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## CAREGIVER KNOWLEDGE AND PERSPECTIVES ON THE SPEECH LANGUAGE THERAPISTS' RECOMMENDATION OF TEXTURE MODIFIED FOOD IN THE MANAGEMENT OF PATIENT WITH DYSPHAGIA

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## **Abstract**

Primary caregivers of patients with dysphagia are mainly involved in preparing recommended meals and feeding. Caregiver knowledge and perception on impacts of dysphagia management have not been studied adequately and there is limited evidence-based literature regarding nutritional care for patient with dysphagia. Objectives: The study focused on caregivers' knowledge and perspectives on the speech and language therapist recommendation of texture modified food in the management of patients with dysphagia. It also investigated caregivers' knowledge on diet modification techniques and food consistencies, methods by which information on diet modification was delivered to the caregiver, caregiver perception on diet modification techniques, and identifying factors that affect caregivers' perception on diet modification as a method of dysphagia management. Methodology: This was a descriptive cross-sectional study and a purposive sampling technique was used. From selected general hospitals, 40 caregivers of patients with dysphagia for whom a modified diet has been recommended participated and data was collected using an interviewer administrated questionnaire. The data was analysed by using SPSS and qualitative thematic analysis. Results: Caregivers perceived that there was a difficulty in texture modifying foods which were recommended by the Speech Language Therapists. Of the participants, 71% indicated that they were unaware or unsure of the different food consistencies (solid, semi-solid, mash food, pureed, thin liquid, liquid). Regarding their knowledge on their ability to change food from one consistency to another, 90% participants were unable or unsure on how to change food from one consistency to another. Participants (n=32) scored <50% when asked to provide examples for the different food consistencies recommended for their patients. Although 39 (97.5%) participants received verbal information on the required diet, only 9 (22.5%) participants were shown real time examples of the recommended food consistencies for better understanding. Patients (n=20) refusal and traditional beliefs were identified as the factors that most affected the caregiver ability to provide recommended texture modified meal plan for their dependence. Conclusion: Caregiver who is the primary meal provider demonstrated significantly insufficient levels of knowledge on texture modification based on professional recommendations. The participant responses showed insufficient quantity and minimal variety in methods used by professionals to deliver information. Lack of time, lack of confidence in skill and worry of patient aspirating primarily affected the caregivers' overall confidence and led to negative perceptions. The caregivers' financial state, patient refusal and tradition and beliefs are the primary factors that affect caregiver ability to continually provide a recommended texture modified meal plan for their dependents.

Keywords: dysphagia, texture modified diet, caregiver, knowledge, perception