



EVIDENCE SEARCH RESULTS

Question/subject of request:	I'd like to know more about the role of speech and language therapy at end of life, around nutrition, hydration and oral care. Anything specific that can be found around supporting people with learning disabilities would be great. I'd like to know more about the physiological changes that are seen as someone moves towards dying.
Date requested:	6/7/2024
Date completed:	15/8/2024
Compiled by:	Roxanne Hart

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Hart, R., (2024). *Evidence summary: speech and language therapy at end of life*, Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

CONTACT DETAILS

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The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

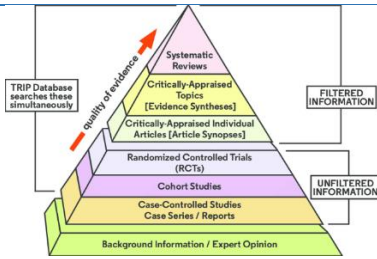
The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.



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Contents (click to jump to each section):

In addition to the below I would also recommend checking the RCSLT if you haven't already. I am not a member so their resources are paywalled for me.

[Hydration/ nutrition](#)

[Bigford et al 2022](#) How do the views of registered dietitians on hydration and nutrition at EOL vary compared to Speech Language therapists?

[Berkman et al 2019](#) SLT views on comfort feeding in advanced dementia

[Askren et al 2020](#) do food and drink contribute to a quality of death?

[Compher et al 2022](#) updated the 2016 guidelines on 5 foundational questions central to critical care nutrition support.

[Carter 2020](#) to what extent does clinically assisted nutrition and hydration have a role in the care of dying people?

[Cardenas 2021](#) discusses the ethical issues in artificial nutrition and hydration.

[Pathophysiology](#)

[Sharma et al 2019](#) gives an overview of the pathophysiology of critical illness and how it alters carbohydrate, protein, and fat metabolism.

[Palliative care and SLT](#)

[Dias et al 2024](#) communication strategies for palliative adults

[Hawksley et al 2017](#) looked at the views and experiences of SLT around communication disorders in palliative care

[Kelly 2019](#) is a dissertation on the role of SLTs in palliative care, what are the issues and what is there consensus on?

[Sharp et al 2024](#) is a book on end of life care considerations for the SLT

[Stead et al 2023](#) from one of the authors of the Sharp book is a chapter on teaching EOL care for SLT

[Chadha et al 2017](#) ethical considerations and clinical recommendations for SLPs.

[Learning disabilities](#)

[Codling et al 2022](#) talk about how they developed an end of life pathway for people with learning disabilities through multidisciplinary working (including an SLT)

[Forrester-Jones et al 2017](#) This study aimed to explore a specialist intellectual disability service for older people who are dying and how it related to their quality of life and to costs associated with care provided.

[Bruun et al 2024](#) how they co-designed a toolkit of approaches and resources for end of life care planning

[Hydration/ nutrition](#)

Bigford, M. K., Heuberger, R., Raymond, E., Shayna, V., & Paauw, J. (2022). Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life. *American Journal of Hospice and Palliative Medicine*®, 39(1), 9-17. Please email library@somersetft.nhs.uk to request to full text.





There was a strong belief among RDNs that ANH at end of life (EOL) would improve nutritional status, although a correlation was found between those in favor of ANH and believing it was ethical to withhold ANH at EOL ($R^2 = 0.109$, $p = 0.002$). Responses indicated that SLPs need more education regarding ANH techniques, while RDNs felt ANH would improve aspiration risk. Place of employment, religion and age of respondents were also found to impact beliefs

Berkman, C., Ahronheim, J. C., & Vitale, C. A. (2019). [Speech-language pathologists' views about aspiration risk and comfort feeding in advanced dementia.](#) *American Journal of Hospice and Palliative Medicine*, 36(11), 993-998.

The study aim was to characterize circumstances under which SLPs recommend continued oral feeding in patients with advanced dementia at high risk of aspiration

Askren, A. N., & Kershner, M. (2020). Eating, drinking, and comfort at end-of-life: Promoting a quality of death. *Perspectives of the ASHA Special Interest Groups*, 5(4), 1015-1020. Please email library@somersetft.nhs.uk to request to full text.

In this piece, we explore the effects of food, drink, and the fasted state in both healthy adults and adults at end-of-life. We pose the thought-provoking question: Do food and drink contribute to a quality of death?

Compher, C., Bingham, A. L., McCall, M., Patel, J., Rice, T. W., Braunschweig, C., & McKeever, L. (2022). [Guidelines for the provision of nutrition support therapy in the adult critically ill patient: The American Society for Parenteral and Enteral Nutrition.](#) *Journal of Parenteral and Enteral Nutrition*, 46(1), 12-41.

"This guideline updates recommendations from the 2016 American Society for Parenteral and Enteral Nutrition (ASPEN)/Society of Critical Care Medicine (SCCM) critical care nutrition guideline for five foundational questions central to critical care nutrition support."

Carter, A. N. (2020). [To what extent does clinically assisted nutrition and hydration have a role in the care of dying people?.](#) *Journal of Palliative Care*, 35(4), 209-216.

"The question over whether to administer clinically assisted nutrition and hydration (CANH) to a dying patient is controversial, with much debate concerning this sensitive issue. The administration of CANH poses clinical and ethical dilemmas, with supporting and opposing views. Proposed positive effects of CANH include preventing thirst, delirium, hypercalcemia, and opioid toxicity. However, CANH has been shown to increase the risk of aspiration, pressure ulcers, infections, and hospital admissions as well as potentially causing discomfort to the patient. Guidance from several national bodies generally advises that the risks and burdens of CANH outweigh the benefits in the dying patient. However, an individualized approach is needed, and the patient's wishes regarding CANH need consideration if they have capacity and can communicate."

Cardenas, D. (2021). [Ethical issues and dilemmas in artificial nutrition and hydration.](#) *Clinical nutrition ESPEN*, 41, 23-29.

"Caregivers must be ethically capable of responding to the nutritional needs according to the patient's will and desires even if the patient is not capable of self-determination, always looking for the best benefit to the patient and avoiding harm."

Pathophysiology

Sharma, K., Mogensen, K. M., & Robinson, M. K. (2019). Pathophysiology of critical illness and role of nutrition. *Nutrition in clinical practice*, 34(1), 12-22. Please email library@somersetft.nhs.uk to request to full text.

"In this review, the basic pathophysiology of critical illness and how it alters carbohydrate, protein, and fat metabolism are discussed. This is followed by a discussion of malnutrition and how it affects patient and hospital outcomes. Finally, a summary of the available evidence regarding nutrition support and its impact on outcomes are provided. This review is not intended to provide practice-based guidelines; instead, it intends to highlight available data on the role of nutrition support in critically ill patients."

Palliative care and SLT

Dias, C., Rodrigues, I. T., Gonçalves, H., & Duarte, I. (2024). [Communication strategies for adults in palliative care: the speech-language therapists' perspective.](#) *BMC Palliative Care*, 23(1), 49.

"Verbal and non-verbal strategies were rated as highly important. There was no evidence of differences in perception in terms of importance between the SLTs with or without experience in PC, but more studies are





needed to support this aspect. The patient's communication ability is one of the cornerstones of PC quality. Through their actions, speech-language professionals could empower the patient with strategies so that they can autonomously and self-determinedly express their experiences and most significant needs."

Hawksley, R., Ludlow, F., Buttmer, H., & Bloch, S. (2017). [Communication disorders in palliative care: Investigating the views, attitudes and beliefs of speech and language therapists](#). *International Journal of Palliative Nursing*, 23(11), 543-551.

"This report aimed to form a picture of the experiences and views of SLTs about their communication role in palliative care. Results suggest that SLTs are forging a self-identity in a sector that is itself constantly evolving, which causes difficulties in defining their role. Participants report that other health professionals have a poor understanding of the SLT's role. SLTs may benefit from palliative care-specific guidelines and increased interprofessional awareness of their role in order to become better integrated into the palliative care sector."

Kelly, K. (2019). [The role of speech-language pathologists in palliative care: exploring the issues and reaching consensus](#) (Doctoral dissertation).

SLPs provide palliative and EOL care for people with various of clinical conditions through a range of service delivery models. Consensus statements provide an initial agreed definition of the SLP role in palliative care and how this can be supported. They can be used as a tool for service planning, benchmarking and future research

Sharp, H., & Stead, A. (2024). *End-of-life Care Considerations for the Speech-language Pathologist (Vol. 1)*. Plural Publishing. Please email library@somersetft.nhs.uk to request a copy (we can order it in from Exeter Library)

Stead, A., Haynie, S., & Vinson, M. (2023). [Teaching End-of-Life Care in Speech-Language Pathology: A Tutorial](#). *Teaching and Learning in Communication Sciences & Disorders*, 7(1), 4.

The purposes of this paper are three-fold: First, to explore what is known about the teaching and training of EoL in the discipline of speech-language pathology; second, to explore successful pedagogical strategies being used to teach this content; and third, to provide evidence-based suggestions for the inclusion of this content into speech-language pathology curriculum.

Chahda, L., Mathisen, B. A., & Carey, L. B. (2017). [The role of speech-language pathologists in adult palliative care](#). *International Journal of Speech-Language Pathology*, 19(1), 58–68.

The main focus of these articles was on ethical considerations and clinical recommendations for SLPs. Recommendations arising from this scoping review include providing goals to support current practising SLP clinicians and developing clinical guidelines to manage swallowing and/or communication needs of people receiving palliative care.

Intellectual disabilities

Codling, M., Knowles, J., & Myers, L. (2022). [Developing an end of life care pathway for people with learning disabilities through partnership working](#). *Learning Disability Practice*, 25(4).

" Findings from a literature review and a retrospective audit informed the development of an end of life care pathway for people with learning disabilities.

The pathway aims to provide learning disability staff with a unified and structured approach that places the service user at the centre of care and enhances partnership working with palliative care services. The pathway prompts the development of a personalised care plan that respects the wishes of the person and their family. The pathway is now in use by community learning disability teams across the county. In this article the authors explain the background and rationale for the pathway and describe its development and implementation.

Forrester-Jones, R., Beecham, J. K., Barnoux, M., Oliver, D., Couch, E., & Bates, C. (2017). [People with intellectual disabilities at the end of their lives: The case for specialist care?](#) *Journal of Applied Research in Intellectual Disabilities*, 30(6), 1138-1150.

People with intellectual disabilities have a shorter life expectancy, but healthcare improvements mean that they are beginning to live longer, with associated health difficulties. This means that there is an urgent need to focus research on ageing as well as end-of-life care. This study aimed to explore a specialist intellectual disability service for older people who are dying and how it related to their quality of life and to costs associated with care provided.





Bruun, A., Cresswell, A., Jeffrey, D., Jordan, L., Keagan-Bull, R., Giles, J., ... & Tuffrey-Wijne, I. (2024). [The All Together Group: Co-Designing a Toolkit of Approaches and Resources for End-of-Life Care Planning With People With Intellectual Disabilities in Social Care Settings](#). *Health Expectations*, 27(4), e14174.
 “Through an iterative, flexible, inclusive, and comprehensive co-design process, a toolkit of three newly developed and three existing resources was created to facilitate support staff in doing end-of-life care planning with people with intellectual disabilities. Following a trialling process with support staff, the final toolkit was made freely available online.”

I hope this is helpful. Please do let us know if you need any further information.

The library keeps a repository of evidence searches on the inSPIRE institutional repository. These results will only be shared in the repository if you have given your permission to do so.

Thank you.

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	Pubmed		HMIC	BMJ Best Practice
X	Medline		Social Policy and Practice	Cochrane Library
	Emcare	X	CINAHL	TRIP
X	Embase		PsycINFO	X Grey Literature
	AMED		UpToDate	X Other

PURPOSE OF SEARCH



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	Patient info/health & well being	X	Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making		Other

USER CATEGORY OF REQUESTOR			
	Medical students		Patients/public
	Nursing/midwifery students		Physician Associates
	Junior doctors		Public Health (Somerset CC)
	Nurses/Midwives		Other
X	Allied Health professionals		

HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?			
X	YES - share		NO – do not share

KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS	LIMITS USED
Speech and language rehab* Speech and language pathology* Speech and language therap* Palliative End of Life Learning disabilities Intellectual disabilities Physiology Pathophysiology	





METADATA (TAGS)

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