Greetings from the Communication & News Committee! Welcome to our current E-BITE. Please enjoy and continue to share your news with us at usa.communications@iddsi.net

USTIRG Newsletter for September-October 2021

MEET OUR PEDIATRIC SUBCOMMITTEE!

The Nutrition and Education Subcommittee led by Sheryl Lozicki and Melissa Naiman has been hard at work to assist everyone from caregivers to healthcare workers and administrators with the resources they need to successfully implement IDDSI in their home or healthcare setting. They work in collaboration with the other subcommittees to vet information before it reaches your desktop at https://iddsi.org/United-States. As you can see, there are several tools for you to access within the categories of Advocacy, Implementation, Regulatory and Training.

One gap identified by the Nutrition and Education Subcommittee was that related to pediatric resources. We all know what IDDSI is but identified that the resources for our pediatric population fall short. Arming our parents and caregivers with the knowledge and confidence to safely prepare and serve these new textures and levels of thickness is needed.

Infants and children with dysphagia are at an increased risk for developing respiratory compromise, poor weight gain, and aversion to eating. There are many challenges that infants, children, and families face when it comes to thickened liquids. Certain cereals added to formulas cannot be IDDSI flow tested as they inconsistently flow or clog the syringe. The enzymes in breast milk break down cereals making it impossible to thicken breast milk with cereals. Certain commercial thickeners may not be recommended for infants. Many parents prefer to thicken with more natural foods, and it is important that clinicians and families have a good understanding of which purees will adequately thicken liquids in order to flow through the syringe with IDDSI flow testing[1].

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https://doi.org/10.1007/s00455-021-10308-1 Brooks, L., Liao, J., Ford, J., Harmon, S., & Breedveld, V. (2021). Thickened Liquids Using Pureed Foods for Children with Dysphagia: IDDSI and Rheology Measurements. Dysphagia, 1-13.

Guidance is needed to help parents and caregivers choose the right type of thickener that meets the family's needs and understand the age they may be safely provided. The pediatric subcommittee can serve as a resource to improve preparation accuracy and compliance. *IDDSI is descriptive and not prescriptive*, so the pediatric subcommittee will identify common barriers and highlight evidence based, clinically supported solutions that have been shown to be effective.

A pediatric subcommittee was created to craft resources to better support this very special population. Members of this team include:

- Sheryl Lozicki, RDN
- Laura Brooks, SLP
- Anais Villaluna, SLP
- Madeline Gumbko, CF-SLP Intern
- Margo Naraghi-Grcich, SLP
- Rene Ruzicka Kanadet, SLP, Dentist
- Rose Britt, RDN

If you have any questions related to IDDSI implementation in the pediatric population, please email usa.pedcomm@iddsi.net. If you are interested in joining this subcommittee or have an idea on resources that would be useful to you and your team, please contact lozickis@trinity-health.org.

THIS MONTH'S RESEARCH ROUNDTABLE: A FOCUS ON MALNUTRITION

A REVIEW OF: Shimizu et al. The Global Leadership Initiative on Malnutrition – Defined malnutrition predicts prognosis in persons with stroke-related dysphagia. JAMDA 2019;20:1628-1633.

Since September is Spotlight on Malnutrition Month, we chose to bring you an original study that used the International Dysphagia Diet Standardization Initiative Functional Diet Scale (IDDSI-FDS) to assess swallowing ability with the objective of clarifying its association with malnutrition during rehabilitation of stroke patients. The IDDSI-FDS was developed based on the IDDSI framework, and it assesses swallowing ability focusing on food textures and thickness of fluids consumed by patients on a daily basis. The IDDSI-FDS consists of 6 levels for food and drink and is scored from zero (tube fed or receiving parenteral nutrition) to 8 (food level is normal and drink is thin). Dysphagia is prevalent in more than 50% of individuals after stroke and is associated with malnutrition among other consequences.

This study included 188 adults 65 years of age and older following stroke who were admitted to the rehabilitation wards of Hamamatsu City Rehabilitation Hospital between March 2016 and May 2018. An IDDSI-FDS score of less than 5 indicated dysphagia risk, and only patients at risk for dysphagia were included in the study. The criteria from

the Global Leadership Initiative on Malnutrition (GLIM) were used to assess malnutrition, with the Mini Nutritional Assessment-Short Form used as an initial screening tool and assign patients to either the malnutrition or to the intact group. The primary outcome was the IDDSI-FDS score at discharge, assessed by a registered dietitian. The secondary outcome was the improvement rate of the IDDSI-FDS score from admission to discharge. GLIM-defined malnutrition was found to be present in approximately 65% of older patients with oropharyngeal dysphagia following stroke. Patients in the malnutrition group had significantly lower IDDSI-FDS scores at discharge ($p < 0.001$) and were significantly less likely to experience improvements in dysphagia ($p = 0.002$) compared to patients in the intact group. In an analysis of covariance, GLIM-defined malnutrition was found to be an independent contributor to the IDDSI-FDS scores at discharge after adjusting for confounders. In patients with oropharyngeal dysphagia after stroke, malnutrition at admission inversely affected their swallowing ability at discharge and reduced the benefits of swallowing rehabilitation. In addition, patients who were malnourished at admission revealed severe dysphagia. This study indicates the existence of an inverse relationship between malnutrition and swallowing rehabilitation benefits, which may be in part related to the significantly lower muscle mass found at admission in those patients with malnutrition, reinforcing the concept of sarcopenic dysphagia. Early identification of malnutrition upon admission, combined with early nutrition intervention and dysphagia rehabilitation may improve swallowing ability upon discharge among patients with post-stroke oropharyngeal dysphagia.