



MANAGING SWALLOWING PROBLEMS

THE SITUATION

Swallowing is an ability many of us don't give a second thought to as we go about our day. Yet, this activity very often becomes difficult for individuals in the later stages of Alzheimer's disease—and, as a result, managing daily nutrition can be particularly worrisome for caregivers due to possible complications. Swallowing problems or dysphagia often result because the loss of brain cells impairs tongue, lips and jaw coordination; as well, a person may refuse or simply forget how to eat. Coughing, choking, chewing problems or significant weight loss can be red flags that something's amiss.

THE SOLUTION

- **Create a calm, supportive dining environment.** Eliminate any distractions, such as the TV, radio or pets, throughout the course of a meal. Encourage the person to take his or her time eating and offer your support by making statements, such as, “Thanks so much for trying out this new dinner! It's almost time for dessert.”
- **Be aware of positioning.** Make sure the person's body and head are in an upright position and that the person remains sitting up like this for 30 minutes following a meal to ensure proper digestion.
- **Modify food.** If solid foods are difficult to swallow, puree or mash food in a blender or serve foods with a softer texture like soup or yogurt.
- **Adapt drink ware.** Using a straw may ease swallowing, although it's important to be cautious about excessive sucking that results in too much liquid intake. Also, drinking from a glass with a “v” shape—the top is wider than the bottom—makes it easier for a person to retain the desired upright position.

- **Be mindful of complications.** Inhaling liquids or food particles into the lungs and windpipe—*aspiration*—can become a serious issue, posing the risk of choking and even pneumonia when the remaining substances grow bacteria. When a liquid diet becomes necessary, mixing starch-based or gel-based thickening agents into liquids may help reduce the risk of aspiration.
- **See a healthcare professional.** Professionals with expertise in eating and swallowing disorders include gastroenterologists and speech-language pathologists. Diagnostic tests may include a Videofluoroscopic Swallow Study to determine the source of the problem and recommended treatments.

- **Consider end-of-life issues.** When swallowing becomes entirely too difficult, a nasogastric tube inserted through the nostril or a PEG tube into the stomach are options for advanced nutritional support. These interventions pose certain risks and raise ethical and quality of life issues that warrant discussion among the appropriate parties and healthcare professionals. To avoid “crisis” decisions and to ensure that the wishes of the person with the disease are considered, it's best to discuss end-of-life decisions as early as possible in the disease process when the individual has the ability to provide input.

— WRITTEN BY **JESSIE MCHEFFEY**

PREPARE IN ADVANCE

Since choking is a real risk, learn and practice the Heimlich maneuver and have a telephone close by to contact emergency personnel.