

Speech Pathology
Royal North Shore and Ryde Hospitals

Decision Making in Chronic Dysphagia

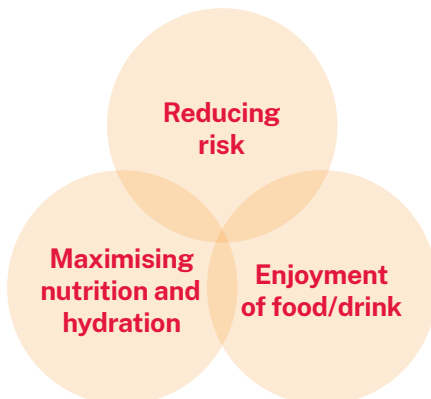
Dysphagia is a term used to describe **swallowing problems**. This may be with food, and/or drinks. Some people may have difficulty swallowing saliva.

Dysphagia increases the risk of food, fluids or saliva 'going down the wrong way' and entering the lungs. This is **aspiration**, and can lead to pneumonia. Sometimes it can feel uncomfortable. Sometimes you might not know it is happening – this is called '**silent aspiration**'.

A speech pathologist can help choose food and drink that is:

- easier to swallow
- as well as enjoyable

A speech pathologist will help find a balance between:



What are the food/drink choices in advanced dysphagia?

If the swallowing problem is severe and/or unlikely to improve the speech pathologist and doctor can give different options. These may include:

- **Not eating or drinking: 'nil by mouth'.** It is important to make sure the mouth is clean. This may be a good option for people near the end of life or who have severe dysphagia. There is still a risk of aspiration of which can lead to pneumonia
- **Softer foods/thicker fluids may be easier to manage than hard foods and normal drinks.** This can reduce aspiration. There may be less choice of food and drink.
- **'Comfort feeding' or a 'quality of life' approach**
 - Eat and drink as desired. This may be appropriate for people who prefer a normal diet (even if this results in coughing/choking).
 - A mix of eating and drinking softer foods/thicker fluids as well as normal foods/drinks. This may be appropriate for people who are happy to eat and drink normal foods when desired (even if this results in coughing/choking).

When would a person choose 'comfort feeding'?

This approach may be appropriate in the following situations:

- A medical condition that is not curable
- A severe swallowing problem that cannot be fixed
- Where there has been no improvement in swallowing safety even with softer foods/thicker fluids
- When tube feeding is not thought to be in the person's best interests, or a person does not want it
- enjoyment from eating and drinking may be preferred to a feeding tube or staying 'nil by mouth'

How to make the best decision?

There are lots of things to think about when making a decision about eating and drinking with dysphagia. Each person is different. Some things to think about are:

- Medical condition and how they will affect your quality of life
- Cultural, personal and religious beliefs
- The person's wishes
- Goals of care

Eating decisions can be very difficult and emotional for families when a loved one is no longer able to eat and drink safely. People may experience feelings of guilt, pressure from others, or feelings of conflict between personal wishes and what a loved one may want. The doctor and allied health team can help guide decision making.

How to reduce the risk?

- Good oral hygiene (e.g. brushing teeth, using dry mouth spray)
- Ensure the person is alert and as upright as possible when eating/drinking
- Encourage self feeding (where possible)
- Follow the person's lead with oral intake (e.g. providing small amounts at a time, followed by a rest)
- Walking and staying active (where possible)
- Use speech pathology swallowing strategies

Who can help?

- Speech pathologists can give:
 - advice about the safest, or most comfortable food or fluid options
 - supportive strategies to reduce the risk of aspiration and improve swallowing
- Dietitians can help with maximising nutrition/hydration and providing preferred food/fluids during hospital stay
- Doctors can advise on treatment options and link you with appropriate services (e.g. palliative care)
- Nursing staff
- Palliative care team



Northern Sydney
Local Health District



For further information:

<http://www.hamiltonhealthsciences.ca/documents/Patient%20Education/FoodAndFluidEndOfLife-th.pdf>

<https://palliativecarensw.org.au/new/>

**If you have any concerns or questions,
please contact the Speech Pathology
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