

IDDSI's Focus on Safety with Mixed Consistency Foods

The National Dysphagia Diet (NDD) of 2002 is being replaced by the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework, founded in 2013. IDDSI specifically addresses the safety concerns with mixed consistency foods and bread. Per your professional guidelines and clinical judgment, provide education of the individualized risks and benefits of these types of foods to the person with dysphagia.

Mixed consistency foods, or dual consistency foods, (a) contain both solid foods and liquids within the same bite, or (b) appear to be a single consistency on a plate may quickly separate into two consistencies in the mouth (e.g., watermelon). These foods were not a focus within the National Dysphagia Diet (NDD, 2002); although, the NDD did mention “consider assessing tolerance for mixed consistency foods.” However, IDDSI specifically focuses on how mixed consistencies are challenging for many people with dysphagia. IDDSI expects assessment of mixed consistencies prior to providing diet recommendations.

- People who aspirate thin liquids may be at a high risk for having difficulty with mixed consistencies due the following risks:
 - Aspiration may occur on the liquids that “spill” to the throat and/or into the airway, while the solid food is still being chewed (Saitoh et al., 2007).
 - Solids may be washed into the throat before being adequately chewed.
 - See the [IDDSI Special Features, Mixed Dual Consistencies](#) document for more information.
- Mixed consistencies are *not* considered safe on IDDSI food Levels 4-6. Mixed consistencies may be included in **Easy to Chew, Level 7**, or **Regular, Level 7** per assessment and clinical judgment.
- Mixed consistencies that contain a *Thin liquid, Level 0* and/or have liquid that easily separates from the solid may not be appropriate for people who require thickened liquids. The liquid portion of mixed consistencies should correspond to the person's IDDSI Drink level. For example, sauces may need to be thickened.

Check the website at www.IDDSI.org for additional resources, including the **Frequently Asked Questions** tab.

IDDSI's Focus on Safety with Bread

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Bread was not recommended on most NDD diets. However, varying interpretations of the NDD diets led to bread being frequently offered. Whereas, IDDSI notes that bread is a significant choking risk. IDDSI expects assessment of bread and sandwiches prior to providing diet recommendations.

- Bread is considered a choking risk for some people due to the following:
 - Although bread looks and feels soft, it cannot be easily mashed or broken down into small particles due to its fibrous nature. People tend to swallow it before it is fully processed or “swallow ready.” The number of chewing strokes, the chewing strength, and the stamina required to make bread safe to swallow are about the same as those required for peanuts (Hoebler et al., 2000; Kohyama et al., 2003).
 - Bread can form into a sticky ball. It is often not adequately moistened with saliva for effective chewing and swallowing (Hoebler et al., 2000). Bread can stick in the mouth and throat, especially for individuals with dry mouth (e.g. medication side effects, post-radiotherapy, etc.). Sticky or adhesive foods are considered a choking risk (Berzlanovich et al., 1999, 2005; Ekberg & Feinberg, 1992; Food Safety Commission of Japan, 2010; Irwin et al., 1977; Licea, 2016; Wick et al., 2006).
 - See <https://www.iddsi.org/FAQ/Foods> for more information
- Bread products are considered a **Regular, Level 7** food texture. Bread is not included in IDDSI food levels 3-6, due to the high choking risk. Soft breads may be appropriate on the **Easy to Chew, Level 7** food texture, per assessment and clinical judgment.

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