Communication & Swallowing Difficulties in Dementia

The Role of the Speech & Language Therapist (SLT)

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Dementia causes:

- Communication difficulty for the person with dementia
- Communication difficulty for carers
- Eating, drinking and swallowing difficulties

(RCSLT, 2014)

What can the SLT offer?

Expertise in training & knowledge to assess & manage these problems
- Language impairment may be an initial prominent feature – frontotemporal dementia (FTD), primary progressive aphasia (PPA)
- Patterns of communication change are associated with different types of dementia
- Adaptive management as the dementia progresses

For this to happen:

- Adequate SLT staffing
- Equitable service nationally
- As a profession we need to promote our role
- Lack of service needs to be highlighted
- Multi-disciplinary team (MDT) working

person-centred care → relationship-centred care

(Nolan, 2004)

Risks of not providing an SLT service:

For the individual:
- Decreased QOL, wellbeing
- Altered quality of relationships
- Delay/incorrect diagnosis
- Exclusion socially & in decision making
- Avoidable death due to malnutrition, choking, aspiration pneumonia

(RCSLT, 2014)

For organisations:
- Unnecessary admission & readmission to hospital and care homes
- Ineffective behaviour management
- Needs of vulnerable adults not met
- Inequity of service provision

(RCSLT, 2014)
SLT Intervention - Communication

- Comprehensive assessment – nature, severity & impact
- Specific, personalised communication strategies & programmes
- Use of these in all environments
- Close working with and training of carers
- Disseminate information to all MDT members

Ways to help expression:

- Encourage the person to communicate in whatever way is appropriate
- Aid control by reminding the person what they have said
- Encourage gesture
- Listen to the person’s intonation
- Encourage the person to verbalise what they are doing
- Attend & listen even if you are not following the content

(Enderby, 2008)

Ways to help understanding:

- Reduce distracting stimuli
- Face the person, maintain eye contact
- Raise your voice slightly at the beginning of a conversation to get attention
- Slow down your rate of speaking
- Shorten your sentences, use simpler grammar, give information one piece at a time

(Enderby, 2008)

Practice!

- It is not enough to just ‘give’ this advice.
- Role-play, group practice and clear examples are needed.

Helpful tools:

- Communication passports & life stories:
  Can trigger a greater response. Can help you to get to know the person quicker. Ease carer concern regarding impact of shared history.
Helpful tools:
Talking Mats:
Low tech communication aid using picture symbols placed on a textured mat. www.talkingmats.com

Embracing technology!
- Apps for iPads and Tablets: Talking Mats
- Memory Aids – to do lists, daily schedules etc.
- Youtube
- Google

Consideration of signage

Cognitive changes that impact on eating skills
- Memory disturbance – forgetting when ate, losing track
- Perceptual/spatial difficulties – locating & recognising utensils
- Apraxia – using utensils, voluntary oral movements
- Language – expressing preferences, following instructions
- Executive dysfunction – inappropriate behaviour, swallow safety awareness (Kindell, 2002)

SLT Intervention - Swallowing
- Comprehensive assessment – nature, severity & impact
- Assess aspiration and/or choking risk
- Make recommendations for management
- Close working with and training of carers
- Disseminate information to all MDT members
- Future planning

What is dysphagia?
Dysphagia is the medical term for swallowing difficulties. It can lead to aspiration:
food and/or drinks enter the lungs instead of the stomach
We can see a complex presentation in people with dementia due to effects of cognition, behavioural issues as well as physical changes in the swallow mechanism.
Additional issues that impact on eating skills

- Agitation – sitting, concentrating
- Aggression – refusal, not accepting of help, throwing
- Depression – poor appetite, slow eating
- Delusions – ideas about food and/or the server
- Hallucinations – visual distractions  (Kindell, 2002)

Physical changes to swallow

Oral Preparatory Stage
- Poor bolus acceptance
- Labial spillage
- Difficulty chewing & forming a cohesive bolus

Oral Stage
- Difficulty controlling and propelling the bolus
- Premature spillage of fluids/food into pharynx
- Pocketing of food or residue after the swallow

Pharyngeal Stage
- Altered swallow trigger timing
- Nasal penetration
- Poor airway protection
- Penetration/Aspiration
- Pooling of residue

Oesophageal Stage
- Disordered peristalsis
- Regurgitation
- Reflux
- Vomiting

Practical management:

Consideration of cognitive, behavioural and physical issues is vital

Getting ready for the meal:
- Vision – glasses, neglect
- Hearing
- Dentition
- Alertness
- Potential distractions

During the meal:
- Ability to sit – prompting, extra helpings, finger foods
- Staying on task – prompting, minimise distractions
- Not participating – prompts, get started, copying
- Dealing with refusal – chart behaviour to manage
- Swallow safety awareness – bolus size, supervision
- Positioning
- Utensils
- Modify texture of liquids and diet as required

Helpful tools & initiatives:

Personalised placemats:

Assisted Dining:

Finally:

- The SLT profession need to continue to advocate for people with dementia and establish clear pathways for intervention to define our role.
- There should be access to SLT services for people with dementia at all stages, with equality nationally.
- Service providers should highlight the needs for these services within their setting especially if SLT input is unavailable or limited.
- Early SLT intervention is crucial so that people with dementia and their carers have their needs met in a timely manner.

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Thank you for your attention!

Questions?

References

- Kindell J. (2002). Feeding and Swallowing Disorders in Dementia. UK: Speechmark Publishing Ltd
- Royal College of Speech & Language Therapists. (2014). Speech and Language Therapy Provision for People with Dementia - RCSLT Position Paper
- Websites:
  - www.talkingmats.com
  - www.communicationpassports.org.uk