
Dysphagia Diet: Managing Foods

A dysphagia diet is a special eating plan. Your healthcare provider may advise it if you have trouble swallowing (dysphagia).

Why a dysphagia diet is needed

When you have dysphagia, you are at risk for aspiration. Aspiration is when food or liquid enters the lungs by accident. It can cause pneumonia and other problems. The foods you eat can affect your ability to swallow. For example, soft foods are easier to swallow than hard foods. A dysphagia diet can help prevent aspiration. You may be at risk for aspiration from dysphagia if you have any of these health conditions:

- Stroke
- Severe dental problems
- Conditions that lead to less saliva (dry mouth), such as Sjogren syndrome
- Mouth sores
- Parkinson disease or other nervous system conditions
- Muscular dystrophies
- Blockage in the esophagus, such as a growth from cancer
- History of radiation therapy or surgery for throat cancer

You may need to follow a dysphagia diet for only a short time. Or you may be on it for a while. It depends on what is causing your dysphagia and how serious it is. A speech-language pathologist (SLP) assesses a person with dysphagia. The SLP will determine your risk for aspiration and talk about the best food and drink choices for you.

Levels of a dysphagia diet

The International Dysphagia Diet Standardisation Initiative has created a diet plan or framework for people with dysphagia. The dysphagia diet has levels that rate drinks and foods on a thickness scale from 0 to 7. Drinks are ranked from 0 to 4. Foods are ranked from 3 to 7, depending on thickness. The food levels are:

- **Level 3 (moderately thick).** These are foods that:
 - Don't require chewing
 - Have a smooth texture but are not lumpy
 - Can be eaten with a spoon, but not with a fork
 - Are not thick enough to stand stiff on a plate. For example, not stiff like molded gelatin.
- **Level 4 (pureed, extremely thick).** These foods:
 - Can often be eaten with a spoon, but sometimes a fork

- Can't be drunk from a cup
- Don't need to be chewed
- Can be molded, such as gelatin
- Are not sticky or lumpy
- Fall off a spoon all together when tilted and still hold shape on a plate. For example, pudding.
- Can't be poured but move very slowly if the plate is tilted
- **Level 5 (minced, moist).** These foods:
 - Can be eaten with a fork or spoon, or a chopstick if you have good hand control
 - Can be scooped and shaped on a plate. For example, mashed potatoes.
 - Are soft and moist but don't separate into liquid
 - May have small lumps that can be mashed with the tongue
- **Level 6 (soft).** These foods:
 - Are tender, moist, and bite-sized
 - Can be eaten with a fork, spoon, or chopsticks but don't need a knife to cut
 - Must be chewed
- **Level 7 (regular).** These are:
 - Normal, everyday foods of varying textures, including soft, stringy, and hard and crunchy
 - Foods that can be eaten by any method. For example, from a cup or using utensils.
 - Foods that need to be chewed, with all types of textures and may have pieces that can't be swallowed, such as gristle

You will also need to be careful about the liquids you drink. Talk with your SLP about the liquids that are allowed on your dysphagia diet.

Preparing food and liquids

Your SLP will give you instructions about how to prepare your food. You may need to not eat certain foods, or make changes to some foods. For example, you may need to puree your food. Make sure to taste and season your food before pureeing it. It will be easier to adjust to a new diet if your food smells and tastes appealing.

You may also need to make liquids thicker. You can manage your liquids by making thin liquids thicker. This is done by adding a flavorless gel, gum, powder, or other liquid to it. These are called thickeners. You can also buy pre-thickened liquids. Talk with your SLP if you have any questions about managing your liquids.

While you eat

While eating or drinking, it may help to sit upright, with your back straight. You may need support pillows to get into the best position. It may also help to have few distractions while eating or drinking. Changing between solid food and liquids may also help your swallowing. Stay upright for at least 30 minutes after eating. This can help reduce the risk for aspiration.

Watch for symptoms of aspiration, such as:

- Coughing or wheezing during or right after eating
- Excess saliva
- Shortness of breath or fatigue while eating
- A wet-sounding voice during or after eating or drinking
- Fever 30 to 60 minutes after eating

After you eat

After meals, it's important to do correct oral care. The SLP can give you instructions for your teeth or dentures. Make sure to not swallow any water during your oral care routine.

Checking your health

Your healthcare team will keep track of how well you are swallowing. You may need follow-up tests, such as a fiberoptic endoscopic evaluation of swallowing test. If your swallowing gets better or worse, your SLP may change your dysphagia diet over time. In time, you may be able to eat and drink foods and liquids of all kinds.

Getting enough liquids

While on a dysphagia diet, you may have trouble taking in enough fluid. This can cause dehydration, which can lead to serious health problems. Talk with your healthcare team about how you can help prevent this. In some cases drinking thicker liquids may make some of your medicines work less well. Because of this, you may need some of your medicines changed for a while.

While you are on a dysphagia diet

- Follow all instructions about what food and drink you can have.
- Do swallowing exercises as advised.
- Don't change your food or liquids, even if your swallowing gets better. Talk with your healthcare provider first.
- Crush medicines and mix them with food as needed.
- Tell all healthcare providers and caregivers that you are on a dysphagia diet. Explain which foods and liquids you can and cannot have.

Call 911

Call 911 or have someone else call if you have trouble breathing because of food blocking your airway.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Trouble swallowing that gets worse
- Unplanned weight loss
- Chewed food coming back up into the mouth
- Vomiting