# Seniors with Texture Modified Diets- Dining Experience in Long Term Care

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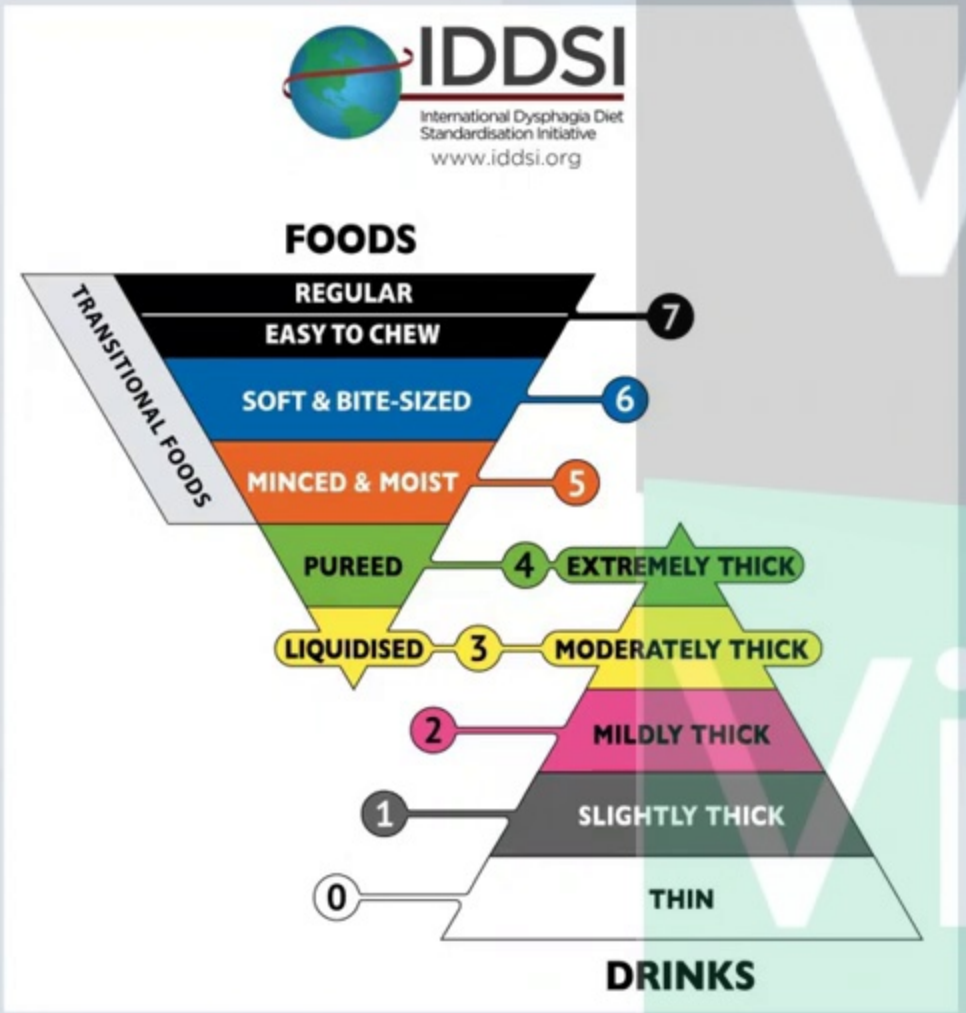
# DYSPHAGIA

- Swallowing disorder
- Affect 8% of the general population → 590 million people worldwide
- Persons with dysphagia might experience trouble with:
  - Swallowing food or drinks
  - Chewing
  - Sucking
  - Controlling saliva
  - Taking medication

# IDDSI FRAMEWORK




- Developed in 2013
- Continuum of 8 levels
- International standardized terminology and descriptors for dysphagia diets that would meet the needs of individuals

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# LONG TERM CARE HOMES

- IDDSI was launched in January 2019
- IDDSI is supported by Canadian Association of Occupational Therapists, Canadian Society of Nutrition Management, Dietitians of Canada, Speech-Language & Audiology Canada.
- Canadian IDDSI Reference Group (CIRG) guiding the implementation process

# Patient Perceptions of Modified Diets

# PATIENT PERCEPTIONS

## Social

Patients often eat alone at mealtimes or only supervised under staff

Lack of social interactions and relationship building during mealtimes has shown to increase apathy and depression

## Emotional

Residents get very little say in choice of food/ meal times, reduced autonomy

Feelings of incapability may arise when only provided with pureed/ modified food options

## Physiological

Lack of satisfaction and satiety during and after mealtimes

Off-putting colours/ textures can lead to reduced intake

Reduced intake = High risk for malnutrition

# CURRENT MALNUTRITION RESEARCH IN LTC

- Current studies show that elderly LTC residents placed on modified diets have a statistically significant lower intake of energy than the elderly residents in LTC that are given normal/ non-modified diets.
- The implementation or prescription of modified/ Pureed diets in LTC is significantly associated with an increased risk of resident malnutrition.
- Increased risk of malnutrition in LTC residents increases overall risk of morbidity and decreased quality of life, as well as increased recovery time and risk of infection.

# STAFF PERCEPTIONS

## Negative Attitudes

- Staff often make negative remarks about pureed foods
- Nicknamed it "baby food"
- Remarks are often made in front of residents

## Poor Quality

- Staff understand that food is bland and lack variety
- Recognize patient dissatisfaction
- Feel there is a need for education on improving quality

## Lack of Control

- Feel a lack of control over food options
- Lack of consistency and appropriate options
- 20% of cooks report not having any input in the production

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