

# Dysphagia

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Have you ever swallowed a food or liquid only to have it “go down the wrong way”? If you have, then you have an idea of what it might be like to have a swallowing problem—If you multiply that experience times the more than 600 times a day that we swallow!

Approximately 6.5 million Americans are affected by swallowing problems, or dysphagia. There is a definite association between dysphagia and aspiration pneumonia, which is the 5th leading cause of death in people over 60 years old, and the 3rd leading cause of death in people over 80 years old. About 53-75% of nursing home residents have some form of dysphagia, which can have a dramatic impact on nutritional status.

People who are likely to develop dysphagia include those who have had a stroke, those who have a neurological disease, muscle disease, cancer or dementia.

Warning signs of dysphagia include:

- Taking a long time to begin a swallow
- Coughing, choking, lack of a gag reflex, or weak cough
- Difficulty controlling mouth secretions, wet/gurgly voice
- Spitting food out, regurgitation of food, or refusing to eat
- Repeated upper respiratory infections with or without a diagnosis of aspiration pneumonia
- Unintentional weight loss
- Fullness or tightness in the throat or chest, or a sensation of food sticking in sternal area

Anyone displaying any of these signs should be referred to a Speech Language Pathologist (SLP). If the SLP determines it is necessary, a barium swallow (a moving X-ray of the swallowing process) may be done to determine the type of problem and how best to treat it. Treatment usually consists of a combination of swallowing exercises, swallowing techniques, and food/fluid consistency alterations. The primary objectives of treatment are to make swallowing safe, avoid aspiration pneumonia and assure adequate nutrition and hydration. If swallowing is determined to be unsafe (meaning food/fluid is going into the lungs), a tube feeding may be recommended. However, many patients can be treated by altering food/fluid consistencies and working with the SLP on safe swallowing strategies.

Dietary professionals work closely with the SLP to determine the appropriate consistencies of food and fluid for each patient. Foods and fluids should be easy to swallow, nutrient dense, and served in an appetizing way to encourage eating.

The National Dysphagia Diet Task Force (NDD) is working to develop a nationally standardized definition for food and fluid consistencies for dysphagia treatment. They have defined four diet levels:

**Level 1--Dysphagia Pureed** (Pureed, homogenous, cohesive, pudding-like)

**Level 2--Dysphagia Mechanically Altered** (Cohesive, moist, semi-solid. Requires some chewing ability. Ground or minced meats with fork-mashable fruits & vegetables. Excludes most bread products, crackers, and other dry foods).

**Level 3--Dysphagia Advanced** (Soft-solid. Requires more chewing ability. Easy-to-cut meats, fruits, vegetables. Excludes hard, crunchy fruits & vegetables, sticky foods, very dry foods.)

**Level 4--Regular** (any solid textures)

Thin liquids are usually the most difficult to swallow. Thickening liquids slows the time it takes for the fluid to move through the mouth and esophagus and allows better control of the swallow. The NDD is trying to define liquid consistencies as well (manufacturers will be encouraged to comply with a minimum viscosity level for their products):

- Thin (water, coffee, tea, soda, ices, tomato juice, or anything that will liquefy in the mouth within a few seconds)
- Nectar-Like (thickened to nectar consistency such as apricot or peach nectar)
- Honey-Like (thickened to honey consistency)
- Spoon Thick (thickened to a pudding consistency)

### **Avoiding malnutrition and weight loss**

Assure adequate nutritional intake of calories, protein, and nutrients by using fortified foods, supplements, calorie and protein boosters. These foods will increase nutrient density without dramatically increasing volume. Monitor food intake and weight status, and interview patients to honor food preferences and assess whether food and fluids are accepted.

Standardized pureed recipes can help to achieve a consistent, nutritionally sound product (flavor, appearance, cost, consistency, nutritional value). Use gravies, sauces, whipped cream, etc; vary shapes using molds, soufflés,

mousse, and gelled bread products. There are many good products available on the market for patients with dysphagia. Pre-thickened liquids take the guesswork and potential human error out of the thickening process. Food thickeners and pre-prepared pureed products can allow variety in the pureed diet.

Mechanically altered diets should be served on china dishes just like all other diets. It is best to avoid divided dishes unless a patient needs a divided dish to enhance independence in eating.

It is extremely important to position residents properly for best swallowing ability. Work closely with the SLP for tips on how to make swallowing easier for individual residents. Be sure staff is well trained on feeding techniques for dysphagia. And don't forget to have patients reevaluated to assure that they are receiving the least restricted diet.

Becky Dorner & Associates developed one of the first pureed food cookbooks, *Puree Pizzazz* in 1990. *Puree Pizzazz* was most recently updated in 1997. For more information, call 1-800-342-0285.