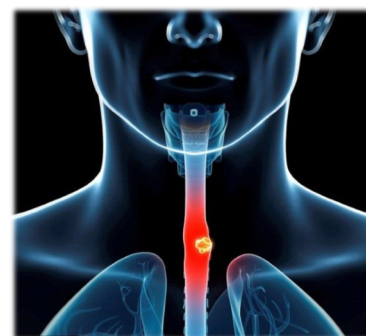


Dysphagia, Changes to texture modification terminology for food and drink and thickening powders

DYSPHAGIA

Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.



Signs of Dysphagia

- Coughing or choking when eating or drinking.
- Bringing food back up, sometimes through the nose.
- A sensation that food is stuck in your throat or chest.
- Persistent drooling of saliva.
- Being unable to chew food properly.
- A 'gurgly' wet sounding voice when eating or drinking.

Over time, dysphagia can also cause symptoms such as weight loss and repeated chest infections.

Causes of Dysphagia

Dysphagia is usually caused by another health condition, such as:

- A condition that affects the nervous system, such as a stroke, head injury, multiple sclerosis or dementia.
- Cancer - such as mouth cancer or oesophageal cancer.
- Gastro-oesophageal reflux disease (GORD) - where stomach acid leaks back up into the oesophagus.

Source: <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>

Treating Dysphagia

Treatment usually depends on the cause and type of dysphagia.

Many cases of dysphagia can be improved with careful management, but a cure isn't always possible.

Treatments for dysphagia include:

- Speech and language therapy to learn new swallowing techniques.
- Changing the consistency of food and liquids to make them safer to swallow.
- Other forms of feeding - such as tube feeding through the nose or stomach.
- Surgery to widen the oesophagus, by stretching it or inserting a plastic or metal tube (stent).

Complications of Dysphagia

Dysphagia can sometimes lead to further problems.

One of the most common problems is coughing or choking, when food goes down the "wrong way" and blocks the airway. This can lead to chest infections, such as aspiration pneumonia, which require urgent medical treatment.



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Managing Dysphagia

Management strategies for dysphagia may involve food and/or fluid modification, swallow rehabilitation and compensation strategies.

An appropriately trained dysphagia practitioner will assess and advise patients on:

- Changing the consistency of fluids to make swallowing safer e.g. thickening drinks to help them move more slowly from the oral cavity, through the pharynx and down the oesophagus, allowing time for an effective swallow to protect the airway.
- Modified texture diets to aid the preparation of food for swallowing particularly if there are difficulties chewing or where there is an oesophageal narrowing / obstruction.
- Positioning, posture and specific equipment (such as dysphagia cups and spoons that limit the volume placed in the mouth) to assist patients when eating and drinking.
- Exercises to help strengthen the muscles in the mouth and pharynx used for preparing food to swallow and clearing the oral cavity and pharynx of residue after the swallow.



Referrals

When to refer to Speech and Language Therapy for a swallowing assessment:

- When a client is showing signs of aspiration at mealtimes (e.g. coughing, wet voice, changes in breathing) and making changes to the environment, posture or food and drink consistency have not helped.
- When a client has had recent or recurrent chest infections which are thought to be related to swallowing difficulties or where the cause is unknown.
- When a client is non-compliant with swallowing advice and does not have Mental Capacity to make a decision to risk feed.
- When there has been a sudden unexplained deterioration in a client's swallowing.
- When a client or family member has concerns about their swallowing.
- When there is deterioration in a client's health, e.g. due to a stroke or new neurological diagnosis, and this seems to be impacting on their swallowing.



All referrals should be sent to the Adult Speech and Language Therapy Services using the [Care Home Referral Form](#) and emailed to: cpm-tr.adultslt@nhs.net.



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International Dysphagia Diet Standardisation Initiative (IDDSI)

What is IDDSI?

The International Dysphagia Diet Standardisation Initiative (IDDSI) was founded in 2013 with the goal of developing new international standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.

From April 2018 the Royal College of Speech & Language Therapists and the British Dietetic Association adopted the new International Dysphagia (Swallowing Difficulties) Diet Standards Initiative (IDDSI).

Visit <https://iddsi.org> for more information and resources.

The key differences between national descriptors and IDDSI:

- Food and drink textures are described using the word 'level'.
- Textures are described with a number, phrase and colour to reduce errors.
- New drinks level has been inserted - conversion between 'stages' and 'levels' must be carefully reviewed.
- All homes should be offering IDDSI compliant diets and fluids.
- A simple conversion between the old and new textures is as follows in the table below.

We would recommend that this information is discussed and shared with staff in the home who will be involved in mealtimes.

	OLD DESCRIPTORS		IDDSI LEVEL
FOOD	NORMAL DIET	7	REGULAR
	TEXTURE E—FORK MASHABLE	6	SOFT AND BITE SIZED
	TEXTURE D—PRE-MASHED	5	MINCED AND MOIST
	TEXTURE C—THICK PUREE	4	PUREED
	TEXTURE B—THIN PUREE	3	LIQUIDISED
DRINK	NORMAL/THIN FLUIDS	0	THIN
	NATURALLY THICK	1	SLIGHTLY THICK
	STAGE ONE—SYRUP THICK	2	MILDLY THICK
	STAGE TWO—CUSTARD THICK	3	MODERATELY THICK
	STAGE THREE—PUDDING	4	EXTREMELY THICK

Cambridgeshire and Peterborough NHS Foundation Trust - Community Speech and Language Therapy Team have already adopted the new descriptors for fluids and are now adopting the new descriptors for diets.



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Thickening Powders

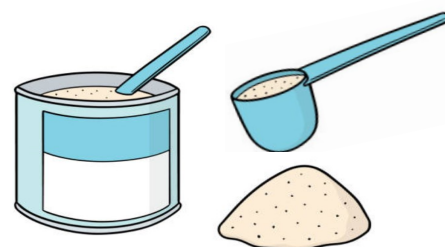
Why Use Thickeners?

Thicker liquids may help people with dysphagia to improve the control of the movement of a food bolus. This allows more time for the closing of the entrance to the trachea (windpipe) and it reduces the risk of aspiration.

Scoop Sizes

From 1 April 2018 manufacturers launched preparations with the revised IDDSI guidance on them. Please be aware this may include different sized scoops which might not correspond to the directions previously given from the Speech and Language Therapy (SALT) team.

The size of scoop contained within the tin will correspond with the revised classifications.



Please note: each brand uses a different number of scoops to achieve the described consistency.

Please ensure care plans and other documents are updated to reflect the changes.

Risk assessed, safe storage is essential following a patient safety alert issued by NHS England in 2015: [Patient Safety Alert: Thickening Powders](#).

Important Questions to Consider...

- Have all people who need a thickener had an appropriate assessment?
- Do people that need thickeners have care plans for dysphagia? Are the current consistency recommendations recorded?
- Are they only used for the people they are prescribed for?
- Are staff, including kitchen staff who prepare foods, trained on the use of thickeners?
- Are medicines thickened if needed?
- Where is the use of thickeners recorded? How is it monitored?
- Do staff know how to spot warning symptoms such as dehydration and chest infections?



Source: <https://www.cqc.org.uk/guidance-providers/adult-social-care/dysphagia-thickening-powders>

Information in this newsletter is believed to be accurate and true. NHS Cambridgeshire and Peterborough CCG employees accept no liability for loss of any nature, to persons, organisations or institutions that may arise as a result of any errors or omissions.

