# DYSPHAGIA -

# HOW ALEX COPED

This is dedicated to the Loving Memory of
**Alexander Leszek Konarzewski**,
my beloved partner.

23 January 1954 – 6 February 2012

 

# IMPORTANT NOTE

I have put together this guide about the little things Alex and I had worked out so as to make eating and life easier when he was suffering from dysphagia. However, please remember I am not medically trained or a dietician, but Alex and I had enquiring minds and we tried to use common sense when gathering knowledge so as to put together our coping strategies.

If you are in any doubt about your or your patient's condition, please seek the advice of a trained medical professional.

Anna Wyatt
23 January 2013
Kidderminster, Worcs

If you find this guide useful and wish to make a donation using a credit or debit card or PayPal in favour of Alex's preferred charity (Midlands Air Ambulance), please visit the safe and secure JustGiving page http://www.justgiving.com/Anna-Wyatt and click on Donate.

You can also donate by sending a free text to 70070 stating code MAAC58 and an amount of £1, £2, £3, £4, £5 or £10. Any size of donation will be most gratefully received and you can remain anonymous if you wish. Thank you.

 

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# ALEX'S STORY

Alex was a very special person, certainly to me. He was a highly respected, talented, multi-skilled engineer. He was multi-lingual, intelligent, quirky and eclectic, witty and had a dry sense of humour. We lived life to the full whether it was travelling to wonderful places around the world, eating in Michelin starred restaurants, taking part in motorsport and scuba diving, designing and making things, talking, hiking, mushrooming, foraging and, by no means least, cooking. He was my treasured partner for only 10 wonderful years even though we had known each other since childhood.

He became unwell in July 2011. One of the symptoms of his condition was dysphagia (pronounced, "dis-fay-ja"), difficulty in swallowing. We were, of course, given some leaflets about diet and enriching food, but these brochures never really explained the reasoning behind certain recommendations which did not, at first, make sense. So, over the course of the next seven months we gathered information and worked out our own strategies and recipes so as to make eating as pleasurable and easy as possible. We had always eaten healthily and we did not like bland food, so the recipes I have included reflect this. Alex also didn't particularly like milk which seemed to be the main advice in all leaflets on how to enrich a diet.

He became severely dysphagic (pronounced "dis-fa-jik" as in "magic") in December 2011 and finally agreed to be signed off work. He had to have his oesophagus (gullet) stretched three times and eventually had a stent fitted to enable him to swallow food. This was quite extreme and not characteristic of the usual dysphagic patient.

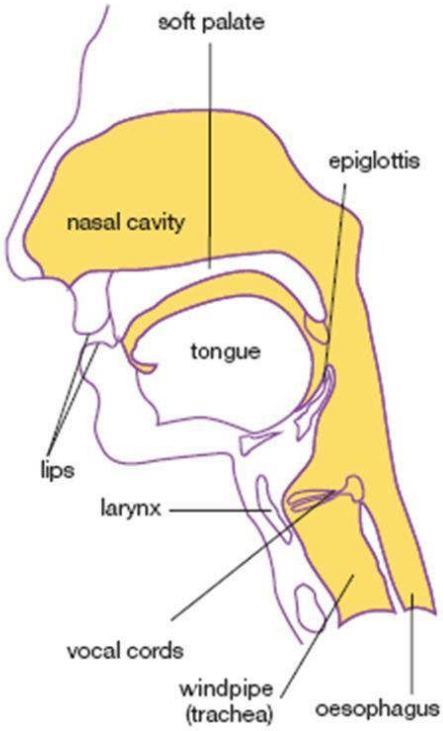
After he died in February 2012, I decided I needed to do something positive and useful in his memory. Speaking to a number of people in the medical profession towards the end of Alex's life, they all thought my idea of a guide of "hints, tips and recipes" we had formulated could be very useful to many people.

I doubt that you will read every page and some of you may find it too detailed. However, I hope that you find something of interest and that at least one item will help make life more pleasant for the dysphagic patient. It will all then have been worthwhile!

# SWALLOWING

Before discussing dysphagia, I think it is important to briefly explain how normal swallowing takes place. It comes in three stages – the oral stage, the pharyngeal stage and the oesophageal stage. Each of these stages is controlled by different parts of the brain, different nerves and different muscles.




1. In the oral stage, food is placed in the mouth and the lips close to keep food in the mouth. The food is then positioned by the tongue, moistened with saliva and chewed by the teeth. If the food is not moist enough, more saliva is produced. We consciously control this stage. Once the food is prepared in this way it is called a bolus. The bolus is now pushed to the back of the mouth by movements of the tongue and other muscles.

2. During the pharyngeal (back of the throat) stage, we do not control what happens – it occurs automatically. Chewing, breathing and other functions temporarily stop, the epiglottis (which is a flap of tissue) flips down over the vocal cords (which close tightly) to stop food and drink going down the trachea (windpipe). It is a bit like a hinged trapdoor over a tunnel.

Muscular movements then guide the bolus towards the oesophagus.

3. Swallowing now enters the oesophageal stage which is also involuntary. Muscles around the oesophagus contract and relax in sequence pushing the bolus down the oesophagus into the stomach. This is called peristalsis. It is a bit like squeezing sausage meat down a sausage skin where your hands represent rings of muscles which push the meat down the sausage skin, one hand below the other.

Most of us, thankfully, are able to complete this complex process without even thinking about it and we swallow successfully and safely. However, it only needs to have one tiny element go wrong e.g. part of the brain or a nerve or a muscle to malfunction and swallowing becomes a problem - DYSPHAGIA.

# DYSPHAGIA

Dysphagia is the term used to describe difficulty in swallowing whether it is temporary or permanent.

Dysphagia is not usually classed as a disease itself, but a side-effect of a variety of conditions and can affect a person for any number of medical reasons. When Alex was diagnosed with his condition and we started to find out about dysphagia, we were not aware, then, as to how many people are affected by it or what conditions caused it. Therefore, I list some instances below, in no particular order. However, if you are reading this guide and suffer from dysphagia, you must remember that it DOES NOT MEAN THAT YOU ARE SUFFERING FROM ANY OTHER CONDITION LISTED HERE EXCEPT THE ONE WITH WHICH YOU HAVE BEEN DIAGNOSED.

## Occurrence

- Progressive neurodegenerative diseases such as
  - Multiple Sclerosis (MS)
  - Amyotrophic Lateral Sclerosis (ALS)
  - Motor Neurone Disease (MND)
  - Parkinson's disease
  - Alzheimer's
- Non-progressive motor diseases such as
  - Cerebral Palsy
- Other conditions such as
  - autoimmune diseases
  - inflammatory muscle conditions of the oesophagus such as myositis
- If the oesophagus itself becomes deformed or narrowed due to
  - a tumour
  - scar tissue forming after radiotherapy in the oesophageal area
  - scar tissue forming from chronic acid reflux
- It also can affect young children - those with
  - cerebral palsy
  - head traumas
  - neurological problems with which they are born
- Some breathing problems such as
  - asthma
  - chronic obstructive pulmonary disease (COPD)
- It can also occur in people who have had
  - a stroke
  - a brain tumour

Dysphagia is particularly common among older people, as ageing can lead to weakened jaw muscles, loss of teeth and reduced saliva production which are all part of the swallowing and digestion process. Since older people are also more likely to suffer with conditions like dementia, MND, Parkinson's disease, Alzheimer's etc, so dysphagia becomes more common in the elderly.

The above list is by no means exhaustive. However, dysphagia is a common problem affecting people of all ages with assorted conditions and it can be progressive, stable, permanent or temporary depending on the condition.

## Symptoms

These can range from discomfort when swallowing to actually losing the ability to swallow. These include (depending on the condition):

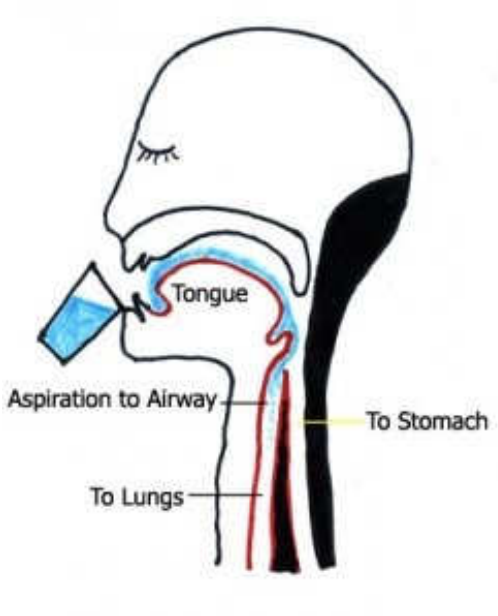
- inability to control food or saliva in the mouth
- difficulty initiating a swallow
- coughing
- choking
- frequent chest infections
- unexplained weight loss
- pain when swallowing
- gurgly or wet voice after swallowing
- feeling that food is stuck in the oesophagus
- regurgitation when food gets stuck in the oesophagus

## Treatment

It may be suggested that you meet with a Speech and Language Therapist which may sound a little strange. (I know we found it odd at first!) However, these therapists are trained to advise on dysphagia and diet and may offer possible exercises to improve swallowing. So do take up the offer if it is made as some types of dysphagia can (sometimes) be partly treated by rehabilitative exercises of the mouth, tongue etc.

Most forms of dysphagia, however, need a change to the texture and consistency of food as it is important to avoid choking and aspiration. Aspiration occurs when food or drink is inhaled into the lungs via the trachea (windpipe) instead of going down into the stomach via the oesophagus. The hinged trapdoor over the trachea does not do its job!




Going down the wrong way – to be avoided!

This can lead to aspiration pneumonia and generally needs to be treated in hospital as it often accompanies a chest infection.

Some dysphagic patients can eat food of relatively any consistency, but only have problems with liquids (see Viscosity section below). This can be easily remedied by using thickeners recommended by your medical professional / dietician. For people with severe dysphagia, the diet changes may mean consuming puréed food.

People with a narrowed oesophagus can sometimes undergo an oesophageal dilation (gullet stretch) or even have a stent (tube) inserted into the oesophagus to widen it so that food can pass more easily into the stomach.

Either way, irrespective as to cause or condition, aspiration is to be avoided at all costs. Food and drink do not belong in the lungs! Any treatment prescribed will have aspiration avoidance as the prime aim.

In rare and extreme cases of dysphagia, if a patient cannot swallow anything at all for whatever reason or the choking hazard becomes too great a risk, a PEG (or “G”) feeding tube may then be considered so as to avoid malnutrition. This is where a special tube is inserted through the stomach wall into the stomach so food is no longer taken orally. This is generally regarded as a long-term treatment.

# THINGS TO BEAR IN MIND WHEN PREPARING FOOD

The following are some general guidelines for food preparation and safer swallowing. Please remember that dysphagic patients have individual requirements, so all of these guidelines may not apply to every patient.

## Enrichment

A dysphagic patient often suffers weight loss and other nutritional problems, so it is almost essential to enrich food in some way. A dietician may be able to help with this if you are referred to one. Almost anything you add to any food will effectively augment it, although enrichment items tend to be protein based. However, sometimes a dysphagic patient may lack other nutrients in the diet, so I have included some below along with the obvious ones. I have annotated the main enrichment tips with a border around them as I have done with this paragraph.

## Viscosity or "thickness"

Initially, Alex frequently choked when drinking coffee or eating very sloppy blended food. We thought that if a person cannot swallow easily, food should be as watery as possible so that it slides down the oesophagus and does not get stuck. Not always so. Thicker (more viscous) foods are generally easier and safer to swallow than thinner foods as the risk of fluids going down "the wrong way" into the lungs is reduced.

Imagine a bucket of water under a dripping tap. Each drop causes splashes, often over the side of the bucket. Now, if you substitute the water for thick custard, each custard drop will not splash as high as a water one and so it is unlikely the custard drop will go over the side of the bucket. In a dysphagic patient where swallowing is slow or obstructed, a water splash could go up and over into the trachea causing choking if the epiglottis is not over the trachea entrance. This is less likely with a thicker fluid.

However, I am reliably informed that for people with COPD, Parkinson's, MND and a number of other illnesses, thicker substances can coat the pharynx (back of the throat) and cause post-swallow aspiration from a build-up of pharyngeal residue. This occurs particularly when a person lacks the muscular strength to clear the bolus through the second part of the pharynx. Therefore, in these cases, thicker food / fluids can, at times, be more unsafe to swallow than thin substances. So know your patient!

Even though water, tea and coffee etc. may be too “thin”, it is important for a patient not to dehydrate. Water can be introduced into a diet in other ways – soups, sauces, jellies, milkshakes, smoothies (good for your 5 a day too) and fruit cocktails. Also remember that food itself, unless totally dehydrated, contains some water too. However, depending on the patient, sometimes jelly, sorbets or ice cream may not be suitable as these melt in the mouth and become too “thin”.

## Consistency or texture

You will have to decide what level of consistency (texture) your patient needs so as not to choke.

This can be:

- chopped - food particles ½ inch (12mm) or about the size of sugar cubes
- ground – food particles ¼ inch (6mm) or about the size of grains of rice
- minced - food particles 1/8 inch (3mm) or about the size of sesame seeds
- puréed - smooth mashed potato consistency for severely dysphagic patients

Whatever level is best for your patient, the food needs to be soft and moist, especially if saliva production is difficult. Also the texture should be uniform throughout the portion. This is particularly important for the patient on puréed food. The liquid MUST be fully mixed in with the solid. Therefore, before serving a meal containing a sauce or gravy etc. you must ensure there is no loose fluid. Puréed food can settle, separating solids and liquids, so make sure you shake them up or stir thoroughly just before serving.

## Seasoning and taste

Alex found his taste had changed – everything seemed to taste metallic or some other taste. We tried to compensate for this by adding stronger flavours such as spices.

Puréed or blended foods lose their taste (see Blending section below). A dish you cook may be seasoned perfectly, but, after blending, it will taste different. Therefore, before serving a puréed meal, please check the seasoning. I often had to re-season, again and again. The main point is to prevent food from being bland and boring. If you need to add water for the blending process, often more flavourful or spicy ingredients might be needed during cooking so that the food does not taste too diluted once blended.

## Blending or puréeing

Blending and puréeing are slightly different food preparation processes, but, for the purpose of this guide, I will treat them the same.

You cannot blend dry food - it has to be moist e.g. stewed fruit or it must contain a liquid e.g. casserole or soup. If you need to blend a dry food, you will have to add a "lubricant" such as water, milk, olive oil, juice or sauce, but do not forget to check seasoning afterwards and re-thicken if necessary.

Besides being easier to swallow, blended food can help with portion size and frequency of meals (see section on this below) as blending gets rid of most of the spaces between food particles, e.g. I found an average portion of spaghetti Bolognese would purée down to a few tablespoonfuls. As blending food already starts off the digestion process by breaking it down, a patient can absorb much more nutrition while spending less energy on digestion. Therefore, a patient is often more satisfied with much less food than they might have been with unblended food. They are often not hungry for many hours after eating blended food or even a blended soup!

There is one problem with blending though. When we blend foods, oxygen mixes with the food particles and each particle of food becomes exposed to oxygen. This is called oxidation. Oxidation contributes to destroying the nutritional value of food, its colour, smell and taste. I am sure you have all seen an apple go brown if you bite and leave it. It tastes different too if you then bite into the brown part. That is why food manufacturers often add antioxidants to food or pasteurise (heat) food to stop it deteriorating. You may have noticed how cooked apple does not discolour, but tastes different to raw apple. Therefore, it is best to blend food for the minimum time possible, especially when using high speed, so as to keep as much of its nutritional value as possible. Also serve these foods as soon as you can after blending.

## Soup

Blending a soup rather than leaving "bits" still in it (even if they are soft and manageable) is far more beneficial to a dysphagic patient as it is more "filling" and helps with portion size. I would recommend that you always blend your soup, any soup. Chopping vegetables and herbs then does not have to be so neat, so it saves you time in the kitchen!

## Colour and sauces

I found that once Alex had resigned himself to the fact that he had to have puréed food, he did not mind a pile of "khaki coloured baby food" as he called it on his plate. He was more interested in a small portion of something really tasty rather than concern himself with what it looked like.

In hospital, dysphagic food seemed to come in three dollops on the plate which resulted in guessing games. A cream coloured dollop (maybe puréed potato?), a beige coloured dollop (maybe puréed chicken?) and a green or orange coloured dollop (maybe puréed peas or carrots?). Sometimes, we were given a clue e.g. the orange coloured purée had been put into a carrot-shaped mould! Either way, every dollop seemed to have no taste whatsoever (presumably due to the blending process described above), so the pepper sachet came in handy to give at least a little bit of flavour.

However, if your patient prefers distinct colours on a plate (and you have time for separate blending and the extra washing up!) then please ensure each different food on the plate has the same consistency and viscosity. You then have to decide as to which dollop you are going to add the tasty sauce or gravy prior to blending, but without altering the colour. I am afraid I never discovered a way of not altering the colour of, say chicken, when adding a sauce or gravy, so I cannot pass on any advice on this.

## Standby food and supplements

When preparing meals, have cupboard standbys in reserve. I found that what went down one day, may not another day. As disheartening as it might be to see your hard work go to waste, try not to get cross about it and just go to the kitchen cupboard and make up a portion of Complan or heat up a jar of baby food (which is not as bland as you think, but may need a bit of salt or other seasoning). This is a lot less stressful for you and the dysphagic patient who is often very embarrassed by not being able to swallow a meal you have painstakingly prepared.


Although I don't like to advertise, a range of special food by Nutricia is very useful to have as a supplement or standby. The range includes Fortisip, Fortijuce, Forticreme and others and they are nutritionally complete, small portions suitable for dysphagic patients. You can get them on prescription if your GP is willing to prescribe them (or a non-proprietary equivalent). Some flavours are available from the pharmacy counter in chemists or you can order them in. They are not cheap, but sometimes it is a small price to pay to ensure the dysphagic patient does not become malnourished.

## Meat and offal

Alex and I loved BBQ's and grilled meat, but, once he started to suffer with dysphagia, we had to re-think cooking methods. He found beef and lamb (red meat) difficult to swallow due to the structure of the muscle fibres, even when blended. Chicken, other poultry and very soft pork muscle fibres seemed easier to swallow so we tended to use these. He found liver was also easier to swallow due to its texture and structure and provided a good source of iron too. Kidneys were also frequently on the menu for ease of swallowing. We did try tofu several times, but Alex did not enjoy it. You might like to experiment with it though.

## Bread

Alex found bread difficult to swallow, even wholemeal, as the food bolus became a rather dry lump which got stuck in his oesophagus. Until he went on a puréed diet though, we did find that tortilla wraps and certain crackers were much easier to swallow than bread as the proportion of moist filling to starch was much increased.

**Potato**

When Alex was able to eat mashed potato, ordinary mash was too “dry”, but he could manage very creamy mash or mash mixed with gravy or grated cheddar cheese or an egg – all easy ways of enriching mashed potato.

A tasty variant was to add 1-2 (and I mean 1-2) drops of truffle oil to mash.

## Salad

Alex and I loved salads (lettuce, baby leaves, rocket, raw spinach, Chinese leaf, cucumber, tomato, red and yellow peppers, carrot, radishes, kohl rabi, spring onions, baby corn, sugar-snap peas etc which we often grew in the garden) tossed in home-made dressings or left plain with just a drizzle of balsamic vinegar.

When Alex first started to experience swallowing difficulties, the worst “culprits” were the thin salad leaves which always seemed to get stuck to the wall of his oesophagus. We substituted these for the white rib (fleshy part) of Chinese leaf. However, when his symptoms worsened, we still managed to incorporate salad into his diet in purée form (see Recipe section below).

# HINTS AND TIPS ON EATING

## Portion size and frequency


As explained in the blending section above, a puréed meal will blend down to a much smaller portion and yet still be filling. So a puréed meal will always look smaller on the plate. However, even when Alex was able to swallow a ground or minced meal, I kept portion sizes small for him. A big meal on a plate can look very daunting or off-putting for a dysphagic patient who often regards eating as something of a chore and a rather unpleasant experience. If new "habits" have to be formed to ensure safer eating, it is easier for the patient to concentrate on these new methods for a shorter period of time with a small meal than with a large one. Therefore, eating little and more often can be safer and less stressful all round.

When serving up a small portion, please do not put it on a normal sized dinner plate. Use a large teaplate or small bowl to keep things in proportion so that a patient feels that they have had a full-sized meal. Optical illusion!

## Timing

Although, previously, we had always had our main meal in the evening, we found it best to have it at lunchtime as Alex was not so tired and often his medication had not worn off so much. He could concentrate better and so we had fewer choking episodes at lunchtime.

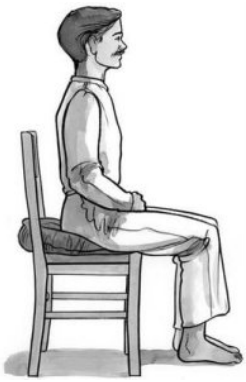
## Speed of eating

Eating became a real ordeal, even a small portion. Alex took a long time to eat a meal (which previously would have taken him a few minutes) as he had to force himself to eat slowly which he found very frustrating. My rule for myself was not to get upset that his meal had gone cold or he did not want it warmed up when asked. I found if I took a plate away for re-heating, Alex did not really want it when it came back to the table. So again, even eaten slowly, a smaller portion had a better chance of staying warm as there were fewer spoonfuls to get through.

## Eating position

Alex experimented with eating positions, but always sat at a table so as to maintain an upright position (as near 90 degrees as possible). He sometimes tried turning his head down, tucking his chin to his chest, which sometimes helped swallowing and prevented food from entering the trachea. Towards the end of his illness, because his oesophagus was distorted, we found that turning his head to one side seemed to straighten the oesophagus slightly (even though it was still constricted) which allowed trapped air to escape from below the constriction and so swallowing was easier. We called it unblocking the drain before swallowing!



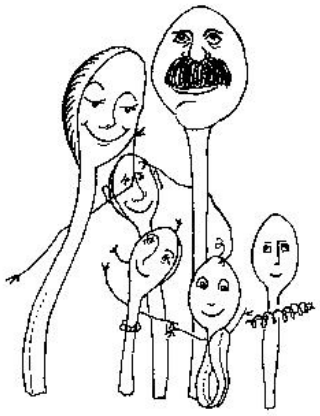
You may remember that during the pharyngeal phase of swallowing, chewing, breathing and other functions temporarily stop automatically. However, to help this process further, Alex would make sure his mouth was closed, he would stop chewing, then take a deep breath in through his nose (when he was ready to swallow), hold the breath and swallow while continuing to hold the breath. Immediately after a swallow, he would gently cough to try to make sure any remaining food at the trachea entrance was expelled from the area as the epiglottis (trapdoor) moved back to its normal position when breathing.

## Mouthful size

We found that small mouthfuls were easier to swallow. Imagine the back of the throat as a sink, the plug hole as the oesophagus and the sink overflow as the trachea. If the plug hole becomes partially blocked and you pour a bucket of water into the sink, the plug hole becomes temporarily completely blocked, the sink fills up and water spills over into the overflow. However, if you use a cup to pour the water from the bucket into the sink, bit by bit, the water will go down the drain gradually and will not overflow. So if the oesophagus is partially blocked and you try to swallow a big mouthful of food, it will spill over into the trachea causing choking.

For this reason Alex used a teaspoon and not a tablespoon while eating. Using a teaspoon also helped to overcome what is, in my opinion, a natural male urge to take big mouthfuls rather than dainty little ones!



Drinking straws or lidded cups when appropriate also encouraged smaller mouthfuls rather than big gulps from a cup.

Even if the patient is not on puréed food, they should be encouraged to take small bites and chew them well.

## Talking during meals

When we were children we were always told “Don’t talk with your mouth full” although I think that was less to do with choking, but more so that food would not fall out of your mouth which was not considered good etiquette. Although it is a social thing to talk between mouthfuls, a dysphagic patient should be encouraged to avoid talking while eating altogether as they have enough to concentrate on without having to think about conversation. Alex found this a hard habit to break, but it was necessary. (See also Ambiance section below).

## Liquids and solids

As previously mentioned, any food entering the mouth of a severely dysphagic patient should be of the same viscosity. Therefore, I had to ensure Alex did not mix solid foods and liquids in the same mouthful, so there was never a glass of water (or wine!) on the table. Another safety tip is not to "wash foods down" with liquids (unless you have been instructed to do so by the therapist) as the liquid may overflow into the trachea when it meets the obstruction of solid food in the oesophageal stage of swallowing.

## While eating

Some patients have one side of the mouth weaker than the other. They must be “taught” and encouraged to place food into the stronger side of the mouth.

Even with puréed meals, food should be chewed well as this enhances taste and smell sensations and so, hopefully, food is more enjoyable.

## Ambiance, comfort and distractions

Even while concentrating, Alex could not always be sure which way food was going to go –oesophagus or trachea? Every single swallow was, potentially, a stressful situation. Therefore, I tried to make mealtimes as calm as possible by ensuring a relaxed atmosphere, with no distractions. The **television** was always turned OFF.

However, we found that other things that appealed to the senses (but were not distractions) helped Alex relax just enough to make eating less of a chore, but kept swallowing as safe as we could make it.

- His dining **chair** was comfortable and padded, sometimes with the help of a flat cushion.
- His **clothing** was loose and comfortable.
- We always had his favourite tracks or mood **music** playing in the background.
- Fresh cut **flowers** were just in view.
- The **room** was aired and had a fresh smell, but was warm.
- Lit **candles** (when safe) provided a warm glow.
- As I put his food on the table, I would give him an encouraging **hug.**
- A **touch** of his hand across the table before he started eating and a warm **smile** would help put him at ease.
- At appropriate moments, **words** of encouragement and praise (but never questions which would prompt him to reply and then possibly choke) were helpful.
- I always tried to eat the **same meal** as Alex (even though his was in a different format) so that he did not feel too different.
- Above all, I tried to show **patience**. A dysphagic patient does not want to feel under pressure or be rushed.

Please experiment with what makes a good atmosphere for your patient - some of the above ideas may not be the right ones for you.

## After eating

At the end of the meal, check (or get the patient to check) the inside of the cheek for any food that may have become pocketed. If it is left there, it may later become dislodged and cause a choking problem.

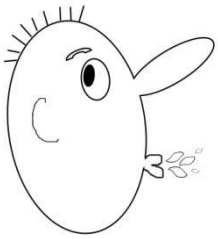
Following each meal, Alex would sit in an upright position (90 degree angle) for 30 to 45 minutes to make sure all food had reached the stomach safely and so did not start to come back up the oesophagus together with stomach acid.

# MISCELLANEOUS HINTS AND TIPS

## Saliva, spitting and a bucket

Most people swallow - roughly 1,100 times a day - to clear their mouths of excess saliva. In Alex's case, this swallowed saliva would accumulate in his constricted oesophagus. Although he was embarrassed at doing it and was constantly apologising, he would have to "clear his throat" frequently into a tissue as he could not risk the bacteria-filled fluid going down into his lungs and triggering another bout of pneumonia.



Sometimes there was a lot of this saliva and many tissues used. Therefore, it was easier and safer to have a bucket lined with a used carrier bag or small bin liner beside him for the used tissues or, on occasion, he would have to spit straight into the bucket as there was no time for tissues. The carrier bag could then be disposed of easily and bucket rinsed for the next time.


The bucket would also be on the floor beside him at the dining table for when food got stuck in his oesophagus. Previously he would go to the bathroom to clear it by putting his fingers down his throat to regurgitate the stuck food. However, the movement in getting to the bathroom often prompted further problems, so we started to employ the bucket by the table. If you think this offensive, just imagine what happens to the dignity of the dysphagic patient when he/she has to regurgitate food in this way for fear of choking. This is acceptable, necessary spitting. If you cannot face it, look away, but stay in the room in case an emergency develops.

## Medication

Alex was on numerous types of medication. Eventually we found tablets, even small ones, would not go down so our GP prescribed solutions or dispersible tablets – many prescriptions are available in this form, so do speak to your GP. If you are hospitalised for any reason, do take these "liquid" medications and a list with you as most wards do not stock them and the hospital pharmacy may not be open when you need to take a dose.

## Weight

Alex used to weigh himself daily and we would record the readings in a little notebook. Although a person's weight will fluctuate from day to day for numerous reasons, the notebook enabled us to spot a downward trend and then we could adjust Alex's intake and/or enrichment of food.

## Miscellaneous

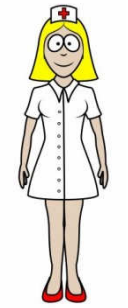
**DO ASK FOR HELP** - whether it is from a friend, relative or medical professional.

It may be that you, as the carer, need an hour's respite or to go food shopping. A friend may be able to sit with the patient until you return. If not, and you have access to a computer (or a friend can help you), get a supermarket to deliver your shopping.

Many pharmacies offer a home delivery service for prescriptions. Ask them for details.

If weight becomes a problem, speak to your GP who may be able to help or refer you to a dietician.

If pressure sores start to develop following weight loss and immobility, a district nurse arranged through your GP may be able to lend you a Propad cushion for chairs and a special mattress which help alleviate sores. They can often help with mobility aids too and general support in what can be a difficult situation.



Have useful telephone numbers list by the phone – doctor's surgery, local pharmacy, district nurses weekday and out-of-hours numbers, out-of-hours GP, NHS direct etc

Don't abuse any of these forms of help, but don't suffer in silence either – it will not help the dysphagic patient in the long run.

# USEFUL KITCHEN EQUIPMENT

Alex and I always loved cooking and our kitchen was full of gadgets and utensils. However, when he developed dysphagia, I found the ones listed below most useful.

- **Liquidiser.** This was great for liquidising soups, smoothies, fruit cocktails etc as most goblets will take at least a pint (560ml)

- **Kenwood Mini Chopper**. I originally bought this for making pesto as it has a small capacity 350ml bowl. However, it proved invaluable for puréeing Alex's meals – just the right size, easy to clean and store. It cost about £18 and I would highly recommend you invest in one if you do not already have one.


- **Mini casserole dishes with lids** / small plastic containers for refrigeration. Once puréed, a selection of these 250ml casserole dishes were most useful for storing and reheating Alex's meals. Also, he did not mind eating out of them, so his food stayed warmer.

- **Slow cooker**. I would say an almost essential piece of equipment as any meat becomes very moist and tender when slow-cooked. I used it too for soups as, due to the very low simmer, no scum formed on the soup when using ingredients such as pearl barley.

- **Hand blender**. Again, a useful gadget for blending soups and sauces directly in saucepans – just take care with hot liquids and splashing the walls!

- **Potato ricer**. It looks like a giant garlic press. Do not buy one of these especially for your dysphagic patient. However, if you already have one, you know that it makes incredibly smooth mashed potato – far better than a conventional masher.

- **Teaspoons and wide-diameter drinking straws**. As discussed in "mouthful size" above, I found I could never have too many teaspoons or straws!

# USEFUL INGREDIENTS TO HAVE IN THE STORE CUPBOARD

Besides the usual carbohydrate staple items of potatoes, rice, dried pasta, noodles and couscous in your store cupboard, you might like to try some of these other ingredients that can be used for enriching and making food more interesting for the dysphagic patient.

**Quinoa** (The Mother Grain of the Incas). Unlike wheat or rice, quinoa is a complete protein, containing all the essential amino acids. It is packed with dietary fibre, manganese, phosphorus, magnesium and iron. It is also gluten-free and easy to digest. Some say it is as close to a perfect ingredient as you can get. It can be an alternative to rice, but I also used to put in a handful into soups and stews to enrich Alex's food.

**Beans and lentils**. My store cupboard is full of assorted beans and other pulses (red, green, and yellow lentils, black-eyed peas and beans, split peas, butter beans, chickpeas and many others) as they are rich in protein, fibre, complex carbohydrates, iron, magnesium, potassium and zinc. They add wonderful flavour to soups and stews and add viscosity, especially red lentils as they disintegrate on cooking. Do read packet instructions carefully though as most pulses need soaking before use. Kidney beans need particular care as they contain a toxin which is only destroyed by proper cooking. If you are wary of using dried pulses, then use ready cooked, tinned varieties although these are, obviously, more expensive. If tins are large, any surplus pulses can be frozen.

**Baked beans**. The humble baked bean is packed with protein, fibre, iron and calcium. It contains low GI carbohydrates. The tomato sauce covering baked beans lends itself to easy puréeing if needed.

**Pearl barley** is similar to wheat in its nutritional value and high in fibre. It is another useful ingredient for adding texture to soups and stews, especially when made in a slow cooker. You could not make Scotch broth without it!

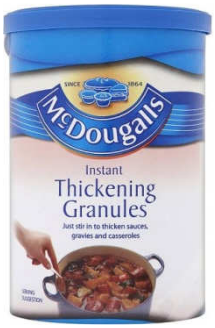
**Ground almonds** are often one of the best ways to get our essential fatty acids, minerals and amino acids in a form that is super easy to digest. They are rich in fibre, vitamins, manganese and potassium. I used to add a teaspoonful to Alex's breakfast cereals.

**Desiccated coconut** contains no cholesterol and is a good source of manganese. However, it does contain quite a lot of saturated fat (the bad sort of fat), but, used sparingly, is wonderful in Thai curries or breakfast cereals.

**Breakfast cereals** such as Ready Brek and Weetabix are good for the dysphagic patient as the viscosity is right and the texture smooth. To give flavour and additional nutrients, I would add powdered milk, honey (not sugar – see Honey section below) and ground almonds. As it was such an easy food for Alex to eat, he did not limit it to just breakfast time – very often it was the only thing that would go down safely at any time of day. You can also add mashed banana, strawberries etc if suitable.

**McDougalls Instant Thickening Granules** are very useful for anything where you might add flour or cornflour for thickening a hot liquid e.g. soups, sauces, gravies, casseroles, stews etc. (not tea or coffee though)




They are quick and easy to use and do not alter the taste of food. I discovered them when I had to prepare a meal for a coeliac (the granules are gluten free although the packaging states they may contain wheat) and they have been an essential in my store cupboard ever since. If you need to thicken tea, coffee, fruit juice or cold liquids, then use **Thixo-D** or **Thick and Easy** which are usually available via your GP.

**Dried milk** can be used in almost anything that contains a liquid. Although milk is one of our most complete foods and so good for enriching meals, dry powdered milk is a very quick, easy way of enriching a food which already contains sufficient liquid. Adding just fresh milk for enrichment often makes a food too runny. I used to add it to anything that already contained some fresh whole milk.

**Complan** is a useful standby product. I used to keep sweet and savoury versions for those “emergency” situations.

**Baby food** jars (savoury ones) were sometimes useful when Alex could not swallow a meal I had prepared and I had to then provide something quick and nutritious. I found that seasoning had to be adjusted though due to the necessary low salt content for babies.

**Milton's Multigrain Crackers** or **rice crackers** were very useful when Alex had difficulty swallowing bread. He reckoned that, with a moist topping, the Milton's crackers in particular would melt in the mouth with chewing and so he was able to swallow them.


**Honey**. Whenever I needed to use a sweetener in food e.g. a cereal or particular recipe, I used honey instead of sugar as it is easier to absorb, you tend to use less of it as it is sweeter and it still contains minerals and vitamins which are destroyed when sugar is processed.

**Peanut butter** is a good source of protein, potassium, fibre and healthy fats which Alex used to enjoy on wraps or crackers for a change.

**Semolina** is ground durum wheat often used in making pasta. Some of you will remember semolina pudding that was served in schools years ago - it was an acquired taste! However, do not dismiss it for the dysphagic patient. It can be made more interesting by adding an egg, vanilla, cinnamon, mixed spice, ground almonds, orange zest, nutmeg or honey or (if suitable for your patient) pomegranate seeds, cranberries or raisins. Try combinations of these ingredients and make the pudding in your tiny Pyrex casserole dish. Alternatively, semolina can be toasted for a few moments in a frying pan and then used as a change to couscous.

**Canned fish** (especially sardines which are very high in good Omega 3 fatty acids) are good sources of calcium and Vitamin D. I tended to buy ones in a tomato sauce as opposed to oil for added flavour and ease of blending. Alternatively, I would add mayonnaise to mashed tinned salmon or tuna.

**Eggs**, especially fried or soft boiled ones, proved very difficult for Alex to swallow. Therefore, I tended to incorporate them occasionally into his diet by mixing a raw egg into mashed potato or baked beans – this may sound unpleasant, but the heat of the mash or hot beans quickly cooked the dispersed egg which was actually not visible. If you do not like the thought that the egg might not be fully cooked, just re-heat the mash or beans. Despite fairly high levels of cholesterol, eggs are a superb source of protein and provide good levels of iron, vitamins and selenium.

**Olive oil** is used in most of the recipes I make. Although nothing beats the taste of butter in my opinion, olive oil is far healthier, especially the extra virgin variety. It is a great source of good fatty acids and vitamin E.

**Spices** can make such a difference to making dysphagic food tasty. Stock as many as you can and experiment with flavours and combinations. In my experience, refrigerating or freezing food often reduced the intensity of flavour of the spices and lowered the hotness of chilli, so you may need to check seasoning again before serving.

**Fats in soups** are great because they add calories, creaminess and we are less likely to over-eat them in this form. Often half of an avocado can make all the difference to whether a soup tastes amazing or tastes terrible. Other kinds of fats, like nuts, peanut butter, coconut, olives and even olive oil will often work too. The rind of parmesan or stilton cheese adds calories and a fabulous taste, especially to broccoli soup. You can always remove it before blending if you wish. It all depends on the type of soup you are trying to make. So experiment and not just with soups.

## Now the less healthy store cupboard foods!

**Chocolate bars**. Although not very healthy or nutritious, Alex found that the snack size ones of soft variants like Maltesers, Milky Way, Mars etc were quite easy to swallow following chewing. Also, being bite size, he did not have to concentrate for long to eat one and the calories in them were better than no calories at all.

**Cereal bars and granola bars** can also provide a snack that many dysphagic patients can cope with if they chew them well.

**Walkers Quavers** (a potato-based snack which dissolves in the mouth) were much safer to swallow than crisps and other snacks which required better chewing.

**Lemonade**. If a dysphagic patient has to have a stent fitted to aid swallowing, it is not self-cleaning like the oesophagus and so the patient will probably be advised of a cleaning routine for the stent using lemonade.

# FRUIT AND VEGETABLES

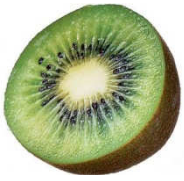
Alex and I did not like “beige” food, so we would always add colour. In our kitchen, colour came in the form of fruit and vegetables which, as we all know, form part of a healthy diet. We incorporated peas, red peppers, Savoy cabbage, mango, fresh strawberries and cherries when in season to name but a few. Below are some other ideas.

**Apples** can be cooked and puréed or, if eaten raw by a dysphagic patient with a teaspoon, can be grated, sprinkled with a little honey and lemon juice to prevent oxidation (see Blending section above) and served immediately.

**Avocados**, weight for weight, provide more good type fat, fibre, vitamin E, folic acid and potassium than any other fruit. They are also easily digested, which makes them ideal for people that have problems digesting fatty foods. A ripe one, mashed with a fork and a little seafood sauce or vinaigrette sauce added, makes a lovely cracker topping or mashed with lemon juice, onion, garlic, tomato and chillies to make the classic Mexican dip, guacamole. Do not forget to experiment using them in soups, although they are more nutritious raw.

**Blueberries** have the highest antioxidant content of all commonly eaten fruits. Try adding some to a fruit smoothie for the dysphagic patient.

**Kiwi fruit** are a great source of vitamin C (as much as in an orange) and unusually for a fruit, kiwis are also a source of vitamin E which is usually found in nuts and oils. They are another good ingredient for a fruit smoothie.



**Broccoli** contains a wealth of healthy compounds including potassium. Alex and I used to eat it raw with a dip, but later I could only incorporate it into blended soups and stews for him.

**Garlic**. Vampires aside, garlic is a great source of vitamin C, potassium and other nutrients. I seem unable to cook savoury dishes without it.

**Onions** contain fibre, vitamins and minerals. In my kitchen they go almost hand-in-hand with garlic and their cousin the leek in many savoury dishes which can be blended for the dysphagic patient. I even used to very finely chop raw ones for Alex's salad-type toppings. If you both eat it, you will not smell it - the same applies to garlic.

**Sweet potatoes** are a great source of vitamin C, fibre and potassium. They can be used as conventional potatoes (mashed) but, because of their natural sweetness, can also be slow-baked with a sprinkle of cinnamon, apple purée and crushed pineapple.

**Red cabbage** is a great source of fibre, vitamins, iron and lots of trace minerals. Although Alex could no longer eat it raw in coleslaws or salads, I used to add it when cooking soups and casseroles.

**Tomatoes** (even tinned) are a good source of vitamins. It is suggested that simmering them with a little olive oil makes it easier for the body to absorb the nutrients and so they can be incorporated into many tasty dishes or sauces.

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# USEFUL INGREDIENTS TO HAVE IN THE FRIDGE / FREEZER

Although we were not fans of desserts whether ready-made or home-made, they were useful to supplement Alex's diet. He often used them as small snacks between meals simply to increase calorie intake when decreasing weight became a problem.

**Ice creams and sorbets** are useful to have in your freezer to increase the fluid intake of the dysphagic patient. However, be aware that they melt in the mouth and so may be too runny / thin for some patients to swallow safely.

**Crème caramel / mousse / milk jelly**. Although probably loved by the person with a sweet tooth, nutritionally they are not very worthwhile, as is the case with ice cream, sorbets and chocolate. However, when other forms of nourishment are hard to swallow, these foods can have a place in the dysphagic diet.

**Flavoured fromage frais** (such as Petits Filous) is almost fat free and has a suitable viscosity for dysphagic patients. It often contains added vitamins.

**Stewed fruit and custard / fruit fool** are usually the right consistency for the dysphagic patient to eat safely, but remember to stir the fruit into the custard to ensure the viscosity is uniform.

**Fruit smoothies** are easily made in a blender from fresh fruit you have at home. However, to save time, you may want to buy ready-made ones and store them in the fridge.

**Crème fraîche** is useful when making hot creamy sauces as it does not curdle, unlike cream or soured cream.

**Cheese**. Try adding grated cheese into creamed mashed potato for a change – it makes delicious cheesy mash. If you add some finely chopped, fried onion too and sliced grilled tomato, it becomes a meal in itself, although quite high in cholesterol.

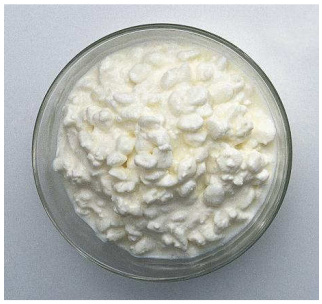
 

**Soft cheese** (e.g. Philadelphia) was not only handy for wraps and crackers, but also to add creaminess to a sauce.

**Dairylea** processed cheese provided another useful snack that Alex found easy to swallow safely.

**Fresh milk**, as already mentioned, is one of our most complete foods. However, if a dysphagic patient can only swallow small quantities of food, it is better to add whole milk rather than semi-skimmed milk and add some dried milk too to stop the food becoming too runny.

**Cottage cheese** is moist so provides a suitable topping for crackers.



**Liver pâté** is a good source of protein, vitamin A and iron although it is high in cholesterol.

**Greek natural yoghurt** is thicker than regular yoghurt as the whey has been strained out so it is often more suitable for a dysphagic patient. It also contains probiotic cultures and twice as much protein as regular yoghurt. However, all yoghurts are good sources of calcium and vitamins. If you are not keen on natural yogurt, try adding honey or puréed fruit or buy ready-made flavoured varieties.

**Boil-in-the-bag fish** in sauce is a useful standby food in your freezer to go with mashed potato and a vegetable if you haven't time to make your own sauce and fish. The portions are often small too so you avoid waste.

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# RECIPES

Alex and I were not vegetarian and we had no food allergies (except we both had a strong dislike for raw celery for some reason!) so the following recipes do not cater for special diets. However, I am sure with a little thought, you can adapt them to your dysphagic patient's needs if the requirement arises.

We always tried to use seasonal food for variety.

Even if you have never made soup before, please try some of the recipes. Soups are nutritious, filling and can be eaten blended by patient and carer alike without the patient feeling different. They can also be a good way of using up "tired" vegetables to avoid waste. All the soup recipes can be enriched with milk, dried milk or crème fraîche if needed, but do check seasoning before serving.

The main course recipes are ones that ensure meat is tender and so can be easily chewed and swallowed by most patients. However, they are also recipes which can be puréed and re-heated if necessary for the severely dysphagic patient if required. Hence, flavours are quite strong, but please remember to remove bay leaves or bouquet garni before blending!

I hope you get pleasure from making some of these recipes and that you and your patient enjoy eating them.

Good luck - dysphagia can be made more manageable.

# Alex's "Wackymole"

(Variation on a Prawn Cocktail with Guacamole)

Alex "refined" this recipe over many years. It does not look very appetising due to its colour changing when balsamic vinegar is added, but was regarded by all as a very delicious starter. I could never make it taste as good as when he made it though!

Preparation time: 15 minutes
Cooking time: none
Serves 4

## INGREDIENTS

1 x ripe avocado, stone removed, peeled and sliced
½ x shallot, very finely chopped
1/8$^{th}$ x cucumber, diced very finely
2 x tbsp seafood sauce **
½ x tsp tamarind paste
Pinch chilli powder
50g cooked prawns, finely chopped
Balsamic vinegar (lemon juice can be added to avoid the colour change, but it is not as tasty)
Shredded lettuce or raw spinach leaves and quartered cherry tomatoes

## METHOD

1. Mash the avocado in a small bowl with a fork
2. Add the shallot, cucumber, seafood sauce, tamarind paste and chilli powder and mix well.
3. Add the prawns and mix.
4. Just before serving, add balsamic vinegar to taste and mix well. (Ignore the colour!)
5. Serve immediately in small glass bowls lined with lettuce or raw spinach leaves and garnish with cherry tomatoes.

The mix, together with lettuce or raw spinach and tomato can be puréed for the severely dysphagic patient.

** Tesco Seafood Sauce is nice and tangy if you do not wish to make your own by mixing:
2 x tbsp mayonnaise, 2 x tsp tomato ketchup, 1 x tsp tomato purée, 1 tsp mustard, 1 x tbsp vinegar or lemon juice, dash Worcestershire sauce, 3-4 drops Tabasco, 1 x tsp olive oil, 1 x tsp brandy (optional), salt and pepper to taste.

# Basic Vegetable Soup

Preparation time: 15 minutes
Cooking time: 30 minutes depending on ingredients (4-5 hours if using slow cooker)
Serves 4

## INGREDIENTS

1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
1 x stick celery, sliced
1 x carrot, peeled and sliced
4 x new potatoes, diced
Any green vegetable, sliced or chopped
1 x pint/560ml vegetable stock
Good pinch of chilli flakes
Bay leaf, good pinch of dried herbs or bouquet garni (fresh mixed herbs e.g. bay leaf, thyme, parsley tied up with string). **Garnish** – Chopped parsley (if suitable for the dysphagic patient).
Salt and freshly ground pepper
Olive oil for frying

## METHOD

1. Sauté the onion and garlic in the oil for a few minutes.
2. Add carrot, potato and chilli and cook for further 2-3 minutes to start the vegetables caramelising to give a good flavour.
3. Add the celery and green vegetable and stir.
4. Add stock and herbs, bring to boil and simmer for 15-20 minutes until vegetables are soft.
5. Stir occasionally and add more boiling water as necessary.
6. Check seasoning.
7. Remove bouquet garni or bay leaf if used.
8. If necessary for a severely dysphagic patient, purée the soup with a hand blender or in a liquidiser.
9. Check seasoning.
10. Serve with fresh chopped parsley, if used

## VARIATIONS

- The above recipe can form the basis of any soup – use any vegetables you have available, but always include carrot, garlic and onion (or leek).
- If you are going to purée the soup, include things like broccoli and cauliflower stalks, left-over cooked meat (especially gammon) – don't waste them. Also there is no need to peel washed vegetables (except onion and garlic) or be too neat when chopping the vegetables.
- Try adding other vegetables such as peas, sweetcorn, parsnip, cauliflower, ripe tomatoes.
- Experiment by adding quinoa, pearl barley, pulses, crème fraîche, dried milk or parmesan rind for enrichment. (You will need to cook for longer when adding grains or pulses)
- Add broken up dried spaghetti or rice if suitable or if you are going to purée the soup.
- Exchange the vegetable stock for chicken stock or other variants.
- Try different spices.
- Instead of the hob method, use your slow cooker, especially if you are adding pearl barley which froths.

# Spicy Parsnip Soup

Preparation time: 15 minutes
Cooking time: 30-45 minutes (4-5 hours if using slow cooker)
Serves 4

## INGREDIENTS

1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
1lb/500g x parsnips, peeled and chopped
1 x potato, peeled and diced
1 x pint/560ml vegetable or chicken stock
1 x small glass of dry white wine
Good pinch cumin
Good pinch turmeric
Good pinch ginger
Salt and freshly ground pepper
Olive oil for frying
**Garnish** - Chopped coriander leaves (if suitable for the dysphagic patient)

## METHOD

1. Sauté the onion and garlic in the oil for 5 minutes covered, without browning.
2. Add parsnips, potato, cumin, turmeric and ginger and cook for further 2-3 minutes.
3. Add wine and boil for a few moments to burn off the alcohol.
4. Add the stock and bring to boil again and simmer for 10-15 minutes until parsnips are soft.
5. Check seasoning.
6. Purée the soup with a hand blender or in a liquidiser.
7. Check seasoning again and enrich with dried milk if required.
8. Re-heat to serve with fresh chopped coriander, if used.

Note: Cumin, turmeric and ginger can be replaced by curry powder.

# Butternut Squash and Ginger Soup

Preparation time: 15 minutes
Cooking time: 30-45 minutes (4-5 hours if using slow cooker)
Serves 4

## INGREDIENTS

1 x onion, peeled and diced
2 x cloves garlic, peeled and finely chopped
1 x butternut squash, peeled, deseeded and chopped
1½ x pints/850ml vegetable stock
Good pinch of ginger
Good pinch of nutmeg
Good pinch of chilli flakes
Good pinch of dried parsley
Salt and freshly ground pepper
Olive oil for frying

**Garnish**
4 x tbsp crème fraîche
A few fresh chives (if suitable for the dysphagic patient)

## METHOD

1. Sauté the onion and garlic in the oil for 5 minutes covered, without browning.
2. Add the butternut squash, ginger, nutmeg and chilli. Cover and continue to cook for a further 10 minutes stirring occasionally to prevent browning.
3. Add the stock and parsley, bring to the boil and simmer for 20 minutes or until the squash is tender.
4. Check seasoning.
5. Purée the soup with a hand blender or in a liquidiser.
6. Reheat to serve, and stir in a swirl of crème fraîche and arrange a criss-cross of chives on the top if used.

## CARROT AND CORIANDER VARIATION

Omit the nutmeg and ginger and to replace the squash with 1lb/500g sliced carrots, a diced potato and 1 tsp crushed coriander seeds.

# Green Pepper Soup

Preparation time: 15 minutes
Cooking time: 30-45 minutes (4-5 hours if using slow cooker)
Serves 4

## INGREDIENTS

1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
3 x green peppers, deseeded and chopped
1 x potato, peeled and diced
1 x pint/560ml vegetable or chicken stock
1 x small glass of dry white wine
Good pinch cumin
Good pinch ground coriander seeds
Good pinch chilli flakes
Salt and freshly ground pepper
Olive oil for frying
Good splash of coconut milk and 1 tbsp dried milk
**Garnish** - Chopped coriander leaves (if suitable for the dysphagic patient)

## METHOD

1. Sauté the onion and garlic in the oil for 5 minutes covered, without browning.
2. Add peppers, potato, cumin, coriander and chilli and cook for further 2-3 minutes.
3. Add wine and boil for a few moments to burn off the alcohol.
4. Add the stock, bring to boil again and simmer for few minutes until peppers are soft.
5. Check seasoning.
6. Purée the soup with a hand blender or in a liquidiser.
7. Add coconut milk and dried milk.
8. Check seasoning.
9. Re-heat to serve with fresh chopped coriander, if used.

# Fish soup

Preparation time: 15 minutes
Cooking time: 20 minutes
Serves 4

## INGREDIENTS

1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
1 x stick celery, finely sliced
Olive oil for frying
Good pinch dried thyme
Good pinch dried oregano
2 x bay leaves
1 x tbsp tomato purée
400g tinned chopped tomatoes
Pinch chilli powder
250g x mixed fish (e.g. coley or cod, smoked haddock and salmon), roughly chopped (ready mixed packs are available from most supermarkets as fish pie mix)
Salt and freshly ground pepper
**Garnish** - Small cubes of bread (if suitable for the dysphagic patient) or thick slices of bread for dipping in the soup.

## METHOD

1. Fry onions, garlic, celery and chilli in hot oil.
2. Add the tomato purée and the tinned tomatoes.
3. Add the thyme, oregano and bay leaves.
4. Simmer gently for 5 minutes.
5. Remove bay leaves and allow mixture to cool a little before blending with a hand blender or blend after step 9 if fish needs to be blended too.
6. Add the mixed fish to the pan and bring it back to a simmer.
7. Cover and simmer for a few minutes until the fish has cooked through.
8. If the soup is too thick, simply add a little water.
9. Check seasoning.
10. Mix in cubes of bread if suitable so they absorb the broth and become soft and moist.

# Gazpacho

(Chilled tomato soup and an easy way of introducing raw vegetables into the diet)

Preparation time: 15 minutes
Cooking time none
Serves 4

## INGREDIENTS

1lb/500g x ripe tomatoes, diced
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
1 x red pepper, deseeded and chopped
Pinch salt
Pinch chilli powder
1 x tbsp white or red wine vinegar
½ x cucumber, sliced into quarter inch thick pieces
Sugar to taste
3 x tbsp extra virgin olive oil
Few basil leaves

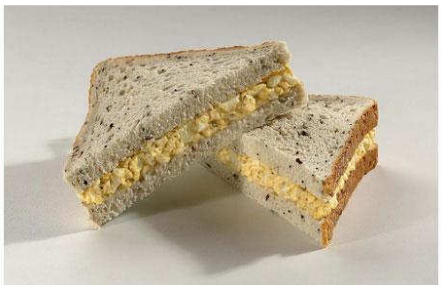
## METHOD

1. Mix all ingredients in a bowl.
2. Cover with Clingfilm and place in the fridge overnight to marinate.
3. Purée in a liquidiser or by using a hand blender.
4. Check seasoning.
5. Refrigerate until required as this soup is served chilled.

# Suggestions for Sandwich and Wrap Fillings and Cracker Toppings

Any topping or filling MUST BE SOFT AND MOIST for safe swallowing. **Moisture is introduced by adding any combination of finely diced fresh tomato or sundried tomato in oil, cucumber, cress, red pepper, Chinese leaf, spring onion, grated carrot etc and mixed well**. Then combine this mix with one of the suggestions below. Most can be puréed if necessary.




- Mashed tinned sardines in spicy tomato sauce.
- Mashed tinned mackerel fillets in a rich tomato sauce.
- Mashed tinned tuna. As tuna is not in its own sauce, you will need to add mayonnaise or salad cream for blending. Sweetcorn can be added too.
- Cream cheese or cottage cheese. These are particularly nice on chilli flavoured rice crackers. Cream cheese is not suitable for puréeing unless you add a “lubricant” such as milk.
- Cream cheese mixed with puréed cooked leek and bacon, garlic and Worcestershire sauce.
- Cream cheese mixed with finely chopped cooked chicken or tikka flavoured cooked chicken, chives, Greek natural yoghurt.
- Finely chopped cooked prawns mixed with mayonnaise or seafood sauce or Greek natural yoghurt with tomato purée added.
- Finely diced Coronation chicken.
- Finely chopped egg mayonnaise.
- Finely chopped smoked salmon, cream cheese and dill. Not suitable for puréeing unless milk is added.
- Finely chopped smoked salmon, mayonnaise, Greek natural yoghurt and dill.
- Houmous.
- Guacamole or Alex’s Wackymole.
- Finely chopped or puréed ham and mayonnaise.

These are just a few ideas that Alex enjoyed – I am sure you can devise many more of your own combinations, but keep them soft and moist.

You then need to decide whether your patient can safely swallow wholemeal bread, wraps or crackers. Avoid “dry” crackers like cream crackers – go for crumblier, moister crackers like multigrain ones. If these, even with the addition of the moist chopped vegetables, are no longer suitable carbohydrates, try adding to a small quantity of cooked couscous, rice, quinoa or small shaped pasta for tasty salads, but remember to have more of the moist filling than carbohydrate in the mix.

# Red Thai Curry

Preparation time: 15 minutes
Cooking time 20 minutes (4-5 hours if using slow cooker)
Serves 4

**INGREDIENTS**

- Chicken (or beef, pork, fish, peeled prawns) and vegetables about 500g in total; cut the meat and fish into bite-sized pieces and vegetables into smaller pieces or slices so it all cooks through quickly.
- 1 x 400g tin coconut milk
- 3 x tbsp desiccated coconut (optional)
- Olive oil for frying
- **Garnish** - Coriander leaves for garnish (if suitable for the dysphagic patient)

**For the red Thai curry paste**
1 x medium onion or shallot, peeled and chopped
2 x cloves garlic, crushed
1 x stalk lemongrass, chopped
½ x tsp chilli powder or 1-2 red chillies, deseeded if less heat required and chopped
½ x tsp of ginger or 1" piece fresh root ginger, sliced
2 x tbsp tomato purée
1 x tsp sugar
½ x tsp ground cumin
½ x tsp ground coriander
2 x tbsp lime juice (or zest and juice of 1 lime)
2 x Kaffir lime leaves (optional)
3 x tbsp nam pla (Thai fish sauce) or soy sauce or Worcestershire Sauce
Enough (sesame) oil to keep the blades turning
Salt

**METHOD**

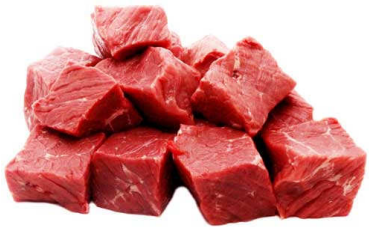
1. To make the paste, put all the ingredients into a food processor and blitz really well until you have a smooth paste.
2. Heat 1 tbsp oil in a large wok or frying pan, fry the paste for a few minutes until it becomes fragrant then add the meat and vegetables of your choice and fry for a few minutes, stirring all the time.
3. Add the coconut milk (and desiccated coconut if used), bring to the boil and simmer. Chicken, beef or pork will take 8-10 minutes; prawns and fish about 4-5 minutes; vegetables such as squash or pumpkin, courgettes, peppers, baby corn, green beans, aubergine or carrots will take about 5 minutes; and spring onions, mange tout or spinach will need only a minute.
4. Serve on a bed of jasmine rice, garnished with coriander leaves, if used.

**NOTES**

- The paste will keep in the fridge for up to 3 weeks and it is fine to freeze for 2 months, too. If you make a smaller quantity, it might not blend in the food processor.
- If you don't have a can of coconut milk you can make your own by combining equal parts of unsweetened desiccated coconut and boiling water in a blender for 30 seconds. Sieve through a cheesecloth, squeezing the liquid out. It will keep for 2 days in the fridge.
- For **Green Thai Curry** substitute red for green chillies, omit tomato purée and add fresh coriander and kaffir lime leaves.

# Rich Beef Stew



Preparation time: 30 minutes
Cooking time: 4-6 hours in slow cooker
Serves 4

## INGREDIENTS

1lb/500g x cubed stewing steak
1 x carrot, peeled and sliced
4 x button mushrooms, sliced
½ x red pepper, deseeded and diced
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
Pinch of chilli flakes
Glug of brandy
½ glass red wine e.g. Shiraz or Cabernet Sauvignon (optional)
1 x Oxo cube dissolved in a little hot water
1 x tbsp tomato purée
Glug of Worcestershire sauce
½ x tsp Marmite
2 x bay leaves and good pinch thyme or bouquet garni (mixed herbs e.g. bay leaf, thyme, parsley tied up with string)
Thickening granules (if required)
Salt and pepper to taste
Olive oil for frying

## METHOD

1. Fry onions, garlic and chilli in hot oil.
2. Add mushrooms, carrot and red pepper and soften a little.
3. Place in a slow cooker.
4. Brown cubed steak on all sides and place in the slow cooker.
5. Add brandy and wine if used to the frying pan to deglaze.
6. Add Oxo cube broth, purée, Marmite and Worcestershire sauce.
7. Heat through and add to slow cooker.
8. Add thyme and bay leaves or bouquet garni to slow cooker and cook on high for 4-6 hours, stirring occasionally.
9. Stir in thickening granules if required.
10. Adjust seasoning.
11. Remove bay leaves or bouquet garni.
12. Serve with mashed potato and a green vegetable of your choice.

## VARIATIONS

- This recipe can also be made with minced beef and topped with mashed potato and grated cheddar cheese for a tasty cottage pie.
- Omit chilli, Oxo, Worcestershire sauce and Marmite and add a tin of chopped tomatoes, ½ tsp paprika, a good pinch of cumin, extra tomato purée and small pot of soured cream for a goulash type dish served with boiled rice.

# Spiced Pork Spare Ribs

(Can be made with chicken, but is not so flavoursome)

Preparation time: 15 minutes
Cooking time: 20 minutes (4-5 hours in slow cooker)
Serves 4

## INGREDIENTS

4 x pork spare ribs chops or shoulder steaks (much more flavour than loin chops)
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
4 x button mushrooms, sliced
1 x red pepper, deseeded and diced

**Sauce**
2 x tbsp tomato purée
2 x tbsp vinegar
1 x tbsp honey
¼ pint/140ml x stock made from chicken stock cube
Good pinch of chilli powder
Good pinch oregano
Olive oil for frying

## METHOD

1. Heat the oil in a large saucepan.
2. Add the pork and fry for 5 minutes, turning occasionally.
3. While pork is frying, make up 1/4 pint stock using boiling water in a jug. To this add the purée, vinegar, oregano, chilli powder and honey and stir well till honey dissolves.
4. Remove pork and keep warm.
5. Add onion, garlic, mushrooms and red pepper to the pan and fry for 5 minutes or until onions are soft and pale golden.
6. Return pork to pan and pour over the stock mixture.
7. Stir carefully, cover and simmer on a gentle heat for further 10 minutes, stirring occasionally or place in a slow cooker on low for 4-5 hours after which the meat will fall off the bone.
8. Check seasoning and remove bones if required.
9. Serve immediately on a bed of boiled rice.

# Spanish Chicken

Preparation time: less than 30 minutes
Cooking time: 5 hours in slow cooker
Serves: 2

## INGREDIENTS

4 x chicken drumsticks/thighs
1 x onion, peeled and diced
2 x cloves garlic, peeled and finely chopped
½ x tsp chilli flakes
1 x red pepper, deseeded and diced
4 x button mushrooms, sliced
Link of chorizo sausage, sliced (although this is a chewy sausage, cooked in the slow cooker it becomes soft)
Pinch mixed herbs
Pinch parsley
1 x chicken stock cube dissolved in ¼ pint water
½ glass red wine
2 x tbsp brandy
2 x tbsp tomato purée
1 x tbsp Demerara sugar or honey
Bay leaf
Olive oil for frying
**Garnish** - Fresh chopped parsley to garnish (if suitable for the dysphagic patient)

## METHOD

1. In a large pan, fry the chorizo sausage, onions, garlic and chilli over a low heat for 5-10 minutes until they begin to colour and the chorizo releases some of its fat.
2. Add the red pepper and mushrooms. Cook for a few minutes, stirring occasionally.
3. Transfer the mix to a slow cooker using a slotted spoon, leaving flavoured oil in the pan.
4. Add chicken pieces to pan and fry until browned all over.
5. Transfer the chicken to the slow cooker.
6. Add wine and brandy to the pan to deglaze. Simmer for few minutes to reduce a little.
7. Add tomato purée, sugar or honey, bay leaf, herbs and parsley and stir well.
8. Add chicken stock and bring to the boil.
9. Pour the sauce into the slow cooker and stir to coat all the ingredients.
10. Cook for 4-5 hours according to slow cooker instructions.
11. Remove bay leaf.
12. Check seasoning and thicken sauce if necessary.
13. Remove chicken skin (and chicken bones if required).
14. Serve on a bed of cooked rice garnished with parsley, if used.

# Moroccan Pork

(Can also be made with lamb or turkey thigh or chicken)

I am lucky enough to have my own quince bush so, every autumn, I make jars of quince jelly which really enhances this dish into a type of tagine.

Preparation time: less than 30 minutes
Cooking time: 30 minutes (3-4 hours if using slow cooker)
Serves: 2

## INGREDIENTS

1 x onion, peeled and diced
2 x cloves garlic, peeled and finely chopped
1 x red pepper, deseeded and diced
4 x button mushrooms, sliced
Good pinch ground cumin
Good pinch coriander seeds, crushed
Good pinch chilli flakes
Good pinch ground cinnamon
Good pinch turmeric
Good pinch ginger
2 x pork spare rib chops, boned and diced
¼ pint/140ml x chicken stock
1-2 x tbsp honey
1 x tbsp quince jelly or lemon juice
Olive oil for frying
Salt and pepper
Couscous to serve
**Garnish** - Chopped fresh coriander (if suitable for the dysphagic patient).

## METHOD

1. In a large pan, fry the onions and garlic over a low heat for 5-10 minutes until they begin to colour.
2. Add the spices and diced pork. Cook for a few minutes, turning the pork so it gets coated with the spicy mix.
3. Add the red pepper and mushrooms and fry for a few minutes.
4. Add the honey, stock and quince jelly if used or lemon juice. Simmer, covered, for 10-12 minutes or transfer to a slow cooker for 3-4 hours.
5. Check seasoning.
6. Serve on a bed of couscous.
7. Sprinkle on chopped coriander, if used.

# Easy Roast Duck Leg

Preparation time: less than 15 minutes and overnight marinade
Cooking time: 2½ hours in oven or 5 hours in slow cooker
Serves: 2

## INGREDIENTS

### Marinade
2 x tbsp soy sauce
1 x clove garlic, finely chopped
1 x tsp Chinese five spice
Good pinch cinnamon
Good pinch chilli powder
½ x tbsp honey
1 x tbsp olive oil

### Other ingredients
½ glass red wine or port (optional)
Splash of orange juice (optional)
2 x tbsp cranberry sauce OR 4 plums, halved and de-stoned
2 x duck legs
Couscous to serve

## OVEN METHOD
1. Mix all the marinade ingredients in a plastic snap-seal food bag.
2. Place the duck legs in the bag and coat them with the marinade mixture.
3. Marinade in the fridge for at least 2 hours or overnight.
4. Preheat oven to 160C/320F.
5. Place plums or cranberry sauce in the bottom of a casserole dish and place duck legs with their marinade on top.
6. Cover with casserole lid and cook in oven for about 60 minutes.
7. Add wine or port and orange juice if used.
8. Cook for further 60 minutes until duck is cooked.
9. Allow to rest.
10. Remove duck and keep warm.
11. Remove any excess duck fat from the sauce with a spoon.
12. Mix well so plums (if used) mash into the sauce. Thicken if necessary.
13. Remove skin from duck legs and de-bone if necessary.
14. Serve duck legs on a bed of couscous coating with the sauce.

## SLOW COOKER METHOD
- Complete steps 1 to 3 above.
- Place plums or cranberry sauce in slow cooker and place duck legs with their marinade on top. Add wine or port and orange juice if used. Cook for 5 hours.
- Complete steps 10 to 14 above.

# Quick and Easy Prawns with Pasta

Preparation time: Less than 15 minutes
Cooking time: Less than 30 minutes
Serves 2

## INGREDIENTS

6oz/200g x large cooked prawns
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
Pinch of chilli flakes
Glug of brandy (or dry sherry)
½ glass white wine
1 x chicken stock cube dissolved in a little hot water
1 x tbsp tomato purée
2 x bay leaves
Good pinch Italian herbs
1 x small pot crème fraîche
Lemon juice (if needed)
Parmesan, grated
Thickening granules (if required)
Salt and pepper to taste
Olive oil for frying
Pasta of your choice

## METHOD

1. Cook pasta according to instructions.
2. Meanwhile, fry onions, garlic and chilli in hot oil.
3. Add brandy (or sherry) and white wine to deglaze the pan and burn off the alcohol.
4. Add stock, purée, herbs and bay leaves and simmer to reduce.
5. Add crème fraîche and prawns and heat through.
6. Stir in thickening granules if required.
7. Adjust seasoning and add lemon juice if required.
8. Remove bay leaf.
9. Add cooked pasta and parmesan and heat through.
10. Serve immediately.

# Pork Stroganoff

Preparation time: Less than 15 minutes
Cooking time: Less than 30 minutes
Serves 2

## INGREDIENTS

2 x pork sparerib chops, boned and cut into very thin strips
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
2 x button mushrooms, sliced
1 x red pepper, deseeded and diced
Pinch of chilli flakes (or hot paprika if you prefer)
Glug of brandy (or dry sherry)
1 x chicken stock cube dissolved in a little hot water
1 x small pot soured cream
1 tsp wholegrain mustard
Lemon juice (if needed)
Chopped parsley
Thickening granules (if required)
Salt and pepper to taste
Olive oil for frying

Cooked rice to serve
**Garnish** - Chopped parsley leaves (if suitable for the dysphagic patient)

## METHOD

1. Fry onions, chilli (or paprika) and garlic in hot oil, then add mushrooms and red pepper. Fry for few minutes.
2. Add pork strips. Fry until browned.
3. Add brandy (or sherry) to deglaze the pan.
4. Add stock and mustard.
5. Add soured cream and heat through gently without boiling or sauce will curdle.
6. Stir in thickening granules if required.
7. Adjust seasoning and add lemon juice if required.
8. Remove from heat and stir in chopped parsley and serve on bed of rice, garnished with parsley leaves, if used.

## VARIATIONS

Replace pork with prawns, but omit mustard. Can be served with cooked fine-cut egg noodles.

# Pork and Lentils

Preparation time: 20 minutes
Cooking time: 60 minutes (4-5 hours in slow cooker)
Serves 4

## INGREDIENTS

4 x pork spare ribs
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
4 x button mushrooms, sliced
1 x red pepper, deseeded and diced
1 x carrot, peeled and sliced
1 x leek, sliced
Good pinch mixed herbs
Good pinch chilli flakes
1 x tbsp wholegrain mustard
1 x tbsp tomato purée

3oz/80g x red lentils
½ x pint/280ml x chicken stock

Olive oil for frying

## HOB METHOD

1. In a saucepan add lentils to the stock and simmer gently for about 30-40 minutes, stirring occasionally, until lentils are cooked.
2. Heat the oil in another saucepan. Add the pork and fry for 10 minutes, turning occasionally. Remove pork and pour off excess oil.
3. Add onion, garlic and chilli to the remaining oil in the pan and fry for 5 minutes or until onions are soft and pale golden.
4. Add mushrooms, leeks, carrot and red pepper and fry gently. Add the browned pork.
5. Add the lentil and stock mix, herbs, mustard and tomato purée. Stir carefully, cover and simmer on a gentle heat for 10 minutes.
6. Serve immediately with mashed potato.

## SLOW COOKER METHOD

- Fry onion, garlic and chilli in hot oil for 5 minutes or until onions are soft and pale golden.
- Add mushrooms, leeks, carrot and red pepper and fry gently for few minutes then place in slow cooker.
- Brown the pork in the pan for few minutes, turning occasionally. Add to slow cooker.
- Pour stock over mixture and add lentils, herbs, mustard and purée. Stir well.
- Cook 4-5 hours, stirring occasionally, until lentils have dispersed in the stock.
- Serve with mashed potato.

# Bacon and Mushroom Tagliatelle

Preparation time: 15 minutes
Cooking time: 15 minutes
Serves 4

## INGREDIENTS

8oz/250g x smoked bacon, cut into small pieces
4 x button mushrooms, sliced
1 x onion, peeled and diced
1 x clove garlic, peeled and finely chopped
1 x sliced courgette (optional)
400g tin chopped tomatoes
½ glass red wine
1 x chicken stock cube dissolved in a little hot water
Good pinch of Italian herbs
1 x tbsp tomato purée
1 x tsp sugar to taste
Salt and pepper to taste
Thickening granules if necessary
1 x tbsp crème fraîche (optional)
Tagliatelle, cooked and drained
Olive oil for frying
**Garnish** - Grated parmesan cheese and chopped basil leaves (if suitable for the dysphagic patient) to serve

## METHOD

1. Heat the oil and fry the bacon for 1-2 minutes in a frying pan. Drain any excess liquid which may be salty.
2. Add a little more oil if necessary and add the onions and garlic and fry for few minutes.
3. Add the mushrooms (and courgette if used) and fry for a further 1-2 minutes.
4. Add the wine and heat for a few minutes.
5. Add the chopped tomatoes, stock and the tomato purée. Bring to the boil, stirring.
6. Simmer for 5 minutes.
7. Check seasoning and add sugar and thickening granules if necessary.
8. Add crème fraîche (if used) and heat through.
9. Combine the sauce with the cooked tagliatelle and spoon onto plates.
10. Sprinkle with grated parmesan and, if used, basil.

# Watermelon Cooler

Watermelon is sweet, juicy, low in calories and full of vitamins A and C and potassium. It may not be safe for the dysphagic patient to eat in its natural form as it contains a great deal of water which might cause choking. However, making it into a blended summertime drink then presents it in an acceptable, safe form with the correct viscosity.

If you really like, you can add a small measure of your favourite spirit and make it into a cocktail!! Cheers!

## INGREDIENTS

**Serves 2-4**

½ x ripe watermelon (preferably chilled)
Juice of two oranges or orange juice to taste (preferably chilled)
Pinch ground ginger

## METHOD

1. Scoop out the watermelon and remove the seeds.
2. Place the flesh in a tall blender/liquidiser with the orange juice and ginger.
3. Blend to a smooth consistency.
4. Chill in refrigerator if necessary.
5. Decorate with a wedge of watermelon (if suitable for the dysphagic patient) or sprig of mint.
6. Add a straw and serve.

## VARIATIONS

Add a handful of blueberries, cranberries or other soft fruit before blending, especially if thickening is required.

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If you find this guide useful and wish to make a donation using a credit or debit card or PayPal in favour of Alex's preferred charity (Midlands Air Ambulance), please visit the safe and secure JustGiving page http://www.justgiving.com/Anna-Wyatt and click on Donate.

You can also donate by sending a free text to 70070 stating code MAAC58 and an amount of £1, £2, £3, £4, £5 or £10. Any size of donation will be most gratefully received and you can remain anonymous if you wish. Thank you.

 