



Behavioral Health Nutrition

a dietetic practice group of the
Academy of Nutrition and Dietetics



BHN Fact Sheet: Eating Assistance in Adults with Developmental Disabilities

Adults with developmental disabilities may present with eating challenges and require the assistance of another person to eat safely and effectively. Swallowing and eating issues in this population are common, which increases the risk for poor nutritional status, dehydration, and aspiration. Ensuring adequate and safe food and liquid intake is essential.

General Information

Eating challenges vary due to each person's level of nerve and muscle involvement, cognitive or mental processes, and sensory, emotional, and communication skills. These may change as the person ages. Some diagnoses present with long-term feeding or eating difficulties, especially when a person is not able to safely eat some types of foods or have behavioral patterns that could result in choking or aspiration. No two people with developmental disabilities are alike in their eating. Each should have an individual eating plan developed by their healthcare team when safe eating is an issue. Caregivers must know how to make mealtime and eating a pleasant and safe experience.

Nutrition Concerns/ Implications

For adults with developmental disabilities, the skills and abilities needed to take in adequate nutrition may be altered and can result in poor or declining nutritional status. Good muscle control is needed to sit up, manage food in the mouth, swallow the food and then move the food through the digestive tract. This includes oral-motor skills or the movement of the lips, tongue and jaw needed to effectively eat from a spoon, utensil or cup, and to chew and swallow. Self-feeding requires more motor skills and coordination. Sensory processes, the way foods look, smell, taste and feel on the hands, lip, and inside of the mouth, may impact what and how a person eats. In addition, the ability to communicate feelings of hunger, food preference and fullness, and to understand expectations around mealtime is an important part of eating. All of these factors need to be considered when planning for and carrying out an eating plan.

Modified food textures*:

Change in food texture is often needed for safe eating.

- Chopped – food cut into bite-size or specific size
- Ground – food small enough to swallow with little or no chewing
- Puree – food has a smooth texture similar to pudding

Liquid consistencies*:

Liquids may also be modified if warranted.

- Thin – consistency of water (i.e. milk, juices, coffee, soda, tea, etc.)
- Nectar thick – slightly thicker than

water; the consistency of an unset gelatin

- Honey thick – thicken to honey-like consistency using a thickening agent
- Pudding thick – thicken to pudding-like consistency using a thickening agent

Chewing and Swallowing:

Signs of difficulty chewing or swallowing include:

- Coughing and choking on food and/or liquids
- Taking a long time to eat a meal
- Hoarseness or a wet gurgly or bubbly voice
- Heartburn or indigestion

- Food/Liquids coming out through the nose
- Excessive drooling, associated with eating
- Frequent respiratory infection/ history of aspiration pneumonia
- Weight loss and/or dehydration
- Vomiting during or after meals
- Pocketing of food in the mouth along tongue or in cheek
- Multiple swallows on a single mouthful of food
- Fatigue or shortness of breath while eating

* Terminology describing texture and consistency may vary according to the health care setting.

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Positioning:

A person's posture and muscle tone may impact their ability to eat as well as impact body processes such as digestion and bowel movements. Appropriate positioning of a person with postural challenges is specific to the individual and usually determined by a physical therapist or occupational therapist. Proper positioning provides the physical supports needed for a person to use their arms and hands to self-feed and to chew and swallow to the best of their ability.

Self-feeding and Adaptive Equipment:

The ability to self-feed may be limited in adults with muscle control problems who have difficulty holding utensils or lifting a cup to drink. Self-feeding is important for promoting independence and motor skills, however careful evaluation is needed to determine when health and safety is a priority. There is an array of adaptive eating utensils, cups and plates to help overcome self-feeding limitations. Such equipment can improve the effectiveness of the eating process for the individual and the person assisting with eating.

Behavioral Issues:

Behavioral issues may interfere with eating or eating safely. Such issues may include a lack of focus during mealtime, refusal to eat, spitting out food, or eating too much, too fast resulting in gagging or choking. Behavioral intervention by a trained therapist may be necessary. Interventions may include finding a quiet place to eat without distractions, adjusting meal times, reducing portion sizes and/or number of foods served at one time.

Tips for Mealtime and Eating Assistance

The following tips are general strategies for successful and safe eating, unless otherwise recommended by a speech language pathologist, occupational therapist, physician or healthcare team member.

- Try to make meal times consistent from day to day. This sets the expectation and routine for meals.
- Allow plenty of time for those who eat slowly. Do not rush. Watch for the swallow.
- Sit at or below the person's eye level when feeding.
- Avoid tilting the head back when eating or drinking.
- Avoid foods that may cause choking (i.e., hard, sticky, slippery, stringy foods).
- Avoid talking or laughing with food in the mouth.
- Give food/liquid supplements after or between meals to prevent decreased appetite and fullness at mealtime.
- Ensure oral hygiene is maintained. A sore mouth or tooth may inhibit eating.
- Encourage upright position during and immediately after feedings.
- Offer water with each meal, between every 2-3 bites of food to help clear the mouth and throat of food.
- Wash and Sanitize hands prior to eating meals.
- Create a supportive environment with minimal distractions.

Resources for Further Information

Dorner, B. It's Tough to Swallow: Nutrition and Dining for Dysphagia www.beckydorner.com

New York State Office for People with Developmental Disabilities. Choking Prevention Training Resources.

www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/choking_prevention_training_resources.

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This information does not take the place of medical advice. Please contact a Registered Dietitian/Nutritionist or medical doctor for more information.

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