



OSP Aged Care Newsletter

Spotlight on Swallowing

In May this year we celebrated the inaugural Australian Swallowing Awareness Day. Our OSP Team is constantly scrutinising the evidence behind our management of Dysphagia - particularly in relation to our aged care clients. Read on to find out more about our clinical challenges, links to great resources and a sneak peak at what may lie ahead in this dynamic field.



Not All People with Swallowing Problems Are the Same

We have all seen residents who appear to benefit from tucking their chin during the swallow - so much so that it can be offered as generic advice. For many it has been thought to



reduce aspiration risk by narrowing the pharynx and reducing opening into the laryngeal vestibule.

Fraser and Steele's 2012 video fluoroscopic study suggests we may need to look more closely; aspiration risk was reduced with a chin-down posture if sipping from a cup - but the same posture seemed to make things worse for people fed via a spoon. In other words- we can't assume what works for one person will work for another. You can find the full article [here...](#)

It's A Hard Pill to Swallow



Important Update

New guidelines now recommend the use of medication lubricants

"First consider if the person can swallow the tablet or capsule whole with the aid of an oral medication lubricant. A medication lubricant is a gel that is thick and easy to swallow and moistens the mouth and throat. The whole tablet or unopened capsule is placed in a spoonful of the gel and swallowed."

Don't Rush to Crush Handbook second edition page 21, Society of Hospital Pharmacists Australia



Australian researchers are leading the way in looking at options to assist tablet swallowing. The Society of Hospital Pharmacists are regularly updating the Don't Rush to Crush handbook to give us critical answers to these questions:

- Can I crush it?
- Can I dissolve it?
- Can I open the capsule?
- Is there a liquid formulation?
- Can I give the injection orally?

Orange
flavour
now available



Newer Initiatives

Newer initiatives involve the use of medication lubricants. In Australia we now have Evomed's Gloup which is demonstrated [here](#) and now comes in Orange flavour. Internationally use of [MedCoat](#) is gaining popularity.

Research into use of medication lubricants for dysphagic patients is also underway in Queensland so it is an important option to discuss with your OSP Clinicians when they are next visiting your facility.

AN ESTIMATED
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Here is a helpful table comparing Gloup to alternate non medication lubricant foods:

How does Gloup compare

	Gloup	Yoghurt	Fruit Puree	Jam
Properties				
Registered Medical Product	Yes	No	No	No
Cost	.10c / dose*	\$1.60 / cup**	\$1.60 / cup**	.11c / dose
Thick Lubricant	Yes	No	No	No
Drug Interactions	No known interactions	Potentially	Potentially	Potentially
Take When Empty Stomach Required	Yes	No	No	No
Sugar/Lactose/ Gluten Free	Yes	No	No	No
Expiry Once Open	60 days	3-4 days refrigerated	24 hours	Unknown
Refrigerate Once Open	If desired	Yes	Yes	Yes

* Price from as low as .10c for higher quantities.

** Prices provided by PFD Food Suppliers.



Something to Make Life Easier: The Dual Cup

Finally a disposable "chin neutral" cup – no longer wait for plastic cups to be returned from the kitchen!

What makes the Dual Cup different from any other cup?



A regular cup causes the patient to tip their head back when drinking, often compromising the airway however the Dual Cup is convenient and sanitary. It can be used bedside or on a cart—readily for whenever the client needs it.

The perforated cutout can be removed with just a twist.

And because it's paper, it can be squeezed to direct the liquid flow.

The Dual Cup is ideal for elderly patients with dysphagia, feeding difficulties, or for whomever swallowing has been weakened or compromised.

The Dual cup conveniently comes in disposable packs of either:

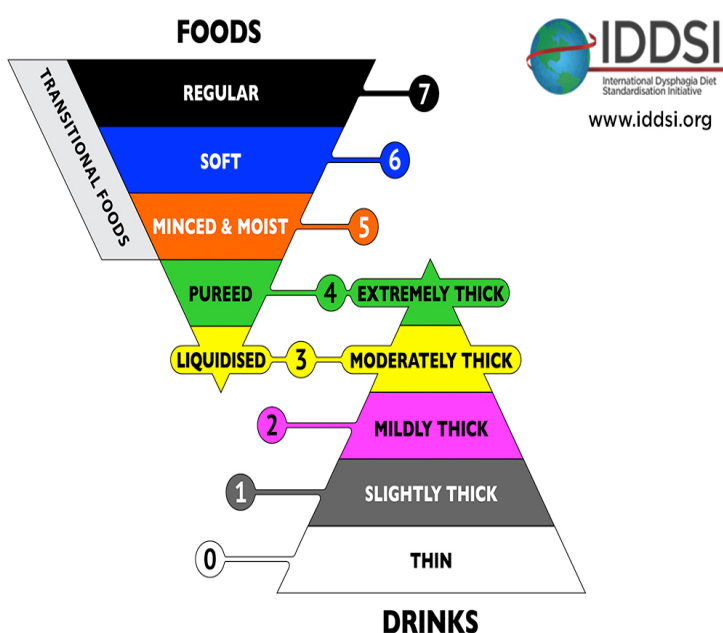
x25 = \$26.20

x100 = \$58.50

x250 = \$106.40

To purchase or for more information see [here](#).

Proposed International Diet Standards



Dysphagia is a global concern. Moves are well underway to develop an international standard for diet and fluid descriptors. The IDDSI website iddsi.org is loaded with information on a proposed new framework for dysphagia diet descriptors - including a concerted effort to develop quick texture checks that will allow us to monitor the grain of minced diets, or the firmness of soft diets - all with a humble fork!

SOME OPEN ACCESS
DYSPHAGIA
READINGS FOR
THOSE INTERESTED
IN DIGGING A LITTLE
DEEPER ABOUT
DYSPHAGIA IN TBI,
DEMENTIA ALONG
WITH SOME USEFUL
SYSTEMATIC REVIEWS
OF THE FIELD:

- ◆ [DYSPHAGIA AND TRAUMATIC BRAIN INJURY](#)
- ◆ [SYSTEMATIC REVIEW OF DYSPHAGIA REHABILITATION](#)
- ◆ [DYSPHAGIA SCREENING STATE OF THE ART](#)
- ◆ [DYSPHAGIA AND DEMENTIA.](#)
- ◆ [STANDARDISING THE MBS; THE MBSIMP](#)

You can read below for a summary of the fork pressure test or find the full text [here](#):

“Fork Pressure Test and Spoon Pressure Test For hard or firm food, the fork has been chosen as it can uniquely be used for assessment of mechanical properties associated with hardness, in addition to assessment of shape attributes such as particle size.

The slots/gaps between the tines/prongs of a standard metal fork typically measure 4 mm, which provides a useful compliance measure for particle size of foods at Level 5 - Minced & Moist.

For hard and soft solid foods, a maximum food sample size of ~1.5 x 1.5 cm is recommended, which is the approximate size of the adult human thumb nail (Murdan, 2011).

A fork can be applied to the food sample to observe its behaviour when pressure is applied. Pressure applied to the food sample has been quantified by assessment of the pressure needed to make the thumb nail blanch noticeably to white. The pressure applied to make the thumb nail blanch has been measured at ~ 17 kPa. This pressure is consistent with tongue force used during swallowing (Steele et al., 2014).

For assessment using the Fork Pressure Test, it is recommended that the fork be pressed onto the food sample by placing the thumb onto the bowl of the fork (just below the prongs) until blanching is observed. It is appreciated that forks are not readily available in some parts of the world. Pressure applied using the base of a teaspoon may provide a useful alternative. Assessment with chopsticks has been included. Finger tests have been incorporated in recognition that this may be the most accessible method in some countries. Further work is required to develop an inexpensive but accurate tool to assist with food texture analysis.”

Thoughts of Water- Dysphagia

A poem created by Sonia Blue in 2006 giving us a window into her experience living with dysphagia, and what it means to her:

“Water - the source of life, the element of which we are over 50% made of - is both our friend and foe.”

SWALLOWING
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“To a dysphagic - the image and memory of water can look luscious, waterfalls delicious, swimming pools sublime, even puddles left by a rainstorm are the recipients of longing.”

Watch the full video [here](#).

Dysphagia Education Program

The experienced team here at Optimal Speech Pathology has created a workshop detailing everything you wanted to know about swallowing.

It's an introduction to dysphagia management for enrolled nursing, residential carers and catering staff.

The workshop will cover topics such as:

- Anatomy and stages of swallowing
- Common swallowing disorders
- Signs and symptoms of swallowing disorders
- Risk management/ Safe swallowing techniques
- Dietary modifications
- Ongoing management issues.

To find all the info about the program and to book see [here](#)

CONTACT US

Website: optimalsp.com.au

Phone: 0403 903 822

Email: info@optimalsp.com.au

Facebook: www.facebook.com/OptimalSpeechPathology

Twitter: @OptimalSP

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