HEALTH BASICS

Managing eating problems after a stroke

This is support for eating, drinking, and swallowing safely after a stroke.

WHAT IT IS
Practical support for eating and drinking after stroke

WHERE IT COMES UP
During stroke recovery when swallowing or self-feeding becomes difficult

WHY IT MATTERS
Supports safe swallowing, nutrition, hydration, and recovery

WHAT IT IS NOT
Not a disease or a single treatment plan

WHO TO ASK
Stroke team, swallowing specialist, dietitian, or occupational therapist

HOW IT IS CHECKED
Swallow screening, clinical assessment, and sometimes an imaging test

Overview

A stroke can affect many parts of eating and drinking. Some people have trouble swallowing. Others can swallow safely but find it difficult to hold cutlery, see everything on the plate, stay alert through a meal, or remember the steps involved.

Managing these problems is not a disease or diagnosis. It means identifying the specific difficulty and finding safe, practical ways to help you eat and drink.

Swallowing problems are called dysphagia . They can affect food, drinks, saliva, or medicines. Dysphagia may improve during recovery, but the timing and degree of improvement are different for each person.

Eating problems are not always caused by swallowing difficulty. Weakness, poor coordination, fatigue, mouth pain, changes in taste, low mood, reduced appetite, or problems with attention can also interfere with meals.

Support may involve a speech and language therapist, sometimes called a speech-language pathologist. Dietitians, occupational therapists, nurses, pharmacists, dentists, and other members of the stroke team may also help.

How it works

Eating is a complex activity. You must recognise the food, sit in a suitable position, bring it to your mouth, chew it, and move it toward your throat. Muscles and nerves then direct it through the throat and into the food pipe, or oesophagus.

A stroke can interrupt one or more of these steps. Food or liquid may remain in the mouth, leak from the lips, or enter the airway instead of the oesophagus. Material entering the airway is called aspiration .

Aspiration may cause coughing, but not always. Silent aspiration means material enters the airway without an obvious cough. This is why appearance alone cannot confirm that swallowing is safe.

A swallow assessment may include watching you eat and drink, checking your mouth and facial movement, listening to your voice, and asking about coughing or food sticking. If more information is needed, the team may recommend:

These tests show how food or liquid moves and whether it reaches the airway. They can also help the team test different positions, techniques, or food textures.

Problems with self-feeding may be assessed separately. An occupational therapist can look at sitting position, arm movement, vision, attention, cutlery, cups, and the meal environment.

- A videofluoroscopic swallow study, which uses moving X-rays
- A fibreoptic endoscopic evaluation of swallowing, which uses a small flexible camera through the nose

Why it matters for your health

Eating and drinking provide energy, protein, fluid, and other nutrients needed during recovery. Difficulty taking enough can contribute to malnutrition , meaning the body is not receiving enough nutrition, or dehydration , meaning it does not have enough fluid.

Aspiration can sometimes lead to aspiration pneumonia , a lung infection linked to material entering the airway. Risk is affected by several factors, including the amount aspirated, mouth health, mobility, and overall medical condition.

Choking is different from aspiration. Choking happens when the airway becomes partly or completely blocked. Aspiration may involve a smaller amount of material and may not stop breathing.

Mealtimes also affect independence and quality of life. Eating may become slow, tiring, or stressful. Modified foods can look unfamiliar, and help from another person may feel

frustrating. A good plan should consider safety while also respecting your preferences, culture, privacy, and enjoyment of food.

Plans should be reviewed as your abilities change. A texture or feeding method recommended early after a stroke may not remain appropriate throughout recovery.

What can go wrong

Oropharyngeal dysphagia is difficulty moving food or liquid safely from the mouth through the throat. Possible warning signs include coughing during meals, a wet or gurgling voice after swallowing, food collecting in the cheek, repeated swallowing, or meals taking much longer than usual. These signs need assessment; they do not prove aspiration by themselves.

Choking can happen when food blocks the airway. Risk may increase if chewing is weak, bites are too large, food has an unsuitable texture, or the person eats while drowsy or poorly positioned.

Aspiration pneumonia may develop after food, drink, saliva, or vomit enters the lungs. Fever, new breathlessness, chest discomfort, or a worsening cough need medical review, especially after known swallowing problems.

Malnutrition and dehydration can occur when meals are too difficult, portions are not finished, or thickened drinks are unappealing. Weight loss, reduced urine, dizziness, constipation, or unusual tiredness should be discussed with the stroke team or primary care service.

Eating may also be affected by hemiparesis , meaning weakness on one side; neglect , meaning reduced awareness of one side of the body or space; visual loss; poor coordination; or cognitive changes affecting attention and planning.

Low mood, anxiety, altered taste, mouth dryness, dental problems, ill-fitting dentures, nausea, and constipation can further reduce appetite. These issues may need treatment in their own right.

What you can do

Follow the eating and drinking plan provided after assessment. Do not change food textures, stop thickener, or try swallowing exercises without checking with the relevant clinician. A safer choice for one person may be unsafe for another.

Ask for clear written instructions covering:

Texture levels may be described using the International Dysphagia Diet Standardisation

Initiative, or IDDSI, framework. Ask staff to show you what the recommended level should look like. Do not assume that foods described as "soft" or "smooth" automatically meet that level.

Sit as upright as your plan allows and remain alert during meals. Reduce distractions if attention is difficult. Use the bite size, pace, and techniques recommended during assessment rather than improvising a routine.

Keep the mouth, teeth, tongue, and dentures clean. Ask for help if weakness or coordination makes mouth care difficult. Report mouth pain, broken teeth, white patches, bleeding gums, or poorly fitting dentures.

Never crush tablets or open capsules unless a pharmacist confirms that it is safe. Some medicines stop working properly or become harmful when altered. A pharmacist can check whether a liquid, dispersible, or different formulation is available.

If you are losing weight, struggling to drink enough, or taking a very long time to finish meals, ask for a dietitian review. Keep a short record of drinks, unfinished meals, coughing episodes, and weight changes if your team says this would be useful.

Some people need temporary feeding through a tube into the stomach. Longer-term tube feeding may also be considered when safe, adequate intake by mouth is not possible. This is an individual medical decision and should include discussion of benefits, burdens, preferences, and goals of care.

Arrange routine follow-up if meals remain difficult, your recommended textures are limiting what you can eat, or your abilities appear to have changed.

Seek urgent medical advice for new fever, worsening cough, breathlessness, repeated vomiting, inability to take prescribed fluids, or signs of dehydration.

Call emergency services if someone cannot breathe, speak, or cough because of choking. Use recognised choking first aid if you are trained to do so. New facial drooping, arm weakness, speech difficulty, or other possible stroke signs also require emergency help.

- Which food and drink textures are recommended
- The safest sitting position and level of supervision
- Any specific swallowing techniques
- How medicines should be taken
- When reassessment is planned

Common questions

Can I drink through a straw?

A straw is helpful for some people and unsafe for others because it can change the speed and amount of liquid entering the mouth. Use one only if it is included in your swallowing plan.

Are thickened drinks always safer?

No. Thickened drinks may help some people control liquid, but they are not suitable for everyone. The thickness must be chosen after assessment and prepared correctly. Tell your team if thickened drinks make it difficult to drink enough.

Can swallowing exercises be found online?

Exercises target particular swallowing muscles or movements. The wrong exercise may be ineffective or unsuitable. Ask a swallowing specialist whether exercises are appropriate and how often to perform them.

Will swallowing return to normal?

Swallowing can change during stroke recovery, but it is not possible to predict the outcome from general information. Reassessment can show whether your plan should be updated.

Can someone still eat for pleasure with a feeding tube?

Sometimes, but only if an assessment shows that a particular amount or texture can be taken with an acceptable level of risk. A feeding tube does not by itself establish whether swallowing is safe.

What if eating is safe but using cutlery is difficult?

Ask for an occupational therapy assessment. Adapted cutlery, non-slip mats, plate guards, supportive seating, or changes to food placement may make self-feeding easier.

Sources

- National Institute for Health and Care Excellence. Stroke rehabilitation in adults (NG236) . Recommendations on swallowing assessment, nutrition, hydration, and rehabilitation.
- Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke , 2023 edition . Guidance on dysphagia screening, specialist assessment, oral care, nutrition, and feeding after stroke.
- American Speech-Language-Hearing Association. Adult Dysphagia Practice Portal . Overview of swallowing assessment, instrumental testing, and management.
- International Dysphagia Diet Standardisation Initiative. IDDSI Framework . Standard descriptions and testing methods for modified food and drink textures.