CLD corner

Dysphagia and Dietary Recommendations:
Cultural Considerations and Ideas for Diet Selection

By: CLD Committee Members

The Cultural and Linguistic Diversity (CLD) Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA CLD Committee. Members for 2013-2014 include ***Lisa Carver****, MA, CCC-SLP (co-chair);* ***Ivan Mejia****, MA, CCC-SLP (co-chair);* ***Raul Prezas****, PhD, CCC-SLP;* ***Christina Wiggins****, MS, CCC-SLP;* ***Brittney Goodman****, MS, CCC-SLP;* ***Sarah Panjwani****, MA, CCC-SLP;* ***Mary Bauman****, MS, CCC-SLP;* ***Phuong Palafox****, MS, CCC-SLP;* ***Marisol Contreras****, BS; and* ***Alisa Baron****, MA, CF-SLP. Submit your questions to ivanmejia@bilingualspeech.org. Look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

The proactive and thorough clinician will concur that dysphagia treatment does not end with diet recommendations. Patients and family members frequently require additional education to carry over diet modifications into daily meal planning. Therefore, speech-language pathologists (SLPs) provide handouts with details about the National Dysphagia Diet (NDD) level recommended for the patient and examples of foods that fall into the diet level to assist the family and patient with meal preparation. However, with the growth of culturally diverse populations in Texas, SLPs often face the challenge of providing useful tools to family members of patients with dysphagia (Riquelme, 2004).

Patients and family members often leave with a basic understanding of the diet modifications recommended, but, unfortunately, they feel lost when attempting to modify meal preparation without compromising nutritional intake. Occasionally patients are provided with examples of foods that are not consistent with their culture, i.e. the recommendation of mashed potatoes to an Asian family or salmon to a family who lives under the poverty line. This article will serve to provide the SLP with tools to more effectively serve culturally and linguistically diverse populations with dysphagia.

A thorough and objective case history, including the patient's cognitive-communicative status, current medical status, questions regarding the patient's most frequently consumed food items, and any dietary restrictions due to culture or religion, is the first step to ensuring carryover of strategies and diet modifications. Insight into the patient's living situation and family support can provide the SLP with the ability to better predict the complexity of strategies and diet modifications that the patient will realistically be able to make. Finally, it is beneficial to ask the family members to bring home-cooked foods for assessment and treatment sessions (Dikeman and Riquelme, 2005).

SLPs often utilize interpreters to assist with the case history for families from different linguistic backgrounds. For the culturally and linguistically diverse geriatric patient, interviewing the member of the household responsible for preparing the patient's foods is ideal, but cultural and logistical barriers often present a challenge. Providing interpreters with guidance regarding the type of information needed can streamline the interview process.

Food is central and uniquely important to different cultures. Due to the challenges associated with adapting to different cultural practices, we have chosen to highlight foods from two distinctly different Asian cultures. Below are examples of food items in the Vietnamese, Indian, and Pakistani cultures that fall into the different National Dysphagia Diet (NDD) levels.

Dietary considerations for individuals from the Vietnamese culture

Food is very important (second only to family) in the Vietnamese culture. Common ingredients include fish sauce, soy sauce, rice, fresh herbs, fruits, and vegetables. Vietnamese recipes use

lemongrass, ginger, garlic, mint, Vietnamese mint, lime, and basil leaves.

Pureed diet recommendations:

Cháo: A thick porridge of rice (disintegrated after prolonged cooking in water). Cháo is consumed at any given time; however, it is a staple when one is not feeling well but is also cooked in various broths. Additional items added to this dish can include various meats, fish, green onions, and flavorings. This can definitely be pureed and still maintain its organic quality.

The following foods below could also be pureed to meet **NDD Level 1.**

Mechanical soft:

Pho: A Vietnamese noodle soup consisting of broth, linguine-shaped rice noodles, a few herbs, and meat. Please be sure the noodles are cut according to a length that is appropriate for the patient. If meats are added, please make sure meats are tender and do not exceed 1/4 in. If needed, the broth can be thickened to an appropriate viscosity.

Cá: Fish is an important part of the Vietnamese diet. A popular dish is Cá Kho To (Vietnamese caramelized fish). This dish is typically made in a clay pot and contains shallots, fish sauce, garlic, sugar, black pepper, green onions, and spices. The use of spices needs to be taken into consideration to meet patient's needs.

Canh Chua Cá: Canh is any type of soup. Canh Chua Cá is a sour soup made with tamarind-flavored broth that is common in southern Vietnam. It is typically made with fish, pineapple, tomatoes, and bean sprouts. The size of the vegetables and fruits needs to be accommodated to meet the patient's needs. If needed, the broth can be thickened to an appropriate viscosity.

Chè: A sweet dessert pudding that can be made with various ingredients, including mung beans, black-eyed peas, kidney beans, tapioca, jelly (clear or grass), fruit (longan, mango, durian, lychee, or jackfruit), and coconut cream.

Dietary considerations for individuals from Indian or Pakistani cultures

Food in the Indian and Pakistani cultures is heavily influenced by region and religion. The SLP working with this population should take into account religious and cultural traditions. The use of seasonings and spices is important. Common ingredients include rice, lentils, flat breads, goat, beef, vegetables, and tea. Common spices include red chili powder, turmeric, cardamom, cloves, and black pepper.

Puree:

Daal: Dried lentils that have been stripped of their outer hulls and split. Can be cooked as a thick or thin porridge. Daal is consumed at any time and has many different varieties. Although it is traditionally eaten with rice or flat bread, it can be eaten by itself. Daal is an excellent source of protein. If needed, it can be thickened to the appropriate viscosity.

Kheer: Pudding made by boiling rice, broken wheat, or vermicelli with milk and sugar. It is typically served as a desert.

Mechanical soft:

Nihari: A stew consisting of slow-cooked (six to eight hours) beef or lamb and a blend of spices. This dish can be eaten at anytime. The size of the meat pieces can be adapted to meet the patient's needs, and the stew can be thickened to the appropriate consistency.

Khichdi: A dish made from rice and lentils that are simmered until soft and mushy and seasoned with tumeric and salt. Khichdi is often accompanied by meat curries or fish and is commonly considered to be a comfort food. A stickier version is often served to children as their first solid food or to sick adults.

Shami kebab: A small patty of minced meat and potatoes or ground chickpeas and a variety of spices. These patties are often dipped in egg and fried. They are commonly served with ketchup, chutney, or hot sauce.

Gulab jamun: A milk-based dessert similar to a dumpling. It is made from milk solids (traditionally from fresh curdled milk), which are kneaded into a dough, shaped into small balls, and deep-fried at a low temperature. The balls are then soaked in a light sugar syrup.

In this brief article, we have attempted to provide the practicing speech-language pathologist with an introduction to practical, culturally sound recommendations for addressing the unique needs of those on his or her caseload who may present with dietary restrictions due to dysphagia. The aforementioned recommendations are not exhaustive, and we encourage you to access all available resources to help better meet one of the most critical daily needs of an increasingly diverse population—safe and effective nutrition and hydration. ★

REFERENCES

Dikeman, K.J., and Riquelme, L.F. (2005). Ethnocultural Concerns in Dysphagia Management. *Swallowing and Swallowing Disorders,* 31-35.

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