INTELLECTUAL DISABILITY

IDSC

SERVICES COUNCIL

Swallowing – It's Not a Choking Matter

Government of South Australia

Swallowing – It's Not a Choking Matter

Sandy Lowe, Speech Pathologist
Email: sandra.lowe@dfc.sa.gov.au

Key words

Swallowing; choking; disability; nutrition; diet; meals; multi-disciplinary; PICA; GORD; rumination.

Abstract

This presentation outlines the development, aims, achievements, and future directions for the recently established Nutrition Screening Clinic within Health Services at Strathmont Accommodation Services.

Introduction

This presentation outlines the development, aims, achievements and future directions for the recently established Nutrition Screening Clinic within Health Services at Strathmont Accommodation Services.

Nutrition related health issues are considered to be one of the most significant factors in unexpected deaths of people with intellectual disability in institutional care. These health issues include: dysphagia (swallowing difficulties); aspiration; pneumonia; choking; dietary disorders (malnutrition/obesity); dehydration; bowel obstruction; vitamin deficiency; reflux.

The need for a multi-disciplinary team/clinic approach to best manage these nutrition related issues has been identified for some time. However, the establishment of such a clinic was innovative and visionary in view of the future changes to the accommodation services at Strathmont that will occur over the next years.

Outline

To clarify the need for the establishment of the Nutrition Screening Clinic, it will be useful to outline the issues of intellectual disability and swallowing disorders.

A report was generated by the NSW Community Services Commission in April 2002, *Food for Thought*, which discussed nutritional and mealtime practices in accommodation services for people with disabilities, 1997 to 2002.

The report stated:

> *There is no need more basic than to be fed appropriately and adequately.*
>
> *There is no greater right than the right to receive appropriate nutritional care if you are a resident in an accommodation service. The right of people with disabilities to have this most basic need met should not be an issue in the year 2002. Yet it continues to be an area of concern, notwithstanding significant progress in recent times.*

A further excerpt from the report said that,

> *The need for people to receive adequate nutrition to maintain a healthy physical state is a fundamental requirement which is often made complex in the face of significant or multiple disabilities. For people with multiple disabilities who are 'difficult' to feed, a lack of food intake can lead to a vicious and life-threatening cycle of poor or incorrect feeding, insufficient food intake, food refusal or loss of appetite, weight loss and subsequent poor physical health. Under-nourishment and its ensuing health implications are not the only risks faced by people with multiple disabilities. A more immediate (but related) risk is that of respiratory infections, choking and possible death as a result of aspiration when food is provided incorrectly or in the wrong form.*

A concluding statement reported that:

> *These risks can be managed by a combination of:*
>
> - *Expert input*
> - *Access to allied health services*
> - *Methodical screening and intervention*
> - *Management of organisational and staffing issues*
> - *Staff training on safe feeding techniques and*
> - *Specialist dysphagia teams.*

Prevalence of swallowing issues in intellectual disability is not well documented, but there are specific figures on the incidence of certain conditions and types of swallowing disorders.

A Disability Death Review Team in NSW 2000/2001 was notified of 52 deaths of people with disabilities in residential care. The most common cause of death was from respiratory disease (52%). Recurring issues identified included inadequate nutrition management and significant nutritional and related health problems prior to death, ie underweight, associated respiratory disease, swallowing difficulties and recurrent aspiration. (NSW Community Services Commission 2002)

Incidence for other related swallowing conditions frequently experienced by people with intellectual disability include:

- PICA (the persistent eating of non-nutritive substances), 26% (Jawed, Krishnan, Prashner & Corbett 1993)
- GORD (gastro-oesophageal reflux disease), 50%
- Rumination (habitual regurgitation and chewing of undigested food), 6 – 10% (McAlpine & Singh 1986).

In mid-2002, funding was made available for an experienced speech pathologist to undertake a project in two accommodation villas at Strathmont Centre with the aims of evaluating mealtime management issues and determining the need for an ongoing speech pathology position and nutrition screening clinic.

The two villas that participated in the project had quite different client profiles and mealtime management needs. One villa had residents with severe physical disabilities and higher levels of dependency for feeding. These residents were noted to have more severe swallowing issues, including more coughing, more aspiration and chest problems, and required more modified diets.

The second villa's clients were more mobile and independent with fewer and less severe swallowing issues evident. There were more behavioural issues noted at mealtimes, and diets were rarely modified.

Issues and Recommendations

The project involved mealtime observations of clients and carers, discussions with staff from the villas, as well as allied health and management, and viewing of the consistency and modifications of meals.

Issues identified at the completion of the project included:

- Variable and inconsistent diet textures
- Incorrectly thickened or unthickened fluids used
- Need for formal/informal carer education
- Need for consistent and relevant speech pathology management, ie assessments, reviews, and care plans
- High incidence of aspiration pneumonia
- Problematic oral hygiene
- Potential legal and ethical implications.

Recommendations made reflected the aforementioned issues:

- Team management of swallowing issues
- Continuity of speech pathology input
- Staff education in formal and contextual settings
- Standardisation of modified diets and fluids
- Development of resources, protocols (care plans/education) and procedures.

From the recommendations of this project, a speech pathology position was created for one day a week with the main role being to establish the Nutrition Screening Clinic.

The Clinic

The first meeting of the clinic occurred in December 2002, and meetings thereafter have been held on a monthly basis. The mulit-disciplinary team is composed of a:

- Speech Pathologist
- Clinical Nutritionist (Dietician)
- Doctor
- Registered nurse
- Pharmacist
- Physiotherapist
- Psychologist
- Manager Health Service.

Aims of the clinic are to provide a comprehensive, multi-disciplinary management to clients with mealtime and nutritional concerns; to reduce the incidence of health

issues related to swallowing and nutrition problems; to develop educational procedures and resources; to consider research opportunities in the areas of nutrition and swallowing management for our population, and to further develop standards and procedures for modified diets and fluids.

The format of the monthly meetings includes an educational component which often includes case presentations, specific medical conditions associated with dysphagia (stroke, scleroderma), specific swallowing behaviours (PICA, rumination) and other topics of general interest (such as vitamin supplements, medications and dysphagia, diarrhoea and diet).

Modified and special diets and fluids are frequently discussed, and ongoing staff and client audits of these will continue to be implemented and summarised. Standards for recipes will be established.

The clinic also aims to discuss and produce swallowing/nutrition management protocols, and best practice and outcome measure procedures over the next year to specifically address the needs of our client group at Strathmont Accommodation Services.

References

NSW Community Services Commission (2002*), Food for Thought…a report card on nutritional and mealtime practices in accommodation services for people with disabilities – 1997 to 2002*, Sydney.

Jawed, J, Krishnan, V, Prashner, V, Corbett, J (1993), Worsening of Pica as a Symptom of Depressive Illness in a Person with Severe Mental Handicap, *British Journal of Psychiatry*, 162:835-837.

McAlpine, C, & Singh, N (1986), Pica in Institutionalized Mentally Retarded Persons, *Journal of Mental Deficiency Research*, 30:171-178.