SLT in dementia and palliative care

Aideen Lawlor
SLT Manager
Dublin North City- North West Dublin and St. Mary’s hospital
aideen.lawlor@hse.ie
01-6250411
SLT in dementia and palliative care

- The last part of life may have importance out of all proportion to its length” Dame Cicely Saunders, 1990.
SLT in dementia and palliative care

• Professional Carers will never fully understand the light and shade, the hope and despair, and the frustration and joy of each family member’s relationship with a person who has dementia.

• The best that they can do is to develop, in partnership with families, a mutually agreed plan that includes the very best physical care, thoughtful and sensitive social support and emotional and spiritual space for each unique passing.

Hudson (2003)
SLT for dementia and palliative care needs

• 150 palliative individuals interviewed, 68 reported communication or swallowing problems but only 10 were referred to SLT.
Dehydration

- It is assumed that dehydration and starvation can cause a painful death.
- Data from hospice caregivers indicates that dry mouth, thirst, and increased secretions in dying patients were unrelated to their level of hydration. (Slomka 2005)
Dehydration

“Nothing would be more tiresome than eating and drinking if [they were not] a pleasure as well as a necessity.” Voltaire

• When food and fluids are not desired by dying clients, administering them does not add to client comfort.
• Dehydration can aid the dying process by inducing fatigue.
Role of SLT in dementia and palliative care

- Parallels the role of all HSCP in palliative care
- Maintain and improve quality of life
- Optimize pts ability to express needs and concerns
- Affirm that reduced intake is due to declining clinical status—not the reverse (J Pall Med 7(5))
- Appropriate management of eating and swallowing is integral to a comprehensive End of Life approach (Smith et al 2009).
Role of SLT in dementia and palliative care

Impact of dysphagia
1. Social e.g. embarrassment at mealtimes
2. Cultural e.g. Christmas dinner, birthday cake, jelly and ice cream
3. Religious e.g. taking communion
   - Family members e.g. fear about starvation, frustration and anger and conflict.
   - The focus is on minimising symptoms and maximising individual comfort.
Role of SLT in dementia and palliative care

• advise on strategies to minimise aspiration risk, facilitate eating and drinking, and improve nutritional status.
• modify food and fluids including changes to texture, consistency and quantity;
• Ensure personal pleasure & enjoyable snacks- AfterEight mints or buttons instead of boiled sweets or grapes
• swallowing strategies including manoeuvres and sensory techniques;
• positioning and postural techniques;
(Royal College of Physicians 2010).
**Communication Strategies**

<table>
<thead>
<tr>
<th>Love it</th>
<th>Ok</th>
<th>Hate it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**For example:**

**Question** - Would you like the priest to come and visit you?

Would you like that to happen now?
### Example of talking board

<table>
<thead>
<tr>
<th>Christmas TV</th>
<th>Talk Shows</th>
<th>Crime</th>
<th>Soaps</th>
<th>Funny</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound of Music</td>
<td>Late Late Show</td>
<td>Quincy</td>
<td>Coronation Street</td>
<td>Interesting</td>
</tr>
<tr>
<td>Gone With The Wind</td>
<td>Parkinson</td>
<td>Murder She Wrote</td>
<td>Emmerdale</td>
<td>Exciting</td>
</tr>
<tr>
<td>Late Late Toy Show</td>
<td>Afternoon Show</td>
<td>Midsummer Murders</td>
<td>Eastenders</td>
<td>Boring</td>
</tr>
<tr>
<td>White Christmas</td>
<td>Richard &amp; Judy</td>
<td>Touch of Frost</td>
<td>Fair City</td>
<td>Silly</td>
</tr>
</tbody>
</table>
Case study 1

- 6 month history of dysphagia
- 10 KG weight loss over 6 months
- Videofluoroscopy examination completed showing aspiration/penetration on all consistencies.
- NG considered- ‘I just want to fade away.’
- Put on mince/moist diet and free fluids
- t/f to acute setting- died 1 week later
- Daughter complimented care in SMH- listened to, fluids given via sub cut, avoided thickened fluids, able to eat mince/moist diet
Case study 2

- 92 year old with recurrent LRTIs, chest problems, mild word finding, voice disorder
- Coughing with free fluids, inconsistent voluntary cough, ongoing chest issues - managing with nebulisers, able to get sputum up.
- Didn’t like grade 1 fluids, aware of risk, the choice of free fluids was accepted
- Self selecting soft options
- ‘I have my grave booked.’
- ‘I’m ready to die.’
Decision making for end of life

- ‘ability to make decisions for yourself.’
- Understand and Retain information long enough to make a decision
- People have the right to make an unwise decision
- weigh up all risks
- ‘stealing’ high risk foods
- ‘best interest decision making’ meeting
- Not up to the carer/family, medical team have the ultimate say
Dealing with non compliance

- Assessment of swallow function reveal X is at risk of aspiration on all consistencies particularly on large amounts of free fluids, however given findings of decision making meeting and current behaviours (physically declining thickened fluids), X is to take free fluids when sitting out in the chair and when alert and with close supervision of trained staff/carer.
Take home messages

• Person centred approach to care.
• Refer early to SLT and Dietitian.
• Communication is key.
• Diet and fluid modifications advised by the SLT are similar to a prescribed medication; non compliance can result in death
• It is not always appropriate or beneficial to feed residents at end of life stage.
• Quality of life means the resident’s diet is tailored to their wants and needs.
References

- Abbey, J (2006) *Palliative Care and Dementia*. Queensland University Brisbane