

How does having Dementia or a learning disability affect eating, drinking and swallowing?

- Difficulties chewing
- 'Forgetting' to swallow
- Depression/Paranoia
- Challenging behaviour
- Swallowing problems (dysphagia)
- Behaviours, such as bolting food or PICA (where inappropriate foods/non-food items are eaten)
- Dependency on feeding
- Effects of medications
- Altered tastes
- Mental capacity issues

What can help manage swallowing problems?

Specialist help and support is available. This may include looking at a person's:

- Posture
- Environment
- The way food/drink is given
- Texture of food
- Consistency of drinks/liquids



Where can I go for advice?

The important thing to do is to seek help if you have a concern or feel advice or support is needed.

- **Discuss your concerns with the direct care staff supporting the person, and contact the person's GP as soon as possible.**

The GP will review the swallowing risk and make recommendations or refer for specialist support if needed.

Speech and Language Therapists are experts in assessing and treating dysphagia. They can be accessed via GPs or often by direct referral. Dietitians are experts in assessing nutrition.

- **Arrange for an annual health check with the GP.**

This provides the opportunity for review of current health needs even if you think the risk is being managed.

Where can I get further information?

Please do not hesitate to contact our customer services team who will be able to signpost to additional support such as Carer Support/Health Social Care Support

Torbay 01803 219700

Devon 03451 551007

This document can be made available in other languages and formats. For information telephone 01803 219700

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Guidance for carers and patients

Managing the risk of choking

for people with swallowing difficulties



Purpose

This information is intended as guidance for unpaid carers in minimising the risk of choking for people who may be at increased risk due to a medical condition and/or swallowing difficulty.

Common causes of swallowing difficulties (Dysphagia)

The medical name for swallowing difficulties is DYSPHAGIA. A number of conditions (see table) may cause dysphagia, and these fall into three broad categories as follows:

Neurological causes - where the nerves supplying the swallow muscles are affected.

Structural Causes - Where the 'mechanics' of the swallow process are interrupted.

Psychological Causes - Where a person may believe they are unable to swallow, or have a 'lump in the throat' sensation.

Motor Neurone Disease	Tumours
Huntingdon's Disease	Muscular Dystrophy
Stroke	Dementia
Parkinson's Disease	Normal age related changes
Progressive Supranuclear Palsy	Learning disability
Multiple Systems Atrophy	PICA (eating non food items)

Signs and symptoms of swallowing problems

Problems resulting from dysphagia are not always obvious and may occur gradually. They sometimes go undetected or become accepted as part of the person's normal condition.

What to look for:

The following are possible IMMEDIATE signs of dysphagia, ie. They happen immediately after eating and drinking.

- Coughing and spluttering
- Throat clearing
- Wet / gurgly voice
- Change in breathing pattern
- Increased shortness of breath
- Change in colour
- Excessive sweating

Often there are more LONG TERM or chronic signs of dysphagia. These may include:

- Dehydration
- Weight Loss
- Persistent / repeated chest infections
- Changes in usual eating pattern

Risks associated with Dysphagia:

Severity of dysphagia varies. It can lead to the following serious complications:

- Aspiration pneumonia. (Aspiration is the term used when food and/or drink enters the lungs)

- Choking/Airway obstruction.
- Dehydration.
- Malnutrition.
- Malabsorption of medicines.

Some groups are known to be at increased risk of having dysphagia, such as people with dementia or people with a learning disability.

