



Adult Speech and Language Therapy

Managing eating and drinking behaviours that might challenge

Introduction

General advice

- Reduce environmental distractors e.g. turn TV off, turn down music. Smaller dining rooms can minimise distractions as can smaller tables
- Create a calm environment, remove disruptive residents if necessary
- Ensure residents have been to the toilet before their meal
- Promote independence where possible. If someone finds using cutlery difficult consider providing finger foods if appropriate or hand over hand support
- If a resident is overwhelmed by mealtimes, takes a long time to eat or is seen to fatigue whilst eating a meal consider providing smaller meals or ½ a portion at a time
- Provide food fortification and regular snacks where possible
- Lots of people as they get older experience changes in their taste, particularly with conditions such as dementia. Residents are likely to show preference for foods that have stronger flavours e.g. sweet, salty or sour foods

- Consider their sensory needs e.g. do they have their glasses on? Are they clean and sitting properly? Do they have their hearing aids in, if so are they on and working? Ensure the food is positioned in a place they can see and access the food
- If someone has significant visual difficulties consider using specialist plates, bowls and cups
- Ensure their mouth is clear and clean and these are no sores

Eating non-food items

Ensure all staff are aware of this behaviour. Lock away any dangerous and/or harmful substances, particularly in areas that the resident may be able to access

Wandering or not sitting down for mealtimes

- Ensure that residents are only asked to sit down when the food is ready to be served
- Use verbal/physical prompts to aid understanding of request to sit in the dining room
- Consider providing finger foods that can be eaten on the move or whilst standing up (if appropriate)

Provide food and fluids when resident is more settled and ensure that all food and fluids are fortified where possible

Eating small amounts of food or refusing meals or food

- Offer favourite foods and flavours, even if this means two puddings etc.
- Spread out courses in the meal e.g. offering pudding a couple of hours after the main meal
- Eating in company can act as a useful cue, reminding the resident what to do and how to do it - try also having a drink or eating yourself- say 'cheers' as this can help prompt someone to take a drink
- If the resident is on a modified diet think about how this can be achieved despite the texture modification e.g. if the resident likes chocolate but cannot manage this texture, could they have a chocolate pudding, mousse or custard
- Fortify all food and fluids where possible
- Provide smaller portions of food but more frequently
- If food is being refused documenting what type of foods are being refused may provide helpful insight

The colour of food may become more important, studies suggest bright red and orange foods are particularly appealing

Mouth holding/not opening mouth or continuous chewing

- Use verbal prompts instructing resident to swallow
- Bringing cup or empty spoon to the residents lips may trigger a swallow
- Try hand over hand assistive techniques if appropriate
- Use tactile cues e.g. gently touching the residents cheek or under their chin to prompt a swallow
- Try altering mouthful size
- If being assisted ensure the resident has been told what they are being fed and comments about the food are positive
- Try different flavours and temperatures as often sweet and cold foods may stimulate more of a response
- If resident is not opening their mouth, try to encourage them to have a taste. This can be done by placing a very small amount on their lips to elicit a lip/lick response
- Ensure mouth is clear after meals, fluid sips may aid this

- Administer mouth care after every meal to clear any debris
- Remain upright after eating

Get in touch

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Feedback

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