

Strategies for safer swallowing

First Line Management of Dysphagia

Information for patients, relatives and carers



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What is Dysphagia?

Dysphagia is the medical name for swallowing difficulties.

Dysphagia is associated with:

- reduced quality of life
- social isolation
- depression
- pneumonia and,
- increased hospital admissions.

Difficulty swallowing can be caused by cognitive changes (such as those seen in Dementia or Brain Injury) and/ or physical changes (for example as seen in stroke).

Additionally, loss of muscle mass and strength associated with increasing age can lead to difficulties chewing and swallowing.

Before you refer to speech and language therapy please ensure that the individual is strictly following any speech and language therapy recommendations.

In many cases, difficulties with eating and drinking can be improved or even solved by implementing simple principles and the following S.T.R.A.T.E.G.I.E.S.

S

Stay Alert



Ensure the person is and remains alert for all food and drink. Food or drink should not be given to individuals in an altered state of consciousness. This includes when they are sleepy and unable to be sufficiently roused.

T

Time



Allow adequate time to support the person to eat and drink. Support them to ensure each mouthful has gone before they take (or you offer) another. Ensure appropriate pacing and encourage fast eaters who are at risk of over filling their mouths to slow down.

R

Regular mouth care



Oral hygiene is of key importance. People with eating and drinking difficulty often have poor oral hygiene, which can lead to a greater incidence of chest infections. Ensure the mouth is clean and free from residue following eating and drinking and follow a regular mouth care routine (e.g. brushing twice a day with fluoride toothpaste).

Speak to your dentist or speech and language therapist for more information. The website 'mouthcare matters' provides information about the importance of mouth care and what equipment is required.

<https://mouthcarematters.hee.nhs.uk/>

Aids



Glasses and hearing aids must be worn and fit comfortably – swallowing requires multi-sensory stimulation.

Teeth



If worn, dentures should fit well and be cleaned regularly. If dentures are missing or broken, then temporarily providing easier diet options may help. Tooth ache, oral thrush or a sore mouth should be reviewed by the GP or dentist.

Environment



Reduce distractions at mealtimes to support concentration and awareness. This should include turning off the television and reducing chat.

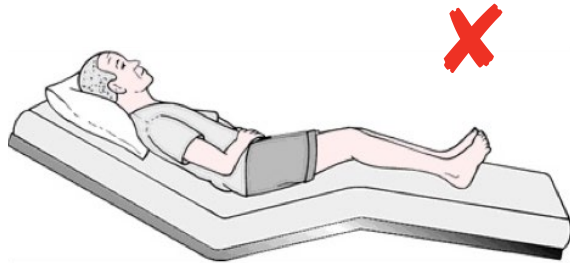
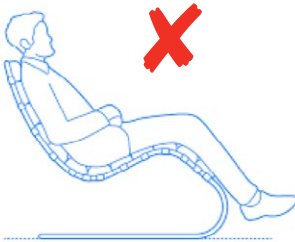
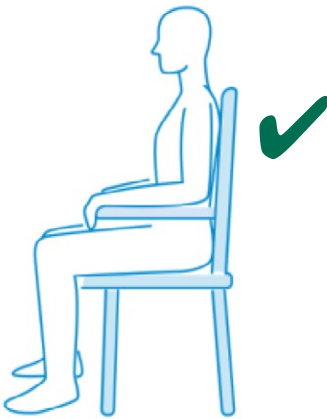
Consider if sitting in a different area would reduce distractions, or if sitting the person with different company would help. Some people may prefer to eat in a different space such as outside.

G

ood positioning

The person should always be positioned in as upright a position as comfortable for all food and drink. This helps the person control the diet and fluids that is in their mouth. The person should remain optimally positioned for at least 30 minutes after a meal to avoid reflux – this is where stomach contents travel back up towards the throat and can cause coughing.

The head should be in a neutral position with the chin slightly down towards the chest. Consider if a different chair may help with posture.

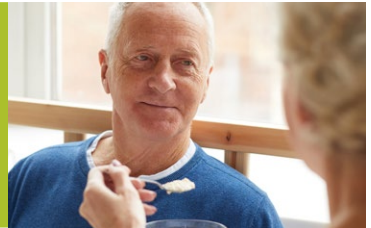


I ndependence



When we feed ourselves – or participate in feeding ourselves – our body prepares itself to swallow. It is important to support individuals to feed themselves and maintain functional independence. Vary the amount of assistance according to individual need, for example verbal prompts, loading spoon, and hand over hand feeding. Would changing cutlery help? Remember, unless advised otherwise, spouts, straws and bottles should be avoided. Use an open cup instead.

E ncouragement



Allow adequate time to support the person to eat and drink. Support them to ensure each mouthful has gone before they take (or you offer) another. Ensure appropriate pacing and encourage fast eaters who are at risk of over filling their mouths to slow down.

S

Stay flexible



Every single person is different, and their abilities can fluctuate not only from day to day, but from meal to meal. These changes can be subtle. It is vital to be flexible in responding to these abilities and needs in 'real time'. Fatigue, distress, changes to mood, changes to medication or an acute illness can impact a person's ability to eat and/ or drink safely.

Adverse signs

If, despite consistently implementing these STRATEGIES you note any of the following, you are able to refer direct to the Speech and Language Therapy service by completing the referral form in full.

- Coughing or clearing the throat when eating or drinking, or immediately after
- Choking (where diet falls into and blocks the airway). The person will be unable to speak.
- Pocketing food, or food residue in the mouth after swallowing
- Food or drink dribbling/ spilling from the mouth
- Difficulty chewing or moving food around the mouth
- Holding food in the mouth with difficulty initiating the swallow
- The voice sounding 'wet' or 'bubbly' during/ after eating or drinking
- Change of face colour or breathing pattern after swallowing
- Recurrent chest infections.

How to refer

Please remember that only those with identified or suspected dysphagia should be referred. Loss of weight, lack of teeth, or that the individual isn't eating very much should not in themselves trigger a referral to Speech and Language Therapy.

Referrals where the only identified difficulty is in swallowing medication will not be accepted.

A holistic approach to dysphagia management should be adopted. This is especially true in residential settings where managers, carers, family, health professionals, cooks and nurses are all responsible in helping to provide a dysphagia friendly environment and a consistent approach to every eating and drinking opportunity.

If ever you are unsure whether a referral should be made, please do not hesitate to contact the team on 01302 796336.



The Reflux Symptom Index (RSI)

Reflux can present as swallowing difficulties, if possible, please complete the below and if the score is 13 or over contact GP to request a review of reflux medication.

Within the last month, how did the following problems affect you?

(0-5 rating scale with 0 = No problem and 5 = Severe)

1. Hoarseness or a problem with your voice	1 2 3 4 5
2. Clearing your throat	1 2 3 4 5
3. Excess throat mucous or postnasal drip	1 2 3 4 5
4. Difficulty swallowing food, liquids or pills	1 2 3 4 5
5. Coughing after you ate or after lying down	1 2 3 4 5
6. Breathing difficulties or choking episodes	1 2 3 4 5
7. Troublesome or annoying cough	1 2 3 4 5
8. Sensations or something sticking in your throat	1 2 3 4 5
9. Heart burn, chest pain, indigestion, or stomach acid coming up	1 2 3 4 5
Total	

A score of **13** or more suggests significant reflux disease.



The IDDSI framework consists of a continuum of 8 levels (0 - 7).

Drinks are measured from Levels 0 – 4.

Foods are measured from Levels 3 – 7.

The IDDSI Framework provides a common terminology to describe food textures and drink thickness. These are the only recognised terms that should be used to describe a person’s diet and fluids.

The IDDSI triangle can be used to support decision making in modifying diet. Temporarily offering an easier diet texture may help when a person has changes to dentition or is unwell for a short period of time e.g if a person has a Urinary Tract Infection.

Once the issue has resolved the person should be able to return to their usual diet.

For detailed information on each level please visit <https://bit.ly/3io8IM3> or speak to your Speech And Language Therapist.

Food textures more likely to cause choking/ higher risk foods

For a person who may have swallowing difficulties, there are certain foods that are more likely to result in choking due to their texture and shape. Some examples of these foods are provided in the information below:

Description	Food Examples
Hard or dry	Nuts, raw carrot, crackling, crusty bread rolls
Fibrous or tough	Steak, pork chop, pineapple, celery
Chewy	Toffees, marshmallows, cheese chunks, bread
Crispy	Crispy bacon, dry cereals
Crunchy	Raw carrot, raw apple, popcorn
Sharp or spiky	Crisps, tortilla chips
Crumbly	Dry cakes, biscuits, scones
Contains pips, seeds, husks, skins	Pips in fruit such as oranges, pea shells, bran, grape skins
Sticky	Nut butter, sticky rice, over cooked porridge, sweets
Stringy	Green Beans, celery, rhubarb, spaghetti, beansprouts
Bone/ gristle	Fish bones, chicken bones
Round/ long shaped foods	Grapes, sausages
Floppy textures	Lettuce, thinly sliced cucumber, spinach leaves
Mixed textures and complex foods	Soup with food pieces, cereal with milk, hotdogs, spaghetti and meatballs, pizza, hamburger
Juicy foods	Watermelon
Hard skins/ crusts formed when cooking	Jacket potato, baked foods especially if topped with cheese

If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 0800 015 4334.

Amharic

ይስጥን ጽዕብ፡ በግልጽ እንዲታይዎ በትልቁ፣ በብሬል ተጽፎ ወይም በቱፕ ተተያይቶ ወይም በሌላ ቋንቋ ተጽፎ ለሞቲ ቮኒዲዮ ከዋና የሰብተኞች ምክርና ግንኙነት አገልግሎትን በዚህ ቁጥር 0800 015 4334 ደውሎ ጽኑዎቹ።

Arabic

إذا أردت الحصول على هذه الوثيقة بالخط الكبير أو بلغة برايل أو على هيئة شريط صوتي أو مترجمة إلى لغة بديلة فيرجى الاتصال بخدمة التنسيق ونصيحة المريض Patient Advice and Liaison Service على رقم الهاتف 0800 015 4334 .

Bengali

আপনি যদি এটা বড় অক্ষরের ছাপায়, ব্রেইল-এ, বা কানে শোনার টেইপ-এ পেতে চান অথবা আপনি যদি এই কাগজটা অন্য কোন ভাষায় পেতে চান, তাহলে দয়া করে 0800 015 4334 নম্বরে পেশেন্ট এ্যাড্‌ভাইস এন্ড লিয়েজঁ সার্ভিসের সাথে যোগাযোগ করবেন।

Cantonese (traditional Chinese)

如果你希望本文件是采用大字印刷、盲文或录音磁带等格式，或者希望本文件是使用其它的语言，请联络病患建议与联络服务 (Patient Advice and Liaison Service)，电话号码：0800 015 4334。

Czech

Pokud byste chtěli dokument psaný většími písmeny, brailovým písmem nebo na zvukové kazetě nebo v jiném jazyku, prosím, kontaktujte poradenskou službu pacientům na tel. 0800 015 4334.

Farsi

در صورت تمایل به داشتن این سند به نسخه ای با چاپ درشت تر، به خط بریل یا نسخه صوتی، و یا به زبانی دیگر، لطفاً با دفتر خدمات مشاوره و هماهنگی بیماران به شماره تلفن ۰۸۰۰۰۱۵۴۳۳۴ تماس حاصل نمایید.

French

Si vous désirez ce document en gros caractères, en braille, enregistré sur cassette audio ou dans une autre langue, veuillez contacter le service de conseils et liaison des patients (Patients Advice and Liaison Service) au 0800 015 4334.

Kurdish Sorani

ئەگەر تۆم زانیاریاتە بە چاڵی گەورە، برائیل یان لەسەر شریتی دەنگی دەخوازیت باخود تۆم بەلگەنامە بە زمانێکی دیکە دەخوازیت، تکلێه پامۆندی بکە بە خزمەتگوزاری زینمایی و هاوناھەنگی نەخۆشەو بە ژماره 0800 015 4334.

Polish

Jeżeli dokument wymagany jest w wersji drukowanej dużą czcionką lub alfabetem Braille'a, na kasecie audio lub w innym języku, prosimy o kontakt z zespołem ds. kontaktów z pacjentami (Patient Advice and Liaison Service) pod numerem telefonu 0800 015 4334.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਵੱਡੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ ਚੱਟੇ ਵੇ ਜਾਂ ਇਸ ਸਮਰਾਥਨ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚੱਟੇ ਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਰੀਜ਼ ਸਲਾਹ ਅਤੇ ਤਾਲ-ਮੇਲ ਸੇਵਾ (Patient Advice and Liaison Service) ਨਾਲ 0800 015 4334 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Somali

Haddii aad jeclaan lahayd in aad kan ku hesho far waaweyn, farta braille ee dadka indhaha la' ama cajalad dhegeysi ah ama haddii aad jeclaan lahayd in aad dukumeentigan ku hesho luqad kale, fadlan Adeegga Talobixinta iyo Xiriirinta ee Bukaanleyda (Patient Advice and Liaison Service) kala soo xiriir lambarka 0800 015 4334.

Turkish

Bu belgeyi büyük yazı, braille (kör alfabesi) veya ses kaydı olarak veya başka bir dilde almak istiyorsanız, lütfen 0800 015 4334 no.lu telefondan Hasta Danışmanlık ve İrtibat Hizmetleri ile bağlantıya geçiniz.

Urdu

اگر آپ یہ بڑی چھپائی، بریل میں یا صوتی ٹیپ پر حاصل کرنا چاہیں یا یہ دستاویز کسی قابل زبان میں چاہیں تو برائے کرم پیشاپیش ایڈوائس لینڈ بیماران سروس سے 0800 015 4334 پر رابطہ کریں۔

Vietnamese

Nếu muốn có tài liệu này dưới dạng in chữ cỡ lớn hơn, chữ nổi braille hay bằng ghi âm, hoặc bằng một ngôn ngữ khác, xin quý vị liên hệ bộ phận Dịch vụ Tư vấn và Liên lạc với Bệnh nhân theo số 0800 015 4334.

This information is correct at the time of publishing
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