

At diagnosis and during regular MDT assessments, or if there are any concerns about weight, nutrition or swallowing

Assess



Weight

- Weight and BMI history and at diagnosis
- Current weight and BMI

Diet, nutritional intake, fluid intake, hydration, oral health - Take into account:

- fluids/food intake vs nutritional & hydration needs
- nutritional supplements, if needed
- appetite and thirst
- gastrointestinal symptoms eg nausea and constipation
- causes of reduced oral intake eg swallowing difficulties, limb weakness, low mood or depression causing loss of appetite

Ability to eat and drink - Take into account:

- need for eating and drinking aids
- need for help with food and drink preparation
- advice and aids for positioning, seating and posture
- dealing with social situations eg eating out

Swallowing - Take into account:

- positioning
- seating
- food and drink consistency
- respiratory symptoms and risk of aspiration
- risk and fear of choking
- psychological factors eg wanting to eat without help

Gastrostomy - If a person is referred for a gastrostomy, it should take place without delay

- Discuss this possibility at an early stage and at regular intervals. These discussions can be distressing so should be handled sensitively.
- It can be placed early and used to supplement or replace the intake of food, drinks & medication.
- Some people will not want a gastrostomy. Discuss in advance the possibility of including it in an ADRT.
- People have the right to change or withdraw their decision at any time.

To help the person making an informed decision:

- Provide information on the procedure, follow-up care and what support maintaining and using a feeding tube requires.
- Explain the benefits of an early tube placement and the risks of a late gastrostomy eg respiratory & surgery complications, higher risk of mortality, weight loss.

Consider:

- the mental capacity of the person to understand, cope and consent to a gastrostomy
- that it should be placed before respiratory function is too impaired and weight is too low.

Offer support, advice and interventions as needed

- ✓ Arrange for a clinical swallowing assessment
- ✓ Enteral feeding, including gastrostomy
- ✓ Adapted cutlery and utensils
- ✓ Aids for positioning, posture and seating
- ✓ Help with food preparation
- ✓ Advice on psychological and social impact
- ✓ Modify food/drink consistency (International Dysphagia Diet Standardisation Initiative)
- ✓ High calorie and energy diets
- ✓ Food fortification, enrichment and supplements
- ✓ Techniques to swallow safely and manage secretions

Visit www.mndassociation.org/dysphagia to learn more about support for eating and drinking issues