

Nutrition Fact Sheet

Nutrition Challenges Associated With A Texture Modified Diet

It has been estimated that around 1 million Australians are affected by dysphagia (swallowing difficulty). Food and fluid modification is a widely supported solution to ensure that individuals with dysphagia can safely enjoy their meals. Making standardised texture modified meals that are visually appealing and tasty can often be a challenge for food service. In this fact sheet, we explore the use of texture modified diet, potential risks associated with texture modified diet and strategies to minimise those risks.

BACKGROUND

Texture modified diet (TMD) is provided for residents with chewing or swallowing difficulties. Swallowing difficulties, known as dysphagia, is common among elderly people with conditions such as stroke, head or neck injury, cancer, cerebral palsy, poor dentition, dementia and more. If untreated, dysphagia can lead to aspiration, where food or drink enters the airway, which can then lead to aspiration pneumonia (lung infection). Speech pathologists are responsible for assessing dysphagia and prescribing suitable texture modified diets. Texture modified foods may be softened, chopped, thickened, minced or pureed.

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



RISKS ASSOCIATED WITH A TEXTURE MODIFIED DIET

Whilst TMD is a commonly used solution for those with dysphagia, there are potential risks associated with a TMD. The purpose of texture modification is to help individuals with dysphagia obtain adequate nutrition from food safely and therefore prevent malnutrition. However, some studies have shown that individuals on TMD have increased risks of weight loss and malnutrition due to inadequate nutritional intake. This may be caused by a number of factors including:

- Reduced mealtime pleasure due to unappealing appearance, texture and taste, difficulty recognising food items, monotony of menu items and altered/restricted consistencies
- Lack of control over food choices
- Lower nutrient density in some texture modified foods
- Refusal or embarrassment from eating texture modified foods in front of others

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STRATEGIES TO OPTIMISE NUTRITIONAL INTAKE

Ensure that the texture modified meals reflect the meals provided to residents on regular diet where possible.

Ensure that the texture modified meals offer adequate protein, energy, fibre and other essential nutrients. Fortify meals with milk powder, Sustagen, etc. if required.

Enhance the appearance and presentation of meals. Use food moulding, piping and other strategies to resemble the look of the regular textured foods.

Ensure that the food items are served separately on the plate and not mixed together.

Ensure that meal variety is maximised.

Use spices to add flavour.

Offer 3 main meals and 3 mid meals a day. Ensure that the mid meals are also high in calories.

Ensure that the staff receive relevant training on texture modified diets and thickened fluids.

Ensure that the staff are encouraging and offer appropriate assistance during mealtimes.

Conduct regular questionnaire to collect feedback from both the residents and staff on mealtime experience and food satisfaction, and implement changes accordingly.

SUMMARY

Whilst TMD is a solution to optimise nutritional intake for residents with dysphagia, it is important to ensure:

- The TMD is visually and taste appealing, adequate in nutrition, maximised in meal variety
- The staff receive relevant training and provide appropriate assistance during mealtimes
- Regular feedback is collected

These will minimise the risks of weight loss and malnutrition for residents on a TMD.

For more information, please visit:

International Dysphagia Diet Standardisation Initiative

Nutritional Intake and Meal Composition of Patients Consuming Texture Modified Diets and Thickened Fluids: A Systematic Review and Meta-Analysis

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7767351/

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