

## March is National Nutrition Month!

### ■ The link between nutritional compromise and dysphagia is clear.

- **Undiagnosed or under diagnosed dysphagia** is a major, preventable, contributor to repeat hospital admissions. Unfortunately the treatment varies greatly by practitioner. (Cook & Kahrilas, 1999; Kind et al, 2011; Loeb et al, 2003)
- **The consequences of having dysphagia can be severe:** dehydration, malnutrition, choking, pneumonia and death. (Baer et al, 1989, Gordon et al, 2010, Horner et al, 1988, Logemann et al, 1975, Winstein et al, 1997.)
- **Dysphagia accounts for between 13 and 48% of all infections** in a skilled nursing facility with the theory being that nutritional compromise and dehydration add to the risk factors. (Langmore et al, 1998)
- **Patients are often experiencing fatigue after 10-15 bites of food/liquid.** This is because the patient has to hold its breath 1-2 seconds for every swallow. The patient who has a respiratory fatigue may need compensatory strategies. (Winchester et al, 2017)
- **Medications can add to the nutritional and dysphagia risk.** For example, Cardiac outpatients taking 1-4 medications are 2.8X more likely to have dysphagia than those taking no medications, and 3.2X more likely if taking 5 or more medications. Nutritional compromise is a side effect of dysphagia. (Hadeer et al, DOI:10,57721-61085, 2015)

## How Do I Thicken My Liquids?

### Why Do I Need To Thicken My Liquids?

The best way to understand this is to visualize the ketchup commercial that ran for years on television. Remember this? Heinz Ketchup put their bottle to the test against a generic Catsup. In the commercial, the two bottles were turned over at the same time. The Catsup ( equal to the thin liquid here) ran out quickly. The Heinz Ketchup ( the thick liquids) was thicker and took longer to pour out of the bottle. Now think of this as your throat. The thin liquids run right down into the throat and since you have to hold your breath to protect your airway from aspiration, it can spill into the airway before it closes. The thick liquid, however, gives your brain additional time to say "Hey, there is something coming down, I need to hold my breath!". That is the theory behind thickening the liquids and it works!

### How Do I Thicken My Liquids?

1. 1-packet of thickener = to 4 oz of liquid, so use two packets for an 8 oz glass for the consistency that is recommended. Use the appropriate packet / thickener type recommended for you. There are many different brands and they can serve different needs depending on your dysphagia issues, your medical history, and your particular tastes.
2. No ICE in the liquid or as it melts, and when it does, it'll thin down the thickened liquid to the next thinnest consistency and can be unsafe with your dysphagia.
3. Pour the gel or powder (depending on which type you prefer) into the liquid and stir with either a little single-glass wisk, or a fork. Spoons do not work as well as the liquid needs agitation to activate the thickener. The cheap thickener tastes different than the gel, and the gel thickeners appear to be appreciated more by our patients.
4. Let the liquid sit for 3-5 minutes to thicken-up. Do not over thicken or you will need to start over.
5. If you get a cold or are not feeling well, go thicker. If nectar consistency or mildly thick is recommended and you are feeling strong and alert, it's ok. If you come down with a cold or flu, talk to your therapist and in the mean time, downgrade to a thicker liquid – use a honey consistency, or moderately thick packets instead. Call the office for questions 941-456-4367.

### Can I drink alcohol or drink my soda pop if I'm on an altered consistency liquid for my dysphagia?

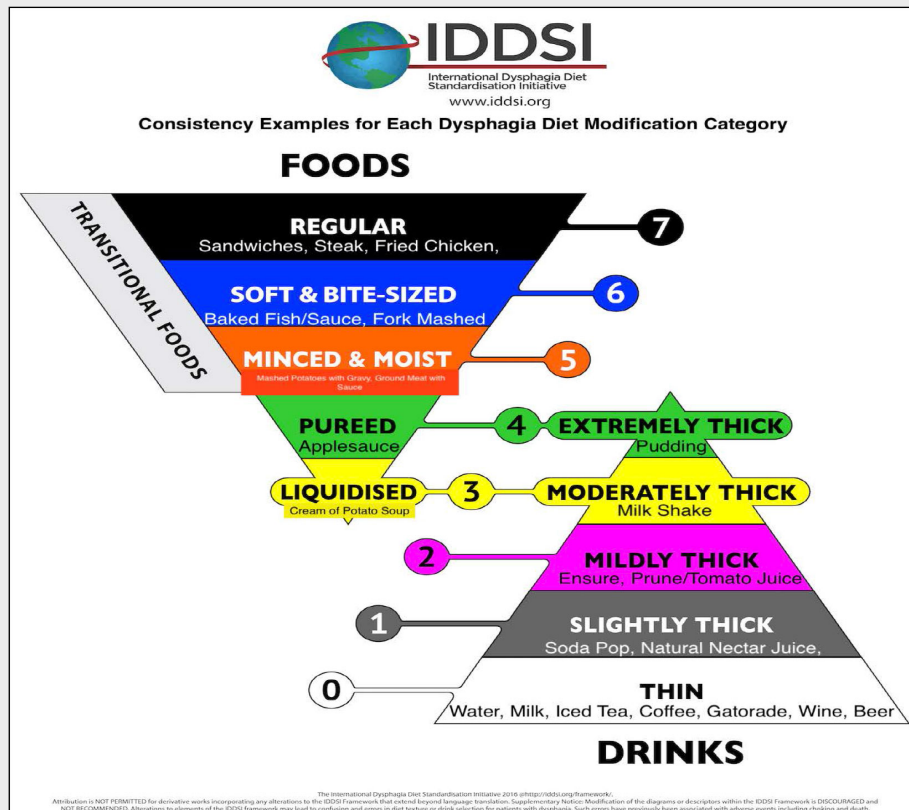
Yes! You can thicken almost anything now. Wine and beer can be thickened, as well as mixed drinks. Check with your dysphagia specialist to try these drinks out during your therapy session to figure out the appropriate amount and type of thicker to use!

### Do I have to do this forever?

Depending on your medical diagnosis, prognosis, and rehabilitation potential, these modifications may or may not be permanent. The important thing to remember is that keeping your lungs healthy extends your life expectancy. Pneumonia is to be avoided at all costs, and with simple modifications to your diet, you can assist with that process in a very important way. The purpose of Dysphagia Therapy is to diagnose your risks of complications resulting from your primary diagnosis coupled with the dysphagia. Then we design a protocol that will adjust your lifestyle to your particular situation, while attempting to maintain the joy and happiness you get from the life you lead.

**Dysphagia Management: Improving your comfort, care, and quality of life while suffering the effects of dysphagia!**

## I Don't Understand What They Mean By The Different Diet Consistencies!



Above is the chart provided by the **IDDSI on consistency types** to be used around the world. We have added examples of what each means in real food and liquid. Your Dysphagia Specialist will assess each of these categories for safety with you!

## What Can We Do At Home To Reduce Risk?

- **Patient stability** when returning to the home, assisted living or independent living community relies on a **complex coordination** of patient abilities, symptoms, and functional processes to **reduces the risk of returning to the hospital**. Evaluating and managing dysphagia is key to **reducing risk**, especially when managing a cardiac diagnosis or recovering from a cardiac event.
- **The First Step is accurate diagnosis of risk.** Your first two appointment at DMS entail a thorough speech-language and dysphagia diagnosis in order to determine what your individual situation is, what the reactions to the diagnosis or cardiac event have been. The second appointment focuses on a dysphagia or swallowing instrumentation in order to assess your swallow, the function of your oral and pharyngeal swallowing stages, and whether you are experiencing reflux and/or aspiration which can be silent (meaning you don't know its happening and you don't feel it, or have the urge to cough after it happens).
- **The Second Step in the process is to figure out how to reduce your risks while maintaining or improving your lifestyle.** This happens in 1-3 therapy appointments. By the end of this time, we will arrange a few face time appointments with you from the comfort of your home, and make sure that no further modifications need to be made to keep you safe!
- **What if I need ongoing therapy to regain my strength or rehabilitate my swallow?** If this is the case, we will arrange for you to have a combination of face-time sessions (called tele-practice) from home and visits to the office for follow up.
- **How long will I need to worry about my swallowing safety after my cardiac event or with my cardiac diagnosis?** This is an individual question that we will address in your diagnostic and therapy sessions. You may have short term dysphagia following a cardiac event or surgery, or you may need longer-term maintenance with a chronic cardiac diagnosis. Dysphagia Management Systems is here to identify, explain, and help you make long term decisions on managing your dysphagia.