia, should spend time with staff explaining what this means, demonstrating techniques and leave staff with documentation, including advice on positioning, that is specific to the individual being supported. That is why an assessment is so important, because the individual needs of the person (and any barriers that may exist that make the general guidance difficult to follow) can be assessed and addressed, leaving the staff supporting that person with a plan that suits that individual.



## Positioning and Safer Swallowing

Positioning is a general point that is relevant in numerous contexts.

### **For example:**

- When the person is eating, drinking or taking anything orally (like medication).
- When resting (anything from swallowing saliva to the risk of vomiting).
- When unwell (like phlegm production when a person has a cold).

Positioning needs to be considered for any eventuality where the person is awake and swallowing something. Even when the person is asleep, it is important to consider positioning in bed, elevation etc. and not lying a person down too soon after they have eaten or drunk something.



## Signs and Symptoms of Dysphagia

**If you are unsure whether a person is having difficulties swallowing, these are signs to look out for:**

- Coughing / choking when they are eating and drinking
- Bringing food back up after eating, sometimes through the nose
- Informing you, or using behaviour that may mean a sensation of food being stuck in their throat or chest
- Persistent drooling, this is where they are unable to swallow saliva
- Recurrent chest infections
- Difficulty in controlling food in their mouth for example food falling out while they are chewing
- Changing breathing patterns when eating, for example becoming short of breath
- Unexplained weight loss
- Changes to sound of the voice, sounding 'gurgly' or hoarse
- Frequent throat clearing
- Change in eating patterns
- Constipation
- Repeated urinary tract infections

**Remember:** If you have concerns about a person's ability to swallow then you must seek medical attention and ask for a referral to a Speech and Language Therapist.



## Impacts of Dysphagia on the person:

Difficulty with swallowing may have life threatening consequences and can lead to an impaired quality of life. This may be due to embarrassment and lack of enjoyment of food, which can have profound social consequences for both the person and members of the family. Aspiration of food, drink and saliva is frequently caused by oropharyngeal dysphagia and can lead to aspiration pneumonia (Marks & Rainbow, 2001).

Dysphagia can present in many ways, and the patient may demonstrate one or several of the following symptoms:

- Food spillage from lips
- Taking a long time to finish a meal
- Poor chewing ability
- Dry mouth
- Drooling
- Nasal regurgitation
- Food sticking in the throat
- Poor oral hygiene
- Coughing and choking
- Regurgitation
- Weight loss
- Repeated chest infections



## The Potential to Choke on Saliva, Phlegm and Vomit

With dysphagia, there is a risk of food, drink or saliva going down the "wrong way". It can block your airway, making it difficult to breathe and causing you to cough or choke. Vomit is the most serious substance to aspirate. If someone you support has dysphagia, they may also develop a fear of choking; however, it is very important that you encourage them to continue eating and drinking, as not doing so could cause **dehydration** and **malnutrition**.

There is also the potential to choke on medication. If this occurs, an alternative form of medication should be requested where possible.

In the resource document, we really recommend that you look at the guidance we have signposted you to on the positioning of a person experiencing phlegm production (during a cold for example) or vomiting.



## Supporting People with Swallowing Difficulties

The way to support someone with swallowing difficulties while eating and drinking will be unique to that person and the specific difficulties they have. Their person centred plan must include information on how to support them.

**This should take into consideration a number of aspects of the whole eating and drinking experience. These may include:**

- A referral to a Speech and Language Therapist who will assess and provide written guidance on the best way to support the person.
- Ensure the person is supported with good oral hygiene. If the person has pain from their mouth then they may find it uncomfortable to eat. Good support with oral hygiene will minimise this.
- Position of the person as they eat and drink – usually this would be sitting upright to allow gravity to support the food to go down, including for approximately 30 minutes after they have eaten or had a drink, though this may vary for each person.
- Make sure that the food and drink looks good and is appetising for the person. If it needs to be softened or pureed then keep the different foods separate.





## Supporting People with Swallowing Difficulties

- Support the person to express their food preferences. This will include what they like or do not like as well as any cultural or religious preferences. If these are followed then the person is more likely to want to eat and drink.
- Ensure that the food and drink is at an optimum temperature for the person. If it is too hot this can make choking more likely.
- Think about the equipment used and whether it is suitable to allow for the person to be as independent as possible; think about non-slip mats, thicker handled utensils, plates with sides or stay warm plates.

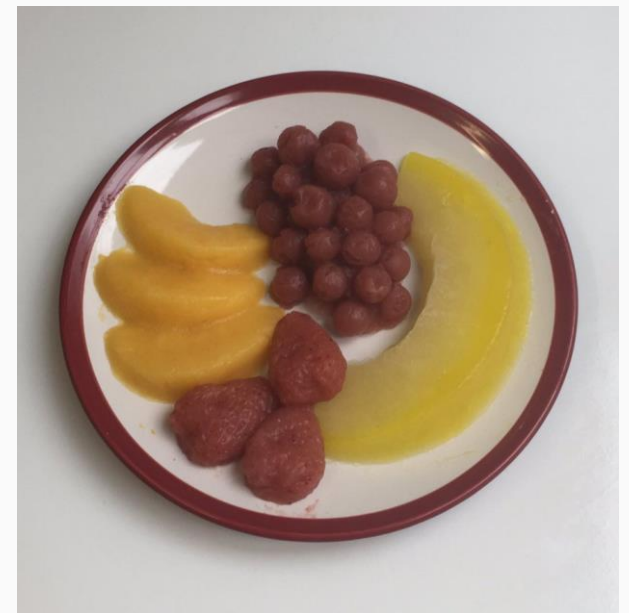
### **Consider the environment.**

If it is busy and noisy the person may be distracted and not focused on eating. If it is quiet and calm the person may be more focused on eating and swallowing.

Ensure that the person is given time to eat and drink so that they do not feel rushed. If you are supporting them to eat and drink, ensure that they have time to chew and swallow one mouthful before offering the next. Make sure that there is a support plan and a risk assessment in place.

## Food presentation and Ideas

For food presentation and ideas for menus to empower you to be able to support the person with the tastiest, most nutritious food possible. Please take a look at **@ShortLeighton** <https://twitter.com/ShortLeighton> She is a chef who works on food presentation for people living with Dysphagia.



All of the food pictured above is pureed



## Summary

- Swallowing difficulties have a significant impact on the health and wellbeing of the person.
- It is important that details of how to support someone with swallowing difficulties is written in their support plan.
- The involvement of a Speech and Language Therapist is crucial to ensure safer swallowing.
- Any concerns about a person's swallowing abilities must be referred to a Speech and Language Therapist; the more information you can provide about your observations will help the referral be prioritised. Written advice and guidance will be provided by a Speech and Language Therapist following a dysphagia assessment.



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