



NATIONAL DESCRIPTORS FOR TEXTURE MODIFICATION IN ADULTS

This document will be formally reviewed in twelve months from May 2003.

The Joint Working Group will access members of both professions to canvass opinion, primarily in three main areas:

- Use of the descriptors
- Ease of implementation with examples
- Evidence on change of practice over the twelve month period

NOTES TO ACCOMPANY THE NATIONAL DESCRIPTORS FOR TEXTURE MODIFICATION IN ADULTS

Introduction

The *National Descriptors for Texture Modification in Adults* were written as a joint project between the Royal College of Speech and Language Therapists and The British Dietetic Association.

The National Descriptors have been written in response to requests from members of both professions to provide a common language to describe this area of work as clearly and unambiguously as possible. It is a subject about which it is inherently difficult to be objective. The descriptors are intended for nationwide use.

The National Descriptors take the form of two tables, one for solids and one for fluids.

The National Descriptors are the first collaborative document between the two professions and are a welcome step in multi-disciplinary working.

Who are the National Descriptors For and How Should They be Used?

The Texture Modification (TM) tables are for use by Speech and Language Therapists and Dietitians only.

The TM tables are comprehensive and include the full range of textures required to manage the different types of dysphagia covered by both professions. They are for the management of dysphagia in adults only, are intended as a reference document, and should be used as a basis for local implementation of National Descriptors.

It is important to note that the Joint Working Party does not intend the TM tables, as they are, to be given to any other person involved in managing dysphagia, without accompanying notes detailing how to adapt and apply them appropriately.

The TM tables should be used as a reference document - a starting point for the production of local documents - and allows the professional to exercise clinical judgement with regard to the individual client.

Many contributors preferred to use words as "descriptors", and it is interesting to note that the same words meant different things in different parts of the United Kingdom.

It is expected that local documents will indeed use local descriptors, and will enable the patient to eat within the scope of their ability.

However, the reference document which uses A B C D E and "normal" will enable Speech and Language Therapists and Dietitians to talk to each other, and understand what is meant, at conferences, meetings and when transferring patients from area to area.

It is also expected that local documents will only use those textures that apply to their local populations. The reference TM tables may well be the only document that lists the full range of six solid and five fluid textures.

Nil By Mouth

The Joint Working Party did not consider that Nil by Mouth (NBM) should be included as part of the document. However, it is necessary to recognise that NBM is an important part of the management of dysphagia, either when waiting for a Speech and Language Therapist to assess the patient, as a recommendation following such an assessment, or when oral ingestion of nutrients is considered unsafe.

It is beyond the scope of the Joint Working Party to discuss other forms of feeding, such as intravenous, naso-gastric or gastrostomy feeds, and local policies should exist for these.

Mouth Care

Mouth care must be considered, as the swallowing of saliva laden with bacteria from a neglected mouth is a common cause of chest infections in those with dysphagia. This is particularly important following any stimulation therapy using foods.

Medication

It is important to remember that a recommendation for a texture that is safer to swallow is a recommendation for all items to be swallowed, and this includes medication and water used to wash it down. Tablets may be crushed and mixed into small amounts of thickened water. Liquid medicines may be modified in the same way. It is important to seek the advice of a pharmacist when contemplating such actions to ensure the drug remains active following such treatment.

Safety of Care

The management of dysphagia, using texture modification of solids and fluids, must be carried out by suitably qualified Speech and Language Therapists and Dietitians. All other personnel must be trained in order to ensure that these subjective consistencies are produced to a standard, and are reliable in their production.

Solid Textures

This refers to the modification of foods that start as solids. There are six categories of these, including a "normal", not modified diet.

It is a very strong recommendation of the Joint Working Party that textures A, B and C are sieved to ensure that the smooth, uniform texture is reached.

(Anyone who is unconvinced by this recommendation should take the time to pass an apparently well blended mixture through a sieve and to look at what remains.)

Fluid Textures

This refers to the modification of foods and fluids that start as drinks.

There are five categories within this grading. Many local policies will amalgamate the Thin Fluid and Naturally Thick Fluid; the Joint Working Party felt it was important to distinguish between them for use by therapists who manage certain types of dysphagia.

It should also be noted that Stage 3 Thickened Fluid and A Grade solid textures are similar and are just achieved from different starting points.

Future Work

The TM tables remain subjective, and the Joint Working Party was unable to find any reliable, simple and cost effective objective method of accurately measuring consistency and viscosity.

While the Joint Working Party is aware of research being undertaken on viscosity in the USA and Australia, there is no evidence base from which hard data can be drawn to form the foundation of these Descriptors. It is for this reason that these TM tables present at best a Professional Consensus Statement but cannot be seen as Clinical Guidelines.

TEXTURE MODIFICATION - FLUID

TEXTURE	DESCRIPTION OF FLUID TEXTURE	FLUID EXAMPLE
Thin Fluid	Still Water	Water, tea, coffee without milk, diluted squash, spirits, wine
Naturally Thick Fluid	Product leaves a coating on an empty glass	Full cream milk, cream liqueurs, Complan, Build Up (made to instructions), Nutriment, commercial sip feeds
<p>Thickened Fluid</p> <p>Stage 1 =</p> <p>Stage 2 =</p> <p>Stage 3 =</p>	<p>Fluid to which a commercial thickener has been added to thicken consistency.</p> <ul style="list-style-type: none"> ● Can be drunk through a straw ● Can be drunk from a cup if advised or preferred ● Leaves a thin coat on the back of a spoon <ul style="list-style-type: none"> ● Cannot be drunk through a straw ● Can be drunk from a cup ● Leaves a thick coat on the back of a spoon <ul style="list-style-type: none"> ● Cannot be drunk through a straw ● Cannot be drunk from a cup ● Needs to be taken with a spoon 	

MODIFICATION TEXTURE - FOOD

TEXTURE	DESCRIPTION OF FOOD TEXTURE	FOOD EXAMPLES
A	<ul style="list-style-type: none"> ● A smooth, pouring, uniform consistency ● A food that has been pureed and sieved to remove particles ● A thickener may be added to maintain stability ● Cannot be eaten with a fork 	<ul style="list-style-type: none"> ● tinned tomato soup ● thin custard
B	<ul style="list-style-type: none"> ● A smooth, uniform consistency ● A food that has been pureed and sieved to remove particles ● A thickener may be added to maintain stability ● Cannot be eaten with a fork ● Drops rather than pours from a spoon but cannot be piped and layered ● Thicker than A 	<ul style="list-style-type: none"> ● soft whipped cream ● thick custard
C	<ul style="list-style-type: none"> ● A thick, smooth, uniform consistency ● A food that has been pureed and sieved to remove particles ● A thickener may be added to maintain stability ● Can be eaten with a fork or spoon ● Will hold its own shape on a plate, and can be moulded, layered and piped ● No chewing required 	<ul style="list-style-type: none"> ● mousse ● smooth fromage frais
D	<ul style="list-style-type: none"> ● Food that is moist, with some variation in texture ● Has not been pureed or sieved ● These foods may be served or coated with a thick gravy or sauce ● Foods easily mashed with a fork ● Meat should be prepared as C ● Requires very little chewing 	<ul style="list-style-type: none"> ● flaked fish in thick sauce ● stewed apple and thick custard
E	<ul style="list-style-type: none"> ● Dishes consisting of soft, moist food ● Foods can be broken into pieces with a fork ● Dishes can be made up of solids and thick sauces or gravies ● Avoid foods which cause a choking hazard (see list of High Risk Foods) 	<ul style="list-style-type: none"> ● tender meat casseroles (approx 1.5cm diced pieces) ● sponge and custard
Normal	Any foods	Include all foods from "High Risk Foods" list

HIGH RISK FOODS

Stringy, fibrous texture e.g. pineapple, runner beans, celery, lettuce
Vegetable and fruit skins including beans e.g. broad, baked, soya, black-eye, peas, grapes
Mixed consistency foods e.g. cereals which do not blend with milk, eg muesli, mince with thin gravy, soup with lumps
Crunchy foods e.g. toast, flaky pastry, dry biscuits, crisps
Crumbly items e.g. bread crusts, pie crusts, crumble, dry biscuits
Hard foods e.g. boiled and chewy sweets and toffees, nuts and seeds
Husks e.g. sweetcorn and granary bread

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