



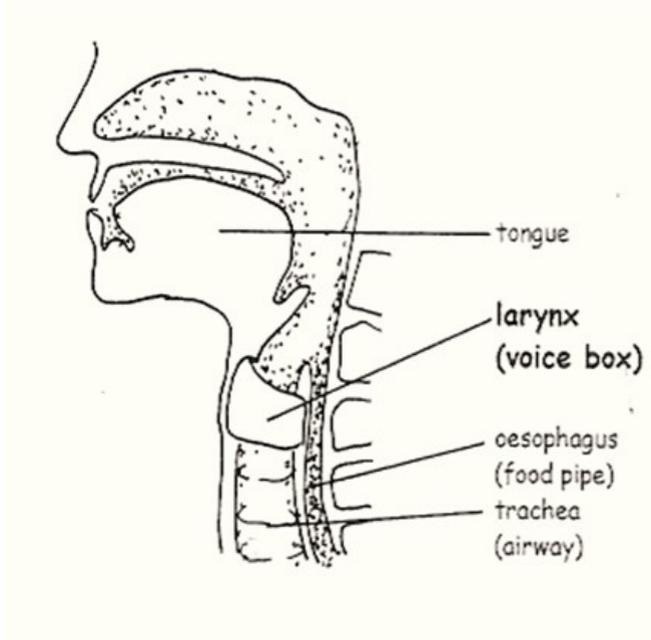
Eating and drinking

What to do when swallowing becomes a problem

Most of us take it for granted that we can swallow without having to think about what we are doing. Eating and drinking are pleasurable activities and mealtimes are often good social occasions. Thousands of people however do experience problems with eating and drinking. Mealtimes can become a worrying and embarrassing time if you cannot easily manage your food and drink. You may feel a sense of isolation and therefore not want to eat with other people. It is vital when someone has swallowing difficulties that an adequate and balanced diet is taken.

How do you normally swallow?

Swallowing is a complex and finely timed action, involving the muscles and structures of the mouth, throat and food pipe.



Oral (mouth) stage:

- The mouth opens allowing food or drink to be placed in the mouth.
- The lips close lightly providing a seal to stop food and drink escaping.
- The food or drink mixes with saliva and chewing makes food softer and easier to manage.
- The tongue squeezes against the roof of the mouth and pushes the food or drink to the back of the mouth.
- The soft palate shuts off the nasal passage to stop food and drink escaping from the nose

Pharyngeal (throat) stage:

- With the soft palate shut the air pressure inside the throat changes which helps propel the food or drink downwards.
- The breath is automatically held when swallowing in order to prevent food or drink entering the lungs.
- The muscles co-ordinate together to squeeze the food downwards into the oesophagus (food pipe). The larynx (voice box) moves upwards and forward to prevent food entering the airway.
- Food passes from the throat into the food pipe when the ring of muscle at its entrance relaxes and opens. This is an involuntary movement which cannot be consciously controlled.

Oesophageal (food pipe) stage:

- The food passes down the food pipe by a series of muscles relaxing and contracting moving the food into the stomach.

What can go wrong with swallowing?

If swallowing is a problem there may be a risk of food and drink entering the lungs (aspiration) which can lead to chest infections, choking or malnutrition and dehydration.

Swallowing problems can vary from person to person and may be due to a problem with:

- co-ordination, weakness or spasm of the nerves or muscles needed for swallowing or breathing
- progressive changes to the structures of the mouth or throat such as the development of a 'pouch'
- lack of sensation (numbness to where food or drink is going)
- not recognising the food, drink or the cutlery required to eat with
- Injury or surgery to the mouth or throat
- age related changes
- reflux (acid from the stomach coming up to the level of the throat) interfering with the swallow

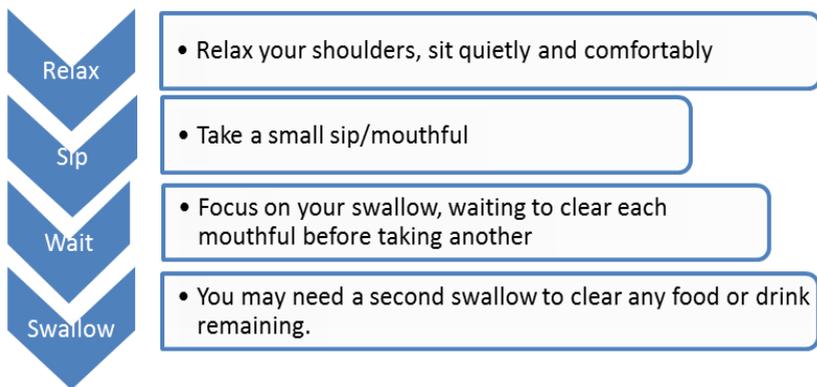
The severity of swallowing problems may fluctuate especially when you are unwell or if you are suffering with an acute infection, confusion, feeling more tired or stressed, or have reduced mobility.

Common signs of difficulty

- repeated chest infections
- choking or coughing during or after eating or drinking
- difficulties with chewing foods or a feeling of something stuck in the throat

- a wet or gurgly voice after eating and drinking
- prolonged mealtimes
- food/drink spilling from the nose or mouth
- pain on swallowing
- losing weight unintentionally
- difficulties managing saliva

Managing a swallowing problem:



The advice below aims to make the elements of swallowing that can be consciously controlled work as well as possible. Mood, having an appetite, positioning and good dentition can all affect the desire and ability to eat.

Before eating and drinking:

- **sit upright**, or as near to upright as able, in a **secure, supported position**, ideally in a chair and remain upright for 20 minutes after a meal
- prepare to **focus** on controlling swallowing

When eating and drinking:

- **Steady pacing**; allow time for each swallow to occur and clear food or drink left behind in the throat or mouth
- Having **sips of water** alongside your meals may be helpful
- Your speech and language therapist may be able to recommend **specific postures** or **strategies** to make eating and drinking easier
- **Avoid straws** or beaker lids unless advised to use them by your speech and language therapist. This will give more control of how much fluid is taken per mouthful
- Consider any **specially adapted cutlery** to help with any visual, sensory or dexterity difficulties and maintain independence with eating and drinking

What you eat:

The texture of food can make a difference to the safety and ease of swallowing. These textures include liquidised, pureed, fork mashable and soft/easy chew foods. Some food may need to be completely avoided or need extra care.

Mixed consistencies e.g. fruit and vegetables with skins or very dry, crumbly textures e.g. toast or biscuits may need to be avoided.

What you drink:

Thicker drinks may be easier in some cases as they move more slowly in the mouth and throat. This gives more time to swallow safely and easily. Your speech and language therapist can advise if thicker fluids are likely to be helpful.

They can show you how to thicken drinks to the desired consistency using a prescribed thickener or using naturally thicker drinks available to buy in local shops or make at home.

Nutrition and hydration

Making sure you are meeting your body's needs for food and fluids can be difficult when you are feeling unwell and can feel like a full time job. Aiming for a 'little and often' approach to meals and drinks can be helpful.

Aim for 8 cups of fluid a day, unless you are on fluid restrictions advised by your medical team. A Dietitian can give you further advice about nutrition.

Medications

Having tablets by mouth can be difficult. Consideration of easy to swallow forms e.g. dispersible or liquid medications must be discussed with your doctor or pharmacist.

Controlling reflux

Reflux of acid from the stomach up into the throat area may exacerbate a swallowing difficulty by increasing discomfort and mucus in the throat. The ring of muscle at the top of the food pipe may become sensitive and over active as it tries to prevent reflux from entering the throat.

Medication may be helpful to reduce acid aggravating the throat. Avoid eating late in the day, and avoid spicy or fatty foods that stimulate reflux.

Oral care

Good dentition or a well-fitting and clean dental plate are essential for effective chewing and swallow control. It may be more difficult to maintain good mouth care if eating and drinking are difficult.

It is important to attend to oral hygiene to prevent a build-up of bacteria and debris that may then lead to mouth or chest infections.

A soft child's toothbrush might be helpful if the mouth is sensitive or difficult to access. Mouthwashes may be helpful.

Further information

Speech and language therapists can give advice about managing both speech and swallowing difficulties.

There are different teams of speech and language therapists across the county working in and outside of the hospitals.

Your healthcare team can advise about which is the most appropriate team to refer to. Self-referrals are accepted.

Your Speech and Language Therapist is;

S/he can be contacted on;

Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the Patient Advice and Liaison Service on freephone 0800 328 7971.

Please contact us if you would like the information in another language or different format.

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Portuguese Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

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