

# Speech and language therapy works for people with dementia

**M**any people with dementia have difficulty with everyday conversations. They may also have problems with eating, drinking and swallowing. Sometimes these problems occur early on in the disease process. For others they may appear later.

Speech and language therapists (SLTs) work with people at all stages of dementia. They help people who have difficulty with everyday conversations and eating, drinking and swallowing difficulties.

## This leaflet is for:

- people living with dementia
- families and carers
- health care staff
- social workers
- link workers
- home and social care staff
- advocacy workers

## What SLTs do for people with dementia

**Speech and language therapists** enable and support the person with dementia and their carers to deal with communication and swallowing difficulties. They:

- Assess a person's communication and their eating, drinking and swallowing abilities and needs
- Provide 1-1 or group therapy to help the person and their carers maintain the best possible communication
- Provide personalised eating and drinking plans to help the person and their family make the most of mealtimes
- Provide training and practical resources to help communication and / or eating and drinking to anyone living with, working for or providing a service to the person and their family.

Levels of SLT service for people with dementia vary across the country. See overpage for information on **"How you can access speech and language therapy"**.



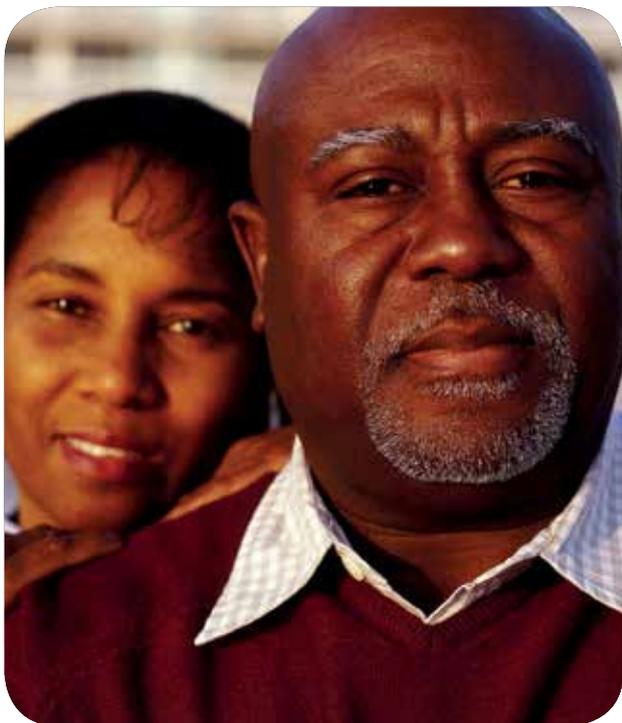
## When to contact your local speech and language therapy service

If you or someone you know has dementia contact speech and language therapy if:

- Finding the right word or maintaining the thread of a conversation is challenging
- Understanding written material is difficult
- Communication breakdown is causing frustration or interaction difficulties
- Choking or coughing happens regularly when the person is eating or drinking – especially if they get recurrent chest infections or are losing weight.

If you work for people with dementia, contact speech and language therapy:

- To make a diagnosis of dementia as part of the holistic assessment
- If you want to make sure your services are meeting the communication support needs of people with dementia
- To obtain accurate and comprehensive specialist assessment of a person's communication strengths and needs
- To help assess an individual's 'capacity' to remember, understand and express consent and wishes
- To get accurate, detailed assessment of the person's eating, drinking and swallowing and make it as safe as possible
- To get therapy, advice, training and support on communication, eating, drinking and swallowing.



## SLTs making a difference

### Enabling community connections

**Moir**'s dementia affected her communication but she was keen to continue to work, use the bus and attend her exercise classes. Following assessment her SLT:

- Developed a personal vocabulary book including names and words important for her work
- Produced a card explaining her communication difficulties to show to people who didn't know her
- Provided a written script for answering the phone
- Visited her exercise class and her work to help staff and colleagues understand Moira's communication needs.

### Supporting individuals

**Margaret** was coughing when drinking and was embarrassed to attend the local Dementia Café. Following an SLT assessment:

- Margaret was given a thickening powder to add to drinks and was shown how to change her head position to reduce coughing
- Staff at the Dementia Café were given training and advice on how they could prevent Margaret from coughing while drinking
- Margaret was happy to return to the café to meet friends and get all the other benefits available there.

### Supporting families

Some speech and language therapy teams run a six-week support group for families and carers focusing on the communication aspects of dementia – helping to build mutually supportive networks where families can learn from each others' experience.

### Supporting care staff

**David** lived in a care home where he often argued with staff and residents making it difficult for everyone to live and work with him. Although David's speech was limited to a few words, staff thought David knew what he was doing and saying.

- An SLT assessment showed David had significant difficulties understanding what was said to him so he became confused, he didn't always know why people wanted him to do things and he made unintentional mistakes which of course frustrated him and others.
- The SLT gave staff guidance on how best to interact with David to help his understanding. This greatly reduced his confusion and the arguments and stress which had been caused by it.

## Planning future care and helping decision-making

**Bob** had difficulties expressing himself clearly.

- An SLT used a picture-based communication tool (“Talking Mats”) to support Bob and his wife to think through, talk about and make some early plans for future care. The visual nature of the ‘mat’ let them see complex decisions more clearly.
- A photograph of the ‘mat’ provided a record to review planning later on.
- The ‘mat’ helped Bob and his wife to develop a personal communication book covering all the people, places and other things Bob would want to talk about in the future.

### Managing symptoms

**Billy** kept getting chest infections. GP referral to a SLT:

- Revealed Billy had difficulty swallowing quickly for drinking
- Led to Billy getting thickening powder for his drinks
- Four weeks later, Billy had no further chest infections.

**Anita** had advanced dementia. She and her young son lived with her mum. Following assessment, Anita’s SLT:

- Showed her mum and son the best ways to communicate with Anita
- Developed a communication passport to explain to respite care and hospital staff how to communicate with Anita
- Provided Anita’s mum with advice and utensils to help Anita eat and drink independently and safely for as long as possible.



### Promoting general health

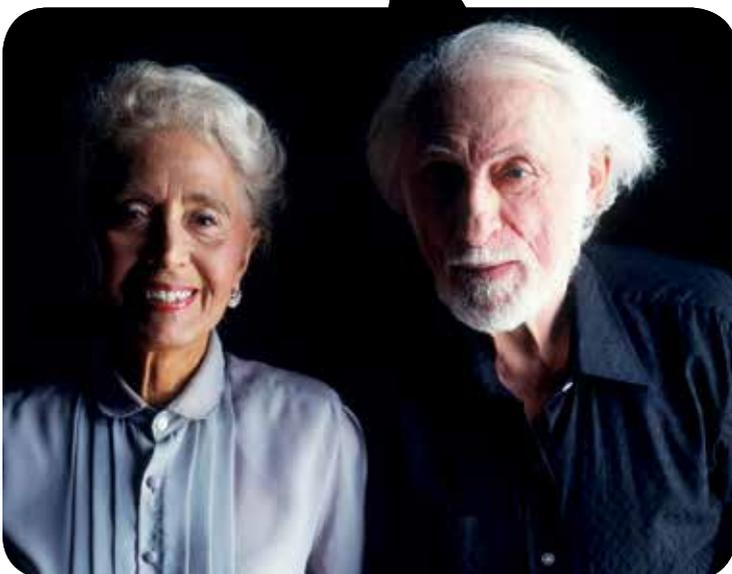
**Eleanor** wasn’t understanding or remembering important instructions from her GP.

Eleanors’s SLT :

- Attended a GP appointment with her
- Explained the GP’s treatment plan in a communication-accessible, visual way
- This picture-based GP instruction helped Eleanor to understand and remember what her GP had said long after the GP appointment.

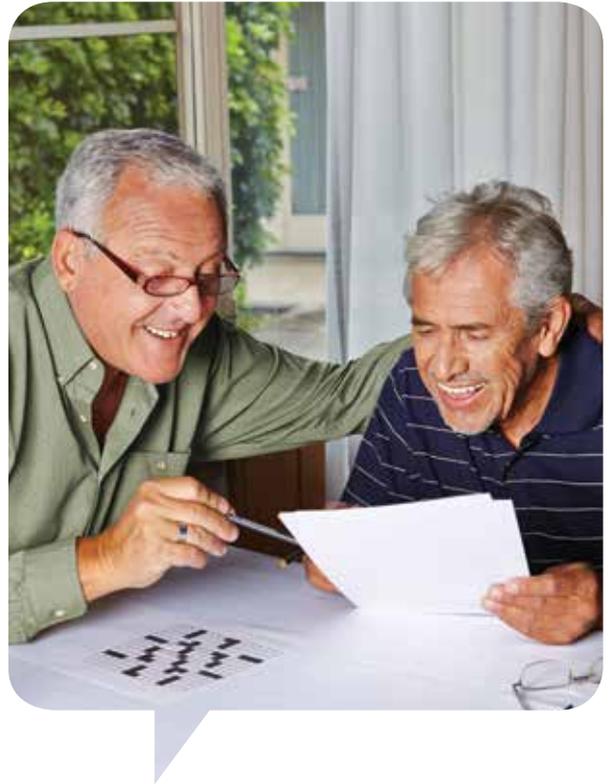
**Nancy’s** GP was concerned she was losing weight and struggling to take her medication. An SLT assessment showed Nancy had difficulties chewing and as a result was eating a lot less.

- The SLT gave Nancy advice on changing her diet to softer foods and asked the doctor for medication in syrup form.
- Nancy was able to eat more normally, regained weight and benefited from her medication.



## Where do SLTs work?

SLTs provide services in a wide range of settings, including a person's home, day care, hospitals, local authority and private care homes – wherever the person requires speech and language therapy support. Some SLTs work in Community Mental Health Teams or Psychiatry of Old Age Teams.



## How you can access speech and language therapy

- You can refer yourself to speech and language therapy.
- You can ask your GP or any other health or social care staff to refer you.
- Contact your local speech and language therapy service via your local NHS Board.
- Private speech and language therapy services are also available.

For more information on these, contact ASLTIP ([www.helpwithtalking.com](http://www.helpwithtalking.com)).

[givingvoiceuk.org/dementia](http://givingvoiceuk.org/dementia)

### Reference

A fully evidence-based position paper endorsed by the Royal College of Speech and Language Therapists describes the SLT role in dementia services - see [www.givingvoiceuk.org/dementia](http://www.givingvoiceuk.org/dementia)

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- ▶ For information on speech and language therapy generally please contact RCSLT Scotland on [scotland.info@rcslt.org](mailto:scotland.info@rcslt.org) or call RCSLT on **020-7378-1200**