Dysphagia Strategies for Dementia

Challenge	Intervention
Misinterprets or does not recognise body signals of hunger.	Offer liquids consistently throughout the day as will be unlikely to ask for a drink. Place drink bars in high traffic areas in nursing homes.
Has difficulty recognising food / plays with food.	People with dementia often struggle to recognise the transition between the activity before the meal and the meal itself, therefore the person may misinterpret the food and might play with it because no environmental cues have triggered a change. Try ensuring environmental changes to signal mealtimes such as altering the appearance of the table with tablecloths, placemats, napkins etc.
Struggles to use utensils correctly.	Limit the number of utensils available. People with dementia will often attempt to eat with a knife as they may have picked it up in their dominant hand in order to cut food and then forget to put it down again.
Difficulty using utensils, eats with fingers (outside of cultural norms) rather than using cutlery.	Increase number of finger foods offered (self feeding provides more sensory / motor feedback to encourage eating therefore want to maintain as much as possible). Try serving soups or hot cereals in a mug and cut fruit and vegetables in to bite size pieces that can be easily picked up. Serve sauces and gravies in bowls which food can be dipped into rather that pouring over a meal. Use 'edible containers' such as ice cream cones.
Has difficulty making choices regarding food.	Be aware of likes and dislikes. Use either / or questions when asking for food choices and avoid yes / no answers and not eating. Show the resident the choices if possible
Has difficulty understanding what is expected of them at mealtimes / has difficulty recognising food.	Establish the same routine for each meal. Reinforce with one stage directions and visual and gestural cueing. Placing the cutlery in the preferred hand and hand over hand assistance may help trigger the process of eating.
Poor attention span, which may lead to difficulty completing a meal.	Use of simple verbal commands and touch to redirect to the task of eating. **Having 5 or 6 small meals a day for residents who may not complete a full meal and become agitated at attempt to refocus.**
Wandering / leaving the table during a meal.	Make meals a combination of sitting and eating and walking and eating. Use finger foods from a bowl or sandwiches made with fillings which hold together easily.
Overfilling mouth / eating pieces which are too big to swallow safely.	Provide foods which are pre-cut into bite size pieces, use small spoon / utensils. Encourage clients to clear mouth before next spoonful.
Holding food in mouth.	Verbal, visual and tactile prompts to swallow - check for residue after eating.
Attempting to eat things which are not edible.	Remove any unnecessary garnishes or inedible containers / flowers from table / tray.
Pouring liquid over food or mixing main course and dessert on one plate.	Provide drinks only when meals not present, separate courses and provide individually.
Taking food from other residents.	Use visual boundaries such as placemats. Square tables proved better territorial definition than round tables.
Perceptual difficulties such as difficulty judging the edge of the plate and table.	Use colour contrasts i.e. food against plate and plate against tray / table.
Anxiety regarding where to sit (may insist on same chair each time) May insist on sitting with same people / react badly if sat with someone they don't like.	Consider using name cards or simply removing the chair until time for that individual to come to the table. May need to be seated alone if experiencing hostility or paranoia. Avoid making last minute changes to seating plans, be aware of peer groups/

Environment	Broadly have a range of table sizes available, square tables better for delineating space, **bright glare** from lights can increase agitation and cups and cutlery should be easy to grasp.

Adapted from an article by Sue Curfman, Nursing Home 2005.