

Choking and Nutrition in RAC Residents

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“Why was Mrs Brown given a Brussels sprout to eat when she needs smooth food?” demanded the speech pathologist, having just removed the offending Brussels sprout. There was no answer to the question – perhaps the staff member thought it was rhetorical.

Both swallowing and chewing problems increase the risk of aspiration and choking because they can result in blocked airways; unless treated promptly the person can die.

Chewing problems¹ can be due to a dry mouth, sore mouth, cracks in the corner of the mouth, bleeding or swollen gums, loose-fitting dentures, tooth ache, heat or cold sensitivity of the teeth, tooth decay, missing teeth, and pain.

Dysphagia² refers to any impairment of the swallow reflex, and includes:

- coughing episodes – a strategy to prevent food or fluids entering the airways;
- aspiration – entry of foods or fluids into the airways, commonly accompanied by coughing or throat clearing;
 - silent aspiration – entry of foods or fluids into the airways, without coughing or throat clearing;
- choking – blockage of the airways.

Medical problems common in the elderly may be linked to an increased risk of dysphagia, and those with hypertension may be at particular risk³.

Whether a person with dysphagia can manage plain water is still being debated⁴.

Dysphagia may result in decreased food intake due to:

- choking and fear of choking;
- fatigue² – the mental concentration necessary to consume foods and fluids safely;
- drooling² – causing embarrassment and may result in social isolation;
- unacceptability of the altered appearance of the food;
- dislike of the modified texture;
- difficulty in eating food safely;
- the time required to consume the food;
- early satiety – the signals that sufficient food has been eaten kick in early when it is difficult to eat.

Not eating enough food can cause malnutrition. Consequences of malnutrition include infections, pressure areas, delayed wound healing, impaired cognition, constipation, postural hypotension, lethargy, anaemia, falls, depletion of muscle mass, poor appetite, weight loss, and death.

Altered food texture lets people with impaired swallow reflex safely consume foods and fluids. Altering food texture has become common in recent years, as have new terms to describe the textures; unfortunately there is great variability in the terms used.

In Australia, collaboration between speech pathologists and dietitians has resulted in a set of terms to be applied nationally. The **Australian Standardised Terminology and Definitions for Texture Modified Foods & Fluids**⁵ was launched in May 2007.

The new standardised food consistencies⁶:

- **Texture A – Soft**
 - may be naturally soft and moist such as ripe bananas
 - may be cooked or cut to a soft consistency and served with a gravy or sauce
- **Texture B – Minced & Moist**
 - soft moist
 - can be easily shaped into a ball
 - lumps are soft and rounded
- **Texture C – Smooth Pureed**
 - smooth and lumpless
 - can be moulded to shape and retain that shape

The new standardised fluid consistencies⁶:

- **Level 150 – Mildly Thick**
 - thicker than nectar but not as thick as thickshake
 - pour quickly
 - can be drunk from a cup
 - can be drunk through a straw with effort
- **Level 400 – Moderately Thick**
 - similar to honey or thickshake
 - pour slowly
 - difficult to drink from a cup or through a straw
- **Level 900 – Extremely Thick**
 - similar to mousse or puddings
 - do not flow
 - cannot be drunk from a cup or through a straw, and so are consumed with a spoon

For further information on these new terms contact your Speech Pathologist, Dietitian, or Novartis Nutrition representative.

*Good Looking Easy Swallowing*² is an excellent resource for those who provide modified consistency foods and fluids.

The main focus for minimising the risk of aspiration or choking is on altering food and fluid textures to ensure a safe and adequate intake.

Aspiration and choking have many direct and indirect impacts on food intake and consequent nutritional well-being. The recent launch of nationally-recognised terms will improve communication regarding appropriate food and fluid textures for those with dysphagia.

References

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