FEEDING IN ADVANCED DEMENTIA

How Dementia Affects Swallowing

In advanced stages of dementia, parts of the brain that control chewing, swallowing, hunger and thirst may slowly stop working. You may notice your loved one:

- Spitting out food or pushing food away
- Holding food/drinks in the mouth for a long time
- Losing appetite or denying hunger
- Frequently coughing and choking when drinking/eating
- Losing weight

Your loved one may be at heightened risk of nutritional decline or chest infections from food/liquids entering the lungs. This is usually the result of progression of their disease and not a reflection of the care given to them.

Managing Nutrition and Safety

Aspiration occurs when food/liquids go down the wrong way into the airway towards the lungs instead of the stomach.

For patients who are frail and ill, aspiration when eating/drinking or on their own saliva, may increase the risk of chest **infections**.

SPEECH THERAPISTS

- Speech Therapists are trained to assess swallowing difficulties.
- They may suggest feeding precautions or food/fluid modifications for the patient to prevent food/liquids from going into the lungs.

DIETITIANS

- Dietitians are trained to assess patient's nutritional status.
- They may prescribe fluid supplements or teach you how to increase patient's protein and calorie intake.

Moving Forward

Decisions regarding feeding in advanced dementia can be very difficult.

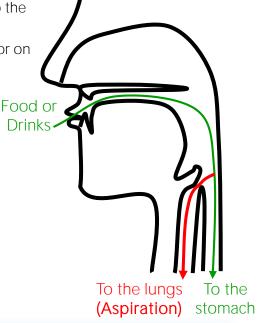
Your doctors may discuss with you regarding:

- Careful hand feeding
- Tube feeding

It is best to discuss the risks and benefits of each feeding option with the team. This can help us ensure that we provide the highest quality of care in line with what your loved ones' wishes.







What is Careful Hand Feeding?

Careful hand feeding is oral feeding with understanding that there are risks like:

- Your loved one may not be eating sufficiently
- They may cough or choke when they eat and drink
- Food or liquids may enter the airway (windpipe) and may cause an infection

Do ensure that he/she:

- Sits upright for feeding
- Is not distracted
- Is given small, frequent meals
- Is not force to eat
- Swallows before the next mouthful is given

Benefits:

- Allows them to continue tasting their favourite food or drinks.
- More interaction between you and your loved one
- No difficulties that come with inserting a feeding tube (e.g. the need to reinsert a nasogastric tube)

Possible Problems:

- Pain, discomfort or difficulty breathing if something goes down the wrong way
- Increased chances of food/liquids going down the windpipe that could lead to a lung infection called aspiration pneumonia
- Your loved one may take a long time to finish his/her meal
- Your loved one may not eat enough or take his/her medications

What is Tube Feeding?

Tube feeding is when liquid nutritional supplements, fluids and medications are given through a tube which goes into the stomach directly.

It is a way of delivering nutrition, hydration and medications to a person who is unable to eat or drink sufficiently and/or safely on his/her own.

Benefits

- May give a person enough calories if their stomach can absorb nutrition
- Takes less time to feed
- Sends nutrition directly to the stomach for those who cannot swallow safely
- Medications can also be fed

Possible Problems:

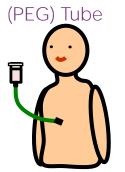
- Insertion of the tube may cause discomfort
- Your loved one may become agitated and try to remove the tube
 - o They may need physical restraints or medications to control their agitation
 - o Risk of frequent re-insertion
- Fluids from the tube or oral secretions can still get into the lungs and cause lung infection
- The insertion site of the tube may become infected
- The tube may become blocked requiring change/re-insertion

Careful Hand Feeding

Nasogastric (NG) Tube







Current research suggests that in patients with advanced dementia, tube feeding MAY NOT prolong survival, promote weight gain or promote wound healing





Percutaneous Gastrostomy