WELCOME!

SEPTEMBER 21, 2020
2:00 PM ET/11:00 AM PT

Guest Speaker:
Reva Barewal, DDS, MS

Dining Health:
HOW You Eat,
WHEN You Eat, &
WHO You Eat With

The ALS Association
National Office-Care Services
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I will never stop lusting for a good bite
By: Elizabeth Jameson
July 10, 2020
DR. REVA BAREWAL

Prosthodontist
French Chef
Researcher
Food Developer
Founder of Savorease Foods

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“I wish I could be caught with a guilty mouthful of chips and an unhealthy soda”

“People often forget about the fact that I need to eat or drink”

Quotes from Elizabeth Jameson
INTENTIONS

✓ Why we eat
✓ What changes with illness
✓ Optimize the dining experience
✓ Snacking importance
✓ Transitional foods
✓ Social tips to having fun!
WHY WE EAT

EMOTIONAL

NUTRITION
WHAT WE EAT IS TIED TO....

- Culture
- Family history
- Religion and beliefs
- Identity
- Creativity
- Emotional state

Who We Are
ALS CHANGES THE EMPHASIS....

- Dietary needs and restrictions
- Texture restrictions
- Techniques to increase caloric intake
- Adaptive tools

Survival
“My approach to how and when I eat has had to change, because now there is always a witness to my crime. Food means so much to me.”

With each dining situation, there is also a confluence of emotions- often mutual discomfort or frustration.
EMOTIONAL CHANGES LISTED BY PATIENTS WITH DYSPHAGIA

*Fear ● Depression ● Embarrassment ● Control ● Frustration ● Vulnerability ● Emotional Support

Figure 1. * Psychological Domains listed by patients, adapted from Martino et al. (2008)
The purpose is to prompt you to action that is ultimately beneficial for your survival and well being.

Emotions communicate through your body – direct you to different types of action. To move you away from harm, pain or towards pleasure, creativity and fulfillment.

Joie Seldon
Author on Emotional Intelligence
FOOD AUTHORITIES SHIFT
SOURCES OF INFORMATION CHANGE

- Occupational Therapy
- Speech and Language Pathologist
- Dietitian
- Physician
- Registered Nurse
THE DELICATE BALANCE

Nancy Hoke, RN
WEIGHT LOSS

Emotional Challenges
- Loss of Appetite

Physical Challenges
- Dysphagia
- Increased Metabolism
- Fatigue
- Respiratory issues

Enjoyment
DINING HEALTH IS A PERSON-CENTRED APPROACH THAT BRINGS OUR PREVIOUS RELATIONSHIP WITH FOOD INTO OUR CURRENT STATE OF BEING
BEST PRACTICE: DYSPHAGIA

► Specially-made, nutritionally-enriched texture-modified foods
► Enhanced with energy- and protein-dense ingredients
► Offer a variety of options (flavors, optimal texture and thickness ranges)
► Increase food attractiveness
► Increase diversity and offer a range of alternative meal choice, and protein- and energy-dense in-between meal snacks
► Provide tailored support (e.g., more time to eat, quiet environment, finger foods, etc.)

4 COMPONENTS OF DINING HEALTH

Build engagement
Appeal to the senses
Increase frequency
Make it social
BUILD ENGAGEMENT: COMMUNICATE
BUILD ENGAGEMENT: SETTING THE SCENE
“Probably the most poignant room in the Zen Hospice guest house is our kitchen, which is a little strange when you realize that so many of our residents can eat very little, if anything at all. But we realize we are providing sustenance on several levels: smell, a symbolic plane.

https://www.youtube.com/watch?v=apbSsI LH28
Seriously, with all the heavy-duty stuff happening under our roof, one of the most tried and true interventions we know of, is to *bake cookies*. As long as we have our senses we have at least the possibility of accessing what makes us feel human, connected.

https://www.youtube.com/watch?v=apbSsILLh28
Primal sensorial delights that say the things we don't have words for, impulses that make us stay present -- no need for a past or a future.”
SENSES ARE NOT AFFECTED BY ALS

Perceiving and Evaluating Food through engagement of the senses:

Vision  Taste  Hearing  Touch  Smell

Elder et al., 2017; Krishna 2012
APPEAL TO THE SENSES: SMELL

- Sit near the kitchen to smell the aromas and anticipate.
- Add more aromatics to food
APPEAL TO THE SENSES: TASTE

- Pair opposing flavors
- Add broth to puree
- Add herbs, seasonings, salts or juices
- Include favorite tastes from past
- Hot or cold foods are generally easier to swallow than luke-warm or room temperature
APPEAL TO THE SENSES: HEARING

Home: Dining is close to kitchen  
Result: Hear, Smell, See cooking can prepare us to eat

Music: Tempo should be slow, volume is soft  
Result: Increased time enjoying eating.
TRADITIONAL MEAL PLAN

• Breakfast
  • 1 scrambled egg in butter and 1 cup of oatmeal with butter, water
  • Lunch
  • 2-3 oz of tuna, lettuce and tomato with tsp mayo on a soft roll, 8 oz milk, ½ c applesauce, water
  • Dinner
  • 3 oz chicken, 1 cup mashed potatoes with butter, 1 cup carrots with 1 tsp butter, gravy or sauce, vanilla yogurt with ¾ c blueberries, water
  • Snack
  • 1 cup ice cream, or a liquid supplement

Total = 1700 - 2100 calories
UPDATED MEAL PLAN

• Breakfast
  • 1 scrambled egg in butter and 1 cup of oatmeal with butter, water
  • Snack
    • smoothie, crackers and dip such as hummus, black bean, yogurt, hummus

• Lunch
  • 2-3 oz of tuna, lettuce and tomato with tsp mayo on a soft roll, 8 oz milk, fine chopped pickle or sauerkraut, water
  • Snack
    • 6 oz of soup, yogurt, fruit

• Dinner
  • 3 oz chicken, 1 cup mashed potatoes with butter, 1 cup carrots with 1 tsp butter, gravy or sauce, water
  • Snack
    • 1 cup ice cream, a soft shortbread cookie, fruit

https://iddsi.org/resources/
ADVANTAGES OF SNACKING

✓ Increase opportunities to eat from 3 X to 5-6 X per day
✓ Supports slow eating and grazing
  This leads to:
  Increase overall daily consumption
  Increase body weight
  Shorten length of stay

Can support eating independence

1Simmons, 2004
2Odlund-Olin et al., 1996
3Johnasen et al., 2004
SNACKING #1 SOCIAL FOOD
ROLE OF SNACKS...AND SOCIALIZATION

“Anytime anyone serves food without socialization attached to it, they do not have an understanding of food...they just don’t. Because that is equal to or more than, you know, the food itself.”

"I look forward to [snacking] and it’s generally associated with happy times.”

"I think that snacking is- is really good and good for a person...snacking can be very positive, and should be looked at in a positive way."

Shune & Barewal, 2020 (in preparation)
ROLE OF SELF-FEEDING

LIQUID SUPPLEMENTS

Support the diet, and are convenient
Many on the market
Always sweet and creamy
Beware of palate fatigue
Recognize alternatives: Homemade smoothies, juicing and add thickeners, hot blended soups
Add protein powders to enhance
<table>
<thead>
<tr>
<th>No swallowing issues</th>
<th>Swallowing issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oatmeal/whole milk/honey/fruit</td>
<td>Oatmeal/whole milk/honey/puree fruit</td>
</tr>
<tr>
<td>Pre-packaged granola bars</td>
<td>Yogurt with fruit blended</td>
</tr>
<tr>
<td>Yogurt/berries/granola</td>
<td>Magic cup or 206 cookie</td>
</tr>
<tr>
<td>Hot chocolate with whole milk and whipped cream</td>
<td>Chilled liquid supplements</td>
</tr>
<tr>
<td>Mini bagel/crackers with nut butter</td>
<td>Smoothies</td>
</tr>
<tr>
<td>2 oz cheese and crackers</td>
<td>Puree soups</td>
</tr>
<tr>
<td>Tortilla chips and guacamole</td>
<td>Transitional foods</td>
</tr>
</tbody>
</table>
WHAT ARE TRANSITIONAL FOODS?

► Foods that start as one texture but change into another with moisture (water or saliva) or temperature change
► No biting and minimal chewing is required
► No size restriction
► Degree of texture transition is variable

© The International Dysphagia Diet Standardisation Initiative 2016 @ http://iddsi.org/framework/
CATEGORIES OF TRANSITIONAL FOODS

Solid foam
- Savorease™ crackers
- Baby mum mums™
- Shrimp chips
- Cheeto puffs™, Veggie stix™
- Wafer cookies, shortbread

Solid Gel or Liquid
- Ice chips
- Magic cup™
- Ice cream
A Comparison of Behavior of Transitional-State Foods Under Varying Oral Conditions

Reva Barewal1 · Samantha Shune2 · Jason Ball3 · Derek Kosty2

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APPEAL TO THE SENSE: TEXTURE/TOUCH

- Transitional Foods
- Psychosocial
- Nutritional
- Food Enjoyment
PSYCHOSOCIAL:

- Addresses texture boredom (Duizer & Keller, 2014)
- Diet liberalization
- Person-centered care (Reimer & Keller, 2009)
- Supports eating independence, (Keller et al., 2007)
- Mealtime dignity
- Food attractiveness
TRANSITIONAL FOODS

Nancy Hoke, RN
ALS clinic, Oregon
Touching the food makes the brain think it is tastier and more satisfying, even before it reaches the mouth.

People that have high self-control (watch what they eat), eat more quantity of food if they can touch it.  

Use of finger foods may increase nutritional intake and enhance independence and well-being for adults with cognitive impairment in long-term care settings.

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1 Madzharov, 2019
2 Heelan et al., 2020
MAKE IT SOCIAL

- Have foods that are shareable at the table
- Use video software to bring in others to your table; pick the moment.
- Encourage slower pace
- Reduce anxiety
MODIFYING FOODS WITHOUT LOSING THE FUN

Typical Mexican party snacks

Easy to swallow party snacks

https://savorease.com/pages/get-your-free-recipes-here
VALUE OF VISUAL MODELS

Shune & Foster (2017), Nam & Shune (2020)
WE NEED TO EAT FOR NUTRITION, BUT...
WE DON’T EAT NUTRITION. WE EAT FOOD.
https://progress.oregonstate.edu/2020/08/13/the-pursuit-of-an-impossible-food/