

### 3:9 Swallowing Difficulties, Textured Modified Diets and Thickened Fluids

Swallowing difficulties (also known as Dysphagia) are a well-recognised complication of many conditions, for example:

- Neurological conditions such as Stroke, brain cancer tumour , head injury, dementia, Motor Neuronal Disease, Multiple Sclerosis, Parkinson's disease, Huntington's Disease
- Respiratory difficulties associated with chronic obstructive pulmonary disease, lung cancer, prolonged intubation
- Head and neck cancers and their treatment
- Oesophageal cancers, strictures and other anatomical abnormalities
- Complex medical conditions, general deterioration and/or polypharmacy
- Mental illness. This can be due to multiple factors, for example, the nature of the psychiatric disorder, effects of psychiatric medications, co-occurring physical and neurological conditions, and/or illness-related behavioural changes.
- Learning disability and related conditions
- Congenital and lifelong conditions, e.g. spina bifida, cerebral palsy, dystrophies

The Mental Welfare Commission for Scotland has recommended that NHS boards should have in ***“place a multidisciplinary risk assessment process and clear guidance on decision-making on nutrition for people with swallowing difficulties”*** cited in Healthcare Improvement Scotland 2014 Food, Fluid and Nutritional Care Standard 2 p.11) from starved of Care Mrs. V

Individuals experiencing swallowing difficulties are at risk of choking and/or aspiration of the food or fluid into the lungs. This can lead to physical health complications including chest infection, aspiration pneumonia or death. Individuals with swallowing difficulties may also be at risk of malnutrition.

Any concern regarding the safety and adequacy of a patient's swallow should be brought to the attention of medical staff.

The NHSGGC Mental Health Dysphagia Pathway is a decision-making document that can assist staff in selecting appropriate management for patients who are reporting or experiencing swallowing problems. The flowchart section (page 1) of this document should be used to help staff decide when to refer on to other professionals and what referrals may be most appropriate. Pages 2 and 3 of the document can be used to document decisions made and initiate referral to Speech and Language Therapy. Please see section 3.10 of this manual “Accessing Speech and Language Therapy” for details of the pathway.

Speech and Language Therapists assess and treat people who are experiencing swallowing difficulties at the oral or pharyngeal stage. Individuals with dysphagia only at the oesophageal stage should be immediately directed to receive advice from appropriate medical professionals.

## Safer swallowing strategies and advice

A range of strategies may be suggested to support someone to reduce their risk of aspiration and choking and/or maximize their ease and enjoyment of the eating and drinking process. These strategies can include; adapted cups, suitable utensils, posture and positioning advice, methods to control rate of eating and drinking, recommendations on size of mouthful, taste or temperature advice, or other environmental considerations such as adapting noise levels or lighting. Any advised strategies should be discussed with other professionals, the person and their carers prior to implementation, and followed by all working with the individual. The success of these strategies should be reviewed regularly with any concerns reported back to the appropriate professional.

## Texture Modified Diets

A texture modified diet will contain carefully selected foods of an appropriate consistency which can be more managed by a person with difficulties chewing and/or swallowing. Patients who are recommended a texture modified diet are at greater risks of malnutrition and dehydration due to many factors including poor intake and appetite.

The International Dysphagia Diet Standardisation Initiative (IDDSI) food and fluid descriptors were fully implemented in NHS GGC in April 2019. These descriptors replace all other previously used texture modified food and fluid descriptors.



IDDSI Level	Descriptor	Symbol	Ordering Information
7	<b>Regular-</b> Normal everyday foods of various textures, biting and chewing ability needed	-	Standard Patient Menu
7(EC)	<b>Easy to chew-</b> Normal everyday foods of soft/tender textures only, biting and chewing ability needed	 Easy to eat/soft	Choices indicated with symbol on standard patient menu
6	<b>Soft and Bite-Sized-</b> tender and moist throughout, with no thin liquid leaking or dripping from the food. Chewing ability needed		Level 6 Menu (Apetito)
5	<b>Minced and Moist -</b> Very soft, small moist lumps, minimal chewing ability needed		Level 5 Menu (Apetito)
4	<b>Pureed-</b> Smooth with no lumps, not sticky, no chewing ability needed. Can be eaten with a spoon		Level 4 Menu (Apetito)
3	<b>Liquidised-</b> Can be eaten with a spoon or drunk from a cup. Cannot be eaten with a fork because it slowly drips through		Level 3 menu- only soup available supplied by (Apetito)

### Additional considerations

- Please see IDDSI website [www.iddsi.org](http://www.iddsi.org) for more detailed description of the IDDSI food levels.
- Please make sure that ALL food (including snacks and food brought in from outside the hospital) is the correct recommended consistency.
- Where possible the texture modified meal should be left in its container for service. This allows the appearance of the moulded meal to be maintained i.e. the peas look like peas; and also the ward staff can make a double check before

it is served to the patient in accordance with the Right Patient, Right Meal Right Time Policy.

- Ward staff are required to ensure that the meal is suitable for their patient at each mealtime before service. This can be done by checking the meal can be mashed up using a fork. On occasions there may be parts of the meal that can't be broken up with a fork and therefore should be removed from the patient's plate before serving the meal (e.g. crispy edge on a pasta dish). Fish dishes should also be checked for the presence of small bones and these should be removed. A member of the ward team must check the texture is appropriate before serving to the patient.

## Fluids

Speech and Language Therapists following a detailed assessment may recommend that an individual may require thickened drinks. This could be for a variety of reasons e.g. poor control of fluids in the mouth or a delay in swallowing. Fluids can be thickened to IDDSI levels 1-4 (see diagram above).

IDDSI Level	Description
Level 0 – thin	Normal thin fluids, no modification required.
Level 1 – slightly thick.	Leaves a coating on an empty glass and can be easily taken through a straw if recommended.
Level 2 – mildly thick.	Leaves a thin coat on a back of a spoon. Can be drunk from a cup and easily taken through a straw if recommended.
Level 3 - moderately thick.	Leaves a thick coat on the back of a spoon. Can be drunk from a cup but too thick to be taken through a straw.
Level 4 – extremely thick.	Unable to be drunk through a straw or a cup due to thickness. Needs to be taken from a spoon.

## Additional considerations

- ALL fluids must be thickened to the suggested consistency (see below for separate advice regarding oral nutritional supplements). The incorrect consistency (too thick or thin) increases the risk of aspiration and associated complications.
- See IDDSI website [www.iddsi.org](http://www.iddsi.org) for more specific details of how to test that you have achieved the correct consistency of the fluid.
- Use a shaker, whisk or fork to thicken fluids where possible
- Please note that shakers are not designed to be used with hot or fizzy drinks.
- You will find directions on how to thicken drinks on your tin of thickening powder.
- These directions may vary depending which thickening powder is used.

- GGC currently use Nutilis Clear as its preferred thickener unless otherwise indicated. For more information please see [www.nutilis.com](http://www.nutilis.com)

### **Oral nutritional supplements**

Any patient with dysphagia may be at increased risk of malnutrition and dehydration. Referral to the Dietitian should be considered, particularly for patients who are requiring more modified levels of diet or fluids, eg levels 3 and 4.

For patients with dysphagia who require thickened fluids and oral nutritional supplements, please refer to the online Oral and Enteral Nutrition Formulary - Adults and Older Children, for further guidance on IDDSI levels assigned to individual products.