

Help sheet no.13

Catering for residents with swallowing problems – texture-modified diets

Some residents may have health problems that have left them with difficulties in swallowing. Conditions such as strokes, upper gastro-intestinal cancers, dementia, motor neurone disease, multiple sclerosis, Parkinson's disease and other neurological conditions can affect residents' ability to chew and swallow. This may increase the risk of foods and fluids going into the lungs, causing pneumonia and even death.

For residents with these types of medical conditions, obvious choking is not necessarily a symptom of swallowing problems (dysphagia). Some people 'silently aspirate' (inhale) food and fluid into the lungs. You may see no sign of a swallowing difficulty and the person themselves may not be aware of it. A chest infection could be the first indication of a problem.

Fear of choking can increase stress at mealtimes and affect nutrient intake. If a swallowing problem is suspected, the first principle of management is to **do no harm**. The following process is recommended:

- Organise for medical assessment.
- Organise referral for speech pathology assessment.
- Organise referral for dietitian assessment.
- Keep complete food and fluid records to assist the process of assessment.
- If possible, monitor urine output.

The types of food and fluid textures are described as follows:

- **Full/normal** – roast and baked items, grills, fried items, pastry items with harder crust.
- **Soft and cut up moist foods** – casseroles, stews with bite size pieces or food easily cut with a fork, or cut up full/normal moistened with gravy or sauce.
- **Very soft or minced/mashed** – finely minced with no large lumps; texture type to be consistent for all items, served with a thick sauce or gravy for moisture.
- **Semi-solid, vitamised or pureed** – must be smooth in texture, but not runny; texture consistent for all items; served with a thick sauce or gravy for moisture.
- **Fluids** – may require thickening (see **help sheet no. 14**).
- **Tube feeding** – may be required as a total feed or a supplementary feed. Seek advice from a dietitian about type, amount and rate needed.

Texture-modified meals and nutritional risk

Residents on texture-modified meals are at greater nutritional risk.

Texture-modified diets are greater in volume because of a higher fluid content. For example, it may be necessary to double the weight of a meat dish with fluid in order to achieve the desired consistency. Added fluid reduces the nutrient density of the food. Also, some key foods, such as bread, are excluded from the diet because they are not the right texture. Foods from the cereal group should be provided in a form that is smooth and moist.

Changing the texture of foods and fluids can alter nutrient intake in both amount and balance, and increase the risk for dehydration. It can also detract from the enjoyment of meals leading to reduced intake.

A guide to achieving a nutritionally adequate intake is given in **help sheet 7**.

An example of a meal plan for a person on vitamised meals:

Breakfast

- At least 1 cup vitamised porridge, Creamota™, or semolina (made with milk for extra nourishment) served with milk and sugar.
- 1/2 cup vitamised tinned fruit.
- Yoghurt.
- Scrambled egg.
- 1 cup fruit juice (thickened if necessary).

Lunch

- At least 1/2 cup of vitamised meat, chicken, fish or egg.
- 3-4 x 1/4 cup (or 2 heaped tablespoons per serve) serves vitamised vegetables.
- Add extra margarine, sauces, gravy for moistness and energy.
- Vitamised dessert – try to include cereal base, such as rice, flour or bread.
- 1 cup juice or milk drink (thickened if necessary).

Dinner

- Soup vitamised with vegetables, rice, barley, pasta or bread.
- Meal as for lunch with 2-3 vegetables; add vitamised pasta for a variation.
- Vitamised fruit or cereal based dessert.
- Ice cream or jelly only on advice of speech pathologist.
- 1 cup juice or milk drink (thickened if necessary).

Between meal snacks

- Additional vitamised desserts, fruit, yoghurt or custards.
- Milkshakes and supplement drinks.
- Extras of cream and margarine can be added for increased energy, moistness and flavour.

[This meal plan gives a minimum amount of food. Some residents will need larger serves to meet their nutritional needs.](#)

Remember to give between meal snacks. This encourages more nutrient intake, particularly where appetites are small. Six meals and snacks of suitable texture should be provided during the day.

Fibre intake can also be affected because key fibre foods are often excluded, such as bread and fresh fruit. Special attention needs to be given to increasing fibre intake from other foods, such as softened cereals, soups and desserts with added cereal, wheat bran added to porridge, wholemeal bread or lentils added to soups.

Presentation of texture-modified meals

Texture and shape of food is part of the enjoyment of meals. Good presentation of texture-modified food relies on variety of colour and flavour. A greater variety of tastes encourages more food intake.

- Add ingredients like milk, gravies, sauces and custards to vitamised foods in preference to water.
- Use casseroles and stews for vitamising.
- Use roast meat and gravy to provide an important flavour variation.
- Minces need gravy or sauce for moistness.
- Keep different food types and flavours separate.
- Texture should be the same for all food items served.
- Texture-modified foods should not be runny; they should hold some form on a plate.
- Plan meals to enhance colour and flavour variations on the plate.
- For main meals use normal plates where possible.
- Use ramekins and different shaped bowls and moulds to present foods in different ways.
- Special food moulds can be purchased to re-shape foods into portions.
- Use plate guards to encourage independence.

Have you ever eaten a vitamised meal – why not give it a try? Do you know what you are eating?

Tell people what they are eating. Variety of taste in a meal encourages more food intake. Offer each food item individually rather than mixing foods for each mouthful.

Preparing texture-modified foods and fluids

- A good quality commercial food processor and a vitamiser are a minimum requirement.
- A mincer allows better control in preparing minced meals.
- Vitamiser and hand-held blender can be used to prepare thickened fluids in bulk.
- A food processor can produce foods of different texture grades.

To limit preparation time, plan menus so that texture-modified foods and fluids are easily produced as part of the overall design and workload arrangements.

Owing to restrictions on some types of foods, it may be necessary to provide special supplements for those on texture-modified meals. Seek advice from a dietitian to plan suitable texture-modified menus and to assess individual needs of residents.

Adapted from Stewart A., (1999), *Nutrition guidelines for residential aged care facilities* (unpublished) Contact Alison Stewart, Consultant Dietitian.

Useful references

Wood, Bacon, Stewart and Race, Department of Human Services Home and Community Care Program, *Identifying and assisting home based frail elderly people who are nutritionally at risk – a resource manual*, Department of Human Services, 2001. www.health.vic.gov.au/agedcare/hacc/nutrition

Martin J., & Backhouse J., (1993), *Good looking and easy swallowing – creative catering for texture modified diets*, Julia Farr Centre Foundation PO Box 221 Unley South Australia 5061.

Australian guide to healthy eating (for consumers), 1998 Commonwealth of Australia, Phone 1800 020 103 Ext 8654.