

Dysphagia: Mealtime Equipment

Dysphagia is a term used to describe problems with eating and drinking. This includes difficulties controlling food and drink in the mouth, difficulty chewing and difficulty swallowing. Dysphagia can be short or long-term.

Swallowing problems can occur with aging, intellectual or physical disability, brain injury, head/neck surgery and progressive neurological conditions.

Dysphagia and swallowing problems may lead to serious illness. There can also be emotional and social issues when someone has eating difficulties.

Figures from Speech Pathology Australia show that dysphagia is a common problem affecting people with disability and those who are frail aged.



Signs of Swallowing Problems

- Frequent coughing or throat clearing during or after meals
- Choking
- A wet or gurgly sounding voice after swallowing
- Becoming pale or sweaty during or shortly after meals
- Frequent chest infections or pneumonia
- Excessive loss of saliva (drooling) or loss of food/drink from the mouth
- Food remaining in the cheeks or on the roof of the mouth after swallowing
- Extra time or effort needed for chewing or swallowing
- Refusing to eat or drink
- Food or drink coming out of the nose
- Unexplained weight loss
- Dehydration.

Speech Pathology

It is important that people experiencing swallowing difficulties consult their medical team for treatment and advice. A referral to a speech pathologist may be required.

A speech pathologist can help by assessing swallowing ability and advising on strategies and treatment. Advice will be based on the cause and type of swallowing problem.

For example, dysphagia caused by a stroke may improve, so relearning and practicing swallowing skills will be a focus.

Dysphagia due to developmental disability may be stable, so teaching long-term habits and compensatory strategies is important.

Dysphagia arising from progressive conditions may gradually worsen so the focus may be on conserving energy and adapting diet and mealtime strategies.

Adapting Diets

Diet changes may include avoiding hard-to-chew foods, mashing or pureeing food and thickening fluids. Strategies may include eating smaller portions, slowing down, changing body and head position and using adapted mealtime equipment. People who have very severe dysphagia may need alternative ways (feeding tubes) to take in all or some of their food and drinks.

Mealtime Equipment

Adapted mealtime equipment such as cups, plates, straws and utensils may be of assistance on the advice of a speech pathologist.

Types of Mealtime Equipment

Spout cups

Spout cups help deliver liquid to the middle of the tongue. Spout cups can be used with thin, mildly thick and moderately thick fluids.

May be recommended for people who:

- Have difficulty bringing their lips together on the edge of a regular cup/mug
- Have slow or weak tongue and cheek movement
- Have weakness on one side of the mouth—the spout can be held so that the liquid is delivered to the stronger side
- Need help to stay in a safe ‘chin tuck’ position when drinking.

May not be recommended for people who:

- Have a slower than normal swallow
- Need more than one swallow to manage one sip of liquid.

Cut-out cups

These are designed with a cut-out space for the nose when the cup is tipped. This helps to keep the head and neck in a safe ‘chin tuck’ position when drinking. Flexible cut-out cups can be squeezed to create a narrower cup edge. A cut-out cup can be used with thin, mildly thick and moderately thick fluids.

May be recommended for people who:

- Have a slower than normal swallow
- Have slow or weak tongue and cheek movements when drinking
- Spill liquid from the edge of the cup while drinking

- Need more than one swallow to manage each mouthful of liquid
- Have a helper when drinking, as a cut-out cup allows the helper to see how much liquid is being given per sip.

Cups that regulate the amount of liquid per sip

These cups allow only a small amount of liquid per sip. They prevent pouring and gulping of large amounts of liquid from a cup. Most models can be used with thin or mildly thickened fluids only.

May be recommended for people who are unable to safely self-monitor the amount of liquid that is delivered into the mouth.

Plastic-coated spoons

Plastic-coated spoons reduce damage to the teeth and gums and generally have a shallower bowl than regular spoons.

May be recommended for people who:

- Have uncontrolled and forceful biting down that can result in damage to teeth and gums if using a metal spoon or a breakable plastic spoon
- Have difficulties using their lips to get all the food from a regular spoon
- Are helped by someone else at mealtimes
- Have tongue movements that can make eating difficult.

Maroon spoons

These have a shallow bowl and come in teaspoon and dessertspoon sizes.

May be recommended for people who:

- Have difficulties using their lips to get all the food from a regular spoon
- Are helped by someone else during mealtimes
- Have tongue movements that can make eating difficult.

Should not be used by people who have uncontrolled and forceful biting down, as these spoons may shatter and cause injury to the teeth and gums.

Straws with non-returnable valves

When liquid is sucked up these straws, it stays in the straw rather than returning to the cup or bottle.

May be recommended for people who have a weak suck and cannot get the liquid up the entire length of the straw in one go.

Straws generally may not be recommended for:

- People who have a slower than normal swallow and people who need several swallows to manage one sip of liquid. A straw may be unsafe in these cases
- People who are unable to hold a straw in the lips in order to suck.

Hands-free drinking systems

There are a range of hands-free drinking systems that can be placed on a table or mounted to personal equipment, such as a wheelchair.

Hands-free drinking systems:

- May have in-built one-way valved straws or be able to be used with one-way valve straws
- May have a syphoning feature to help people who have a weak suck
- May have a slow flowing feature to improved safety for people who have swallowing difficulties.

Clothes protectors

Clothes protectors can be made or purchased to assist with spilling of food or drink and excessive loss of saliva.

Factors to consider when looking into adaptive mealtime equipment

- We recommended consulting a speech pathologist before buying or using any adaptive equipment for dysphagia.
- We recommend consulting a medical specialist for a full health check if you are experiencing any swallowing difficulties.
- Carers who assist others at mealtimes have a duty of care to follow any recommendations for safe mealtimes provided by a speech pathologist or other health professional.

Contacting the Independent Living Centre

For further information or to make an appointment to visit the display please contact the Independent Living Centre. The Independent Living Centre offers free advice on equipment and techniques to help you with everyday tasks.

Independent Living Centre
11 Blacks Road
Gilles Plains SA 5086

Phone: 1300 885 886 (SA & NT callers only) or 8266 5260

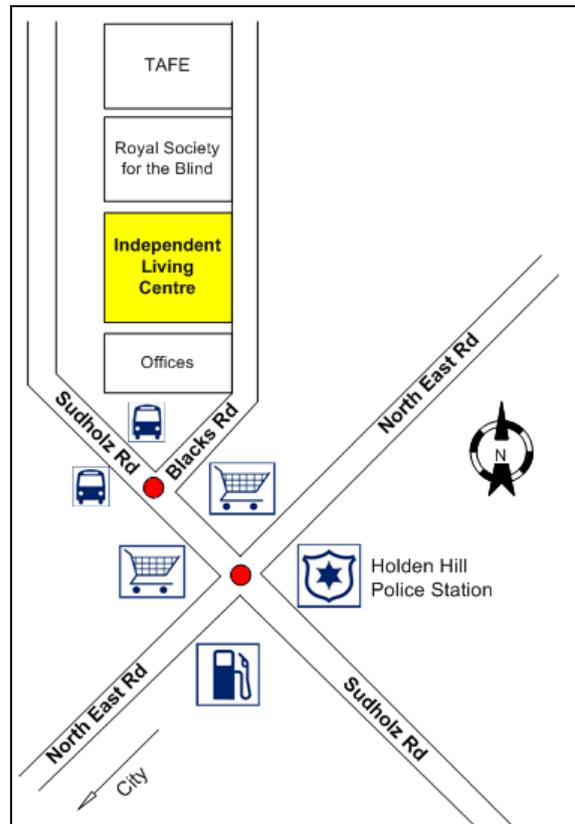
Email: ilcsa@sa.gov.au

Website: www.sa.gov.au/disability/ilc

Accessible off street parking is available.

Bus services run nearby.

Call 8210 1000 for timetable information.



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