

Following World Stroke Day, Maia Fergus-O'Grady, Company Dietitian for apetito Care Homes, discusses the importance of improving a residents' dietary intake following a stroke.

This year, World Stroke Day fell on Saturday the 29th of October. It's a campaign designed to raise awareness of some of the signs and symptoms of a stroke, as well as what to do when a stroke occurs. It's estimated that nationally, more than 100,000 people have strokes each year, with more than 1.3 million stroke survivors currently living in the UK¹.

Whilst an awareness of the procedures to follow when a stroke occurs is vital, there is often less emphasis placed on what the best practice is when assisting individuals as they leave hospital after a stroke, and how to enhance the recovery process.

The impact of a stroke will vary from one person to another, but they remain a leading cause of disability in the UK, with almost two thirds of survivors leaving hospital severely impacted by the event. According to the Stroke Association's latest 'State of the Nation' report², around half of these disabilities are associated with swallowing difficulties. Three quarters of stroke survivors have arm or leg weakness, with others suffering with balance and posture issues, vision problems, or drowsiness and fatigue.

There is no question that these consequences can impact a residents' ability to eat and enjoy mealtimes; individuals may experience difficulty using cutlery and bringing food up to their mouth, or may be too fatigued to chew certain foods, such as tough meats. For those who have lost the ability to swallow safely and effectively (a condition known as dysphagia), the enjoyment of mealtimes may reduce further as they make the necessary switch over to texture-modified foods.

Approximately 62% of patients suffer from malnutrition following a stroke, with the condition being associated with poorer clinical outcomes³. Some of the consequences of malnourishment include an increased risk of falls, longer hospital stays, impaired immunity and wound healing, increased risk of anxiety and depression, slower recovery from illness and ultimately, an increased risk of mortality⁴. Those with dysphagia have an increased likelihood of becoming malnourished, therefore it's even more vital for Care Homes to be able to identify and correctly manage those residents living with dysphagia.

Some of the signs of a swallowing difficulty include coughing, spluttering, or choking on foods, a wet voice or dribbling, as well as breathlessness at mealtimes. For some, dysphagia is a temporary condition that eventually resolves itself during the recovery process. For others, it is a long-term condition, whereby the swallow continues to deteriorate over time.

Typically, if a resident has a stroke, they will spend an initial period in hospital. Here, they will likely be assessed by specialist dietitians and Speech and Language Therapists (SLTs). The SLTs would conduct a swallow assessment to understand how severely the swallowing process has been impacted, before making a recommendation as to what IDDSI* level of texture-modified foods the patient requires, or whether the patient in fact needs to be fed enterally (food being

delivered via a tube into the gastrointestinal tract). The dietitian would also conduct an assessment to get an understanding of the patient's nutritional and fluid requirements and devise a nutritional plan to ensure they remain well hydrated and nourished to further aid recovery.

When the patient is well enough to leave hospital, dietitians and SLTs in the community often remain a valuable support to these patients, with part of this role being to signpost both the resident and the Care Home to useful resources to alleviate any nutritional and safety concerns. Often for residents living with dysphagia, a more holistic approach is required – one study highlighted that 41% of dysphagia patients experienced panic and anxiety during mealtimes, and 36% were consciously avoiding eating with others altogether⁵. Only 45% of individuals were still enjoying mealtimes post-diagnosis⁵, with many reporting that embarrassment surrounding their condition was influencing their dietary intake⁶.

Texture-modified dishes that align with the IDDSI framework are the mealtime solution to many dysphagia care plans. However, the creation of a nutritious, visually appealing, safe, and tasty meal can be a challenge without specialist equipment.

This, however, is a necessity in ensuring residents both maximise their nutritional intake and maintain their dignity during a dining experience. Research shows that molding food components not only helps residents identify the foods they are eating but can also increase enjoyment of meals. Dignity is often better retained with these meals, with residents potentially more likely to eat with others once more.

At *apetito*, we have a real understanding of these complexities, and have an award-winning range developed in accordance with IDDSI guidance⁷. From the feedback we've received from residents, this range has made a real difference, and has improved the overall quality of life for many residents across the UK.

*IDDSI – International Dysphagia Diet Standardisation Initiative

1. What is stroke? | Stroke Association
2. [www. Stroke Association – State of the Nation Report state_of_the_nation_2016_110116_0.pdf](http://www.stroke.org.uk) (stroke.org.uk).
3. <https://www.malnutritionpathway.co.uk/dysphagia.pdf>
4. https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf
5. Ekberg O, Hamdy S, Woisard V, Wuttge-Hannig A, Ortega P. Social and psychological burden of dysphagia: its impact on diagnosis and treatment. *Dysphagia*. 2002 Spring;17(2):139-46. doi: 10.1007/s00455-001-0113-5.
6. Farri A, Accornero A, Burdese C. Social importance of dysphagia: its impact on diagnosis and therapy. *Acta Otorhinolaryngol Ital*. 2007 Apr;27(2):83-6.
7. <https://iddsi.org/framework/>