DYSPHAGIA

Every day we take swallowing for granted, but for those with dysphagia it can be stressful, unpleasant and unsafe.

Dysphagia is the medical term used to describe difficulty with swallowing. Although it can differ in severity, dysphagia is estimated to affect approximately 11% of the UK's population.[1] Whatever the severity, without the correct management it can lead to difficulty in consuming enough food and/or drink, resulting in malnutrition or dehydration and/or can lead to aspiration, where the food or fluid goes into the airways, which can result in choking or pneumonia.

WHAT CAUSES DYSPHAGIA?

Dysphagia is usually caused by a medical condition, but it can also be a consequence of ageing due to loss of muscle mass or strength, or changes in the swallowing mechanism.[2] The World Gastroenterology Global Guidelines[3] estimate that dysphagia affects 40-70% of stroke patients, 60-80% of patients with neurodegenerative conditions, up to 13% of adults aged 65 and older and over 51% of institutionalised elderly patients, as well as 60-75% of patients who undergo radiotherapy for neck and head cancer.[4] Dysphagia is also a key risk for people with dementia.[5]

According to the NHS, dysphagia signs include:[6]

- 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 during or after eating or drinking;

It is the responsibility of all those involved in the patient's care to identify dysphagia. Identification should be followed by diagnosis, assessment and management by healthcare professionals with relevant skills and training, to confirm the presence and severity of dysphagia.[7]

MANAGING DYSPHAGIA

As a result of an impaired ability to consume adequate volumes of food and fluid, dysphagia patients also have an increased risk of aspiration, which can lead to aspiration pneumonia. Up to 52% of people with dysphagia suffer from aspiration.[8] Therefore, early detection and intervention involving a multidisciplinary team are both key.[9,10]

A patient's swallow should be assessed by a healthcare professional, usually a Speech and Language Therapist, to determine the severity of the dysphagia. A patient may be able to eat and drink orally, but the texture of their food and thickness of their liquids may need to be modified, which is a key component in managing dysphagia.

PUREED FOOD

A diet of puréed foods is recommended for patients who have difficulties with the oral preparatory phase of swallowing, who pocket food in the buccal recesses, or who have significant pharyngeal retention of chewed solid foods.[11]

When puréeing or liquidising foods for dysphagia patients, presentation and taste is important to make the food palatable and enjoyable. Using strong flavours and separating foods on the plate may help to encourage patients

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to eat orally and provide nutrition. Many care homes and hospitals rely on puréeing in order to provide meals for dysphagia patients, but it can impact the nutritional content of foods with a reduction in energy, protein content, vitamins and fibre content during the process.[12]

MEDICAL FOODS

Medical foods may also be used for dysphagia patients under the supervision of a healthcare professional. These are specially formulated products to help with the management of dysphagia, including thickener powders to thicken the consistency of liquids, and pre-thickened products.

Thickening powder

A thickening powder, available in gum or starch form, may be added to liquids in order to change the consistency. Thickened liquids are easier for patients with dysphagia as they travel more slowly down the throat, making them easier to control and less likely to cause aspiration. They can also be used to prepare texture modified foods, to help ensure food does not separate from liquid and to achieve an even consistency throughout.

Pre-thickened products

Pre-thickened oral nutritional supplements (ONS) and puddings are available for individuals with dysphagia in a range of flavours. These products provide additional energy, protein, vitamins and minerals, and may be required for patients who are not able to get enough nutrition from standard food and drink alone.

When an ONS is required for a patient with dysphagia, a pre-thickened ONS should be used in preference to standard ONS which is thickened.

Tube feeding

If dysphagia is very severe and it is deemed unsafe for a patient to consume food and drink orally, a feeding tube may be used. This could either be a nasogastric (NG) tube (usually indicated for a short duration), or a percutaneous endoscopic gastrostomy (PEG) tube which goes directly into the stomach.

Not only is it important to consider the individual needs of the patient when deciding which medical food to use, but it is important that the patient is regularly monitored, so that their diet can be modified as necessary depending on the improvement or progression of their condition. Progression can vary greatly depending on the cause of dysphagia, with some patients experiencing a deteriorating swallow, for example a patient with a degenerative neurological condition, and other patients finding their dysphagia improves or completely resolves, for example a stroke patient.

Other management options for a patient with dysphagia include postural change and swallowing therapy.[13]

IDDSI

In April 2019, the UK implemented the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework[14] to describe food textures and liquid thickness to improve patient safety.

The IDDSI Framework, which was adopted by the BDA and the Royal College of Speech and Language Therapists (RCSLT), consists of a continuum of eight levels, where drinks are measured from Levels 0-4 and foods from Levels 3-7. Detailed descriptors and simple testing methods accompany each level and can be used by people with dysphagia, caregivers, HCPs, food service or industry to confirm the level a food or fluid falls within.

Medical foods specifically designed for patients with dysphagia contain the IDDSI descriptors, including thickeners and pre-thickened ONS. Standard ONS, which may be used for patients with dysphagia but are not their primary target, are not labelled with the IDDSI descriptors.

CONCLUSION

It is fundamental that those at risk of dysphagia are identified and managed appropriately by a multidisciplinary team, in order to reduce the risk of malnutrition, dehydration and aspiration pneumonia. This includes modifying the diet to the appropriate IDDSI levels, allowing for the safe consumption of food and liquid. Medical foods should be used to enhance patient safety and ensure optimal nutrition.