

Conversations in Long-term Care Feeding and Swallowing Concerns Health Care Professional Resource

What are some of the common feeding and swallowing concerns in long-term care?

Swallowing issues are very common among residents in long term care. These difficulties may gradually worsen over time, particularly with a progressive disease diagnosis such as dementia or Parkinson's Disease. In others, the difficulties may occur suddenly with a change in the person's condition, for example with a urinary tract infection or reaction to a medication. Some of the swallowing issues can include:

- chewing food for a long time,
- holding food or liquid in the mouth,
- pocketing food in the cheeks after the swallow,
- coughing and throat clearing.

There may also be a time when the resident is no longer able to feed themselves and can they can become increasingly dependent on others for feeding assistance. Some common feeding concerns include:

- not being able to manage utensils
- not being able to sit upright during the meal

Why are feeding and swallowing issues such a concern in long-term care?

Swallowing difficulties can interfere with eating and can increase the risk for choking and aspiration. Aspiration can occur when the bacteria particles in liquids or solids- even saliva- enter the airway. This can result in aspiration pneumonia which is a leading cause of death in long-term care. Choking is also a leading cause of death in older adults. It occurs when the airway is blocked either by food or by other foreign objects. There are psychological consequences as well with the resident perhaps feeling fearful of choking or coughing leading them to refuse to eat, drink, or take their medications.

What can be done to help prevent choking and aspiration?

Early identification is an important way to minimize the risks associated with swallowing difficulties. Residents are screened on admission for feeding and swallowing concerns and the healthcare team works together to manage the concerns. One of the key ways to help avoid choking and aspiration is to provide training to front-line staff and families on how to provide feeding assistance in a safe and dignified way. The way someone is fed is one of the most important ways to prevent aspiration and choking. Strategies include:

- sitting at eye level with a resident,
- slowing down the feeding rate and

- offering small sips and bites are just some of the techniques used to help keep a resident safe during mealtime.

Other ways that aspiration and choking risks can be minimized are by:

- Changing the texture of the food or the thickness of the liquid.
- Cutting food into small pieces, mincing it or mashing it can help make the chewing process easier and make the resident safer.
- Also, adding a commercial thickening product to the liquids could also allow resident more time to safely coordinate the swallow.
- Finally, ensuring the resident is positioned properly will promote a safe swallow and reduce the risk for aspiration and swallowing.

What is important for families to know?

An important concept for families to be aware of is poor intake and a reduced appetite are commonly seen in residents, particularly those with progressive diseases such as dementia. In some situations, residents may also be exerting their control by choosing not to eat. This can undoubtedly cause emotional stress for loved ones. These changes are not considered reversible therefore “forcing” residents to eat or offering alternative methods of nutrition (eg. tube-feeding) can actually be distressing to the resident. Attempting to feed a resident who does not wish to be fed can increase their risk for aspiration and choking. Discussion around options, recommendations and the consequences related to choices should occur early on in the disease process to allow families to make informed decisions and best honour the resident’s wishes for their goals for care.

Adapted from: Swallowing issues commonly seen with dementia. LTC-SLP Program (2010)

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