

# Eating and Drinking with Acknowledged Risk (EDAR)

## Information Leaflet



Eating and drinking are activities we all participate in to maintain our health and wellbeing, they are crucial to maintain life and are also social activities. Difficulties with eating and drinking can have an impact on a person's psychological as well as physical health. Management of eating and drinking difficulties should support individuals to reach a balanced decision, considering the risks, benefits and personal preferences regarding eating and drinking options.

## **Eating, Drinking and Swallowing Difficulties**

**Dysphagia** - Dysphagia is the medical term used to describe swallowing problems. The swallow process is complex. If there is a problem with swallowing it can have a negative impact on health, specifically on nutrition, hydration and quality of life.

A 'safe swallow' describes the safe movement of food and fluids from the mouth, through the throat and down to the stomach. Swallowing difficulties can affect this process.

Speech and Language Therapists (SLTs) work with people who have swallowing difficulties in the mouth or throat. Following assessment, SLTs will advise on safer swallowing strategies for people with swallowing difficulties.

This may include advice about sitting posture, positioning, speed of eating, texture and mouthful size of food as well as specialist cups or cutlery.

## Who can develop an eating, drinking or swallowing difficulty?

Anyone can have or develop eating / drinking / swallowing difficulties and some medical conditions can cause swallowing problems such as;

- Neurological conditions e.g. Motor Neurone Disease, Parkinson's Disease, Dementia, Cerebral Palsy.
- Respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD)
- Head and neck cancer

Swallowing can also deteriorate with age.

## What are the risks associated with swallowing difficulties?

**Choking** - Choking is where something goes down the wrong way and blocks the airway resulting in severe breathing difficulties. It is a risk for everyone and is more likely to occur when;

- eating quickly
- distracted when eating
- talking when eating
- lying down when eating
- If a swallowing difficulty already exists.

Eating certain foods e.g. pastry, coconut and other higher risk foods can also be a choking risk.

Fortunately, severe and fatal choking incidents within the general population are rare, however where a person has swallowing difficulties these incidences are more likely to occur.

**Aspiration** - Aspiration is the term used to describe when something 'goes down the wrong way'. This can be anything that goes into the lungs, instead of to the stomach, including food or fluid. It may result in a chest infection called aspiration pneumonia and can result in hospital admission, as it can be difficult to treat.

**Malnutrition** - Malnutrition is a serious condition that happens when a person's diet does not contain the right amount of nutrients. This is also a risk associated with swallowing difficulties. The effects of malnutrition are wide ranging and more significant where a person has existing medical conditions. Malnutrition can result in;

- Fatigue
- Loss of energy
- Impaired thinking
- Lower mood
- Skin breakdown
- Constipation

**Dehydration** - Dehydration can happen when a person is not taking enough fluids because of difficulty with swallowing. Dehydration can result in;

- Urinary tract infections
- Delirium
- Constipation
- Skin breakdown
- Weight Loss

Severe malnutrition and dehydration can lead to various serious health complications, and in extreme cases, death.

## **What is Eating and Drinking with acknowledged Risk (EDAR)?**

Eating and drinking with acknowledged risk is 'the decision to continue eating and drinking despite the associated risks from having dysphagia.' (Royal College of Speech and Language Therapists).

The consequences of the risks mentioned above, particularly for someone with existing medical conditions, can result in deteriorating health, hospital admission, and may be fatal.

## **Does EDAR just mean eating / drinking normal food / fluid?**

No. EDAR is considered on an individual basis. It's not the same for everyone. Here are some examples of what Eating and Drinking with acknowledged Risk could look like;

- A person is recommended to have a level 5 diet (minced and moist consistency) but they choose to eat solid food, even if it's soft and cut up - this is EDAR
- A person is recommended to have thickened fluids but chooses to drink normal fluids - this is EDAR
- A person is recommended to be sitting upright for all meals and snacks but chooses to eat and drink when lying in bed - this is EDAR
- A person is assessed as being at high risk of choking with any consistency of diet and fluids but they choose to eat and drink anything they wish - this is EDAR

## Why do people EDAR?

Eating and drinking can have a significant impact on a person's quality of life. At times, if the SLT has suggested texture modified food or fluids, or if eating or drinking anything may carry a risk, this can have a significant impact on a person's quality of life. If a person does not like the diet / fluids suggested to them, this can impact their mood and cause them distress, and they may stop eating and/or drinking as much. This can then negatively impact their health and wellbeing and possibly cause malnutrition and/or dehydration.

## Can the person make the decision to EDAR themselves?

If someone has the capacity to make informed choices and decisions, they can choose to eat and drink with acknowledged risk, even if this is deemed unsafe by the medical team and /or SLT.

A multi-service approach, involving SLT, GP and care staff would be taken to ensure the person has all the relevant information, in a way that they understand. The person can then make an informed choice as to whether EDAR is the right decision for them. The person must be made fully aware of the possible consequences associated with starting EDAR before making this decision.

If someone does not have capacity, the situation is more complex. If there is a welfare Power of Attorney (POA) in place, the decision should be discussed with them as well as the person's GP and, where applicable, a Social Worker. A decision regarding how to proceed should be made in the person's best interest. If the person does not have an appointed welfare POA, then a GP and SLT (along with a Social Worker, as appropriate) will be part of a discussion and / or an Adults With Incapacity (AWI) case conference. This will allow an appropriate decision to be made on the person's behalf.

## Who can commence EDAR?

A person can choose to eat and drink despite the risks as they may feel it will improve their quality of life. The team around the person will ensure that associated risks and benefits are explained to the person, enabling them to make an informed decision about eating and drinking.

SLT's can help to reduce the risk of things 'going down the wrong way' by offering advice and strategies in relation to what to eat / drink and how to eat / drink more safely. However, there are times even with SLT advice and support that eating and drinking can still be unsafe, or the person decides not to follow the safer swallowing guidance offered.

## What will happen if the person chooses to EDAR?

Once an informed decision has been made by the person (or their Welfare POA/The Multi-Disciplinary Team) then this should be documented.

Documentation of decisions in a setting where carers are involved is likely to include a nutrition and hydration support plan, along with a risk management plan. This plan will also detail the specific support required, where possible. Plans should be created with the individual and, where appropriate, their POA.

## How can EDAR be made as safe as possible?

Please be aware that should a person start EDAR, there is no advice that will make eating/drinking completely safe.

If the person chooses to eat and drink with an acknowledged risk, the SLT will provide advice on how to eat and drink as safely as possible. However, there will still be risk if even if using these strategies. When appropriate, the strategies that the person would like to use will be agreed to and this will be documented within the person's care file.

## Can the person change their mind after making an EDAR decision?

Yes. This decision can be changed or reversed at any time. Care plans should be reviewed as required if the person resides within a care facility.

### For further information

**Royal College of Speech and Language Therapists**

🌐 **Eating and drinking with acknowledged risks | RCSLT**



### Choking

🌐 **Choking: First aid | NHS inform**

**<https://www.nhsinform.scot/tests-and-treatments/emergencies/first-aid#choking>**



### Malnutrition

🌐 **Malnutrition - NHS ([www.nhs.uk](http://www.nhs.uk))**



### Dehydration

🌐 **Dehydration - NHS ([www.nhs.uk](http://www.nhs.uk))**

