

FAQ Category: Foods; Choking

Q: Bread provides an opportunity to offer patients variety. Why is it considered a choking risk?

A: As a general rule bread products are considered a regular food texture (Level 7). This decision is based on the choking literature where bread is often identified as a cause of choking (Irwin et al., 1977; Ekberg & Feinberg, 1992; South Australia Coronial Inquest, 1997; Wick et al., 2006; Berzlanovich et al., 1999, 2005; Food Safety Commission of Japan, 2010; Licea, 2016). Bread and sandwiches require the ability to both bite and chew. Although bread looks and feels soft, it cannot be easily mashed or broken down into particles of 4mm or smaller due to its fibrous nature. In fact the number of chewing strokes, chewing strength and stamina required to make bread swallow-safe are about the same as those required to chew and swallow peanuts safely (Hoebler et al., 2000; Koyama et al., 2003). Individuals who tire easily while chewing may find bread difficult to chew to a small enough size to be swallow-safe. Bread also requires softening with saliva for effective chewing (Hoebler et al., 2000). For individuals with dry mouth (e.g. medication side effects, post radiotherapy etc.) bread is often not adequately wetted for swallowing resulting in food sticking in the throat. Bread does not dissolve when wet but does become sticky. Sticky or adhesive foods are also considered a choking risk (Irwin et al., 1977; Ekberg & Feinberg, 1992; Wick et al., 2006; Berzlanovich et al., 1999, 2005). The ability to safely manage bread and sandwiches should be assessed on a case-by-case basis by a dysphagia specialist.

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