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THE COST OF LIVING WITH DYSPHAGIA: IMPROVING QUALITY OF LIFE THROUGH MEALTIME ENJOYMENT

In this article, we will delve into the physical and psychosocial consequences of dysphagia and the impact it has to nutritional status and quality of life. Additionally, we will underscore the significance of the dining environment on food intake and mealtime enjoyment through the reduction of distractions, and the promotion of social interaction, especially the communal act of eating.

Dysphagia is a medical condition characterised by difficulty swallowing caused by functional and/or structural abnormalities. The level of impairment in swallow function can range from mild to severe, making the simple act of eating a complex and sometimes dangerous task.¹

Onset of dysphagia is often multifactorial and commonly seen secondary to another health condition, including neurological disorders such as Parkinson's and stroke, muscular disorders such as motor neurone disease, and learning disabilities. Although more commonly a secondary condition, dysphagia can also occur due to ageing. The primary cause of the dysphagia will likely determine whether its presentation will be acute or chronic.²

Dysphagia is common, affecting 1 in 17 people in their lifetime,³ and is managed using thickened fluids and

texture-modified food. The theory behind this is to create a thicker bolus that resides for longer in the oral cavity, allowing more time for sensory feedback to trigger an oropharyngeal swallowing response.⁴

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework has revolutionised dysphagia management by providing standardised terminology for texture-modified foods and thickened liquids. Upon diagnosis, individuals with dysphagia should work closely with healthcare professionals, including dietitians and speech and language therapists, to create personalised meal plans that cater to their specific needs.

Modifying food texture, without compromising nutritional quality, plays a key role in dysphagia management, and regular testing of foods and liquids using IDDSI guidelines ensures consistency and safety.⁵ Using



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thickened fluids and texture-modified food doesn't completely negate the physical risks of dysphagia, such as choking and aspiration, however good adherence may reduce it. Unfortunately, the physical safety that is provided from a texture-modified diet can come with psychosocial consequences and for some, these consequences may outweigh the physical risks resulting in poor adherence.⁶

PHYSICAL AND MENTAL HEALTH

Dysphagia increases the risk of aspiration, where food or liquid enters the airway instead of the oesophagus. This poses a serious threat to respiratory health and can lead to life-threatening complications such as aspiration pneumonia.⁷ Coexisting with the increased risk of aspiration pneumonia, dysphagia also increases the risk of malnutrition due to eating fatigue leading to reduced portion sizes, a fear of choking causing food avoidance and aversion to texture-modified meals resulting in a reduction in food intake.

Meeting daily nutritional requirements becomes a significant concern for individuals with dysphagia, as consuming an adequate amount of essential nutrients becomes more challenging. Malnutrition poses significant risks to someone's quality of life, it can take away independence, reduce the body's ability to fight infection, increasing risk of morbidity and ultimately mortality.⁸

It's obvious that dysphagia can have significant physical consequences that can affect quality of life, however it's important to recognise the emotional strain that living with dysphagia can cause daily. Food is often at the forefront of special occasions, but also can be the highlight of a normal day and a frequent topic of conversation amongst friends, family or work colleagues. The challenges associated with dysphagia can extend beyond the physical act of eating. Dysphagia may prevent someone

from eating and drinking in a socially acceptable way causing embarrassment,⁹ or the visual appearance of a texture-modified meal can expose them to judgement from others.

Many social situations occur in contexts involving food, such as dining in or out or attending gatherings where a sit-down meal is part of the event. This can be a source of anxiety and cause individuals to avoid these situations altogether, leading to social isolation and potential negative impacts on mental well-being. Avoiding food, even at a time where it doesn't bring you pleasure, is not possible. It is essential for survival and is commonplace in everyday life and, for some, may serve as constant reminder of how their life has changed.

CHOICE AND CONTROL

Food choices are usually driven based on preference, cravings or convenience. Individuals living with dysphagia are less able to make food choices so freely as a texture-modified diet will undoubtedly create restrictions, overturning usual eating habits. The frustration and limitations imposed by dysphagia can have a profound emotional and psychological impact. One study reported that "the motivation to eat is gone" for people with dysphagia when the foods they enjoy are now restricted and that dysphagic people would choose to eat high risk foods to maintain quality of life.¹⁰

The inability to enjoy familiar foods and monotony of the same texture at every meal makes it challenging to achieve a diverse and well-rounded diet and can lead to feelings of sadness, frustration and even depression, further complicating the effort to meet nutritional requirements.

AVAILABILITY AND COST

In addition to a lack of choice and control, individuals face the challenge of preparing or



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likely to be much more nutrient dense as they will have been fortified to provide more energy and protein in a smaller portion. However, these meals are often more expensive and, therefore, may not be accessible for daily use.

It is evident that dysphagia creates significant challenges to maintaining nutritional status and negatively impacts quality of life. There are changes that can be made, whether it is in a care setting or at home that can positively impact both factors and one of these is tailoring the mealtime environment to promote a positive and pleasurable experience.

CREATING AN IDEAL DINING ENVIRONMENT

The dining environment plays a central role in shaping the overall enjoyment of mealtimes for individuals dealing with dysphagia. Distractions can be particularly challenging for individuals with dysphagia, as the process of swallowing requires more thought and they may require heightened focus and attention during meals.

Establishing a conducive setting involves addressing various factors such as lighting, seating arrangements and the overall décor and ambience, all of which can act as distractions. Soft ambient lighting and simple décor, for example avoiding patterned wallpaper and tablecloths, can contribute to a relaxing atmosphere and reduce visual distractions. Eliminating clutter on the dining table and providing sufficient space can help individuals focus on their food and eating tasks.

Factors that can support someone to swallow safely are time and seating. Swallowing can be a slower process for someone with dysphagia and rushing could lead to severe consequences such as choking. Good posture will aid a safe swallow, so comfortable and supportive seating will make a big difference to the mealtime experience.

Encourage individuals with dysphagia to focus solely on eating during mealtime and discourage multitasking activities such as reading, watching screens, or working while eating, as these can divert attention away from the eating process. In addition to a positive mealtime experience, an inviting environment promotes good nutrition and hydration.¹¹

sourcing safe and nutritious texture-modified meals. If in a care setting, for example a hospital or care home, the catering facility will either buy in texture-modified meals from a specialist food supplier or will modify meals themselves. Even if choice or quality is poor, it removes the pressure from the individual and the cost is incurred by the facility.

For those living with dysphagia at home, their options are the same, however it is the responsibility of the individual, carer, or family, to source or prepare the meals. Preparing texture-modified meals at home is often very time consuming, difficult to make foods visually appealing and the end product may not be a safe texture. Eating a texture-modified diet requires planning and preparation, the ability to throw together a quick pasta dish or grab a ready meal from the supermarket is a luxury that is no longer available.

Another limitation of home blended meals is they often lack in nutrition. To blend food to a smooth consistency additional liquid is required, which increases the total volume of the meal, while reducing the nutritional density, particularly if water is the liquid used. Buying ready-prepared texture-modified meals is an option, as it guarantees safety, enables consumers to eat high-risk foods that can't safely be modified without specialist equipment and is much more convenient. These meals are also

SOCIAL INTERACTION

As already mentioned, social engagement during mealtimes comes with an array of psychological challenges from fear of physical changes making eating undignified to the indisputable difference in visual presentation of a texture-modified meal overtly identifying their clinical condition. Social interaction is central to maintaining good quality of life and is an invaluable part of mealtimes. Establishing how to support individuals with dysphagia to share meals with family and

friends not only fosters a sense of inclusion but also transforms mealtimes into enjoyable social occasions.

Caregivers and companions can contribute significantly to this social aspect by supporting active engagement in conversation when appropriate, creating a relaxed atmosphere and maintaining a positive attitude. Moreover, involving loved ones in the meal preparation process can further enhance the shared experience, promoting a sense of community and understanding.¹¹

CONCLUSION

Eating transcends mere physiological necessity; it is a profoundly social activity. Individuals with dysphagia often grapple with the potential isolation resulting from dietary restrictions, leading to feelings of loneliness and frustration. Dysphagia is commonly encountered and practices, such as promoting social engagement at mealtimes need to be emphasised to support a better quality of life and reinstate a sense of community.

People living with dysphagia don't only need access to safe and nutrient-dense meals, but they need choice, allowing them to eat based on preference and not just necessity. Autonomy in food choice and restoring a positive mealtime experience will improve nutritional intake and overall quality of life.

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A	
Q.2	What does 'IDDSI' stand for and what is its purpose?
A	
Q.3	Why does dysphagia increase the risk of malnutrition?
A	
Q.4	Name two physical consequences of malnutrition.
A	
Q.5	Why can dysphagia lead to individuals avoiding social engagement?
A	
Q.6	List the advantages and disadvantages of preparing texture-modified meals vs buying from a specialist provider.
A	
Q.7	What is important for an ideal dining environment?
A	
Q.8	How can the mealtime experience improve quality of life for someone with dysphagia?
A	

Please type additional notes here.