

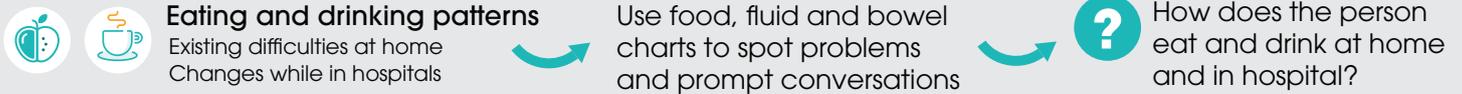
Talking about eating and drinking for people with severe dementia during hospital stays

Eating and drinking matters to everyone. It can be **hard** for family and hospital staff to talk about eating and drinking problems. People can be unsure about causes, outcomes, and treatments.

It is always good to talk to and observe the person. Sometimes people with severe dementia can say or do things to express what they would like to do about eating and drinking.

Conversation & decision-making steps

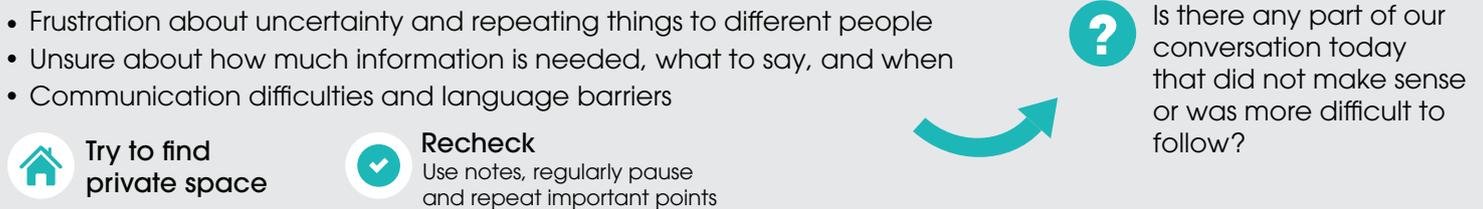
1. Recognise problems and start the conversation



2. Share information



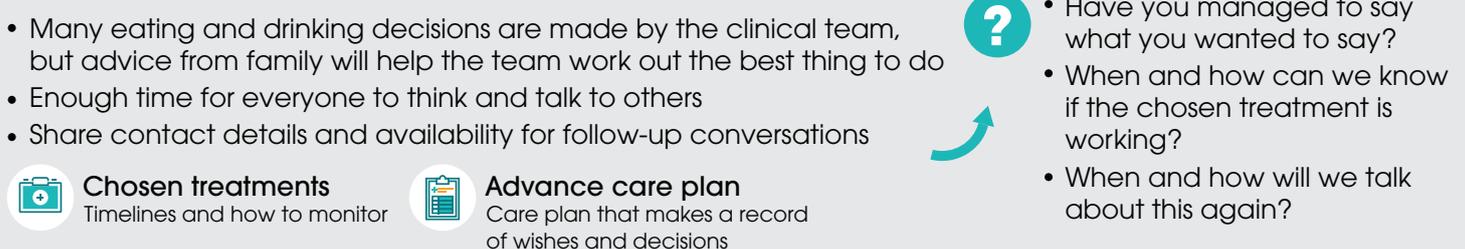
3. Recognise emotions



4. Talk about values and beliefs



5. Make decisions and follow-up conversations



When making eating and drinking decisions, people may fear that the person may starve. Discussing concerns and feelings can help everyone understand each other's personal views, emotions and needs.

The goals of care in the later stages of dementia should promote comfort and dignity for the person living with dementia.

Eating and drinking difficulties that may arise for a person living with dementia

Dementia can affect...



Motivation and feelings (appetite, hunger, thirst, pleasure)



Recognition of surroundings, food and utensils



Movement of muscles (in mouth and throat)



- Eat or drink less
- Eat more or different food
- Behaviour changes, difficult to focus on eating
- Difficult to recognise food and use cutlery
- Difficulty chewing and holding food in the mouth
- Swallowing difficulties, coughing and choking
- Reduced levels of hunger and calorie needs, especially at the later stages or near the end of life

Eating and drinking treatments that you may have heard of

Eating and drinking with accepted/known risk:

Continued enjoyment of eating and drinking by mouth

- Modified food and drink consistency
- Adjustments to environment, utensils used and positioning of person
- A clean mouth (teeth and tongue) is pleasant and safe



Tube feeding:

Is **not recommended** for people with severe dementia. It does not prevent choking, improve nutrition, nor prolong life. It can cause the person distress and increase risks of pressure sores. Temporary tube feeding via the nose may be useful only in very specific situations and needs clinical team discussion.



Drips:

Rapid and temporary rehydration. A way to give drugs and fluids but can cause discomfort.



Who can be involved?



Family can talk to **nurses, healthcare assistants** and **doctors**. Teams may include:

- **Speech and language therapist** or **SLT**: assess communication and swallowing ability; advise on safe eating and drinking
- **Dietitian**: assess and advise on nutritional requirements; prescribe supplements
- **Palliative care team**: assess and plan for care in the later stages of dementia to promote comfort and dignity

When asked about future eating and drinking problems, **people with mild dementia** often want...

- Staff to help their family have a discussion
- People to respect their previous wishes and preferences
- To be as comfortable as possible at the later stages/end of life – without tube feeding



Some help that could be available in a hospital (varies across different hospitals)



'Food passport'
'This is me' form



Cultural menu
Finger foods



Protected mealtimes
Family can bring food in and help with eating

Other resources you may find useful



- Eating and drinking as dementia progresses towards the end of life via <https://tinyurl.com/uclEatingAndDrinking>

This guide was co-designed using the latest evidence, guidelines and interviews/workshops with people with mild dementia, family carers and hospital staff. The research team consists of old age psychiatrists, psychologist, speech and language therapist, social care researcher, and conversation analyst.

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