

## ADULT SPEECH PATHOLOGY

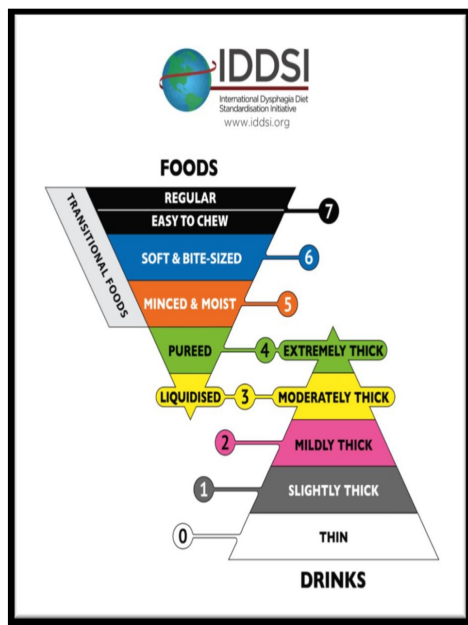
### \*\* IDDSI NEWS \*\*

#### IDDSI have added a *new diet texture*

You will notice that the framework is a little different to what you have seen previously. A new texture has been added to “Regular Level 7”.

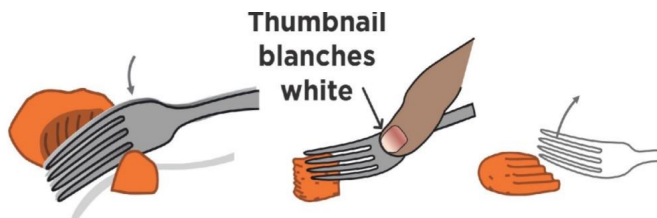
“Regular Level 7” now encompasses both the full **“Regular”** diet, which includes all normal everyday foods with no restrictions plus the Regular Level 7: **“Easy To Chew”** diet, which includes normal everyday foods of a soft / tender texture.

The “Easy To Chew” diet is for those **without swallowing problems** or for individuals who **do not have an increased risk of choking** but who need or choose to eat softer foods. This diet texture may be appropriate for people who may have weaker chewing muscles for hard/firm textures but can chew soft and tender food without tiring easily.



www.iddsi.org

#### **7 EASY TO CHEW**



A variety of methods may be used to eat these foods including fingers, fork, spoon, chopsticks etc. There is no size restriction on any piece of food.

*Must be able to break food apart easily with the side of a fork or spoon*

*Easy to Chew foods must break apart easily and pass Fork Pressure Test!*

#### **IDDSI Fork Pressure Test**

*To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape*

#### **WHAT'S THE DIFFERENCE? Level 7 Regular Easy to Chew vs Level 6 Soft and Bite-Sized?**

	LEVEL 7 EASY TO CHEW	LEVEL 6 SOFT & BITESIZED *Rationale = to reduce choke risk
General description	Normal, everyday foods of soft/tender texture	Soft, tender and moist, with no thin liquid leaking/dripping from food
Bread	Assessed on an individual basis by a speech pathologist. Check with your clinician for direct about bread and sandwiches (and sandwich fillings)	NO BREAD
Particle size	No restriction	Must be “bite-sized” with particle size lumps no larger than 1.5cm by 1.5cm
Mixed consistency	May include ‘mixed thin and thick texture’ food and liquids together (ask clinician for direction)	No mixed consistencies, no thin liquid leaking/dripping from food



## TRANSITIONAL FOODS

These are foods that start as one texture (firm/solid) but change into another texture when moisture is added (e.g. water or saliva) or with temperature change (e.g. heating).

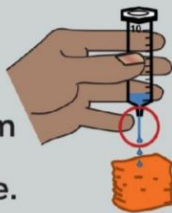
Biting is not required, and minimal chewing is needed. Tongue pressure can be used to break these foods after moisture/saliva or temperature has changed texture.

Transitional foods may be used to re-teach chewing skills (***in consultation with a speech pathologist***). \*NB only serve food pieces of the size recommended by the speech pathologist.

**Testing transitional food:** Use a piece of food 1.5cmx1.5cm, add 1mL of water to food and wait for one minute for food to soften, then test with IDDSI Fork Pressure Test (see below).

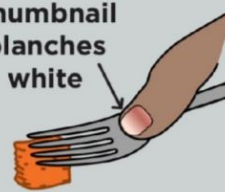
See videos of the IDDSI Fork Pressure Test at  
[www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

1. Add 1mL of water to 1.5cm x 1.5cm sample and wait 1 minute.



2. Then complete the IDDSI Fork Pressure Test.

Thumb nail blanches white



### **IDDSI Fork Pressure Test for Transitional Food**

Take a piece 1.5cmx1.5cm, which is about the width of a standard dinner fork. Add 1 mL of water to the sample and wait 1 minute. **To make sure the food is soft enough**, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed, broken apart, and does not regain its shape

### **Some examples of Transitional foods include:**

Wafers, shortbread, Veggie Stix™, potato crisps, Cheeto Puffs™, Rice Puffs™, ice chips, ice cream



## MIXED CONSISTENCIES - What are they?

Mixed consistency foods include both solids and liquids together (e.g. vegetables in a soup broth, or cereal with runny milk). Generally, **mixed consistency foods are considered a regular food texture (Level 7)**, and are not usually permitted on other food levels (unless individually tested and approved as an exception by a speech pathologist).

In order to manage mixed consistencies, individuals need to be able to manage both texture components during oral preparation. Research has shown that while chewing the solid component, the liquid component of these foods spills into the pharynx and collects there (Saitih et al., 2007), and in some cases the liquid is swallowed first. To consume these foods safely, individuals require the ability to safely separate the liquid and solid components in the mouth, and this takes considerable oral skill to manipulate and control. For people with dysphagia, this may represent an increased aspiration risk and a choke risk.

Gravies and casseroles must be **not** have a "thin" liquid sauce that separates.



## **CATERING FOR A TEXTURE MODIFIED DIET**

All menus must be planned to ensure that residents can take sufficient of all of the recommended food groups. This applies particularly to texture modified diets.

Soft, and minced and moist and pureed choices should be indicated on the menu. All 3 meals and 3 snacks must be considered. Texture modified items must follow the regular menu. Residents should be served the same (modified) items where possible. The items served at the evening meal must be different to those served at the lunch time meal.

A rotation for mid meal snacks should be developed. Pureed snacks must include: pureed fruit, custard, ice cream, yoghurt as well as pureed cake or pudding with custard/ cream. Soft items must also be offered at all mid meals e.g. soft cake rather than regular sweet biscuits.



It is important to focus on protein items. Pureed meat is often 'diluted' with gravy and may have thickeners and potato added to enable the item to hold on the plate. This means that the amount of meat provided might be much less than the amount served to those on a regular diet.

The presentation of texture modified meals must be considered- molds are increasingly popular but there are numerous ways to improve presentation without using molds eg using attractive dishes/ piping foods etc.

### **Information and resources from:**

**The International Dysphagia Diet Standardisation Initiative 2016 @<https://iddsi.org/framework/>**



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*This newsletter is a joint collaboration between Adult Speech Pathology and Nutrition Professionals Australia.*