

A POCKET GUIDE TO DYSPHAGIA MANAGEMENT

Causes and symptoms

Training meets the Awareness Level as defined by the Inter Professional Dysphagia Framework National Competency document for Speech and Language Therapists

This document supports and is used in conjunction with the Nutricia Dysphagia Awareness Training

NUTRICIA
Nutilis
Clear

Content

Page No.

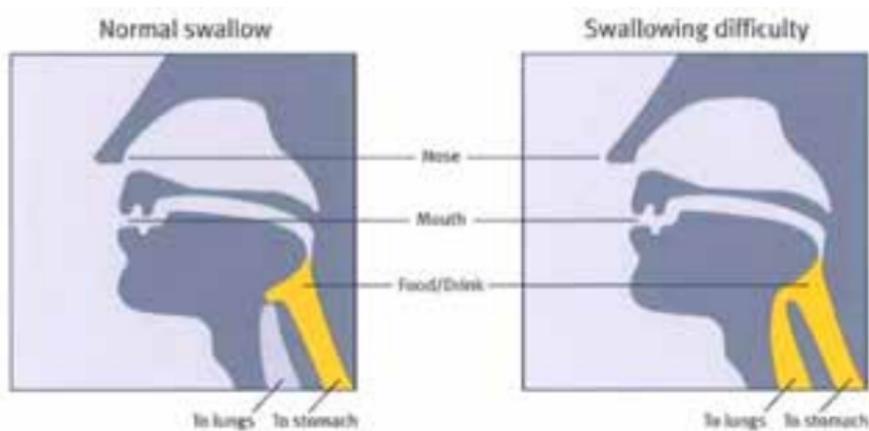
What is dysphagia?	3
The four phases of swallowing	3
Types of dysphagia	4
Causes of dysphagia	4
Signs and symptoms of dysphagia	5
Consequences of dysphagia	5
Impact on quality of life	6
Where are people with dysphagia found?	6
Dysphagia management	6
International Dysphagia Diet Standardisation Initiative	7
Fluids – the different levels and detailed descriptors	7
Food – the different levels and detailed descriptors	8
Where should thickeners be stored?	9
What actions should I take?	9
Certificate of attendance for dysphagia training	11



This information is intended for healthcare professional use only. Nutilis Clear is a Food for Special Medical Purposes for use in the dietary management of dysphagia and must be used under medical supervision.

What is dysphagia?

Dysphagia is a medical term used to describe any swallowing difficulties or discomfort. People can have minor difficulty with food or fluids or more severe swallowing problems (e.g. unable to swallow). It can occur when the muscles for chewing and swallowing (lips, jaw, tongue, palate, throat muscles) become weakened or when there is a loss of coordination from the nerves that control these muscles. Dysphagia can also occur if there is some form of blockage, such as a tumour.



The four phases of swallowing

Although swallowing is often taken for granted, it is a very complicated process that involves over 50 pairs of muscles and many nerves. Much of it is autonomic or, in other words, without our voluntary control. It is normally divided into four phases and problems with swallowing can arise at any phase if there is a loss of coordination in the process.

- 1. Preparatory Phase:** Food enters the mouth, where it is chewed and mixes with saliva to ease swallowing
- 2. Oral Phase:** The food forms a 'bolus', which is propelled to the back of the mouth by the tongue in preparation

for swallowing. This is an automatic response, controlled by the brain

- 3. Pharyngeal Phase:** This is an involuntary process in which the bolus passes down the back of the throat, controlled by the throat muscles. A small flap called the epiglottis flips over the trachea and wind pipe to direct food down the oesophagus and protect the airway
- 4. Oesophageal Phase:** Smooth muscle directs the bolus down the throat toward the stomach.

Types of dysphagia

There are two types of dysphagia:

- **Oropharyngeal dysphagia:**
This is where the difficulties in swallowing are due to problems with the mouth or throat.
- **Oesophageal dysphagia:**
This is where the difficulties in swallowing are due to problems with the oesophagus.

Causes of dysphagia

This can happen to people with a number of conditions, for example:

- Stroke
- Parkinson's disease
- Alzheimer's disease/
Dementia
- Motor Neurone Disease
- Multiple Sclerosis
- Surgery to head and neck
- Cerebral Palsy
- Learning disabilities
- Head injury/brain damage
- Ageing.

Signs and symptoms of dysphagia

Weakness of the mouth and throat muscles may result in food or drinks “going down the wrong way”. This means that the food or drinks will go into the lungs instead of the stomach. This can cause chest infections and pneumonia.

Other signs and symptoms include:

- Coughing and choking when swallowing food or drink
- Food left in the mouth after a meal
- Coughing fits, during or after mealtimes
- Eating slower than usual or leaving food on the plate
- Voice may sound wet and gurgly after eating/drinking
- Losing weight
- Feeling “chesty” or unwell.

Consequences of dysphagia

Dysphagia is considered a very serious condition because the complications of swallowing disorders can cause significant problems, which can be life threatening.

Consequences include:

- Weight loss and malnutrition¹
- Chest infections or a more serious aspiration pneumonia^{1,4,5}
- Dehydration²
- Urinary Tract Infections (UTI)³
- Increased hospital length of stay⁴
- Increased incidence of mortality^{1,4,5}.

Impact on quality of life

Dysphagia can make eating frightening. Not only this, it can make eating an embarrassing experience which impacts on self-esteem. When food and eating no longer hold any pleasure this can have an enormous physical, social and psychological impact and can lead to increased anxiety and depression.^{6,7}

Where are people with dysphagia found?

- Hospital
- Rehabilitation units
- Nursing homes/care homes
- Home.

Dysphagia management

This condition is managed by the Speech and Language Therapist (SLT) and Dietitian. Doctors, nurses and other healthcare professionals may also be involved.

- Speech and Language Therapists (SLTs) diagnose dysphagia and the extent of the swallowing difficulty
- They decide on the appropriate non nutritional and nutritional management strategies
- Dietitians work closely with the SLT on the nutritional strategies
- Doctors may also assist with diagnosis and management and are responsible for prescriptions and referrals
- Nurses and Care Home Managers are responsible for identifying cases and referring to appropriate therapists.

International Dysphagia Diet Standardisation Initiative (IDDSI)

One way to manage swallowing difficulties is to thicken food and drinks to a level considered safe and appropriate by a Speech and Language Therapist. Thickened food and drinks are easier to control in the mouth and can be more safely swallowed.

1. Fluids – The different levels of thickening

Thickened fluids help slow the liquid when entering the back of the throat. This allows time to help the swallowing to be triggered with enough time to protect the airway. Thin (Level 0) fluids are more difficult to control and will flow with gravity meaning these can slip down the throat too quickly, ending up in the lungs.

Level 1: Slightly thick

- Thicker than water
- Requires a little more effort to drink than thin liquid
- Flows through a straw, syringe, teat/nipple.

Level 2: Mildly thick

- Flows off a spoon
- Sippable, pours quickly from a spoon, but slower than thin drinks
- Effort is required to drink this thickness through a standard bore straw.

Level 3: Moderately thick

- Can be drunk from a cup
- Some effort is required to suck through a standard bore or wide bore straw
- Cannot be piped, layered, or moulded on a plate.

Level 4: Extremely thick

- Usually eaten with a spoon (a fork is possible)
- Cannot be drunk from a cup
- Cannot be sucked through a straw.

The guidelines for thickening fluids are in accordance with the International Dysphagia Diet Standardisation Initiative (2016)⁸.

2. Food – The different levels of thickening

The IDDSI (2016)⁸ framework provides detailed descriptors for each Level from 3-7, in addition to transitional foods. These foods are needed by people who have dysphagia and who are at risk of choking or aspiration.

Level 3: Liquidised

- Can be drunk from a cup
- Some effort is required to suck through a standard bore or wide bore straw
- Cannot be piped, layered, or moulded on a plate.

Level 4: Puréed

- Usually eaten with a spoon (a fork is possible)
- Cannot be drunk from a cup
- Cannot be sucked through a straw.

Level 5: Minced & Moist*

- Can be eaten with a fork or spoon
- Could be eaten with chopsticks in some cases, if the individual has very good hand control
- Can be scooped and shaped (e.g. into a ball shape) on a plate.

Level 6: Soft & Bite-sized*

- Can be eaten with a fork, spoon, or chopsticks
- Can be mashed/broken down with pressure from a fork, spoon, or chopsticks
- A knife is not required to cut this food but may be used to help load a fork or spoon.

Level 7: Regular*

- Normal, everyday foods of various textures that are developmentally and age appropriate
- Any method may be used to eat these foods
- Foods may be hard and crunchy or naturally soft.

Transitional Foods

- Food that starts as one texture (e.g. firm solid) and changes into another texture specifically when moisture (e.g. water or saliva) is applied, or when a change in temperature occurs (e.g. heating).

IMPORTANT

MAKE SURE YOU FOLLOW THE MIXING INSTRUCTIONS ON THE TIN AND THE SPECIFICATIONS FROM THE SPEECH AND LANGUAGE THERAPIST WHEN PREPARING FLUIDS FOR AN INDIVIDUAL

Where should thickeners be stored?

Thickening powders are prescribed on an individual patient basis following swallow assessment by a Speech and Language Therapist. Nutilis Clear must always be used appropriately and stored safely.

Nutilis Clear must not be left within reach of patients who may be unable to use the product safely.

What actions should I take?

- If you think someone has signs and symptoms of dysphagia then you should stop feeding immediately and discuss this with your manager
- If you run out of thickener then you should speak to your manager who will ask the GP to increase the prescription. It is very important that you follow the dosing guidelines for the patient at all times.

References:

1. Rofes L et al. 'Diagnosis and management of oropharyngeal dysphagia and its nutritional and respiratory complications in the elderly.' *Gastroenterology Research and Practice*. 2011; 818 – 979.
2. Leibovitz A et al. 'Dehydration among long term care elderly patients with oropharyngeal dysphagia.' *Gerontology*. 2007; 53(4):179-83.
3. Menten J. 'Oral hydration in older adults.' *American Journal of Nursing*. 2006; 106 (6): 40-49.
4. Smithard D. et al. 'Complications and outcomes after acute stroke: Does Dysphagia Matter?' *Stroke* 1996; 27(7): 1200-1204.
5. Cabre M et al. 'Prevalence and Prognostic Implications of Dysphagia in Elderly Patients with Pneumonia.' *Age Ageing*, 2010; 39 (39-45).
6. Eslick GD, Talley NJ. 'Dysphagia: epidemiology, risk factors and impact on quality of life – a population-based study.' *Aliment Pharmacol Ther*. 2008; 27(10): 971-9.
7. Ekberg O et al. 'Social and psychological burden of dysphagia: Its impact on diagnosis and treatment.' *Dysphagia*. 2002; 17(2):139-146.
8. The International Dysphagia Diet Standardisation Initiative, 2016. <http://iddsi.org/>.

CERTIFICATE OF ATTENDANCE

Nutricia Dysphagia Awareness Training

In association with the Interprofessional
Dysphagia Framework (IDF)



Name: _____

Date: _____ Signed: _____

Nutris Clear

- Transparent Results

Designed to maintain the original appearance of drinks which may support compliance and improved fluid intake^{1,2}.



1. Matta Z et al. J Am Diet Assoc. 2006; 106(7): 1049-54.
2. Macqueen CE et al. Dysphagia 2003; 18(1): 46-52.

Nutris Advanced Medical Nutrition
White Horse Business Park, Trowbridge
Wiltshire BA14 0XQ
www.nutris.co.uk
SCC3344-03/18

