



**NHS**

**Royal Berkshire  
NHS Foundation Trust**

# Feeding for comfort

Information for patients,  
relatives and carers

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## **This leaflet provides information about swallowing difficulties and feeding for comfort**

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### **Unsafe swallowing**

Difficulties swallowing (known as dysphagia) may result from various neurological diseases including dementia, Parkinson's, multiple sclerosis, motor neurone (MND) disease as well as stroke, brain injury, learning disability and a range of other acute and chronic health conditions.

When food, drink or saliva 'goes the wrong way' **this is known as aspiration**. Signs of a swallowing difficulty may include:

- Choking.
- Coughing and throat clearing when eating and drinking.
- A 'wet' voice quality.
- Frequent chest infections.
- Eye tearing and shortness of breath.
- Weight loss.

Aspiration can be dangerous. It has many consequences and can lead to pneumonia (an infection in the lungs). In some cases there may be no immediate sign or symptoms (known as silent aspiration). Speech and language therapists specialise in the assessment and treatment of swallowing difficulties. They will look at ways to increase comfort and wellbeing when eating and drinking.

**For some patients however, even with this support, swallowing remains unsafe.**

### **Management of the unsafe swallow**

If swallowing is unsafe and whilst options are being considered a person may be placed nil by mouth (NBM). This means the person is not to eat and drink.

**One option if swallowing is unsafe is enteral feeding:** This means feeding via a tube inserted through the nose into the

stomach (a nasogastric/NG tube) or through the skin into the stomach (percutaneous endoscopic gastrostomy tube/PEG). There are people however, who despite having an unsafe swallow, are not suitable for alternative means of nutrition and hydration. Reasons for this include:

1. Tube feeding is refused by the patient.
2. Tube feeding will not maintain or improve quality of life.
3. The risks of tube feeding outweigh the benefits.

## Feeding for comfort

**If swallowing is unsafe and alternative nutrition and hydration is inappropriate, a ‘feeding for comfort’ approach may be taken.**

Feeding for comfort means continuing to eat and drink despite a risk of aspiration and choking, whilst aiming to keep the patient comfortable.

A feeding for comfort decision should result in a plan which balances safety and quality of life, taking fully into account the personal, cultural and religious beliefs of the individual.



## Tips

A speech and language therapist can help identify the most comfortable diet and fluid consistencies. They may also recommend the following strategies:

1. Ensure the person is sat fully upright and is alert for eating/drinking.
2. Encourage a slow pace and take one sip/mouthful at a time.
3. Keep the head in the midline and not tilted back.
4. Check the mouth is clear and the food has been swallowed before taking another bite/mouthful.

5. Cold, strong flavoured food may help to trigger a swallow and increase sensory awareness in the mouth.
6. If the person becomes distressed, for example if they are coughing frequently, take a break and try again later.

## Other strategies include:

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## Resources

- International Diet and Dysphagia Initiative: Further information on dysphagia, modified diet and food consistencies. [www.iddsi.org](http://www.iddsi.org)
- Oakhouse Foods / Wiltshire Farm Foods: For ready meals to order that fit in with modified diets. [www.oakhousefoods.co.uk](http://www.oakhousefoods.co.uk)  
[www.wiltshirefarmfoods.com](http://www.wiltshirefarmfoods.com)
- Dysphagia Recipe Hub: [www.royalberkshire.nhs.uk/the-dysphagia-recipe-hub/](http://www.royalberkshire.nhs.uk/the-dysphagia-recipe-hub/)

## Contact us

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To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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