

## **FOOD AND LIQUID TEXTURE MODIFICATIONS FOR INDIVIDUALS WITH SWALLOWING DIFFICULTIES**

### **POSITION PAPER**

**version 1, 30.3.2020**

POSITION PAPER WRITING COMMITTEE:

#### **Writing committee:**

Dr. Oshrat Sella Weiss, SLP, University of Haifa, Ono Academic College, Reuth Rehabilitation Hospital

Michal Kreiter, B.Sc, R.D, M.H.A, Manager of the Nutrition Department, Assuta Hospital Ashdod, Israel

#### **Editing and proofreading:**

Prof Ronit Endevelt, Director of the nutrition division. Public health services The Ministry of Health and Haifa University, School of Public Health Israel.

Dr. Orly Herzberg (PhD), Chief Communication Clinician, Ministry of Health

Judith Blinder-Edelcopp, Alyn Hospital. Pediatric and Adolescent Rehabilitation Center

Orly Bergerzon Botton, SLP, Deputy Chief of Communication Disorder Department, Ministry of Health

Dr. Aviah Gvion, Head Of The Speech Swallowing And Language Department, Reuth Rehabilitation Hospital, Ono Academic College

Amit Ganor Ms.c., R.D.CEO ,ATID-The Israeli dietetic association.

Dorit Itzhaki, RD.MPH Senior coordinator for the development and supervision of nutrition, Geriatric Division, Ministry of health.

Brigitte Kochavi CR. RD. Deputy director department of nutrition. Pediatric dietician. The Edmond and Lily Safra children's hospital. Sheba medical center Israel.

Josefa Kachal, RD MPH Senior coordinator for Geriatric nutrition, nutrition division, and Public health services Ministry of health. Israel

Sigalit Labunski RD Senior coordinator for the development and supervision of nutrition, Geriatric Division, Ministry of health.

Dr. Osnat Segal, ISHLA Chair, Dep. of Communication Disorders, Tel Aviv University



Luba Plotkin RD. M.Sc Vice president, ATID-The Israeli dietetic association.

Michal Gershoni Kait RD, BSc Head of dietetic and nutrition department Reuth rehabilitation hospital

Yaffa Elbaum Shiff, PhD, RD Director of Pediatrics Nutrition, Nutrition and Dietetics department Tel Aviv medical center.

Eating and swallowing difficulties are common among patients in all hospitalized settings and in the community, therefore special consideration must be given to the foods and liquids served to them. Texture changes and modifications of foods and liquids are a part of the therapeutic intervention plan and are intended to maintain the safety of the patients and to improve the efficacy of eating and swallowing.

If all who are involved in the dietary planning and feeding of individuals with eating and swallowing difficulties (oro-pharyngeal dysphagia), including the individuals themselves, were to use a standardized terminology to describe food and liquid textures- it would ensure therapeutic continuum and with it the maintenance of eating and swallowing safety and efficacy. In doing so, it will also allow the maintenance of the nutritional status of individuals with eating and swallowing difficulties who need food and liquid texture modifications.

The Israeli Speech Hearing and Language Association (ISHLA) and the Israeli Dietitians Association (ATID) declare their support in adopting the terminology for food and liquid textures along with the testing methods proposed by the International Dysphagia Diet Standardization Initiative (IDDSI).

IDDSI developed a standardized terminology for texture names, described every texture level and developed testing methods to assess each texture level. The terminology includes a continuum of 8 levels (0 through 7) and is identified by numbers, colors, names translated to Hebrew, characteristics and testing methods. The testing methods and descriptions have been translated to Hebrew and can be accessed through the IDDSI website: <http://iddsi.org/>. The implementation of the modified texture names and of the testing methods may be

done in all health settings, including the patient's home, in all cultures and with all ages.

Speech and language pathologists and dietitians are the primary healthcare professionals in the diagnosis and treatment of eating and oro-pharyngeal swallowing difficulties. Speech and language pathologists and dietitians work in collaboration to build an intervention plan and to implement it among children and adults with eating and swallowing difficulties.

The speech and language pathologists have an important role in maintaining the safety of patients and in reducing the risks associated with eating and swallowing difficulties. They perform eating and swallowing assessments in a clinical and instrumental manner, and accordingly build a comprehensive intervention plan. The intervention plan includes rehabilitation exercises, swallowing techniques, and compensatory methods. It is customized to every patient individually based on the patient's underlying pathophysiological swallowing difficulties, his abilities, other difficulties should there be his cultural background and his desires.

When building an intervention plan, the need for food texture modifications must be considered. If the need for food texture modification does arise- the speech and language pathologist must adapt the food and liquid textures to the patient in accordance with his difficulties and abilities. Moreover, they must confirm that the modification is indeed necessary and that the texture modifications contributes to the patient's eating and swallowing safety and efficacy. This is done by performing a clinical and instrumental swallowing assessment. The purpose of the intervention is to allow a spectrum of textures as wide as possible according to the patient's abilities. If the recommended spectrum of textures is limited, the speech and language pathologist must monitor the patient based on his needs and prognosis in order to determine the necessity to continue the restrictions.

The dietitians have an integral role in preventing the nutritional risks associated with texture modifications. The dietitians perform a nutritional assessment and build a personalized menu in accordance with the textures allowed while taking into consideration the nutritional status, the medical background and the nutritional restrictions required based on health needs and personal preferences. The dietitian ensures that the personalized menu is adapted culturally to the

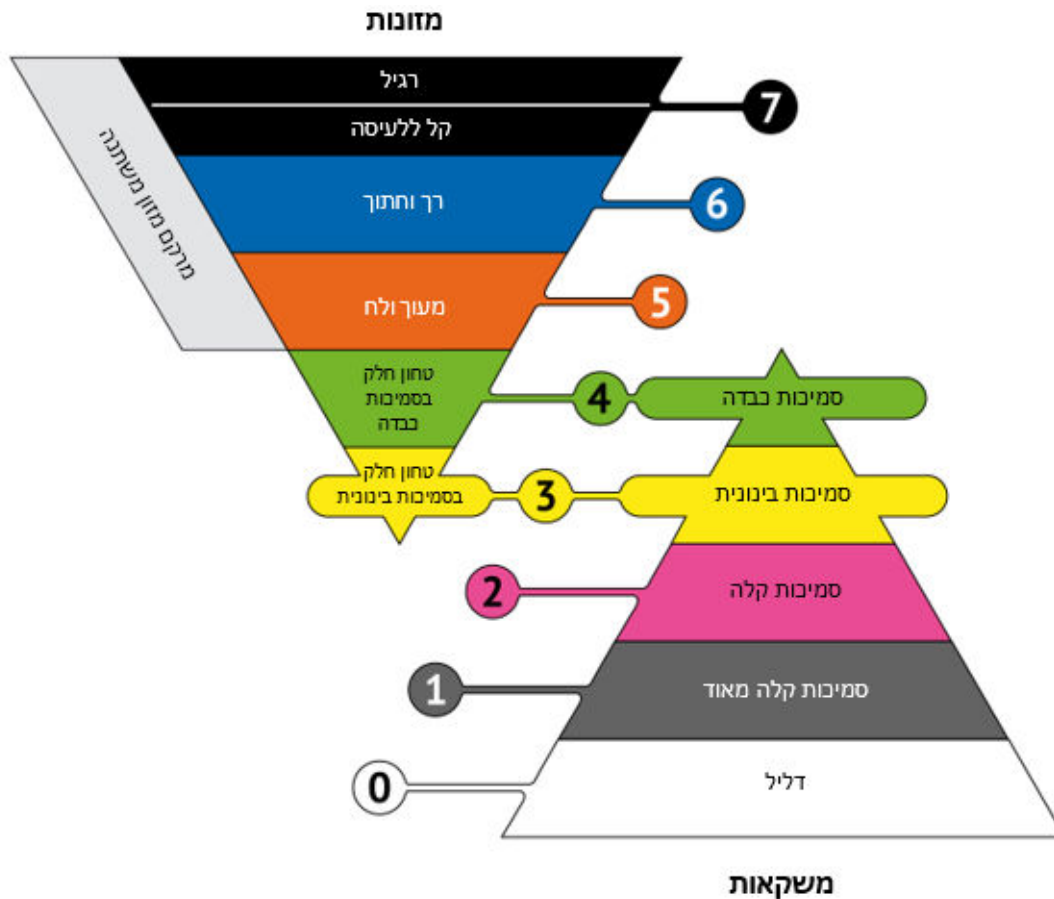
patient (including ethnical background, vegetarianism, veganism, religious restrictions, etc.) and will incorporate all foods, nutrients and calories required. The dietitian will provide solutions for how to modify foods in accordance to the different IDDSI levels while taking into consideration the food preparation process, the maintenance of nutritional balance, the aesthetic appeal of foods, and the presence of flavors the patient is accustomed to. It is important to note that all in cases of texture modification, the intervention of a dietitian is required in order to improve and maintain the food's nutritional value with minimum impact to the patient's quality of life. Proper modification of the food's texture is critical in encouraging eating and preventing nutritional status decline due to texture change. In children, adequate nutritional intake must be ensured to allow normal growth and development.

The dietitian will monitor the fluid intake from foods and beverages including fluids given by infusion (should there be), in accordance with the individualized nutritional requirements based on accepted clinical guidelines. This is in order to prevent dehydration among patients who consume liquids thickened by liquid thickening agents.

Should modified textures cause reduced nutritional and fluid intake, a collaborative discussion occurs between the two professions as well as with the multidisciplinary team.

In institutions and in health clinics, it is recommended to form an IDDSI team that comprises of a speech and language pathologist and a dietitian. The IDDSI team will train the multidisciplinary team to implement the IDDSI terminology and the IDDSI testing methods.

The IDDSI FRAMEWORK TRANSLATED TO HEBREW:



The IDDSI Framework and Descriptors are licensed under the Creative Commons Attribution Sharealike 4.0 Licence <https://creativecommons.org/licenses/by-sa/4.0/legalcode>. Attribution is requested as follows:  
(c) The International Dysphagia Diet Standardisation Initiative 2016 @<https://iddsi.org/framework/>. Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death.