

## DYSPHAGIA: THE NEW DIET FOOD TEXTURE MODIFIED DESCRIPTORS

### Why did they happen and what do they mean?



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Dysphagia (difficulty swallowing) can result from a wide range of medical conditions, which can occur across all age ranges. Literature shows that 99 percent of children with severe cerebral palsy have dysphagia, around 5.27% of all adults with Learning Disability are referred for advice regarding dysphagia, between 50 to 75 percent of nursing home residents have difficulties with eating and drinking and between 43 to 54 percent of stroke patients have been shown to have dysphagia (1). Swallowing difficulties also occur in other neurological disorders - for example, after a head injury and in individuals with degenerative conditions such as Motor Neurone Disease, Multiple Sclerosis or Parkinson's disease and in patients with head and neck oncology. Estimations of people living in the community with dysphagia are predicted to be approximately 14 percent of the population above 65 years old, as determined by questionnaire surveys (2).

Dysphagia is a complex disorder that can lead to a number of medical complications including dehydration, malnutrition, airway obstruction, aspiration, life-threatening pneumonia and death. In addition to the medical factors, dysphagia impacts on a person's quality of life and psychological well-being. Social activities and routines may be disrupted, which can result in the person feeling increasingly isolated and socially excluded.

Modification to the texture of foods and fluids is one of the commonest ways of managing dysphagia and it is accepted by healthcare professionals working within the clinical area of dysphagia, that there is a need for a common language and terminology to describe dysphagia diets.

### HISTORY OF THE NATIONAL DESCRIPTORS

The recognition of the need for some agreed guidance on the terminology for texture modification resulted in the development of the document National descriptors for texture modification in adults by the British Dietetic Association (BDA) and the Royal College of Speech and Language Therapists (RCSLT) in 2002 (3). In 2009, the BDA published a review document of the original descriptors, but this was not endorsed more widely and it was recognised that there should be some engagement with industry and caterers of modified dysphagia diets.

### WHY NEW DESCRIPTORS?

Following a review of patient safety incidents by the National Patient Safety Agency (NPSA), concerns were raised regarding the significant variations in language and terminology used to describe texture modified diets for people presenting with dysphagia and the lack of compliance with the original descriptors. Concerns were raised in relation to patient safety, particularly around clinical risk when patients or staff move between sites and services.

Examples from the National Reporting and Learning System:

- Patient required soft moist diet. However, soft options on menu were not suitable as contained lumps. Patient started to cough and choke. Patient was asked to stop eating and rest for 30 minutes. Patient recovered and commenced puree diet.
- Patient was transferred to ward, had been seen by colleagues and it was recommended she have a syrup consistency, fluids and soft diet due to dysphagia. Went to review patient and found patient drinking normal fluids with difficulty. Spoke to a nurse who informed that the recommendations had not been handed over; however, the recommendations are recorded extensively in notes, including nurses entry immediately prior to transfer.
- Patient previously assessed by SALT as requiring a Soft Grey Diet. Meal arrived with boiled potatoes, whole peas and sweetcorn; should have been mashed potatoes, mushy peas and no sweetcorn.

Requests were also being received from industry and in-house NHS caterers for detailed and objective guidance on consistencies for texture modified dysphagia diets. In response to this, the NPSA convened a Dysphagia Expert Reference Group (ERG) comprising membership from dietitians, speech and language therapists, nurses, hospital caterers and the NHS supply chain. The ERG was tasked with looking at the current evidence to update the original 2002 national descriptors.

The ERG, in association with Cardiff and Vale University Health Board, reviewed the 2002 descriptors and the best available current evidence on texture descriptors, including those descriptors produced internationally. The scientific evidence within this area is limited and a consensus of expert opinion was sort ▶

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C Thick Puree Dysphagia Diet C		C Thick Puree Dysphagia Diet C		
<b>General description:</b> ✓ Food has been pureed or has a puree texture. It does not require chewing. ✓ It is a <i>thick</i> puree.* ✓ It is smooth throughout with no 'bits' (no lumps, fibres, bits of shell/skin, bits of husk, particles of gristle/bone etc.) It may need to be sieved to achieve this.  <b>Check before serving:</b> × No hard pieces, crust have formed during cooking/heating/standing. × Fluid/gravy/sauce/custard in or on the food has not thinned out or separated off.  * <b>Note - definition of 'thick' puree</b> Holds its shape on a plate or when scooped. Can be eaten with a fork because it does <u>not</u> drop through the prongs.	Food has been pureed or has puree texture	Pass	Fail	Borderline
	It does not require chewing	Pass	Fail	Borderline
	It is smooth throughout with no 'bits' (no lumps, fibres, bits of shell/skin, bits of husk, particles of gristle/bone, etc)	Pass	Fail	Borderline
	No hard pieces of crust have formed during cooking/heating	Pass	Fail	Borderline
	It has not thinned out and any liquid within the food has not separated off	Pass	Fail	Borderline
	Holds its shape on a plate or when scooped	Pass	Fail	Borderline
	Can be eaten with a fork because it does not drop through the prongs	Pass	Fail	Borderline

around texture descriptors. Throughout the development of the new descriptors, consultation took place with a wide range of manufacturers of dysphagia products. The industry panel provided advice to the ERG on food production and feedback on the descriptors throughout the process of their development.

#### WHAT ARE THE DESCRIPTORS AND WHO CAN THEY BE USED WITH?

The new descriptors replace the previous version of food textures in the national descriptors (2002). Currently the descriptors do not include fluids. The dysphagia diet food texture descriptors are for individuals presenting with oro-pharyngeal dysphagia who are at risk of aspiration or choking. Unlike the 2002 document, the 2011 descriptors were developed for use with both adults and children. In practice, texture modified diets are recommended following assessment by a speech and language therapist or a healthcare professional that is trained to a specialist level on the Inter-professional Dysphagia Competency Framework (4). With children, the therapist may use the descriptors to recommend a modified diet, but they may also give specific guidance to parents and carers on the size of the meat particles based on the child's swallowing skills, their age and their development level. Clinicians working with both children and adults with dysphagia should also be encouraged to continue to use their clinical judgement to recommend additional food textures on a case-by-case basis; for example, a person presenting with swallowing fatigue may be recommended to have meals of a texture E fork mashable consistency but may manage normal snacks at other times during the day.

The descriptors provide standard terminology to be used by all health professionals and food providers when they are communicating about an individual's need for a texture modified diet.

The food textures are:

- B= Thin puree dysphagia diet
- C= Thick puree dysphagia diet
- D= Pre-mashed dysphagia diet
- E= Fork mashable diet

The ERG envisaged that all care settings would have available two textures (Textures C and E) as a minimum. This was because it was agreed that texture

E can be modified to texture D by changing it into a pre-mashed state before it is served to the client and any sauce or gravy is thickened so that it holds its shape on the plate. Additionally, texture C thick puree can be modified to texture B. Some care settings may, however, routinely require all four textures to be available; for example, settings where head and neck oncology patients are managed, may need texture B thin puree on a regular basis.

#### WHAT ARE THE IMPLICATIONS OF THE NEW DESCRIPTORS?

The new descriptors have been developed for use when producing inhouse meals, such as those provided in hospitals or residential settings and also for commercially produced texture-modified meals. If the client is living at home, then the descriptors are applicable to the family and carers.

In some settings, the introduction of the new descriptors has required a review of current meals and menus and implementation of training sessions around the new descriptors for the food producers/catering departments. This process has led to new menus being developed followed by an audit process to measure the food against the new texture descriptors.

#### AUDIT TOOL

The document includes an audit checklist around each of the descriptors so that foods can be measured against the standards for each texture. The sheets were originally designed for food producers, but some hospital services have used them to measure the food provided to the patients in their organisations. The image above demonstrates how the audit tool can be used in practice.

Unfortunately, unlike the 2002 document, this 2011 document does not include fluid descriptors,. However, the ERG has recommended that a review of thickened fluid descriptors should take place supported by a review of the evidence on thickened fluids in dysphagia management. It is hoped that one of the professional bodies involved in production of the 2011 document will take up the gauntlet and lead on this important piece of work.

#### LAUNCH AND ENDORSEMENT OF THE NEW DESCRIPTORS

The Dysphagia Diet Food Texture descriptors were launched at the Hospital Caterers Association Conference in April 2011 by Caroline Lecko from NPSA who was the lead of the ERG. The BDA, RCSLT, Hospital Caterers Association and the National Nurses Nutrition Group have also endorsed the descriptors and. in August 2011, the National Association of Care Catering also agreed to endorse the document. All the professional organisations should encourage their members to comply with the terminology in order to make dysphagia management more consistent and to help address issues of patient safety across the whole care continuum. The full document is available on the BDA website [www.bda.uk.com](http://www.bda.uk.com)

#### References

- 1 Royal College of Speech and Language Therapists (2009). Resource Manual for Commissioning and Planning Services for Speech Language and Communication Needs
- 2 Kawashima K, Motohashi Y, Fujishima I. Prevalence of Dysphagia Among Community-Dwelling Elderly Individuals as Estimated Using a Questionnaire for Dysphagia Screening. *Dysphagia* 19:266-271 (2004)
- 3 The British Dietetic Association and Royal College of Speech and Language Therapists (2002). National Descriptors for Texture Modification in Adults
- 4 Boaden E, Davies S, Storey L, Watkins C (2006). Inter-professional Dysphagia Framework on behalf of the National Dysphagia Competence Steering Group. University of Central Lancashire. [http://www.rcslt.org/members/publications/framework\\_pdf](http://www.rcslt.org/members/publications/framework_pdf)

**Questions relating to:** *Dysphagia: the new diet food texture modified descriptors*  
 Type your answers below and then **print for your records**. Alternatively print and complete answers by hand.

Q.1	What is dysphagia and give examples of when it can occur?
A	
Q.2	What medical complications can dysphagia lead to?
A	
Q.3	What is the most common way of managing dysphagia?
A	
Q.4	In practice, when are texture modified diets recommended for adults?
A	
Q.5	What are the four new standard descriptors for food textures?
A	
Q.6	When would a care setting require all four textures to be available?
A	
Q.7	The new descriptors have been developed for specific purposes. Describe those purposes.
A	
Q.8	What has the use of the new descriptors in some care and health settings led to?
A	
Q.9	Give a description of 'Thick Puree Dysphagia Diet C' from the audit tool.
A	

Please type extra notes here . . .