

CALMER MEALTIMES. CLEARER SIGNS. SAFER SUPPORT.

# Dysphagia & dementia.

## A practical guide for families

How to notice swallowing changes, support the person at mealtimes and know when to ask for help.



### A QUICK LOOK AT THE SWALLOW

1

2

3

4

5

**Swallowing is personal.**  
**The right advice should be personal too.**

This guide gives general information. An individual eating and drinking plan from a speech and language therapist always comes first.

## FIRST THINGS TO KNOW

# What does dysphagia mean?

Dysphagia means difficulty eating, drinking or swallowing. It can affect preparing food in the mouth, moving it through the throat or passing it into the stomach.

## WHY CAN DEMENTIA AFFECT SWALLOWING?

Dementia can change memory, attention, recognition and the brain's control of chewing and swallowing. A person may forget what to do with food, hold it in their mouth, tire easily or find it harder to coordinate a safe swallow.



## WHY IT MATTERS

**1 Aspiration**

Food, drink or saliva enters the airway or lungs.

**2 Choking**

A blockage can stop the person breathing effectively.

**3 Chest infection**

Repeated aspiration may lead to pneumonia.

**4 Poor intake**

Dysphagia can contribute to dehydration and weight loss.

**5 Distress**

Eating may become tiring, worrying or embarrassing.

**6 Loss of enjoyment**

Meals can feel clinical unless dignity and choice stay central.

**A change is not always 'just the dementia'**

New or suddenly worse swallowing problems can be linked to illness, infection, stroke, medication, dental pain, mouth problems or drowsiness. Seek medical advice.

## LOOK FOR PATTERNS

# Signs families may notice

Look at what happens before, during and after meals - not only obvious choking. A repeated pattern matters more than one isolated moment.

## DURING EATING OR DRINKING

- |                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Coughing, choking or repeated throat-clearing       | <input type="checkbox"/> Chewing for a long time                             |
| <input type="checkbox"/> A wet, gurgly or changed voice                      | <input type="checkbox"/> Food falling from the mouth                         |
| <input type="checkbox"/> Breathlessness, watering eyes or a flushed face     | <input type="checkbox"/> Holding food in the cheeks or forgetting to swallow |
| <input type="checkbox"/> Food or drink coming back through the mouth or nose | <input type="checkbox"/> Taking much longer or becoming tired                |
| <input type="checkbox"/> Saying that food feels stuck                        | <input type="checkbox"/> Distress or avoiding certain textures               |

## BETWEEN MEALS OR OVER TIME

**1 Weight**

Unexplained loss or looser clothing

**2 Fluids**

Eating or drinking less than usual

**3 Saliva**

Drooling or trouble managing saliva

**4 Chest**

Repeated infections, fever or cough

**5 Breathing**

Changes after meals or drinks

**6 Urine**

Darker urine or passing less often

## Keep a short record

Write down the food or drink, time, alertness, posture, signs you saw and what helped. Use the tracker on page 9.



## DEMENTIA AND SWALLOWING

# The person may not be able to explain what is wrong

Changes in awareness, communication, movement and recognition can make swallowing difficulties harder to describe. Behaviour may be the person's way of showing discomfort.

## POSSIBLE NON-VERBAL CLUES

- |                                                                      |                                                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Turning the head away or closing the mouth  | <input type="checkbox"/> Holding food without swallowing                 |
| <input type="checkbox"/> Repeatedly standing up or leaving the table | <input type="checkbox"/> Becoming unusually agitated, quiet or withdrawn |
| <input type="checkbox"/> Touching the throat, mouth or chest         | <input type="checkbox"/> Refusing a once-familiar food or drink          |

## MAKE THE ENVIRONMENT DO SOME OF THE WORK

## SEE IT

Use good lighting and crockery that contrasts with the surface.

## REACH IT

Keep food, drink and helpful equipment within reach.

## USE IT

Offer familiar cups, cutlery and routines.

## REMEMBER IT

Use short prompts, show the action and allow time.

**Use words that support dignity**

Try: 'Let's get comfortable' or 'Take your time.' Avoid blaming language such as 'You've made a mess' or 'You aren't trying.'



## PRACTICAL SUPPORT

# Six things that may make mealtimes calmer

Follow the person's written SLT plan first. General guidance cannot replace individual assessment or instructions.

## 1 Alertness

Offer food and drink only when the person is awake enough to take part safely.

## 2 Position

Support an upright, comfortable position with the head supported and feet stable where possible.

## 3 Calm

Reduce noise and distractions. Use familiar food, crockery and routines.

## 4 Pace

Offer one manageable mouthful or sip at a time. Wait before offering more.

## 5 Observe

Watch the voice, breathing, cough, fatigue and food left in the mouth.

## 6 Stop

Pause if signs of difficulty appear. Do not rush, force-feed or keep prompting through distress.

### A SIMPLE MEALTIME FLOW

1

Awake

2

Upright

3

One at a time



### After the meal

Keep the person upright for the time advised in their care plan, provide mouth care and record any difficulty. Never sweep a finger blindly inside the mouth.

## FOOD, DRINK AND MEDICINES

# Never guess the right texture

Changing consistency can help some people, but the wrong change may make swallowing harder or reduce how much the person eats and drinks.

## Do not change textures on your own

Do not puree food, thicken drinks, remove thickener, introduce a straw or change cup type unless advised for that person by an SLT or another qualified professional.

## MAKE THE PRESCRIBED PLAN WORK

### 1 Keep it visible

Make sure everyone follows the same current written instructions.

### 2 Prepare it exactly

Texture can change with temperature, standing time and ingredients.

### 3 Keep it appealing

Familiar flavour, smell and presentation still matter.

### 4 Offer choice

Respect preference, culture, routine and appetite.

## MEDICINES

Ask a pharmacist, GP or prescriber. Some tablets must not be crushed, split, opened or mixed with food. Never alter medication without advice.

## HYDRATION & NUTRITION

A dietitian can help maintain energy, protein and fluids within the recommended texture. Report reduced intake, weight loss or dehydration signs promptly.

## Mouth care matters

A clean, comfortable mouth supports eating and drinking. Seek advice for pain, ulcers, broken teeth, loose dentures or persistent dryness.



DO NOT SIT ON A WORRY

# Who to contact – and when

You do not need to diagnose the cause. Describe what has changed, when it happens and whether the person is unwell, in pain or losing weight.

## THE TEAM AROUND THE PERSON

### 1 SLT

Assesses swallowing and gives an individual eating and drinking plan.

### 2 GP / medical team

Checks medical causes, illness and medication; makes referrals.

### 3 Dietitian

Supports nutrition, hydration and weight within the advised texture.

### 4 Occupational therapist

Advises on seating, equipment and independence.

### 5 Dentist

Checks pain, teeth, dentures and mouth health.

### 6 Pharmacist

Advises on safe forms and administration of medicines.

## Ask for a swallowing assessment

Contact the GP if you notice swallowing difficulty and ask about an adult speech and language therapy referral. Some NHS services also accept direct referrals.

## USE NHS 111 / SEEK URGENT ADVICE IF

- Swallowing is newly difficult or worsening
- The person repeatedly coughs or chokes
- Their voice becomes wet or gurgly
- Food feels stuck
- They are short of breath after eating or drinking
- There are repeated chest infections

## EMERGENCY

# If an adult is choking

This page is a quick reminder, not a substitute for accredited first-aid training. Follow the 999 call handler's instructions.

**IF THEY CAN COUGH, SPEAK OR BREATHE**

Encourage them to cough and stay with them. Do not put fingers into the mouth unless you can clearly see and safely remove the object.

**IF THEY CANNOT BREATHE, SPEAK OR COUGH EFFECTIVELY**

1

**Lean**

Shout for help and help the person lean forward.

2

**Back blows**

Give up to 5 firm back blows between the shoulder blades.

3

**Thrusts**

If still choking, give up to 5 abdominal thrusts.

4

**Call 999**

Say the person is choking. Continue 5 back blows and 5 thrusts.

5

**CPR**

If unresponsive and not breathing normally, begin CPR if you can.

**Call 999 now**

Call for severe choking when the person cannot breathe, speak or cough effectively; if the blockage does not clear; or if they become unresponsive. Sudden confusion or possible stroke symptoms also need emergency help.

## A WEEK OF CLUES

# Seven-day swallowing tracker

Complete this for seven days, or whenever a concern occurs. Take it to the GP or SLT appointment. It helps describe a pattern; it does not diagnose the problem.

| Date / time | Food or drink | What happened | Alertness / position | What helped | Afterwards |
|-------------|---------------|---------------|----------------------|-------------|------------|
| Day 1       |               |               |                      |             |            |
| Day 2       |               |               |                      |             |            |
| Day 3       |               |               |                      |             |            |
| Day 4       |               |               |                      |             |            |
| Day 5       |               |               |                      |             |            |
| Day 6       |               |               |                      |             |            |
| Day 7       |               |               |                      |             |            |

## Bring this information

Take the tracker, current medicines, eating and drinking plan, recent weight information and any discharge letters to the appointment.

## KEEP IT CONSISTENT

# My current eating & drinking plan

Complete this from the most recent written professional advice. If there is no current plan, contact the GP or SLT.

|                                |  |
|--------------------------------|--|
| Recommended food texture       |  |
| Recommended drink consistency  |  |
| Cup / cutlery / equipment      |  |
| Positioning and support        |  |
| Pacing / specific instructions |  |
| Mouth care instructions        |  |
| SLT / team contact             |  |
| Plan date / review date        |  |

## TRUSTED SOURCES

- NHS: Dysphagia (swallowing problems)
- Royal College of Speech and Language Therapists: Eating, drinking and swallowing
- Royal College of Speech and Language Therapists: Dementia
- Alzheimer's Society: Eating and drinking

## Talk to Your Care

For practical support at home across Bristol, South Gloucestershire and the surrounding area, call 0117 947 7422. We work alongside the person's clinical guidance.



Information checked August 2026. General information only; not a replacement for individual assessment, medical advice or first-aid training.