

Strategies to improve swallowing and intake with dementia in skilled nursing facilities



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- 45% of patients with dementia have a dysphagia diagnosis (Easterling & Robbins, 2008)
- Early stage: delayed onset of pharyngeal swallow and reduced lingual movement
 - bolus holding, difficulty clearing residue from oral cavity
- Moderate stage: difficulty with oral prep of bolus, pharyngeal clearance, UES opening
 - pocketing, aversions, food expulsions (Humbert et al., 2010)

- Muscle weakness - difficulty with chewing and swallowing
 - chewing will wear these patients out quickly leading to decreased intake and weight loss
- Oversized dentures not fitting causing a safety hazard

- Orally defensive
- Food/texture aversions
- Temperature aversions
- “Grainy” pieces -> food expulsions

When MBSS or FEES is appropriate

- Depends on what your facility provides
- Pros/cons
- Use your clinical judgment!
 - Is it necessary?
- MBSS - less invasive
- FEES - can be difficult for this particular population

Family education

Very emotional time for everyone involved

Little education can go a long way

Discuss safety issues

Let family voice their opinions

Keep in mind: safety and quality of life

Education to nursing and staff

Increasing oral intake

- Alternate textures/temperatures to increase bolus awareness to facilitate oral clearance
 - ice cream/warm food/cold drink/warm food alternations
- Sweet is the last taste to go, so we will see these patients favoring sweets
 - Sprinkling a bit of sugar on top of foods
- Snacks between meals/protein shakes -> talk to your dietician!

- Loss of task recognition
 - must be fed by staff

- Talk to OT
 - food in bowls/colored plates

- Minimize distractions

Spaced retrieval training

- Evidence suggests effectiveness with patients with dementia diagnosis
- Choose functional goals
 - Alternating liquids/solids, second dry swallow, bolus size modification, etc.

- Oral hygiene!!!!
- Clean dentures
- Clean teeth with toothbrush/toothpaste
- Edentulous - oral swabs and water
- Educate staff!

Compensatory strategies

- Rate modification
- Bolus modification
- Upright posture during intake and 30 minutes following intake
- Alternate liquids/solids
- Alternate textures/temperatures
- Guided bolus placement

End of Life Care

- Honor patient/family wishes
- Family education
- PEG tube placement
- Adaptive equipment
- Teaspoon presentations
- Providing dignity and respect during death/dying process

Easterling, C., & Robbins, E. (2008). Dementia and Dysphagia. *Geriatric Nursing*, 29(4), 275-285.

Humbert, I., McLaren, D., Kosmatka, K., Fitzgerald, M., Johnson, S., Porcaro, E., Kays, S., Umoh, E., Robbins, J. (2010).

Early deficits in cortical control of swallowing in Alzheimer's disease. *J Alzheimers Dis*, 19(4), 1185-1197.

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