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Dorset HealthCare
University NHS Foundation Trust

Swallowing difficulties in social care - the risks and how to manage them

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Weymouth, Dorset on the Jurassic Coast

What I'll talk about today

- What is dysphagia, what causes it and signs to look out for
- How common is dysphagia in care homes and why does it matter
- How to support residents with dysphagia
- Our golden rules of swallowing (PEARS)
- The IDDSI framework for modified food and drinks
- Eating and drinking in dementia
- Who SALT can and cannot help

What is dysphagia?

- **Difficulty eating/drinking/swallowing**
- This can include:
  - Inability to keep or control food or drink **in the mouth**
  - Difficulty **chewing**
  - Extra effort **triggering** a swallow
  - Food or drink going down **the wrong way**
  - Food or drink **coming back up**

How common is dysphagia?

- Dysphagia is broadly estimated to affect **8% of the general population**. This is 590 million people worldwide
- The prevalence of dysphagia in the general population is 16-23%, increasing to **27% in those over 76 years of age**
- **Frail older people** admitted to hospital with pneumonia may have a prevalence of dysphagia as high as 55%; **the proportion is even greater in those admitted from nursing homes**
- **50-75% of nursing home residents have dysphagia**
- **Frail elderly people with dysphagia have a high mortality rate**

What are the risks?

A patient who has dysphagia may be at risk of **choking**

They can also be at risk of food or drinks going into the lungs. This is called **aspiration**, and can cause a chest infection called **aspiration pneumonia**

Patients may also be at risk of **malnutrition** and **dehydration** because they are not managing to eat or drink enough

All of this can lead to **acute hospital admission** and in some cases can be **fatal**

Rita Smith

"UK's biggest care home provider fined over fish & chip death"

"Tragic death could have been avoided"

"Care home death was preventable"

"Choked to death on "high risk" food"

"Pensioner died of 'natural causes by neglect' after she ate sandwich, coroner rules"

Are there other risks?

- A person who has difficulty swallowing may feel **embarrassed** or **isolated** because they cannot enjoy food or drink the way other people can
- Their loved ones may feel **distressed** at watching the person struggle, or feel **guilty** because they can enjoy food and drink while their loved one cannot
- **Carers** can find it difficult or distressing assisting someone who struggles with eating and drinking
- So, it can affect someone's **quality of life** and **mental well-being** as well as their physical health

What can go wrong in swallowing?

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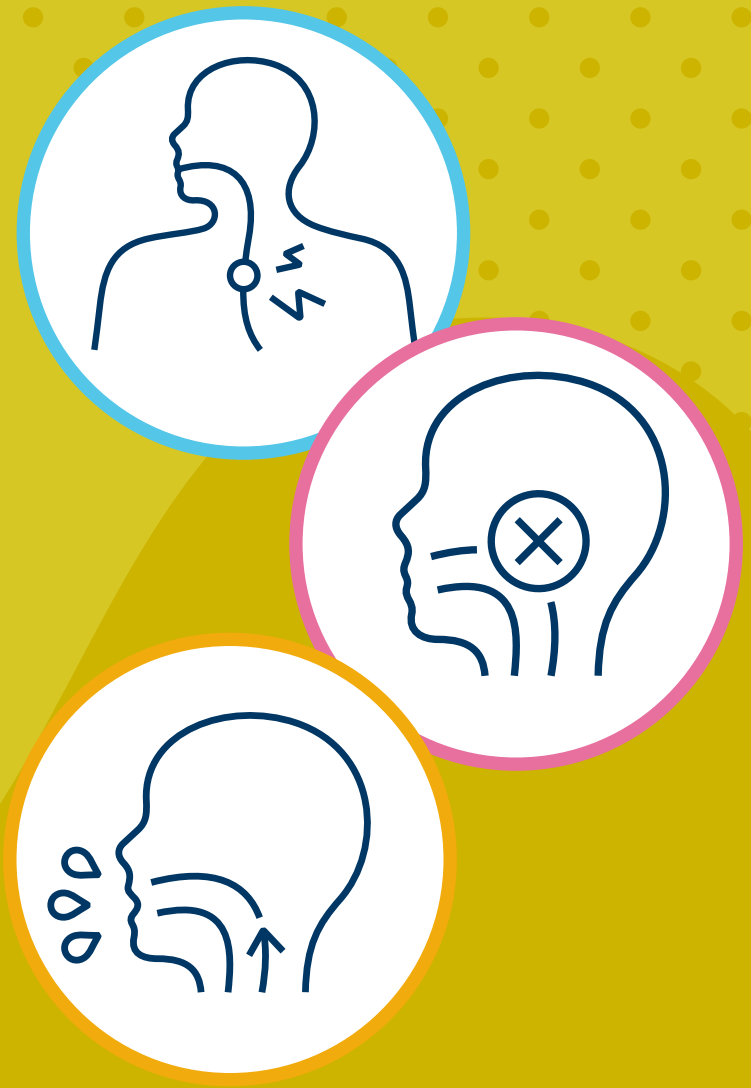
Your residents might have difficulty with:

- **Chewing** (for reasons other than poor dentition)
- **Transporting** food/fluids to the back of the **mouth**
- **Initiating** a swallow
- **Transporting** food or fluids through the throat towards the **stomach**



What causes swallowing problems?

There are many different causes affecting all age groups including:

- **Stroke**
- **Progressive neurological diseases** such as MS, Parkinson's Disease, Motor Neurone Disease – people may be very slow eating and swallowing as their muscles are not working properly
- **Brain injury**

What causes swallowing problems?

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- **Dementia** – people may have “forgotten” how to chew and swallow or be unable to concentrate on what they are doing
- **Infections** or general unwellness – these can cause temporary decompensation and confusion affecting the person’s ability to swallow safely
- Severe **breathing problems** that affect the windpipe closing off during swallowing.

How can you support your residents with dysphagia?

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- ✓ **Train your staff** in dysphagia awareness and management
- ✓ Follow the **Safe Swallow Plan**
- ✓ Understand the **Golden Rules of Swallowing (PEARS)**
- ✓ Use the **IDDSI framework** for modified food or drinks

Start by getting educated about dysphagia

Anyone providing **care/food/drinks** for someone with dysphagia would benefit from training in how to safely manage their care.

Dorset HealthCare's DART team provides face to face and **online training packages** suitable for anyone caring for someone who may have dysphagia or be at risk of developing it, and for chefs and anyone preparing or serving IDDSI modified textures.

Always follow the Safe Swallow Plan

- SALT recommendations should be easily accessible and obvious to **anyone** who may provide oral intake or be present when the person eats/drinks
- If a resident comes to you on thickened fluids or modified diet, there should be **written swallowing recommendations** from acute or community SALT
- If a resident is not having a normal/regular diet **through choice**, they may not have any swallowing difficulties and will therefore not need a SALT assessment

Golden Rules of Swallowing

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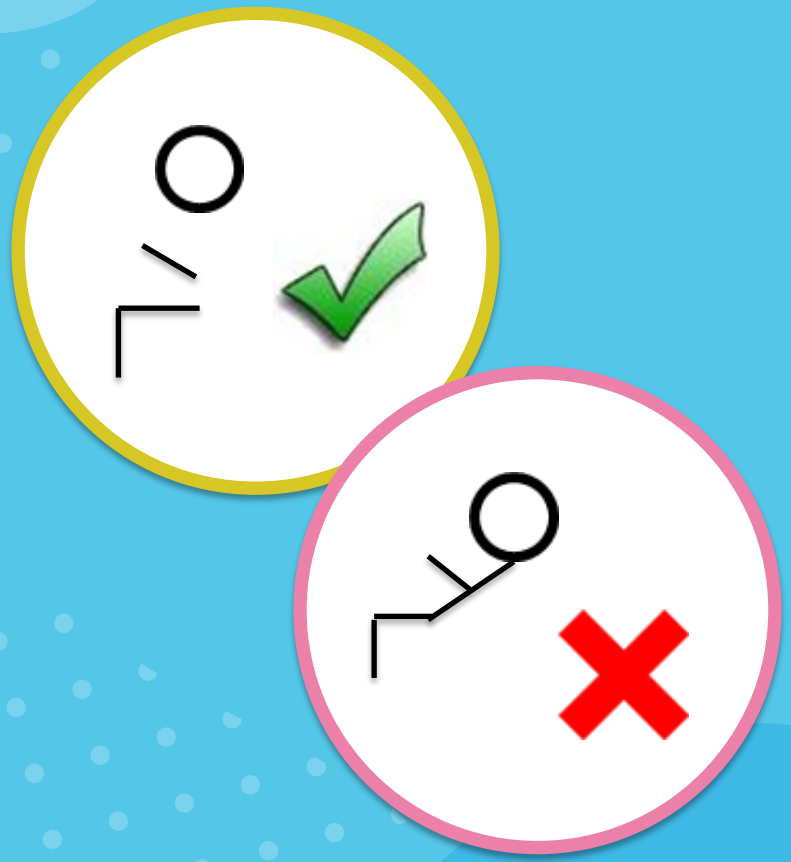
PEARS

Position
Environment/**E**quipment
Alertness
Regular mouthcare
Small mouthfuls, slowly

Position



- **Upright** position at 90 degree angles and in the midline
- Sitting in a **chair** at a table
- Food and drink within comfortable **reach**

Environment/ Equipment

- A **calm and peaceful** environment with as few **distractions** as possible can help someone focus on their eating and drinking, which reduces the risk of anything going down the wrong way
- Spouted cups should only be used where there is a risk of **spilling**
- Specialist cups, spoons and straws can be provided by the SALT service for **trialling** with a resident; if successful, you will be given information on how to **purchase** the product/s for your care home

A note on cups

Always offer residents drinks from an open cup. Spouted cups should only be used where there is a risk of spilling

If a lid/spout is required, these are **best avoided**:

SALT would recommend slanted, lidded cups designed for **adults with swallowing difficulties**.

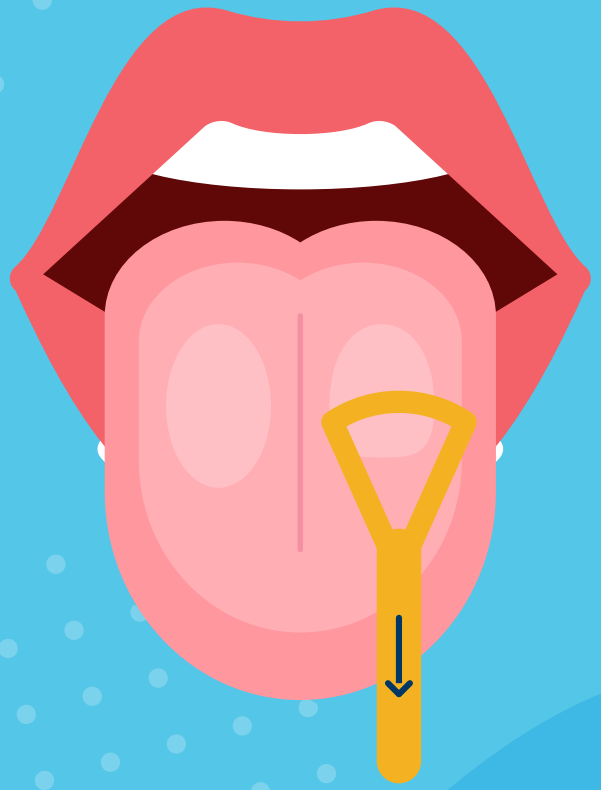
So try a **Handycup** instead:

The **slant and handles** of Handycups also make them a good option for use as an **open cup.**

Alertness

If a person is drowsy, there is an increased risk of **poorly coordinated and ineffective** chewing and swallowing – residents should always be awake and alert before having any oral intake.

Regular Mouthcare



The risk of **aspiration** leading to **chest infections** is significantly higher if residents have poor oral hygiene.

Encourage **mouthcare**, especially for residents with a dry mouth, who may benefit from oral care and a drink before eating.

Small mouthfuls, Slowly

Impulsive eating, **overfilling** the mouth, **glugging** drinks – these behaviours all increase the risk of choking or aspiration.

Encourage the person to **slow down**, take **sips** and **small bites** and make sure one mouthful has gone down before taking another.

How can SALT help?

A swallow assessment may take place **virtually** or **face to face**.

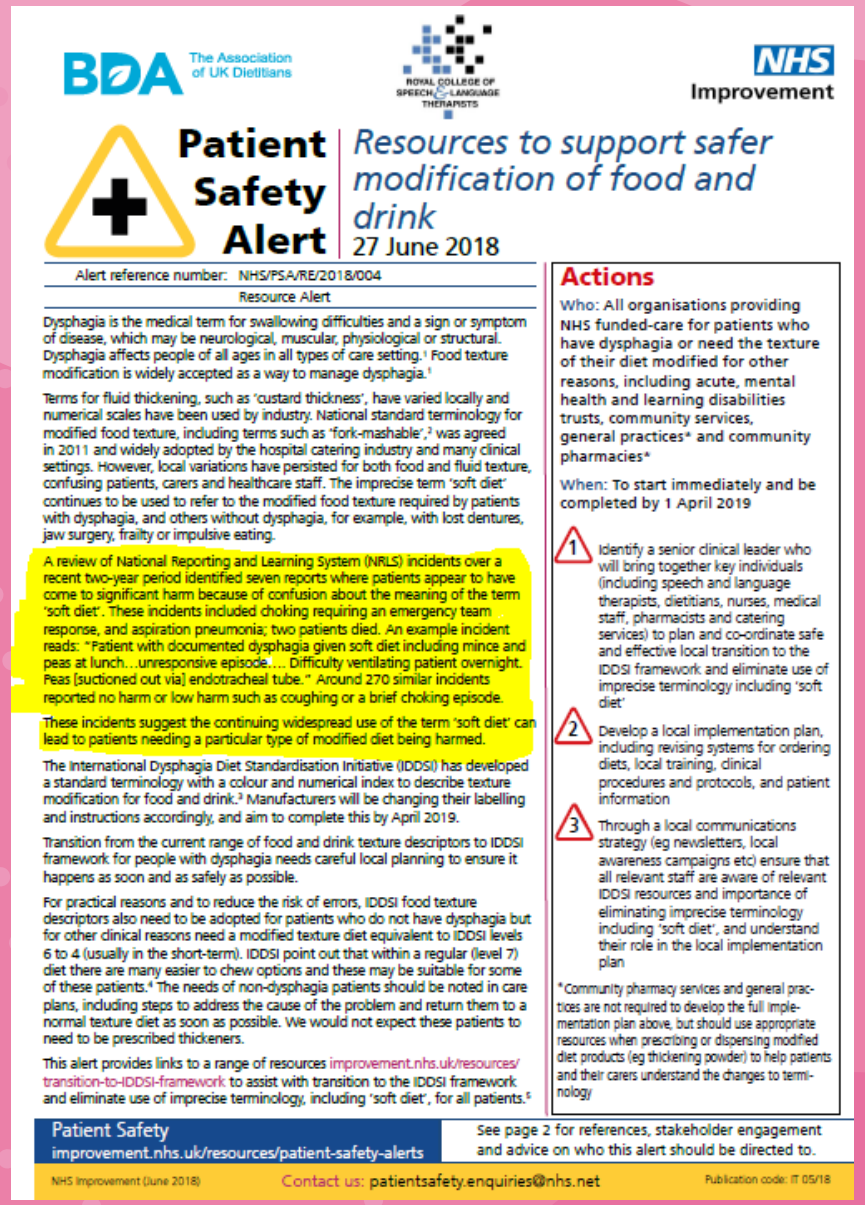
We will determine whether **modified textures** are appropriate, and if so, will make recommendations using **the IDDSI framework** (e.g. **Level 1** slightly thick drinks, **Level 5** minced & moist diet). We will also explore positioning, utensils/cups, behaviours and **other issues** that may affect someone's swallowing.

Our recommendations will be summarised in writing and supporting information provided.

Will SALT suggest my patient has a soft diet?

NO!

The term **“soft diet”** lacks clarity and is interpreted in different ways by different people. **This puts patients at risk**. Are peas soft? Is white bread soft?



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NHS Improvement

Patient Safety Alert

Resources to support safer modification of food and drink

27 June 2018

Alert reference number: NHS/PSA/RE/2018/004

Resource Alert

Dysphagia is the medical term for swallowing difficulties and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care setting.[1] Food texture modification is widely accepted as a way to manage dysphagia.[1]

Terms for fluid thickening, such as 'custard thickness', have varied locally and numerical scales have been used by industry. National standard terminology for modified food texture, including terms such as 'fork-mashable',[2] was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid texture, confusing patients, carers and healthcare staff. The imprecise term 'soft diet' continues to be used to refer to the modified food texture required by patients with dysphagia, and others without dysphagia, for example, with lost dentures, jaw surgery, frailty or impulsive eating.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven reports where patients appear to have come to significant harm because of confusion about the meaning of the term 'soft diet'. These incidents included choking requiring an emergency team response, and aspiration pneumonia; two patients died. An example incident reads: "Patient with documented dysphagia given soft diet including mince and peas at lunch…unresponsive episode…. Difficulty ventilating patient overnight. Peas [suctioned out via] endotracheal tube." Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term 'soft diet' can lead to patients needing a particular type of modified diet being harmed.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modification for food and drink.[3] Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI framework for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified texture diet equivalent to IDDSI levels 6 to 4 (usually in the short-term). IDDSI point out that within a regular (level 7) diet there are many easier to chew options and these may be suitable for some of these patients.[4] The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources improvement.nhs.uk/resources/transition-to-IDDSI-framework to assist with transition to the IDDSI framework and eliminate use of imprecise terminology, including 'soft diet', for all patients.[5]

Actions

Who: All organisations providing NHS funded-care for patients who have dysphagia or need the texture of their diet modified for other reasons, including acute, mental health and learning disabilities trusts, community services, general practices* and community pharmacies*

When: To start immediately and be completed by 1 April 2019

1. Identify a senior clinical leader who will bring together key individuals (including speech and language therapists, dietitians, nurses, medical staff, pharmacists and catering services) to plan and co-ordinate safe and effective local transition to the IDDSI framework and eliminate use of imprecise terminology including 'soft diet'
2. Develop a local implementation plan, including revising systems for ordering diets, local training, clinical procedures and protocols, and patient information
3. Through a local communications strategy (eg newsletters, local awareness campaigns etc) ensure that all relevant staff are aware of relevant IDDSI resources and importance of eliminating imprecise terminology including 'soft diet', and understand their role in the local implementation plan

*Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powder) to help patients and their carers understand the changes to terminology

Patient Safety
improvement.nhs.uk/resources/patient-safety-alerts

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

NHS Improvement (June 2018) Contact us: patientsafety.enquiries@nhs.net Publication code: IT 05/18

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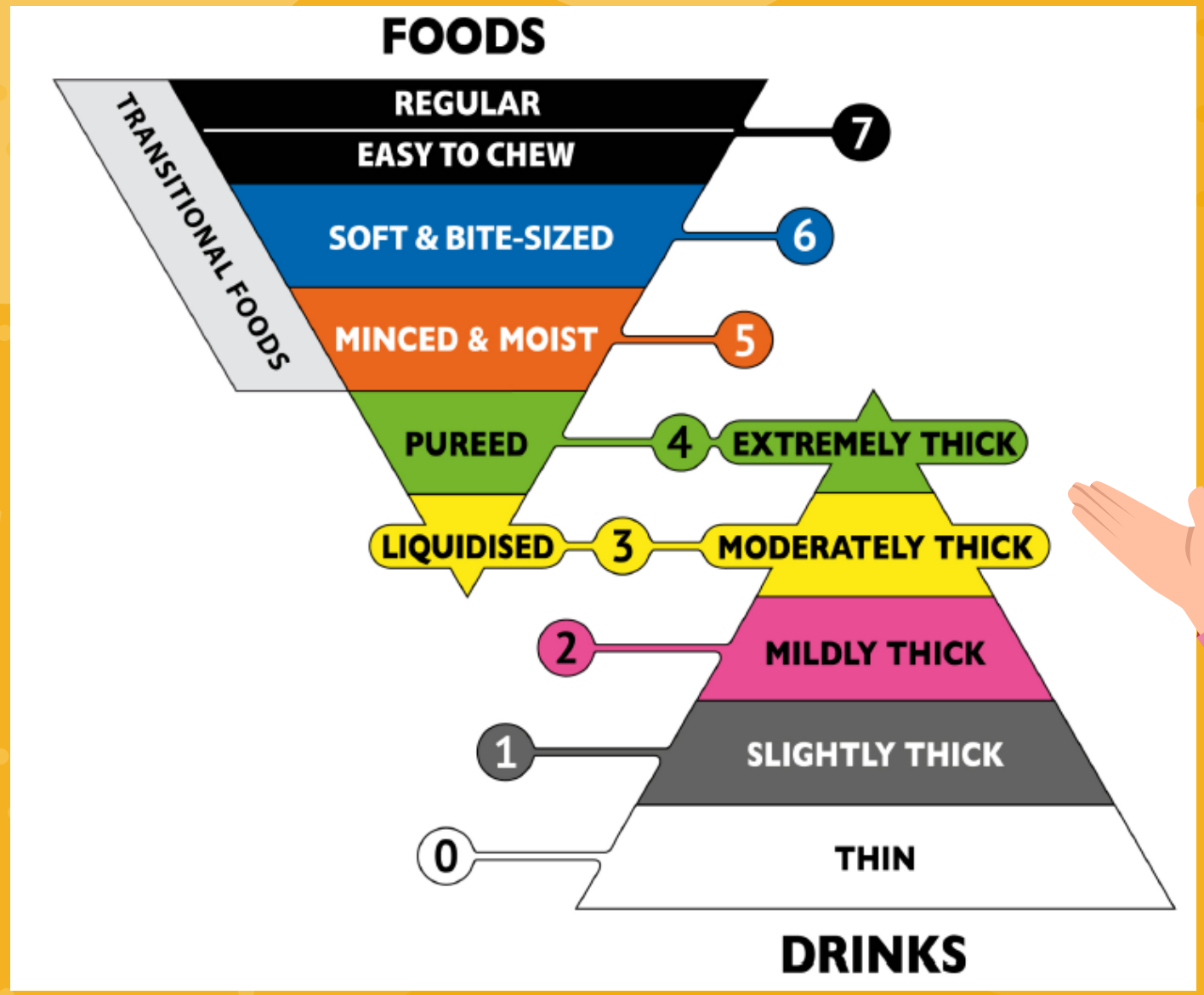
Dysphagia

IDDSI (International Dysphagia Diet Standardisation Initiative)

- IDDSI is a **world-wide framework** of terminology and definitions for texture modified foods and thickened liquids
- It is used for people with dysphagia to help **reduce the risk** of choking and aspiration
- It includes **descriptors, testing methods and evidence** for both drink thickness and food texture levels



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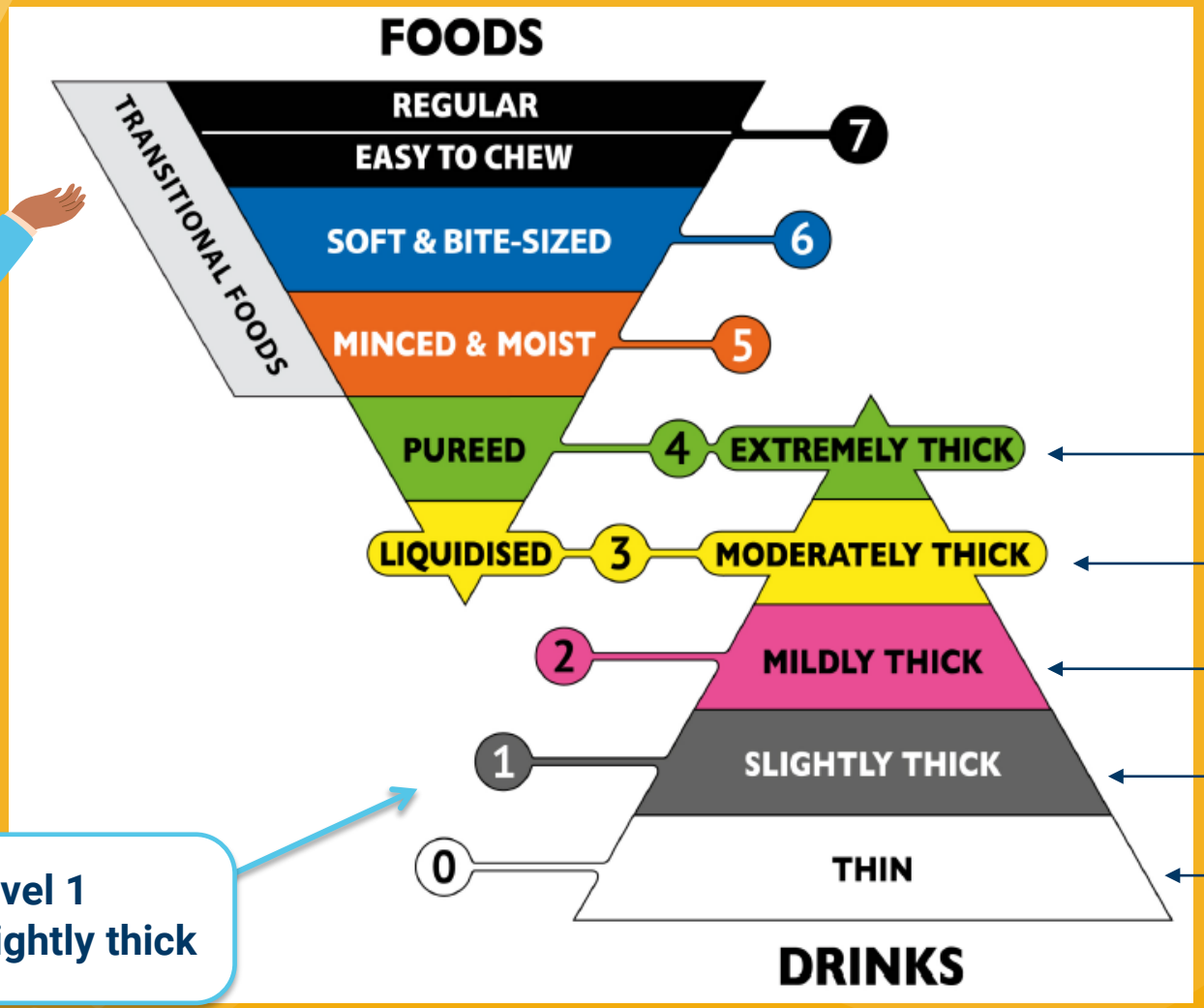
Dysphagia



Level 1
Slightly thick

U.K. Descriptors for drinks (closest match)

- *Stage 3 (pudding)*
- *Stage 2 (custard)*
- *Stage 1 (syrup)*
- ***N/A***
- *Normal/Thin*

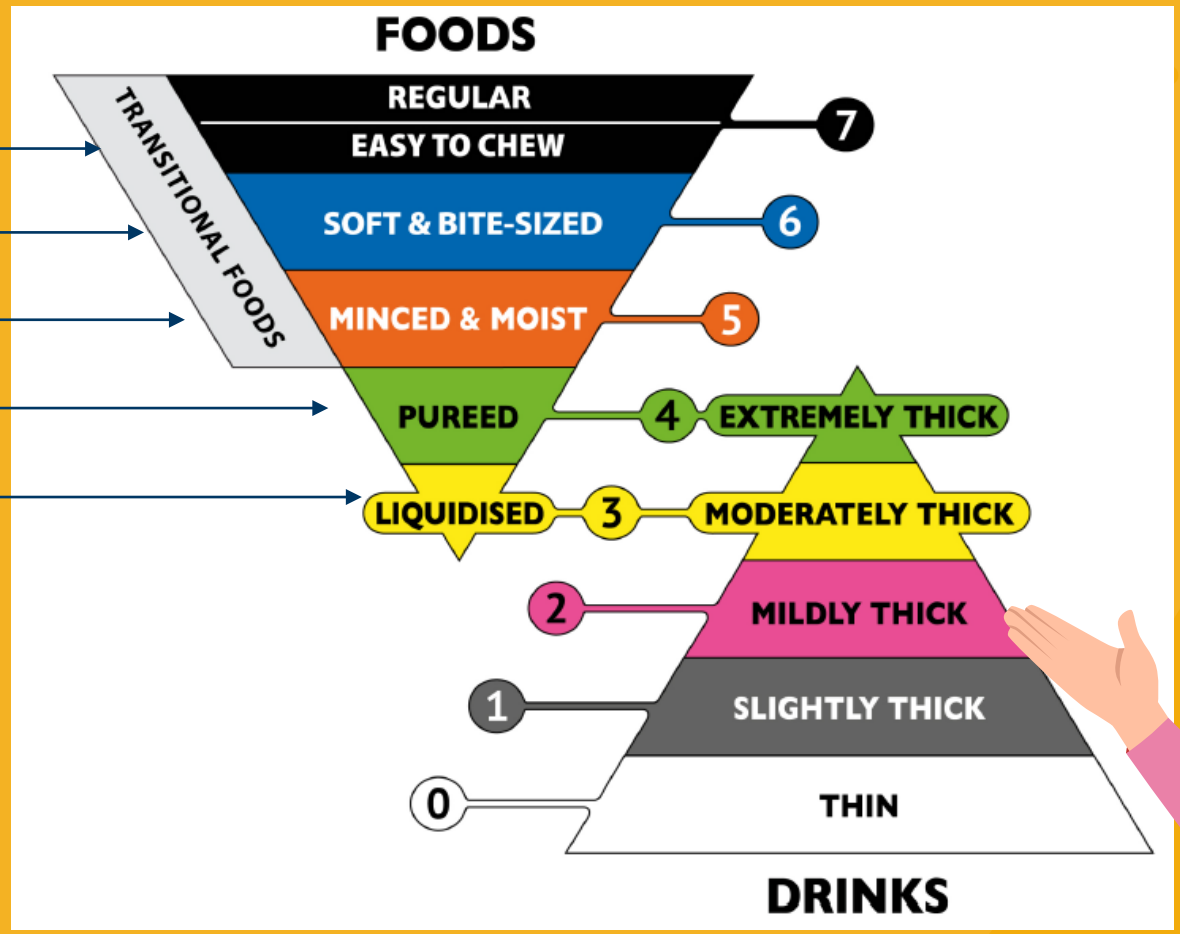
Fork mashable (Texture E)

N/A

Pre-mashed (Texture D)

Thick puree (Texture C)

Thin puree (Texture B)



This shows the closest match between the two descriptors.
But be aware - *they are not the same*.
Make sure you understand the differences.

5 MINCED & MOIST

* Please see *Summary of Food Texture Restrictions*

Food at this level must be soft, tender and moist, and must pass ALL of the tests below:

Tests	Yes	No
Appearance		
• Lumps are no larger than 4mm (for adults)	☐	☐
• No separate thin liquid	☐	☐
Fork Pressure Test (must be a metal fork)		
• Can be easily mashed with a fork. The pressure should not make the thumbnail turn to white.	☐	☐
• Easily separates and comes through the prongs of a fork.	☐	☐
Spoon Tilt Test		
• Holds shape on a teaspoon	☐	☐
• Tilt spoon to the side—food should slide off easily with very little left on the spoon	☐	☐
Does the food pass all the tests for Level 5 Minced & Moist?	☐	☐

Eating and drinking with dementia

Common difficulties with eating and drinking include:

- Reduced **interest** in food and drink
- Reduced **appetite**
- **Forgetting** to eat and drink
- Unable to **recognise** food and drink
- **Holding** food in the mouth and not swallowing
- **Coughing/choking** on oral intake/aspiration
- Food **refusal/spitting out** food
- Sometimes people may eat **quickly** or take large **mouthfuls**

Assisting with eating/drinking in dementia

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- **Reduce distractions**, e.g. TV/radio, general noise.
- Give them time to **smell** and **see** the food; **tell them** what they are about to eat.
- Allow sufficient **time** for mealtimes and assist with eating and drinking. Try **hand-over hand** support with cups and cutlery, instead of full assistance.
- Increase the **sensory feedback** e.g. by making drinks very **cold or warm** or putting strong **flavour** into food. **Alternating** between food and drinks can also help get the swallow going.

Assisting with eating/drinking in dementia

- Touch the person's lips with an **empty metal spoon** to prompt them to swallow what is already in the mouth.
- Verbally **remind** the person to swallow, as they may forget they have food or drink in their mouth.
- Make the most of times when the desire to eat is higher e.g. breakfast and lunchtime. **Reduced appetite is normal**.
- Follow *The Golden Rules of Swallowing*

Who SALT can help

The following list gives some examples of **appropriate** referrals. It is not exhaustive so if, after reading this list, you are still unsure whether your referral is appropriate, please contact SALT for advice.

- ✓ Frequent coughing or spluttering specifically when eating or drinking.
- ✓ Recurrent chest infections or pneumonia where aspiration is suspected as the cause.
- ✓ Neurological diagnoses causing swallowing problems e.g. MS/Parkinson's disease.
- ✓ Swallowing problems where advice has been followed but the client's
- ✓ Residents who are on thickened fluids without SALT recommendations; in this case SALT referral should be made as thickening may not be option.

What about difficulties swallowing tablets? How does SALT deal with that?

We don't

Why not?

We have no professional knowledge about **how medication works**, interacts with other medication, interacts with food stuffs.

Difficulties swallowing tablets – **in the absence of difficulties swallowing food or fluids** – should be referred to **pharmacy** (can the tablet be taken with a bolus carrier?) or a **doctor** (is the medication necessary, is there an alternative version?)

Who SALT cannot help

The following list gives some examples of **inappropriate** referrals

- X Problems swallowing tablets only.
- X Residents who have capacity to make choices about their own health and decline SALT input.
- X Someone who has hade a one-off episode of coughing with food/drink but who follows the *Golden Rules of Swallowing (PEARS)*
- X Residents who are able to swallow but do not want to eat or drink.

Who SALT cannot help

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The following list gives some examples of **inappropriate** referrals

- X Please note that patients are not routinely reviewed – SALT reviews are only indicated when there has been a change in presentation.
- X Difficulty chewing because the resident has no or poor dentition.
- X If a decision for a client to *"Feed at Risk"* has been made, SALT will only review if this decision is no longer deemed appropriate.

The Dysphagia Training Team

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- The **Dysphagia Training Team** is part of the **Learning & Development** service within Dorset HealthCare and consists of education specialists who design and deliver the **DART** package, as well as an operational manager and training assistant
- The **clinical content** is the responsibility of a practising **Speech and Language Therapist**
- Training includes education and resources relating to the **IDDSI framework** for describing **modified diet and fluids**
- Attendees are awarded **6 hours of CPD** and qualify to **Level 3** of the **Eating, Drinking and Swallowing Competency Framework (RCSLT 2020)** –
- *Identification and Implementation of an interim eating and drinking plan*

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Thank you for listening
Any questions?

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To discuss or book DART training:
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IDDSI website: www.iddsi.org