



Eating and Drinking with Acknowledged Risks (EDAR)

Information for service users and their care givers

Some people have difficulty eating, drinking and swallowing, which is called dysphagia. This can mean food and drink may go down the wrong way toward the lungs instead of the stomach. This is known as aspiration. It can lead to visible signs such as coughing and choking and other more serious complications, such as chest infections and aspiration pneumonia. Sometimes aspiration may be silent with no visible signs.

What does EDAR mean?

EDAR means that you (or your loved one) might decide it is best for you to eat and drink for comfort, pleasure and quality of life, despite the likelihood that you may experience coughing, choking, chest infections or pneumonia. This decision will be made following a discussion with you, your caregiver (if applicable) and care team. This might include a speech and language therapist (SLT), doctor, dietitian, physiotherapist, nurse, healthcare assistant and pharmacist.

What are the potential benefits of EDAR?

- supports comfort and enjoyment of eating and drinking
- supports nutrition and hydration
- supports dignity and personal preference
- supports routine and independence
- respects social and emotional values
- might help avoid 'Nil by mouth' (no eating or drinking) or feeding tubes.

What are the potential risks of EDAR?

- coughing, chest infections and pneumonia - pneumonia can be fatal
- distress and discomfort for you or your caregiver
- choking; in some cases, this could block the airway and stop you breathing, which can be fatal
- malnutrition and dehydration if eating and drinking enough is difficult or tiring. This might lead to weight loss or other health complications.

When is EDAR considered?

Following a swallow assessment, SLTs and other members of the care team will provide advice to help make eating and drinking safer. They may suggest changes about safer ways to eat and drink. This could be about the consistency of foods and fluids or recommendations on supervision and positioning when eating and drinking.

EDAR may be considered if you do not wish to follow this advice. In some circumstances, little can be done to reduce the risks of aspiration, choking, malnutrition or dehydration. Tube feeding might be an option for some people, however, this may not be suitable or wanted by everyone. EDAR may be the preferred option when the goal is to support comfort rather than to improve nutrition and hydration. In these cases, EDAR may be the only option.

How is the EDAR decision made?

This can be a difficult decision and you might need time to consider the benefits and risks. Your personal circumstances and preferences will be carefully considered and discussed by you, your caregiver and your care team.

There are several steps in the decision-making process:

- assessment of your eating, drinking and swallowing by a speech and language therapist

- determine capacity, which is a person's ability to understand, retain and weigh up information to make informed decisions and communicate this. Sometimes people do not have capacity and are unable to make the decision for themselves. In this case, the views of the caregiver will be considered to establish what the person would have wished to happen as part of the best interest decision
- establish what matters to you
- talk about what might happen if your condition worsens (Advance Care Planning)
- review the decision if your circumstances and wishes change.

How can you live well while eating and drinking with acknowledged risk?

Your care team can support you with practical advice so you can continue to enjoy social events, including:

- choosing types of food and drink that are more comfortable to swallow
- maximising flavour, variety and nutrition of your food and drinks
- avoiding foods that you find more difficult to eat and pose a higher risk of choking
- drinking regularly to support hydration
- maintaining good posture, eating slowly and taking small mouthfuls
- having small amounts to eat and drink at a time
- stopping and resting if you feel tired or unwell
- staying mobile to help keep your lungs clear
- remaining upright for at least 20 minutes after eating to decrease risk of reflux and aspiration
- monitoring closely for signs of infection and knowing when to contact your GP.

Keeping your mouth clean is very important

- Good mouth care can lower infection risk by reducing the amount of bacteria that could reach the lungs if you aspirate.
- Clean your mouth, even if you have no teeth.
- Brush your teeth at least twice a day and ensure your mouth is clean before and after meals.
- Regular denture care is essential.
- If you experience difficulty with secretions, saliva or dry mouth, discuss this with your GP or dentist.

Further information

If you have any concerns or questions, please talk to your care team.

You can also scan the QR code or visit the website below.

<http://pha.site/Dysphagia>



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