

Patients on Modified Diets: Can we Compromise?

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The pleasure of eating can be significantly impacted when diet modifications are necessary due to dysphagia. Achieving adequate oral intake to meet hydration and nutrition needs can also become more challenging. Whether the modification is major or minor, the impact can be significant for the patient. Many patients resist diet modifications and request or “sneak” favorite foods, snacks, and beverages. Noncompliance with the medically recommended diet is not uncommon. We strive to achieve safety during oral intake for our patients with dysphagia, but we cannot do so blindly. As Speech-Language Pathologists, we also respect our patient’s rights and their quality of life issues. The key to success may be a compromise in many cases.

Partnering with our patients to maximize safety for oral intake while maximizing quality of life should be a primary goal of Speech-Language Pathologists. Implementation of “quality of life compromises” can be utilized to accomplish this goal. Extensive patient, family and caregiver education regarding all facets of swallow safety and quality of life compromises is crucial. In this poster presentation, we outline:

- Considerations when determining appropriateness of a diet modification compromise
- Importance of patient and caregiver education
- Types of compromises
- Necessary precautions needed when allowing a diet modification compromise, and
- Appropriate documentation of these diet modification compromises.

Considerations:

- **Prognosis, acute vs. chronic, and age**

Appropriateness of treatment options and diet modifications is clearly impacted by the patient’s age and overall prognosis. As SLPs, we may be more rigid or cautious with our patients who are in the acute stage and who have a good prognosis for significant gains in function. Our primary goal may be to maximize safety in regards to oral intake throughout the course of rehabilitation. Tube feedings or strict, restricted/modified diets to maximize safety may be deemed appropriate in these cases. In contrast, working with the patient whose condition is chronic and whose overall prognosis is poor-possibly nearing end of life, we may be more inclined to compromise in regard to diet restrictions. Our focus is twofold as we attempt to balance the patient’s wishes regarding diet textures/consistencies in order to optimize quality of life while maximizing safety of oral intake. The patient’s age would also be a consideration and would be weighted in a similar fashion.

- **Medical complexity**

Patients with coexisting diagnoses such as chronic obstructive pulmonary disease, congestive heart failure, or gastrointestinal disease are considered at higher risk for aspiration (Langmore, 1998). It is important to look at the patient's medical history, be aware of coexisting diagnoses which place the patient at elevated risk, and to educate the patient accordingly.

- **Availability of consistent, thorough, oral care procedures**

Adequate oral care is critical, especially if a "quality of life compromise" is implemented which liberalizes the diet and increases aspiration risk. The relationship between good oral care, dysphagia and risk of aspiration is clear. Oral bacteria from dental plaque are carried to the lower respiratory tract in saliva. Bacteria carried in saliva have been linked to pathogens involved in pneumonia. These bacteria are also linked to other systemic diseases. Patients with plaque on greater than half of their tooth surfaces are considered a high risk group for developing pneumonia. One study suggests that effective oral care can decrease mortality due to pneumonia by half. Oral-pulmonary pathogens increase in the elderly population with poor oral hygiene and decrease with professional oral care. Elevated risk factors for medical complications due to inadequate oral care include the following: Dysphagia; poor access to professional dental care; inadequate personal oral hygiene; dependence on caregivers for activities of daily living such as oral care; active smoking; depression; use of sedative medication; use of gastric acid-reducing medication; use of ACE inhibitors.

- **Nature of the dysphagia:**

The degree of risk associated with various swallow impairments is an obvious consideration. For example, a weak, delayed swallow response which impacts safety due to elevated aspiration risk would be far more critical than a slow, weak mastication pattern resulting in an inefficient oral phase with the patient fatiguing prior to achieving adequate intake on regular textures. The patient with an inefficient oral phase may be appropriate for a compromise which would allow for advanced textures for pleasure feedings at snack time. The recommended diet would remain efficient, safe, and the least restrictive for meals. The advanced textures for snacks would be appropriate when efficiency for achieving adequate oral intake isn't a concern. We must also consider compromises for our patients who receive tube feedings and express desire for oral intake. When a patient is NPO with PEG tube feeding: the risk of aspiration remains (Levy, 2004). Quality of life issues should still be considered. Another factor to consider is that pneumonia is more likely triggered by aspiration of food vs. liquids (Langmore, 1998). The associated risks linked to the nature of the dysphagia must be assessed on an individual basis and should be weighed accordingly during consideration of compromises.

Key issues:

- Communication

Communication is always a key issue, but in situations where potential compromises are being considered and the risk is elevated, it is even more imperative. We must ensure that extensive education is provided to the patient and all others involved in his or her care.

- Clear understanding of potential risks and consequences

Potential risks and consequences must be exhaustively reviewed. This is important for all patients who have dysphagia but is particularly pertinent for those who want to compromise with their diet or who are simply noncompliant with the medically recommended diet. There can be no ambiguity regarding the potential for aspiration, pneumonia, respiratory failure, and even death.

Types of compromises:

- Free water per Frazier protocol

The Frazier Free Water Protocol allows thin water to be offered to most patients after their swallow has been assessed by an SLP (Panther, 2005). Other liquids may be thickened as recommended, but water is offered between meals for those eating orally, or at any time for those who are NPO (Panther, 2005). This is done to encourage hydration and improve quality of life.

- Free access to ice chips

- Combination diets, choosing different textures/consistencies within a meal or at different times of the day.

Some patients can tolerate certain food items from a higher level diet but cannot safely or efficiently advance to that diet level completely. Examples of this would include: regular textures at breakfast and lunch but mechanical soft at dinner meal when fatigue is impacting; thin coffee or water between meals but all liquids at meals would be thickened.

Advanced textures for supervised pleasure feedings outside of mealtime can be an appreciated quality of life compromise. With a supervised snack there is less pressure to achieve adequate intake to meet hydration or nutrition. Many patients have been observed to consistently manage a cookie at snack time but could not efficiently manage similar textures in the context of a meal due to fatigue or endurance issues.

General precautions:

- Optimal positioning
- Adequate alertness
- Thorough oral cares
- Safe feeding techniques
- Availability of supervision during oral intake
- Ongoing monitoring for aspiration
 - Body temperature

- Respiratory status: lung sounds, change in breathing patterns, congestion, drop in blood-oxygen levels.

Documentation

- Clearly document the Speech-Language Pathologist's recommendations for the safest, most efficient, and least restrictive diet.
- Outline the risks and potential consequences.
- Have patient or caregiver sign a waiver (check facility policy).
Waivers may not be considered a legal binding document, but it does demonstrate that critical information re: potential risks and consequences have been discussed with pertinent individuals
- Document the ongoing nature of caregiver/family education.
- Correlate the patient's right to refuse a diet texture with the established right the patient has to refuse any medically recommended treatment.

References:

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