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PROGRESSIVE SUPRANUCLEAR PALSY
SOCIETY OF CANADA

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ASK THE DIETITIAN- TRANSCRIPT
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Theme 1: General Diet & Nutrition

MODERATOR

Should I change our diet as a caregiver in response to new-found immobility and reduced activity resulting from PSP.

DIETITIAN

- You may find that overall, you require less calories because there is a reduction in your overall energy levels and your activity levels.
- It is still really important that you are including enough calories and enough protein to maintain what you currently have and to not lose lean muscle mass and your protein stores.
- We want to prevent undesirable weight loss, which is something that I see very, very commonly. The mechanism is not really clearly understood in regard to the connection between neurodegenerative diseases, and, you know, the way that it impacts the body and the brain.
- There is not a lot of research in that area. From what we know, so far, it is that at rest, when you are just kind of sitting around doing nothing, your body tends to burn more calories and energy than it would for someone who does not have a neurodegenerative disease.
- Again, the mechanism is not clearly understood. There is still a lot of research in
- The other thing I wanted to add in regards to this question is about immobility and a reduction in physical activity, but something that also goes along with that is when you are chewing, or when you are having a meal, is the chewing less efficient? Is it weaker? Are you feeling lethargic at your meals and snacks? is it taking you longer to chew overall, and therefore taking you longer to complete a meal? How is the swallowing function? So, I think those all go along with a reduction in mobility.

this area. But overall, even though there is a reduction in physical activity, your body still requires a sufficient amount of nutrients.

- Personally, in my own practice, I have seen that a lot of individuals have lost a significant amount of weight in a really quick timeframe, whereas some will remain stable.
- It is not to say that those individuals that have lost weight is because they are just not eating enough. They could be eating the same way that they have always been eating. And it's still optimal oral intake, but we're still seeing a big reduction in their weight. So, it is very individualized.
- Some of them ended up gaining a lot of weight, because, if I can just relate it to something like Parkinson's disease, they take certain medications, such as a dopamine, and that may actually cause weight gain. So, I mean, it is very individualized. But the biggest thing to take from that is we want to prevent the unintentional weight loss.
- There is really no way that we can tell whether your weight is stable, or whether you are losing weight or gaining weight other than taking the weight. So, whether it be on a weekly basis or monthly basis, until you are able to stabilize it.

MODERATOR

The next question is, do you have any nutritional recommendations for someone with a neurological condition? Are there any foods considered brain food? There is a lot online and it would be helpful to know what information from the web is credible.

DIETITIAN

- That is a really good question. And you are right, there is so much information online, and it is really hard to figure out what is credible, what is evidence based, what is true and what is not true.
- In general, I just recommend this to the overall population no matter who or where,

or whatever the case is, if you live in Canada, I always say take a vitamin D supplement. We usually see that lower vitamin D levels are seen in the average Canadian. Considering where we live, we want to meet the recommendations for that along with calcium.

- We want to reduce the risk of osteoporosis which is the weakening of the bones. You may also be at an increased risk of having low folic acid levels along with vitamin B-12. And that could just be due to some side effects of medications. But again, it varies for everyone and I really do encourage you to work with your health care provider and a dietitian if you are working with one as well because it really just depends on your current blood levels and your nutrient levels within your body.
- I wanted to address something else because there has been a lot of speculation on certain supplements such as coenzyme Q10, creatine and vitamin E. So those have been coming up quite frequently in the research along with other herbal supplements, however, currently, there is not enough research to support the use. So, I always say, be cautious because sometimes it can actually interact with some other medications that you may be taking.
- I always like to say to focus on the overall dietary patterns. We want to include a variety of fruits and vegetables, a variety of whole grains and proteins and omega-3s, and you can find that in sources such as fish, nuts, and seeds, in plant oils like flaxseed oil, soybean oil, canola oil, in seaweed, in beans – there are so many sources.
- Try and limit your consumption of those saturated fats like the meat that is full of fat on them, the full fat milk and milk products such as cream and cheese, things such as butter, shortening, coconut oil. I know there's always speculation on whether coconut oil is healthy or not, but it is really high in saturated fat. And you know, the things that are really processed, like the packaged foods,

those sugary drinks, chips, the deep-fried foods, processed meats, the list goes on.

- We want to make the diet balanced overall, so we are including some of those healthy fats and they go by the names of the monounsaturated fats and the polyunsaturated fats. We often see that in things like avocado, oily fishes, such as salmon, herring, trout, mackerel; the options are endless.
- Add to that all the fruits which are rich in a compound called polyphenols. And those are found in plants, and they can protect against cellular damage. And what we have seen is that it can actually assist in slowing cognitive decline as well. So, there is some evidence for a specific diet, and it is called the Mediterranean diet. And I know a lot of people have heard of that. Or something called the MIND diet, which is just a combination of the Mediterranean diet with a diet that goes by the name of the DASH diet.
- They focus on 10 brain healthy foods, and they say that this may protect or prevent cognitive decline. And what those 10 things that they focus on are
 - Chicken
 - Fish
 - Green leafy vegetables
 - (things like the spinach or kale)
 - Berries
 - Nuts
 - Oils
 - Beans
 - Whole grains
 - They also include wine, but again, just caution there and they say the exact same thing.
- So, avoiding things such as those food products that are high in saturated fats, like butter, margarine, pastries, and other sweets and fast foods. So that is my long answer for that question.

MODERATOR

Thank you for that. Next question is what are foods to avoid? Should I be you know, cutting up grapes, what about pasta? Is there anything to avoid at all costs?

DIETITIAN

- So, there are definitely foods that put you at a higher risk of choking. It is very individualized for everybody and it really just depends on what stage of the disease you are in.
 - In general, we tend to recommend a few things.
1. Avoiding a mixed consistency
 - What that means is, if you have a soup that has a broth and little pieces of vegetables in it, that would be a mixed consistency.
 - If you are having cereal with milk, that is another mixed consistency because you have a thin liquid, the milk, and then you also have something of a solid consistency, which would be the cereal itself.
 2. Avoiding foods that have an outer covering
 - Things like corn, it could be just a little bit harder to chew foods that have somewhat of a stringy texture.
 - So, celery, green beans, things like pineapple, oranges, those are some things that I usually recommend to stay away from.
 - Fruits or vegetables that also have a thick skin, or if they have seeds. So, things such as the grapes, which we already mentioned, peas, even tomatoes, because sometimes they will have that thick skin if they are uncooked.
 3. Avoiding juicy fruits that have a lot of liquids
 - That is things such as watermelon, grapes again, cuts of meat that are really tough and hard to chew.
 - Things like sausages and hot dogs, because you if you do not chew those adequately, they can ultimately lead to potential choking.
 - Grain products and things that can have seeds or nuts in them. It really just depends on what phase you are in right now.

- Things that are crumbly and crunchy, such as crackers, toast and biscuits. Those can all sit in your oral cavity or in your mouth, and can cause other things as well, which we will get into later.

4. Being careful with bread

- It really just depends on whether you have been assessed or the swallowing has been assessed. Bread is something that I often see some individuals are able to tolerate, and that is okay for them to have, whereas others might not be able to have that. So, it would really just dependent on your healthcare provider and the individuals that you have worked with as well.

MODERATOR

The next question is: The list eliminates a lot of our diet. Are there fruits and vegetables that are best?

DIETITIAN

- Yes, absolutely. I always recommend, if you can have them cooked, that is always a better option. They are much softer that way. Also, if you can cut them into small pieces as well.
- You know, you do not have to blend them into things if you are not at that stage. But a lot of those raw fruits and vegetables are really hard to chew. And as a result, they are really hard to swallow as well. So, it is not that we want to eliminate them, we just want to figure out different ways of consuming them.

MODERATOR

Do you suggest cottage cheese or other soft foods like smoothies?

- Absolutely. That is a great suggestion. Cottage cheese is really high in protein. There is a smooth one, not the one with the chunks, you can eat that just as is, but you can also add it to a smoothie as well.
- Even things like tofu, silken tofu is really smooth. And again, you can add it to a smoothie, and it is a great source of protein there as well.

Theme 2: Thickening & Liquids

MODERATOR

The first question is, is there any way to thicken beer without changing the taste?

DIETITIAN

- I have never done this myself, so, I cannot attest to the efficacy. But what I can recommend is, so there are two different kinds of thickeners, or I should say three. Two of them are commercial thickeners. There is a starch-based thickener, and there is also a xanthan gum thickener.
- What I have seen, so I am familiar with two products from the company called Nestle. And these are commercial products. One of them is called **ThickenUp Clear**. And one of them is just called **ThickenUp**. The ThickenUp Clear one is a xanthan gum thickener. And that one is usually my go to when you are thickening fluids.
- If you are just thickening foods, I would just recommend the ThickenUp. But the ThickenUp clear, or I should say just a xanthan gum thickener in general can retain the carbonation.
- Generally, what we see, it depends on the sugar content, protein content, water content, the acidity of the beverage or whatever it is that you are thickening. So, it really just depends.
- Usually when you are thickening a fluid that has carbonation, so whether it be beer, whether it is sparkling wine, pop, etc., that carbonation becomes reduced and/or eliminated.
- There are also some natural thickeners that you can use but again, I cannot really comment too much on the efficacy or how it would taste because I really have not done it myself and I do not have that experience there. But you can always try things like cornstarch, dried banana flakes, cooked cereal, cream of wheat, cream of rice, custard mix, tapioca, gelatin; there are so things that you can try.

MODERATOR

The next Question is how do you know when the thicknesses is right?

DIETITIAN

- In my experience, I use those two commercial thickeners. Again, as I said, the ThickenUp clear is great for fluids.
- Usually, when you think of something like say water, for example, it turns into like a muggy, kind of cloudy color, but the ThickenUp Clear does not really do that.
- The only downside to that is once you thicken it, if for some reason you did not add in enough thickener and you go back and add some more, it does not allow you to do that.
- Previously, when we have used something like just the ThickenUp, which is the starch based one, you could go in and add some more thickener to that after and it would be completely fine.
- However, things that are starch based, they start to break down once you put them into your mouth, because you have those enzymes to break down starch. And that all begins in the mouth.
- If you do need to thicken up your food, for example, like if you are having a soup or broth, then you can go with just the normal starch-based product which is fine.
- Part of that question was also why does the thickness of a liquid matter. And I think that is so important to address. It really prevents the fluids from going down the wrong way.
- We know that if you are having a thin fluid that is going down the wrong pipe it can end up in the lungs. And what happens then, well, it can lead to infections that can lead to problems with breathing. And particularly, it can cause something called aspiration pneumonia, which is really quite severe and can ultimately lead to death.
- It is really important to be consuming the appropriate thickness of fluids that is specific for you which also negates some of those negative consequences or complications that are associated with consuming fluids that are not of the appropriate consistency. Those are things such as coughing, choking, a wet or a gurgly voice, increase in the breaths and the respirations that you take, and the list goes

on. So, it really, really is important. I cannot stress that enough.

- The other part of that also is to consider some of the foods that you are having, which may not normally be at a thin consistency. But at room temperature or in your mouth, they melt to a thin consistency. So those are things such as ice cream, things such as jello, sherbert, ice cubes, or ice chips. Those are essentially solids, but once they are in your mouth, they melt to a thin consistency, which for someone who is on thickened fluids, it would be quite challenging and would not be appropriate to consume. Unless you thicken the ice cream or the ice chips. And then to actually find out the proper thickness or consistency that is appropriate for you or your loved one, I cannot say as you would have to have an assessment by either a speech and language pathologist, or in other circumstances, a dietitian can also help.

MODERATOR

I have heard contradictory advice about the use of straws to drink liquids. Could you explain why that is an issue? And do you have any advice on that?

DIETITIAN

- Great question. That one really depends on the individual; some are able to safely use a straw whereas others are not. And the mechanism behind that is that a straw propels the fluid into the back of your mouth quicker, which can cause dysphagia.
- In contrast, some individuals are actually okay to use them because they actually have trouble moving the fluids, and their tongue is a little bit impaired, so they have problems moving the fluids from the front of their mouth to the back of their mouth. So, in that case, a straw could be indicated. So again, it really just depends on you and where you are at as well.

MODERATOR

Does Metamucil act as an appropriate thickener?

DIETITIAN

- I do not think so. Metamucil is a fiber. And it is usually used as a thickener in our bodies to

help with our bowels and our bowel regularity. But for fluids, I have not ever seen that. Because even when you consume Metamucil on its own like you mix it into some water or juice, I do not ever see it thickening that fluid. So, I would not recommend that as a thickener for that.

Theme 3: Choking & Aspiration

MODERATOR

The first question is sort of a first aid tip for a caregiver when someone with PSP is having a bout of dysphagia? What can I do to help? How can we prevent aspiration pneumonia? And what are signs to watch for? So, a three-part question there.

DIETITIAN

- I always say, the best thing to do is to stop feeding, stop oral intake at that time, because it can just exacerbate it. So, stop the feeding, allow the individual to recuperate, and cough out whatever it is that they are not tolerating.
- It is also really important to ensure that you are also feeding slowly and going at a slow rate, providing small bites and sips at a time, and just waiting for them to swallow before you provide something else.
- You can often see it, this is called your Adam's apple, when you can often see when someone swallows, it goes up and then it comes right back down. If for some reason you cannot see it, you could always just put your hand on it, and you can feel it yourself. So that is what I always recommend there.
- If someone is experiencing some sort of difficulties, you do not want to exacerbate it. Do not give them fluids to try and wash it down or whatever it is. Just let them cough it out, and then you can resume.
- And then the other part of the question is, how to prevent aspiration pneumonia. And really, the best way to do that is just to ensure that the appropriate diet texture and fluid consistency is provided. Some individuals may not be able to handle food and fluid at the same time, and you may have to just do like a bite of just entirely food and then once that has been, and it is clear that has been swallowed, then you can offer fluids. Sometimes, you will have like a bite of food and you will start drinking something at the same time to help you wash it down. Some individuals cannot manage that. So, I would separate the two.
- Frequent and appropriate oral care is also really important to ensure that there are no residuals remaining in your mouth or your oral cavity. I say this because they can, if

there is some, they can just lie around, and it can cause the growth of bacteria or germs, and they can also be aspirated. So, those little chunks or little pieces that are still in the mouth that you may not think are very important, they can actually also be aspirated on so and then sometimes, it really just cannot be prevented, because sometimes individuals will start to choke on their own saliva and their own secretions.

- What is important to discuss at that point is, really, what are the goals of care for your loved one. Is the goal to maintain the quality of life? Or is the goal to prolong life and minimize the complications? So, we will touch a little bit on that further in another question as well. But I think it is really important to have that conversation.
- And then the last part of the question is, what are the signs to look for which may indicate dysphagia, and it could be things such as the obvious coughing, or choking while you are eating or drinking, feeling like there is something stuck in your throat that you just cannot clear, regurgitation with release through your nose (sometimes the fluid will come out through the nose), if an individual is pocketing or holding food or fluid in their mouth, as well, without swallowing it. Sometimes I will see something by the term of anterior spillage, which just means the side of the mouth, you start to see some food or fluid leaking.
- We already talked about having the residuals in your mouth, so little pieces, or chunks of food, impaired tongue movement, or mobility, so your tongue is not really effective at moving the food around or the fluids around more. You could also be holding the food or fluid in your mouth for a really long time, and you could still be able to swallow it, but there may be some decline there and you are holding it for longer than you normally would.
- Watery eyes. So, things that we do not often consider: your nose may be running, difficulty breathing after the meal, or during the meal even. And last one I would say, which is also quite often I see that is the wet and gurgly sounding voice quality as well, which is just

indicating that the food or the fluids are going down the wrong path.

MODERATOR

Next question is my husband with PSP has not had a choking incident for many months. However, in anticipation of deterioration, I have been wondering about next steps, and if eventually I ought to expect that a feeding would be inevitable.

DIETITIAN

- So, it is a really sensitive topic. And it really depends on the goals of care. And I think it is really beneficial for you to have a discussion with your spouse or your loved one, or draw upon what they have previously explained to you or what they have previously made known about their wishes.
- Dysphagia as a result of a neurodegenerative disease is a progressive condition. And ultimately, it can progress to the point where the individual is not able to tolerate food or fluids orally anymore. And I have seen that and, we discuss the pros and the cons, and the risks associated with oral intake. And sometimes the individual will say, I still want to maintain quality of life, and I want to still be able to eat and drink certain fluids, and I have accepted the risks associated, in which case, yeah, oral intake would still continue.
- It is not to say that, if you are on a tube feed you can't eat, orally at all, because sometimes I see individuals where there will be a combination of a tube feed, and oral feeding, because they still want to maintain some sort of a quality of life and still be able to have that sensation and be able to taste different foods as well. So, it really is just dependent on yourself, or your loved one, and what the goals are, and speech language pathologists' assessments, along with a consultation with a dietitian would also be really beneficial at that point.
- There are also some strategies that you can implement, which includes things as having your meal in a quiet location, no distractions, swallowing one mouthful before you take the next one, not talking while you are chewing or swallowing, taking your time to eat and drink, you know, turning off the TV, making sure that you are sitting upright, as much as you

can be at a 90-degree angle, and remaining upright for at least half an hour after you had something to eat or drink as well.

- Those are some strategies that in my own practice, as well, within long term care, we often implement a lot of the time and they are very, very effective.

MODERATOR

Thank you for addressing the sensitivity of the issue, obviously, you know, some of the upcoming questions are definitely poignant. So just a heads up to everybody. Obviously, this stuff is super informative and necessary. But yeah, some of the some of the questions are somewhat sensitive. So, thank you for addressing that.

The next question is: If feeding tube is needed can that be done at home? My husband is anxious to stay at home.

DIETITIAN

- You know, thank you for mentioning that as well. I did want to preface this by saying that this information does not replace the recommendations provided to you by your medical provider, or whoever you have seen in the past that is managing the care of you and your loved one. It is just merely some sort of guidance and recommendation. So please also keep that in mind.
- So yes, the tube feeding questions. Absolutely. You can do that at home. You do not need to stay in a hospital, it is not like, dialysis, for example, where you have to visit a hospital, like on a weekly basis, or every couple of days to have that done,
- You can definitely have a tube feed and manage that at home, the only reason why you would need to go to the hospital would be for them to actually insert the port for the feed to go into and the tube to go into.
- Then you can do it at home either with the use of like a little pump, or a syringe just based off of what it is and what your schedule is, and how the dietitian works that up for you as well.
- Depending on your nutritional needs and your lifestyle, you can have it continuously running throughout the day, or you can have it where it only runs at night.

- You can have it where it runs maybe three or four times a day. And that kind of mimics the normal feeding patterns of breakfast, lunch, and dinner.
- So, it really just depends on you and how you would be assessed, that would definitely all be through a dietitian. So just depends on the nutritional assessment as well.

MODERATOR

When do I know, it is time to puree the food versus cutting into small pieces?

DIETITIAN

- So, with pureed foods, there is no chewing essentially required, they are completely smooth, there is no lumps, there is no skins, there is no stringy parts. So, if you are still able to chew foods appropriately, even when they are still cut into small pieces, then it is likely okay for you to continue with that texture.
- But if you are finding that you are having a harder time chewing foods, and you do not have that coordination and ability, and the strength, and you're swallowing foods that are not appropriately chewed, I think then at that point, it is worth considering a change to the texture and the diet.
- And, you do not have to go directly from foods cut into small pieces to pureed foods, there is always a middle ground and that middle ground being, we have already spoken of some of those softer foods, but we can also move into something called like a minced texture.
- Minced is similar to a pureed texture, but with the minced, there's still pieces for you to chew so you are still able to have some of that the chewing and the mechanism there without feeling like you know there is no chewing required anymore.
- And sometimes individuals like that because they like to still feel as if they're chewing. It is still food either way, pureed food, minced food, regular texture food, it is still food at the end of the day, but it really just depends on the individual and their preferences as well. So, there is always a middle ground.
- Again, it depends on where you are and how it's progressed. And that is, again, I always say

it is beneficial to have a swallowing assessment because they are the experts in that field, and they are able to really recommend what is safest for you at that point.

MODERATOR

What tips would you share with people at the beginning stages who are starting to have trouble swallowing?

DIETITIAN

- So, I always say trying to avoid the foods that you are finding to be the most triggering for you. In particular, we have mentioned the raw fruits and vegetables. Things that have hard, or tough outer skins, like an apple, for example, they are much, much harder to chew and swallow.
- And as I have just previously said, if you are not able to chew something fully or adequately, and then you are swallowing it maybe half chewed, well, I mean, that puts you at risk as well.
- Try to avoid foods that also fall apart in your mouth. So those are things like muffins that can be really crumbly, biscuits, crackers, along with things that are a little bit drier and stickier. So, things like, mashed potatoes without gravy, that can be a little bit dry. So, if you know you want to have mashed potatoes, definitely put some gravy on it, or make sure that it is creamy.
- Bread, peanut butter, those are really sticky things. And part of the reason why bread is sometimes not recommended for some individuals, is because when you chew bread, it forms like a little sticky ball in your mouth. And that sticky ball can sometimes be really hard to swallow if you are not chewing that appropriately.
- So, if you are finding also that you are having problems with thick saliva in your mouth, try to avoid things like milk or chocolate. And I say that because they can cause the saliva to become thicker. And this is for some people, again, not everyone, it just depends. But those are some of the things that I would say avoid in that case.
- And then if you are finding that eating is taking a lot of your time, a lot of your energy,

I really do recommend you work with a dietitian to try and optimize your oral intake.

- Some other recommendations are trying to eat six small meals a day rather than three large meals. It can prevent you from becoming so tired and using up so much of your energy as well.
- I would recommend also consuming fluids that are either hot or cold. Nothing that is like lukewarm. And I say that because it helps you become more aware of the fluids in your mouth. So, if you are drinking something that is like really cold, you know, oh, there is a fluid in my mouth, I need to swallow that. If there is something that's really hot again, same thing, you do not want to keep it in your mouth for so long, you want to kind of swallow it.
- Sometimes we are just having room temperature water, it just kind of lingers in the mouth sometimes because it is not causing you any discomfort or pain. So, I do recommend either having a cold item or a hot item, rather than going for the warm in between items.
- And then occasionally, we may recommend having fluids by spoon only. And that is only to control the pace. So again, it really depends. Some individuals are able to tolerate fluids through the cup itself, or with a straw. But some individuals are at a really high risk of aspirating. And they cannot really safely swallow more than one teaspoon of fluids at a time.
- So those are just some of the beginning strategies. Again, I keep saying this, but it really just depends on where you are at as well.

MODERATOR

This next question actually aligns with one that is in the chat and is asking what should I do if my spouse is aspirating during a meal?

And what if that does not work? Should I pat them on the back? You mentioned before, sort of letting them cough and not trying to wash it down with liquids. Is there anything else that you could add there?

DIETITIAN

- I was going to touch on some additional stuff in the next question about that as well. But, the biggest thing is no, do not try to wash it down. If they are already kind of aspirating or they are having difficulty swallowing something, let them clear it out. That is really the best technique and strategy that I can recommend.
- If they are really actually choking on something, the Heimlich maneuver can actually be the next thing that you go to. And that is only if there actually is some blockage and a blockage of air as well. But if it is just that they are having difficulty swallowing, and it is very evident, just let them cough it out. And then once they have recuperated and they have settled down and things are okay, then you can proceed to have some fluids as well at that point.

MODERATOR

Next question is: Many foods and drinks are causing me to choke and cough? I also have trouble clearing my throat what can I do some more from, I guess the other angle as the patient versus the caregiver?

DIETITIAN

- So, I think we've covered the majority of the things. Again, I really just recommend for you to have an assessment done to make sure that you are receiving the appropriate texture and consistency. And you know, we just touched on it right now - just allowing yourself to clear whatever it is that is remaining and avoiding those trigger foods. We have touched previously on some of the things that I have already mentioned, so I do not think there is much more to add to that one.

MODERATOR

Thank you. One of the questions here is, you know, if we are starting to choke on saliva, more than usual now, and at night, you know, we are elevating their bed and adding another pillow so that they are more upright, is there anything else that you can recommend there?

DIETITIAN

- Not that I personally seen, what I have seen sometimes is that they will be prescribed

some sort of a medication to help with a reduction in the oral secretions and saliva, which can ultimately help with prevention of choking, or difficulty swallowing the saliva.

- In regard to further strategies, you've kind of already mentioned that just being a little bit more upright and having an additional level of support. So, I do not necessarily have any additional things to add to that other than potentially going the pharmaceutical route.
- And then, at that point, reconsidering as well, what is the safest route for you to go with, whether it is continuing oral intake or whatever the wishes are at that point as well.

MODERATOR

Okay. Another question is, if I have low blood sugar, and I am used to cookies, and cereal, what else would be a good way to substitute for those crumbly, like consistencies?

DIETITIAN

- I would say, having something that is a little bit softer. Sometimes I will see individuals just dip cookies or bread or cakes, or they will soak it in some fluid. So, if you are able to tolerate that, I would say that could be a route that you can go down.
- If you are not able to chew those regular texture foods. And I mean, I do not know if you are on like a pureed or minced texture or whatever it is. But you know, you would still be able to have it on a texture that is modified as well.

MODERATOR

There is a suggestion in the chat for pudding. Does that resonate?

DIETITIAN

- Absolutely, absolutely. Pudding, applesauce, yogurt. Those are all really good choices as well. Jell-O if you are able to manage.

MODERATOR

We posted a recipe on our social media that Christine suggested a while back, which was a chocolate avocado pudding, which I still eat myself. So, if anyone is interested in that, you can see on our YouTube page or Instagram or Facebook.

DIETITIAN

- That one was really great as well because when I was making the recipe I did include as you said, there is cocoa in it and avocados are high in those healthy fats. So, the mono and polyunsaturated fats are really talked about. They are also high in fiber. So again, a really great option to have.
- You know, a really great option overall. And because they are higher in calories as well, if you are losing weight, or your loved one is losing weight, it's a really great option to have.

MODERATOR

And I might have missed this someone asked specifically if they should Pat their spouse on the back if they are choking. Why is this like not a good idea?

DIETITIAN

- I would not say to do that, I think it may actually exacerbate exactly what is happening. And I think the best thing is just allowing them to cough it out on their own. I think people do that sometimes, because it also kind of mimics like, I guess, a gentler Heimlich maneuver.
- I have not seen that it is beneficial or that it works. So, I would not really recommend it, I think just allowing them to take their time and come back to baseline is probably the best route.

MODERATOR

Okay, thank you. Oh, great question. What do you think of Boost or Ensure?

DIETITIAN

- So, there is very mixed, opinions on this. If an individual is struggling to keep weight on, and if they are struggling to get enough calories and protein through their oral intake then 100%, I would recommend a supplement.
- Now, I do not want the supplement to be used as a way of a quick fix or a meal replacement, which oftentimes is what they are marketed for. More so, I want it to be used as a supplement to what you can currently have. And sometimes I like to resort to that as the last thing to do.

- I like to try and figure out whether there are things, whether it be snacks, or foods that are high in calories and protein that we can resort to prior than going straight to a supplement.
- Oftentimes, I find they just need some additional calories, protein, whatever it is, sometimes they will just try starting out with like a milkshake. It is very similar to Boost and Ensure, however it is not nearly as high in the nutrients as those products recommend. But sometimes it is a good starting ground for supplementing oral intake, but if it is a preference, and something that you would like to have, because sometimes it's just a little bit more convenient, absolutely, I think it can fit into your diet. But if you are becoming reliant and relying on those, I would try and see where we can make some changes as well.

MODERATOR

Okay, thank you so much.

Theme 4: Exercises & Intervention

MODERATOR

Next, we will talk about potential exercises and intervention. And the first question is, can swallowing exercises help to prevent choking dysphagia by strengthening and training the swallowing muscles? If so, do you have any suggested routines?

DIETITIAN

- So, this is out of my scope of practice, and I am unable to recommend any exercises but there are some general precautions that we recommend to prevent choking and ensure a safe swallow, which we will go into right now.
- And some of those things include maintaining your posture, so, trying to be as upright as you can at a 90-degree angle, taking small bites or whether it is half a teaspoon to a teaspoon at a time.
- Alternating between solids and liquids. So, if you have had a bite of food, wait until you swallow it completely. And then you can go in with some liquids. And that can help you just clear out any of the residuals in your mouth as well which we have already touched on so important.
- Eating slowly.
- Avoiding talking while you are eating. If for whatever reason, there is maybe one side of your body or one side of your mouth that is weaker than the other, then always try to place the food on the side that is stronger.
- Turn off any distractions and focus on what it is that you are eating or drinking at the time. Keep your chin down. So as much as you can try and keep your chin in, just as I am sitting right now or just a little bit, tucked in
- And sometimes, you might have to do a double swallow. So, you swallow once, and then you swallow again. And that kind of gives you some additional time before you take the next bite or sip. And it can help further clear any residual or oral intake that is left in the mouth.
- Another thing is if you are able to encourage an effortful swallow and what that means is you want to swallow hard as if you are swallowing like a pill, or something that is dry. And that is helpful for individuals who have like a weakened swallow muscle, so you have

to really, really try as hard as you can.

Sometimes, the muscles may be so weakened, that you are not able to, but that could also be something that you can try.

- And then we already touched on maintaining good oral hygiene and removing any food or fluids that are remaining in the mouth, that may have been pocketed during feeding.
- The use of straws, we have already touched on this, it could be counterindicated. So, it would just depend on you. But if you are finding that you are choking on something, just cough it out. Do not try to wash it down with some additional liquids and do not try and put your fingers in and try and pick it out yourself. Just allow yourself that time to recuperate, but if you are really finding that there is a loss of air, or a blockage, then that is where I would then recommend the Heimlich maneuver in that case. So that would only be used if you are not able to cough it out.

MODERATOR

The next question is very specific, maybe outside of the scope of the discussion. But if you had something for, you know, the question is, first thing in the morning, I am experiencing dryness in my throat, which seems to keep my eyes from opening. And I am scheduled for Botox shots on Thursday.

DIETITIAN

- So yes, it is a little bit out of my scope. The only thing I can really add to that is sometimes I mean, again, it depends on where you are in the stage. But sometimes, things that are like hard candies that you can suck on to something that is like sour. That can stimulate some saliva production. So, that could be something that you can try. I mean, it is hard in the morning as well, because I feel like a lot of people experience like a dry mouth or a dry throat, which can also depend on the humidity and stuff as well in the air quality.
- So, I can say, those hard candies that you can suck on could be a good thing as well. Again, just being careful not to choke or aspirate on those, or try gravitating towards things that are high in fluid content, like the jello, the yogurt, the pudding, and stuff like that. I

mean, first thing in the morning, I do not know if anyone wants to have something like that. But I'm glad you are having some sort of a follow up to go along with that.

MODERATOR

What is the best way to prevent swallowing problems, which, obviously is pretty wide in scope? That is the that is the last question of this theme.

DIETITIAN

- Yeah, I think we drilled that one, I guess, three major things, just.
 1. making sure that you are receiving the appropriate fluid consistency, diet texture,
 2. maintaining the appropriate posture. And then lastly, just
 3. trying to implement some of those strategies or techniques that we just covered as well. So not much more after that.

Theme 5: **Helpful Products**

MODERATOR

Can you discuss any products that might be helpful to patients with swallowing and or mobility issues?

DIETITIAN

- So, I have gotten a question like this before, and it was for an individual that I did not know myself or I am not responsible for providing care for so the recommendations are very vague, and some of them will be more beneficial for others.
- So, I would always definitely recommend working with an occupational therapist, because really, this is their expertise and their scope of practice as well.
- But, here's what I have done in my own practice and what I have done on a daily basis with my residents and long-term care as well. There are some assistive devices that I would like to implement based on the assessment. So for example, if an individual has tremors or they are unable to grasp those thin utensils, we have specific utensils, and they are called weighted utensils. They are just a little bit heavier than normal utensils. And that can help with some of the shaking and the tremors.
- If they are also finding that they are unable to pick up the spoon or the fork because it is so thin, and they are not able to coordinate that, and it is hard for them to hold something so tiny, there are also utensils called built up utensils, and it is the exact same thing but it is very wide. So, it is a little bit easier for them to hold on to. And we know it does not require that dexterity.
- If you are finding that it is also harder for you to drink from a cup, whether it be that there was a lot of spillage from holding the cup, or it is just harder to hold the cup, there is some additional things that you can do there.
- So, there are some cups called two handled cups. And again, it is just a normal cup, but it has a handle on each side. So, you would be able to kind of grasp of both sides, it would just be a little bit easier for you to hold sometimes.
- If you are finding that when you drink, you are having a lot of spillage of the fluids, or you

may be drinking really quickly from a cup, there is also something called a sippy cup. And what that is, is just a normal cup and has a lid on top and it has like a little spout. And that may make it easier for you and it prevents the spillage of the fluids, but also, it helps control the rate of the fluid. So instead of you having like a cup, and you are having a great big sip or multiple sips, that little spout controls how much fluid you are able to take at a time, so it goes much lower. So that is a really good one as well.

- Another one is a rimmed plate. So that is just a normal plate. And it has some sort of like a, like a barrier across the edges. And that one I recommend for someone if they are having difficulties maneuvering the food or picking it up onto the fork. Maybe they are trying to pick it up, but the food just keeps falling off of the side of the plate. So that is a really good one as well, because it kind of acts like a little barrier and helps you kind of scoop the food or pick it up as well.
- The last one that I sometimes do. And it is just in regards just soup, or broth or whatever, is have you putting it in a mug. So sometimes an individual may be having difficulties, drinking soup out of a bowl, and you know the motion of bringing the spoon back and forth, bringing it to their mouth and coordinating that is a little bit more difficult. So sometimes just having a little mug that they are able to hold, and just sip on can also be a little bit more beneficial there as well.

UNKNOWN SPEAKER

More of a suggestion here, glass that fits into a beer koozie that is easier to squeeze and there is no condensation. So, it is a great suggestion.

DIETITIAN

Yeah, absolutely. Thank you for sharing.

MODERATOR

Is drooling another symptom of dysphagia.

DIETITIAN

- So, I would try and differentiate that one. So, there could be just drooling of saliva, but it could also be drooling of food or fluids. So, if you are noticing that at a meal or snack or

whatever it is that you are having something, and you know you are seeing that spilling of the food or fluids? Yes, that would definitely be an indicator or a symptom of dysphagia. For sure.

- It looks like they said they are referring to saliva. Not eating or drinking. I mean, it could go hand in hand with not being able to swallow their own saliva and secretions. So, it could be part of it. So you would require a more comprehensive assessment, it is hard to say if that is the only symptom so I am not entirely sure. But it could be part of something more than that.

MODERATOR

Will speech therapy assist with swallowing?

DIETITIAN

- In some cases, it does, because they are able to do some exercises that can sometimes help strengthen the muscles.
- So, it could help but really, it would depend on their assessment and what their recommendations would be.

MODERATOR

Ok, well I will wrap it up. And just thank everybody for joining us. And a big, special thank you to Christine, for volunteering your time to take those questions and to prepare, and to give us such thoughtful answers. Thank you so much for doing that.

MODERATOR

And again, for those who are new to the session, every third Wednesday of every month, you know, we get together for regular support groups. So, everyone and anyone is welcome to join us. Those are always posted on the events page of our website where you can find the details. I have got a lot of people's emails now. So, I will likely be sending out reminders. And if you do not want to be on that list, please just let me know.

MODERATOR

But other than that, yeah, thanks again, I thought was a really informative session for myself too Christine. That was really great. And yeah, have a great night, everybody.

DIETITIAN

Thank you for having me. I hope it was helpful.

MODERATOR

Thank you.

END