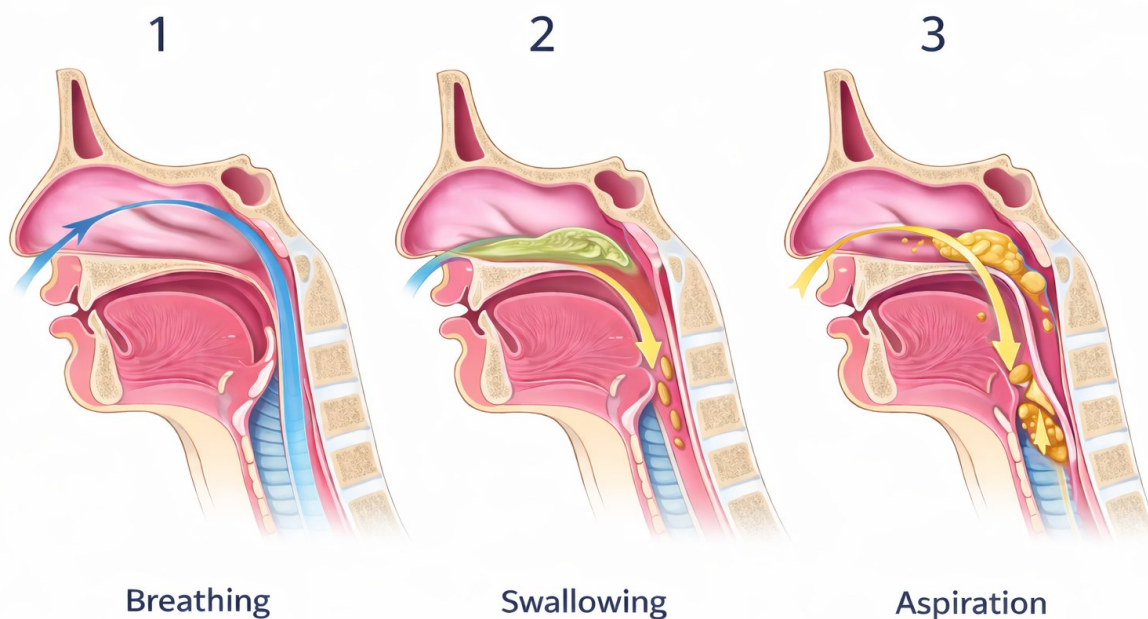




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## When Swallowing Changes in Dementia: Understanding Dysphagia, the Brain, and the Body



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Swallowing is controlled by the brain, not the throat. Although swallowing appears simple, it is one of the most complex neurological processes the body performs. It requires multiple brain regions to work together to recognise food and fluid, initiate the swallowing reflex, protect the airway, and coordinate over 30 muscles in a precise and timed sequence. In a healthy brain, this entire process happens automatically and without conscious effort. The brain recognises the presence of food or liquid, prepares the muscles, closes the airway, and directs the material safely into the oesophagus and toward the stomach.

In dementia, this neurological coordination gradually becomes affected. This condition is called dysphagia, which means difficulty swallowing safely. Dysphagia does not occur because the throat itself has failed, but because the brain can no longer reliably coordinate the swallowing sequence. The muscles themselves may still be capable of functioning, but the brain's ability to control timing, sequencing, and airway protection becomes less reliable. This is a neurological change, not behavioural refusal.

At the centre of safe swallowing is a small but critical structure called the epiglottis. The epiglottis acts like a protective valve. Its role is to close over the airway at exactly the right moment during swallowing, ensuring that food and drink enter the oesophagus and travel to the stomach, while air continues to enter the lungs through the trachea when breathing. The brain controls when this valve opens and closes. When breathing, the epiglottis remains open so air can move freely into the lungs. When swallowing, the brain signals the epiglottis to close, temporarily sealing the airway to prevent food or liquid from entering the lungs. This timing must be precise. In dementia, the brain may delay or fail to send the correct signal. When this happens, the epiglottis may not close at the correct time, allowing food, fluid, or saliva to enter the airway. This is called aspiration, and it significantly increases the risk of choking and aspiration pneumonia. The problem is not the valve itself, but the brain's reduced ability to coordinate its timing.

Several brain regions are responsible for coordinating swallowing, including the motor cortex, which controls muscle movement; the brainstem, which controls the automatic swallowing reflex; the sensory cortex, which recognises food and fluid presence; and the frontal lobe, which helps initiate voluntary swallowing. As dementia progresses, these systems gradually become less reliable. The brain may delay initiating the swallow reflex, may fail to recognise food in the mouth, or may lose coordination between muscles. The person may appear to forget how to swallow, may hold food in their mouth, or may swallow too late to safely protect the airway.

When swallowing coordination is reduced, food or liquid may remain in the mouth longer than expected, may move too slowly, or may enter the airway instead of the oesophagus. This increases the risk of coughing, choking, dehydration, malnutrition, and infection. The physical ability to swallow may still exist, but the brain's ability to coordinate the sequence safely has changed. This is why dysphagia reflects neurological progression rather than loss of willingness or cooperation.

The symptoms of dysphagia reflect the brain's reduced ability to coordinate this sequence. A person may have difficulty initiating swallowing because the brain does not trigger the reflex reliably. They may cough or choke when eating or drinking because the airway is not fully protected. Food or fluid may appear to go down the wrong way, increasing the risk of chest infections or aspiration pneumonia. The person may hold food in their mouth for prolonged periods, chew excessively, or require softer foods to manage swallowing safely. Drooling or saliva build-up may occur because swallowing saliva is also a brain-controlled process. A wet or gurgling voice after swallowing can indicate fluid remaining near the airway. Unexplained weight loss may occur as eating becomes physically difficult or tiring. These symptoms reflect neurological change affecting coordination, timing, and airway protection.

As neurological involvement progresses further, swallowing ability may decline significantly. In advanced cases, this may lead to aphagia, which is the complete loss of the ability to swallow safely. Aphagia occurs when the brain can no longer initiate or coordinate the swallowing sequence. This reflects advanced neurological progression affecting automatic brain-controlled functions.

To reduce risk and support swallowing safety, the International Dysphagia Diet Standardisation Initiative (IDDSI) framework provides standardised food textures and fluid thickness levels. These adaptations are not designed to restrict the person, but to match the brain's current

coordination ability. Thicker fluids move more slowly than thin fluids, giving the brain more time to initiate and complete the swallowing sequence safely. Softer foods require less muscle coordination and reduce the risk of choking or aspiration. These adaptations allow the environment to be adjusted to the brain's changing ability, rather than expecting the brain to perform as it once did.

Understanding dysphagia changes how swallowing difficulties are interpreted. Swallowing difficulty in dementia reflects neurological progression, not personal choice. Recognising this allows families and caregivers to respond with appropriate adaptations, patience, and safety awareness. Care can then be aligned with the brain's current ability, preserving safety, reducing risk, and maintaining dignity.

You can explore the free **Launex Dementia Torch resources** here:

<https://launexltd.com/resources> or email [info@launexltd.com](mailto:info@launexltd.com)

If you want deeper guidance on preserving independence, dignity, and decision-making in the early stages of dementia, the **Launex Family Pathway Course** provides structured insight into navigating this transition with confidence.

#UnderstandingDementia #DementiaCare #Dysphagia #CaregiverSupport #BrainHealth