SPECIAL ISSUE on Dysphagia; Dietitian & Speech Pathology roles

What is Dysphagia?

- Dysphagia is a swallowing difficulty common in stroke, dementia and other conditions associated with ageing.
- You may see your resident having trouble chewing, drooling, losing weight, coughing or choking during meals.
- If so refer to your Speech Pathologist & Dietitian.

Speech Pathologist role in dysphagia

A Speech Pathologist is specially trained to assess & manage swallowing problems by;

- Assessing muscle & nerve function in residents face & throat
- Assessing resident eating & drinking
- Talking to the resident, family and care staff to determine best management which may include texture modification, swallowing strategies or in rare cases nil by mouth.

If you have concerns about a resident talk to your Care Manager. Beth Causa

Certified Practicing Speech Pathologist 0418 476 235

Dietitian role in dysphagia;

A Dietitian is trained to assess & manage nutritional status and nutritional challenges for individuals with swallowing problems by;

- Assisting with development of texture modified menus (eg; puree menu) for facilities
- Assessing the nutritional status of an individual
- · Advising about nutritional supplements
- Advising about selecting the most nutritious range of food and fluids taking into account the preferences of the individual
- Advising about fortifying foods and fluids to make them more nutritious

If you have concerns about the food & fluid intake or nutritional status of an individual ask your Team Leader or Care Manager about referral to a Dietitian.

What diets are used for Dysphagia?

The Dietitians Association of Australia & Speech Pathology Australia have developed standard terminology for texture modified diets as follows;

FOOD

Texture A; Soft (eg; casserole) Naturally soft food or may be cooked or cut up to alter texture

Texture B; Minced & Moist Food is soft, moist and easily mashed with a fork

Texture C; Smooth pureed Food is smooth, moist and lump free

FLUIDS

Mildly thick; Fluid runs freely off a spoon but leaves a mild coating on the spoon

Moderately thick; Fluid drips slowly in dollops off the end of a spoon

Extremely thick; Fluid sits on a spoon and does not flow off it

A Receipe

Pureed apples & prunes

One challenge of a puree (texture C) diet is to provide enough dietary fibre.

Makes approximately 8 serves

(Serve with pureed porridge for a high fibre breakfast)



Ingredients

4 apples peeled, cored, chopped 120 grams pitted prunes

Method

- 1. Place prunes in a bowl & cover with warm water for at least 10 minutes.
- Place chopped apple in a saucepan with approximately 4 tablespoons water.
- 3. Cover & cook on low to medium heat for 5 10 minutes or until apple is soft, allow to cool.
- Place apple & prunes (keep the water from soaking aside) in food processor.
- 5. Process until smooth.
- If the mixture is too thick carefully add a small amount of the water kept from soaking the prunes & mix to the right consistency for your residents.

Provides 5 - 6 grams fibre when served with porridge

About Josephine

I am a Private Practice Dietitian based in the Northern Illawarra. My services include:

- Menu development & review
- Nutrition assessment & recommendations for individuals
- Staff in-servicing

Please contact me if you require further information about my services. I would be happy to meet with you for further discussion.

Nutrition Tip

Many pureed foods have a lower nutrient concentration than the regular item (eg; a slice of beef compared to the same size portion of pureed beef) because they require more liquid (eg; gravy or sauce) to make them pureed. Consider fortifying some foods for extra nutrients per serve eg; mix skim milk powder or Sustagen neutral flavour into pureed porridge.

