

Dementia and its Impact on Swallowing and Communication

What is Dementia?

Dementia is a progressive disorder of the brain that leads to worsening cognitive functions (e.g., attention, memory, problem solving) and ability to perform daily activities. There are different types of dementia, with the most common types being Vascular Dementia and Alzheimer's Dementia. Dementia is not part of normal ageing and symptoms may vary from person to person. As the disease progresses, symptoms tend to worsen over time.

Signs and symptoms of Dementia

- Forgetting things or recent events
- Change in behaviour, personality and/or mood
- Being more confused
- Difficulties solving problems or making decisions
- Difficulties following conversations or trouble finding words
- Difficulties performing familiar daily activities
 e.g., toileting, dressing, eating or drinking



Impact of Dementia on swallowing

Swallowing impairments (dysphagia) due to dementia progression increases risks of food, fluid and/or saliva may enter their airway and lungs leading to chest infections. This may be life threatening and require a hospital admission. Inadequate food and fluid intake caused by dysphagia or refusal behaviours may also result in dehydration and malnutrition. Dysphagia may also cause a deterioration in one's quality of life.

Some symptoms include:

Possible Presentations	Suggested Strategies
Reduced oral intake or refusal of meals	 Feed the person or include them during mealtimes with familiar people Present food in creative and appealing ways Enhance the taste of food (e.g., adding sauces, flavoured water) Offering familiar and/or favourite foods
Holding food or drinks in the mouth and long meal times	 Reduce distractions (e.g., turn off the television) Provide verbal, written or even tactile prompts to remind the person to swallow
Difficulties chewing food	 Ensure dentures are worn if they are available and use adhesives to secure them if they are loose Ensure that food is of a softer texture and cut up into smaller pieces Blend food with a food processor
Impulsive eating behaviours (e.g., eating large amounts at one time, eating or drinking quickly)	 Provide assistance or supervision to ensure a slow pace of eating or drinking (e.g., providing verbal reminders, controlling cup drinking) Scoop small amounts onto a plate at a time to control the pace of self-feeding Cut up food into smaller pieces
Forgetting that he/she has eaten	 Write or show a schedule with pictures to remind the person that they have eaten Create a schedule around mealtimes

Possible Presentations	Suggested Strategies
Coughing or choking when eating or drinking	 Kindly engage a Speech Therapist for a formal swallowing assessment

Role of Speech Therapists in managing dysphagia

Speech Therapists aim to reduce discomfort and aspiration risks related to eating or drinking. The Speech Therapist will also work with persons with dementia to maintain their swallowing function for as long as possible.

The Speech Therapist may recommend:

- Modified diet and fluids to compensate for swallowing difficulties
- Safe feeding techniques and/or swallowing strategies
- Swallowing exercises to maintain swallowing function
- Modifying mealtime schedules to allow small frequent meals
- Alternative options for feeding e.g. nasogastric tube
- Further swallowing assessments such as a Videofluoroscopy Study (VFS) or Fibreoptic Endoscopic Evaluation of Swallowing (FEES)

If you or your loved one is losing weight, have any questions on nutrition, or are experiencing difficulties with swallowing, please do not hesitate to contact us at 6363 3000 or enquiry@wh.com.sg.



Impact of Dementia on communication

Communication difficulties differ from person to person and progress differently across the stages of dementia.

Early Stage

- Repetitive (e.g., using familiar words and repeatedly asking the same questions)
- Having difficulties finding the right word to say (e.g., describing an object rather that providing its accurate name)
- Easily losing a train of thought



Middle Stage

- Difficulty organising words and thoughts
- Talking less
- Relying on gestures more than speaking
- May get agitated easily

Late Stage

- May no longer be coherent
- May be uncommunicative
- May rely on nonverbal communication such as verbal expressions or vocal sounds



Role of Speech Therapists in managing communication difficulties

Speech therapists conduct assessments to understand an individual's communication difficulties, needs and goals. Therapy is individualised to cater for different types and severity of communication difficulties.

Speech Therapists may explore strategies with communication partners to facilitate communication with persons with dementia.

"MESSAGE" Communication Strategies for communicating with a person with dementia (The University of Queensland, 2009)

Strategies	Examples
<u>M</u> aximise attention	 Remove distractions and use a quiet space (e.g., turn off the television) Get the person's attention before talking (e.g., call their name, speak face to face)
Body <u>E</u> xpression and body language	Maintain eye contactUse a calm and gentle toneShow interest
Keep it <u>S</u> imple	Use short and simple phrasesAsk yes/no questionsProvide clear choices
Support the conversation	 Repeat or rephrase if necessary Allow time for the person to respond Redirect the person to the topic
<u>A</u> ssist with visual aids	Use gestures and actionsUse pictures or objects
<u>G</u> et their message	 Seek clarification by asking simple questions Listen attentively Observe their nonverbal messages (e.g., facial expressions, behaviour)
<u>E</u> ncourage and engage	 Engage them with familiar and interesting topics, experiences, pictures or objects Avoid criticising or correcting

Contributed by Speech Therapy, Rehabilitation, Allied Health Services

