

Liquid consistencies as they occur in their natural state...

Thin Liquids (Consistency of water)

- Water
- Coffee/Tea
- Fruit juice: apple, cranberry, grape orange, prune, etc.
- Milk - all types
- Non-dairy creamer
- Thin soup and broth
- Nutritional supplements like Ensure, Boost, Glucerna, Ensure Plus, Boost Plus, and Nepro
- Soda: Coke, 7up, mineral water, etc.
- Clamato juice
- Beer, wine, liquor

"Nectar Consistency" Liquids

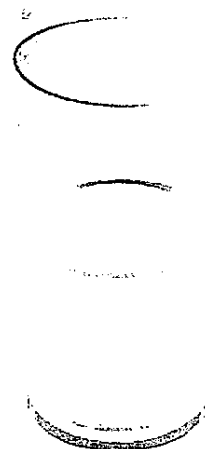
- Kerns fruit nectar (peach, pear, apricot, mango) is standard for nectar consistency
- "Resource" Thickened Juices: Apple, Cranberry, and Orange Juice - Nectar Consistency
- "Resource" Nectar-Thick Coffee and Tea
- Lyons Thickened Juices: Apple, Cranberry, and Orange Juice - Nectar Consistency
- Lyons Nectar-Thick Water and Milk
- Tomato juice, V-8
- Lyons Health Shake and Diet Health Shake
- Creamed soup
- Buttermilk and egg nog
- Thin liquids thickened with tapioca or a thickener (see below)

"Honey` Consistency" Liquids

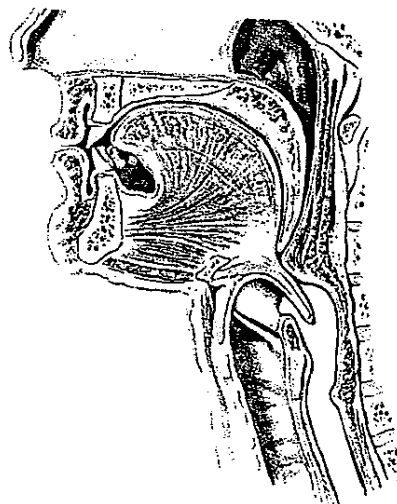
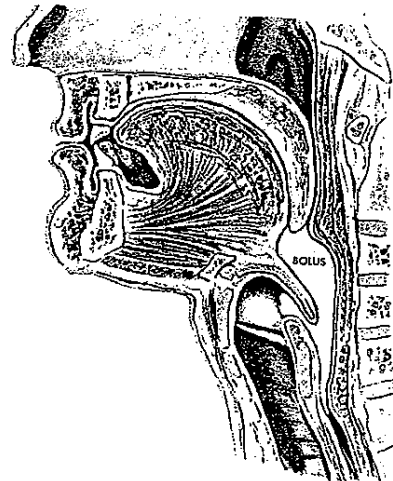
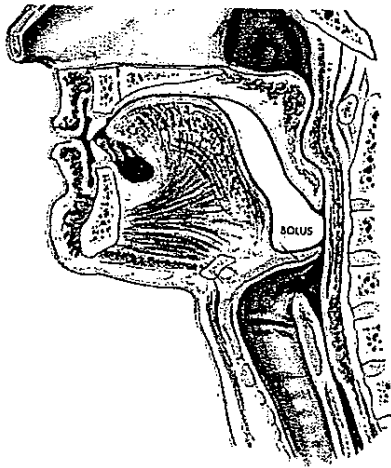
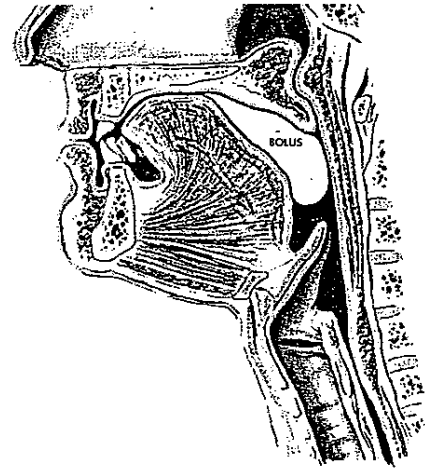
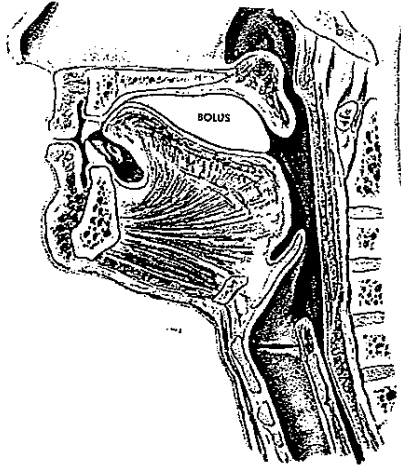
- "Resource" Thickened Juices: Apple, Cranberry, and Orange Juice - Honey Consistency
- "Resource" Honey Thick Coffee and Tea
- Lyons Thickened Juices: Apple, Cranberry, and Orange Juice - Honey Consistency
- Lyons Honey-Thick Water and Milk
- Thick or thin liquids thickened to honey consistency with a thickener (see below)

Thickeners

- ☉ Resource "Thicken Up" - available at Walgreen's Drug Store, online at www.walgreens.com or through TAD Enterprises at 1-800-438-6153
- ☉ Hormel "Thick & Easy" - available at CVS pharmacy or online at www.cvs.com
- ☉ "Thick-it" and "Thick-it 2" - available at Costco, Federal Drug Store in Loreto Plaza, and Caldwell Pharmacy
- ☉ "Simplythick" - a thickening gel that can be ordered by calling 1-800-205-7115 or online at www.simplythick.com
- ☉ Check with your local pharmacy for availability
- ☉ Links Medical Products, Inc. "Hydra-Aid" - a thickening gel available by calling 1-888-425-1149 or online at www.linksmed.com



HOW FOOD OR LIQUID MOVES FROM YOUR MOUTH TO YOUR STOMACH



Main body of the document containing the primary text or data.

POSSIBLE SWALLOWING PROBLEMS WITH HUNTINGTON DISEASE

- Collection of food at the side or on the roof of the mouth
- Spitting food out of the mouth
- Long delay between food being placed in the mouth and swallowing
- Excessive tongue movement
- Difficulty coping with different food textures or liquids
- Coughing and/or choking
- A wet, gurgle voice quality
- Runny nose
- Regurgitation of food/liquid from the mouth, out the nose
- Weight loss
- Recurrent episodes of pneumonia
- Weaker voice and speech

(Extracted from 'Swallowing Difficulties and Speech', Margaret Pozzebon in 'Caring for Persons with Huntington's Disease, 2nd edition, 1990)



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DYSPHAGIA (swallowing problem) of HD

- Problems in coordination of the respiratory system, resulting in difficulty holding your breath during the swallow and involuntary forced inhalation during the swallow (increases aspiration risk)
- Phonation system- the chorea form movements of vocal folds results in failure of the folds to remain closed during swallowing.
- The epiglottis may fail to hold it's position to cover the airway during swallowing
- Oral stage- mouth involuntarily opens resulting in oral spillage; problems moving the food from the front of the tongue to the back of the throat, problems chewing due to involuntary jaw movements, pocketing food
- Velopharyngeal system- movements of the soft palate (chorea) can result in not sealing the oral and nasal cavities resulting in nasal regurgitation during the swallow
- Excessive belching due to swallowed air
- Maintaining weight

OTHER FACTORS

- Choreaform movements of the face and neck: incomplete lip closure, loss of fine muscle control, respiration dyscoordination, involuntary movements of the upper body, make feeding increasingly difficult.
- Cognitive deficits impact the ability to control how much food or liquid enters the mouth, increasing the aspiration risk.
- Anxiety, stress and frustration can affect the person's appetite and swallowing process due to a fear of choking or the embarrassment of making a mess while eating.

MEAL TIME

Before the meal:

Environment is quiet and pleasant, decreasing possible anxiety or tension

Be rested before you eat

Attempt to prevent distractions.

Have feeding aids accessible: plate guards, sippy cups, specialized cutlery, straws, non-slip mat, plastic tablecloth, plastic apron

Diet should be modified as needed: pureed, chopped, ground meat, extra sauces, finger foods, regular liquid, thickened liquids.

During the meal:

Attempt to be in an upright position, at a table or in bed.

Food placement height may need to be adjusted for the patient.

Assistance to steady the head, if needed

Amount must be controlled with frequent breaks

Watch for the swallow and verbal cues may be needed for use of compensatory strategies

If assistance is needed for feedings, develop a system of how much and how quickly the person wants oral intake. A meal should take at least 30 minutes.

After the meal:

Keep upright for at least 30 minutes to decrease the possibility of acid reflux.

Assess if there is coughing after a meal, this could be from acid reflux or residue left in the mouth or throat

HELPFUL STRATEGIES:

Use a small spoon or fork to help take a small amount

Verbal cues to close the lips tightly while something is in the mouth

Verbal cues may be needed to stop breathing and then swallow.

Stroke the person's throat to encourage a swallow

Don't put more food or liquid in if there is residue in the mouth

Use frequent pauses/rests during a meal.

Watch for a change in breathing. If the person becomes more short of breath, stop feeding and allow the breath to return to a normal rate

If the person feels that the food is sticking in their throat, try a small sip of liquid to clear the residue, or adjust the food

Make sure the person has a moist mouth before putting food/medication in their mouth.

Encourage self-feeding, cup/straw or finger food

Have the person cough/throat clear during the meal to help expel any food/liquid that may have entered the airway. This must be done if you hear a wet vocal quality when the person talks.

Use in metal spoon/fork that is cold (place in a cup of ice), this helps with oral awareness of the food in the mouth

Stop feeding if the person is coughing or choking

Oral intake may need to be adjusted to small meals throughout the day

Have a family member trained in provide the Heimlich maneuver.

(Eating and Swallowing Difficulties in Huntington Disease, NSW Health, Huntington's New South Wales, 2001)