

**SECTION 8:**

**A NOTE ON  
EATING &  
DRINKING  
DIFFICULTIES**

## Eating and Drinking Difficulties

These include difficulties with chewing and swallowing (dysphagia) as well as food aversion.

Management of feeding and swallowing difficulties (dysphagia) in LMICs is hugely underserved and is an area of exceptional need. Many therapists visiting low-income countries will find themselves being asked for advice about managing eating and drinking difficulties. Therapists should be aware that dysphagia management without the multi-disciplinary team, without the technology for assessment, without equipment for therapy and rehab and often without finances for the family to adapt will be challenging and require flexible and innovative thinking. This can be stressful and often distressing work. With this knowledge, any professional needs to carefully assess the situation and decide if they are competent and confident enough to work in a situation in which someone's health and life expectancy can be compromised. You should also consider the fact that you may not have the same medical back-up as you would when working at home. Advice needs to be particularly sensitive to the local context. It is a good idea to work collaboratively with a local colleague from a related profession, e.g. OT, dietician/nutritionist and to liaise with other SLTs with relevant experience in low-resourced settings.

Ideally, a detailed assessment and intervention should always be undertaken by a dysphagia-trained professional. If no-one is available, you should carefully consider whether you have the competency to be involved and at the very least, seek advice from a specialist either by phone or on-line (if there is internet access).

Basic areas to consider, not an exhaustive list:

- **Attitudes and culture** of food/ drinking in that country/ socioeconomic group/ religion. Right vs left hand, textures and consistencies etc.
- **Team members:** link up with any SLTs in the country that are experienced with dysphagia (if available). Team should include Respiratory/Chest physician, Physio (as a minimum) and can also include: Nurse, OT, Dietitian, Psychologist, Counsellor as appropriate. You may be working in an area where there are no other specialist healthcare professionals, but there

may be community health workers. Working with generic healthcare workers where they exist, and family members is essential.

- **Diagnosis** and general medical background of the person- expectations of prognosis (progressive, improving, fluctuating, static) to plan next steps for that client and agree who is to review and what they are likely to suggest. Mobility of the patient, chest infections.
- **Dentition:** dental problems, undiagnosed oral health problems.
- **Oral care:** Mouth care is essential, particularly for people with dysphagia to prevent aspiration pneumonias.
- **Saliva Management.**
- **Weight Loss.**
- **Positioning:** of person with dysphagia and the person assisting/ feeding them.
- **Method of delivery of food/ drink and utensils:** e.g. hand over hand assistance, adapted cups, spoon size, shared plates etc.
- **Timing and amounts:** of delivery of bolus/ sip. Timing of meals/ snacks. Timing of dysphagia advice/ management/ therapy.
- **Food/ drink types available and Food Preparation.** There is an effort for an internationally agreed structure of food and drink consistencies. You should be aware of recognised and agreed consistencies in your own country. (UK: drinks 1/2/3, foods C/D/E).
- **Response to coughing and choking.** Client/ patient and carer/ helper.
- **Non- oral feeding:** if available or not. Ongoing costs of non- oral feeding vs costs of recurrent aspiration pneumonias.
- **Access to Videofluoroscopy (or not):** 'gold standard' for assessment of dysphagia.
- **Risks:** dehydration and malnutrition, aspiration pneumonias, compliance etc.

## Competencies

### SLTs:

CTI recommend that SLTs working with people with eating and drinking difficulties/ dysphagia in other countries including LMIC have at least Specialist Dysphagia Competency (C). They should also bear in mind that their new working situation may expose them to environments or clients which are unfamiliar to them and that this may affect their

competency level. For example, as stated in the RCSLT Dysphagia Competency and Training framework: 'a therapist who has worked in dysphagia, but is now working with a new dysphagia patient/client group e.g., from adult acute to paediatric acute' would be at level B Foundation Dysphagia Practitioner. In this example, online support from CTI members who have level C and above Dysphagia Competency or overseas Dysphagia Specialist Practitioners with LMIC experience would be recommended to help the practitioner's management of dysphagia clients.

### **Other AHPs Competencies:**

Please restrict yourself to management that you are confident and competent to deliver- for example Physios and OTs should be confident to position the client/ patient for eating and drinking and help facilitate self or assisted feeding. Dietitians should be confident to recommend appropriate foods with nutritional and calorie intake appropriate to the client/ patient and their difficulties. They may feel confident to advise on textures of foods as recommended by SLT.

Even if you are not a specialist in this field, there are low-tech universal guidelines that staff and caregivers can be trained on. A range of resources can be found at [www.maits.org.uk/resources](http://www.maits.org.uk/resources). Get in touch with Communication Therapy International or and MAITS ([www.maits.org.uk](http://www.maits.org.uk)) for further information.

The information below focuses mainly on children, but the same principles apply when supporting adults.

### **Basic information you can share with others:**

- 1. The importance of being able to eat and drink 'well'**
- 2. Identifying difficulties**
- 3. What caregivers can do to help – Universal Guidelines**

## 1. The importance of being able to eat and drink 'well'

Eating and drinking are a matter of survival and fundamental to everything else about the individual. Difficulties with eating and drinking lead to stressful mealtimes for the individual and caregiver, and forceful feeding methods are often used out of desperation. Longer term consequences include malnutrition, dehydration, chest infections, poor overall health and increased overall burden of care. If not managed, they can significantly shorten an individual's life. Simple strategies can make all the difference.

## 2. Identifying difficulties

Individuals at particular risk are those with a development physical disability such as cerebral palsy or cleft lip/palate or an acquired disability following a stroke or head injury or due to a progressive neurological condition. Ageing and dental problems are also a factor. Some children have an aversion to food either because they have been intubated or may be on the autistic spectrum.

***What physical feeding difficulties may look like:***



***Problems managing food in the mouth:***

- Excessive drooling
- Spillage of food from the mouth (sometimes pushed out by tongue thrust)

***Problems swallowing food the right way and problems with digestion:***

- Coughing and choking
- Several goes at trying to swallow something

- Signs of pain in face, face changing colour, tears in eyes (food has gone down the wrong way – is ‘aspirated’)
- Regurgitation
- Child noticeably uncomfortable or upset
- Food refusal

### **General signs and symptoms**

- Recurring chest infections and generally poor health
- Underweight, with no other reasons
- Mealtimes taking longer than should
- Difficulty transitioning from puree to mash
- Unable to eat same amount as other children in one sitting
- Increased secretions
- Dehydration (passing urine less often, urine is a darker colour)

### **(i) What caregivers can do to help – Universal Guidelines:**

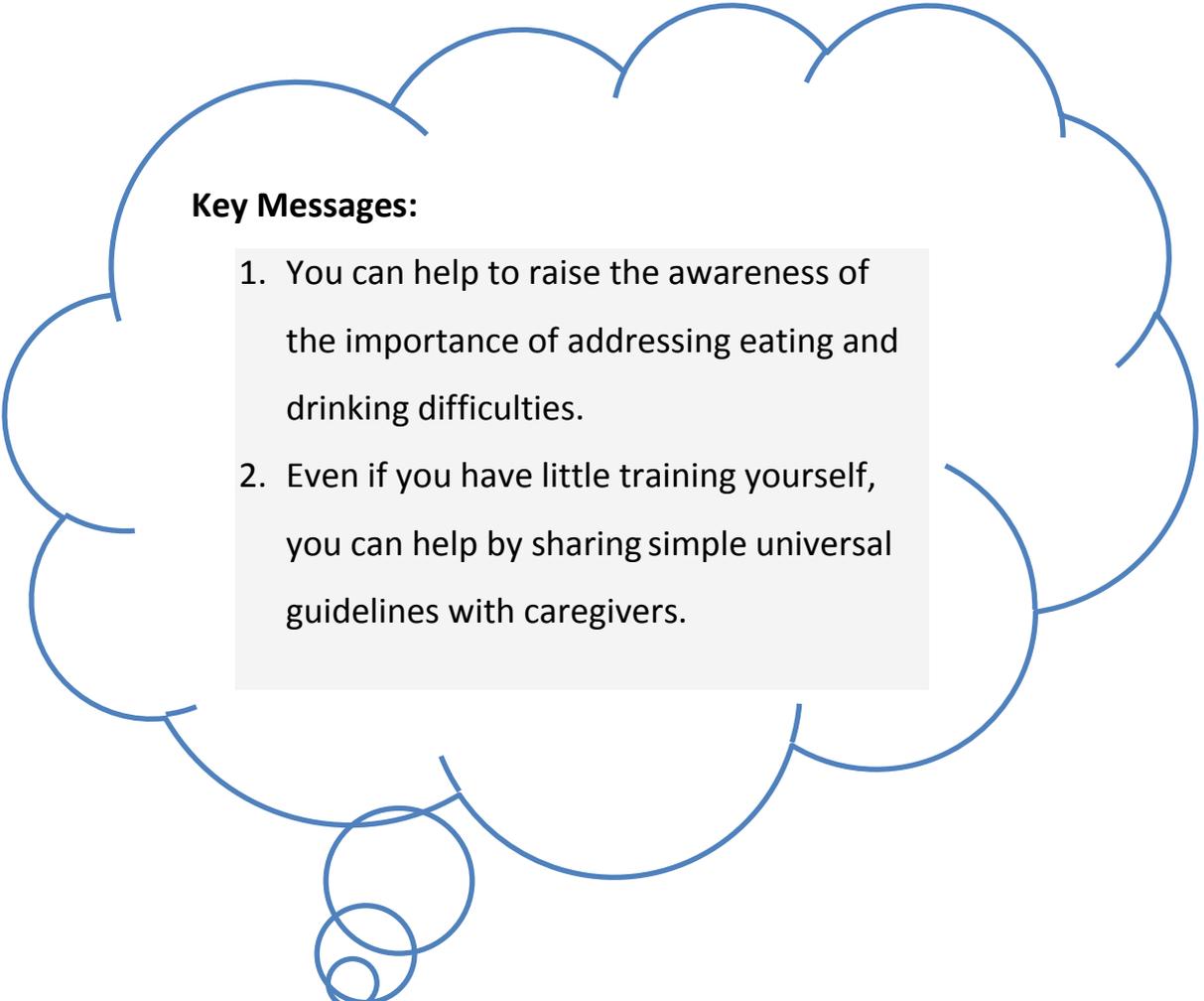
- Hygiene: Follow good hygiene practices – caregiver and child.
- Familiarise the child to the feel, smell and taste of food in fun ways, if needed. Give smaller meals more often: high nutrient and calorie content; smooth texture (no ‘bits’ but not too runny).
- Drink: Give small sips of water throughout the day (minimum 1 litre per day).
- Communication: Encourage child to eat, using positive words.
- Position: Support child in an upright position with the chin slightly down (use special seating where possible).
- Utensils: Use a small cup (lid of baby’s bottle or medicine cup) and small spoon, made of strong plastic.
- Feed sensitively: Give small mouthfuls, slowly, watching & pausing.
- NEVER FORCE. Help the child to learn to feed themselves.
- Be vigilant: Go to the doctor if child is malnourished, dehydrated, has a chest infection, frequent vomiting, fits (epilepsy)



#### **Easily available resources:**

- Working with Infants with feeding Difficulties: A training programme for healthcare staff in low-resource settings. By H. de Silva and M. Asir. Published by MAITS (available free of charge at [www.maits.org.uk](http://www.maits.org.uk)).
- Working with Children with Eating and Drinking Difficulties: A training programme for healthcare specialists in low-resource settings. By M. Adams and J. Pettigrew. Published by MAITS. Available on request from [info@maits.org.uk](mailto:info@maits.org.uk)
- Collection of informal resources: [www.maits.org.uk/resources](http://www.maits.org.uk/resources)
- Disabled Village Children: A guide for community health workers, rehabilitation workers, and families By David Werner
- Let's Communicate series of guides published by WHO/ IRIS- the handbook on Cerebral Palsy (number 5) has a Feeding and Nutrition Section pages 50- 57 with advice on positioning page 53- 54. <http://apps.who.int/iris/handle/10665/63851>

Although information available for LMICs is for children with cerebral palsy, the general principles may apply to children and adults with all types of difficulties (not just CP).



**Key Messages:**

1. You can help to raise the awareness of the importance of addressing eating and drinking difficulties.
2. Even if you have little training yourself, you can help by sharing simple universal guidelines with caregivers.