Adapting to mealtimes: The lived experiences of elderly people with dysphagia
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Introduction: Eating and drinking is one of the most basic human needs for sustenance and typically enacted in a social context. However, difficulties caused by dysphagia complicate and can prevent the enjoyment of one of life's greatest pleasures. In Denmark occupational therapists are primarily responsible for and play an important role in dysphagia management. Little is known about how elderly patients are experiencing the daily challenges of having dysphagia. Objectives: The aim of this phenomenological study was to explore and understand the lived experiences of elderly people with dysphagia adapting to their mealtimes. Methods: Using purposive sampling three patients over aged 65 and admitted to a geriatric ward were recruited. Individual in-depth interviews were conducted twice using a semi-structured interview guide. Interviews were audio-taped, transcribed verbatim and subjected to Interpretative Phenomenological Analysis. A reflexive journal was kept throughout the process and the second interview was used a form of memberchecking. Results: Results illustrated three over-arching themes: every day is a struggle, mealtimes become very emotional, and coping with the consequences. Participation in mealtimes changed considerably with the onset of dysphagia, and the participants were avoiding participating in meal-related activities due to the physiological and psychological consequences such as coughing, risk of aspiration, shame, and fear of others taken pity on them. Conclusion: Mealtimes became either unsafe or no longer pleasurable, thereby reducing one of life’s greatest pleasures to a mere human basic need of sustenance and left the participants with little energy to perform other activities of daily living. Contribution to the practice of occupational therapy: Dysphagia has a vast impact on the person’s physical and emotional health as well as quality of life. Therefore, it is important that health care professionals help them manage their dysphagia, as by using adaptive strategies, in order to improve participation in mealtimes.
Key words: dysphagia, elderly people, prevention of activity/participation limitation, interpretative phenomenological analysis.