6. Dysphagia

June Copeman and Karen Hyland

Mrs Allan was diagnosed with Parkinson’s disease in 1997. At that time she had no comorbidities. A dietitian did not see her until 2011, when she was referred to the unit’s dietitian for nutritional assessment and healthy eating advice. At the time she weighed 50.2 kg. In 2012 she was diagnosed with diverticular disease and dietary management included increased fibre and fluid. At the next annual review in 2013, Mrs Allan had lost weight (current weight 45.5 kg and height 1.62 m) as the bulky diet had led to a decreased food intake as she felt full and was also experiencing occasional coughing and choking, which meant she was sometimes scared to eat and drink. Mrs Allan was referred to a speech and language therapist, who recommended normal fluids and soft mashable foods, especially during periods of tiredness, to prevent coughing, choking and aspiration.

- How would you assess Mrs Allan using the ABCDE format?
- Calculate her BMI in 2011 and 2013; comment on both BMIs.
- What is the dietetic diagnosis?
- What is the dietetic intervention? Give clear aims and objectives.
- Specify what products you would recommend and justify their selection.

Three months later Mrs Allan was not taking any oral nutritional support, as she did not like the supplements. Her weight had reduced to 42.2 kg (BMI 16 kg/m²).

- What signs and symptoms of deterioration might you expect Mrs Allan to experience?
- What other members of the multidisciplinary team would you expect to be involved with Mrs Allan’s care? Outline their role in her care.
- What food enrichment and oral nutritional support would you advise for a texture modified or puréed diet?
- What would be a realistic target weight?

How would you evaluate and monitor Mrs Allan? What are your SMART goals?