Reclaiming the Pleasure of Eating: Person-Centred Food Experiences in Dysphagia Care

Faisal Iqbal (OT), Alexandra Richardson (OT), Isadora Marriott-March (SALT)
Iris Care Group, St Peters Hospital, Chepstow Road, Newport, South Wales, NP18 2AA
Corresponding author: Faisal.Iqbal@Iriscaregroup.co.uk

Background / Introduction

The Challenge

For people living with Eating, Drinking and Swallowing (EDS) Difficulties, eating can shift from a pleasurable daily activity to one filled with anxiety, restriction, and loss.

Although modified diets are essential for safety, they can limit flavour, texture, and enjoyment, reducing overall quality of life.

The IDDSI Framework

The International Eating, Drinking and Swallowing (EDS) Difficulties Diet Standardisation Initiative (IDDSI) provides a global framework to ensure safe and consistent food and fluid textures. Yet, in practice, the focus often leans more toward risk management than mealtime satisfaction, leaving a gap between safety and enjoyment.

This project explored how Occupational Therapy (OT) and Speech and Language Therapy (SLT) collaborate to restore meaningful, enjoyable mealtime experiences for people on modified diets without compromising safety.

Aims / Objectives

Aim

To explore how OT and SLT collaborate to enhance safe, meaningful, and enjoyable mealtime experiences for individuals on modified diets.

Objectives

To explore how Occupational Therapy (OT) and Speech and Language Therapy (SALT) collaborate to enhance safe, meaningful, and enjoyable mealtime experiences for individuals on modified diets.

- **Empower** participants to safely engage with foods that are personally meaningful and enjoyable.
- **Balance** safety and satisfaction through collaborative OT–SALT interventions.
- **Adapt** food textures and presentation (IDDSI Levels 5–6) to maintain taste, flavour, and sensory appeal.
- **Support** autonomy and wellbeing by promoting choice and participation in mealtime activities.
- **Evaluate** outcomes including enjoyment, oral motor function, and overall mealtime activities.
- **Inform** future practice by developing a flexible, person-centred framework for wider clinical use.

Methodology

Participants

Three adults with neurological conditions and Eating, Drinking and Swallowing Difficulties:

- **P1:** Huntington's disease – *IDDSI 6*
- **P2:** Parkinson's disease – *IDDSI 6*
- **P3:** Ischaemic stroke – *IDDSI 5*

All followed International Eating, Drinking and Swallowing Difficulties Diet Standardisation Initiative (IDDSI) guidelines.

Assessment Tools

Based on the Model of Human Occupation (MOHO):

- **Pre-session:** *Food & Fluid Interest Checklist* – explored meaningful and missed foods.
- **Post-session:** *Reflection Form* – captured enjoyment, satisfaction, and feedback.

Procedure

1. Participants chose a personally meaningful food.
2. With OT & SLT support, they prepared and tasted the dish, modified to their IDDSI level
3. Reflections documented sensory and emotional responses.

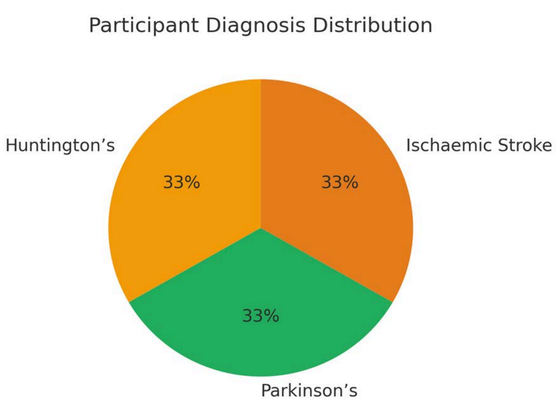
Patient	Diagnosis	IDDSI	Modified Dish	Themes
P1	Huntington's	6	Takeaway-style kebab	Nostalgia Social Spice
P2	Parkinson's	6	Sardines in tomato sauce	Comfort Familiarity Sensory engagement
P3	Stroke	5	Trifle dessert	Sweet satisfaction Family memory Texture pleasure

Results / Evaluation

Overall Findings

- All participants reported high enjoyment and increased satisfaction during mealtime experiences.
- Positive sensory engagement (taste, smell, texture) was consistently observed.
- Participants expressed renewed interest in food and greater willingness to try modified dishes.
- Staff observations noted improvements in oral motor control, attention to eating, and safe swallowing behaviours.

P1 Huntington's Disease	P2 Parkinson's Disease	P3 Ischaemic Stroke
• Enjoyed modified kebab with familiar spicy flavour and social context (rugby memories) • Emotional connection • Improved engagement in social eating	• Found sardines comforting and satisfying; enjoyed sensory experience of smell and taste. • Enhanced appetite • Increased sensory awareness	• Enjoyed trifle dessert evoking family memories and pleasure in texture. • Emotional uplift • Safe consumption at IDDSI Level 5 • Improved oral control noted



Equal representation across conditions (all IDDSI 5–6).

Thematic Outcomes

Enjoyment & Emotional Connection

Reconnecting with meaningful foods evoked memories and positive feelings.

Sensory Stimulation

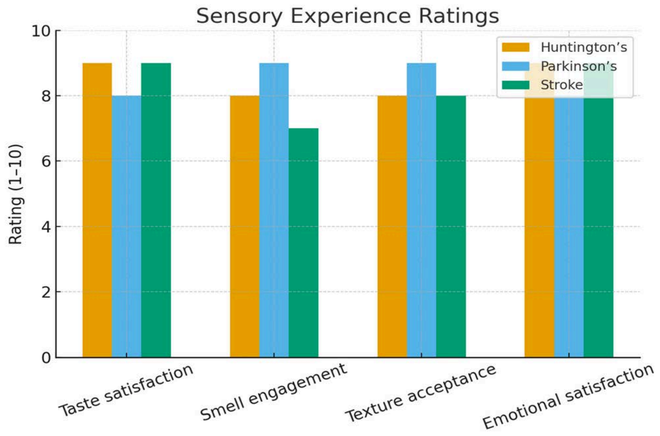
Participants described enhanced awareness of taste, smell, and texture.

Autonomy & Inclusion

Having choice over food increased confidence and participation.

Therapeutic Gains

Therapists observed improvements in safe eating and oral-motor coordination within structured support.



Average ratings show enhanced taste, smell, texture acceptance, and emotional satisfaction.

Conclusion

A person-centred approach bridges clinical safety and personal meaning, showing that safety and pleasure can coexist.

This collaborative OT–SLT framework promotes autonomy, dignity, and decision-making, while remaining adaptable across dementia care, neurorehabilitation, and long-term conditions.

By reclaiming the joy of eating, Eating, Drinking and Swallowing Difficulties care is redefined, reminding us that food is more than nutrition; it is connection, memory, and identity.

Discussion

Reclaiming Pleasure and Purpose

This project demonstrated that Eating, Drinking and Swallowing Difficulties management can extend beyond safety and risk reduction to actively restore the pleasure and meaning of eating. Participants' emotional and sensory engagement with food highlighted the therapeutic value of enjoyment, not just nutrition.

Collaborative Practice in Action

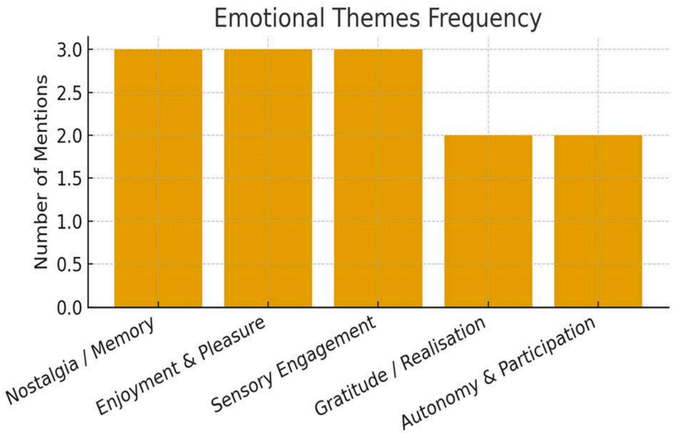
Joint OT and SLT sessions proved effective in balancing clinical safety with personal choice. The partnership allowed for individualised adaptations to food texture, promoting safe swallowing while maintaining flavour, autonomy, and dignity.

Person-Centred Outcomes

Findings aligned with the Model of Human Occupation (MOHO)—showing that meaningful occupation (in this case, eating) enhances motivation, participation, and wellbeing. Participants experienced greater self-expression and identity through re-engagement with personally significant foods.

Broader Implications

This adaptable approach has potential for wider use across neurorehabilitation, and long-term condition management. It encourages a cultural shift in Eating, Drinking and Swallowing Difficulties care, from restriction toward empowerment, emphasising pleasure, inclusion, and dignity.



Common themes: nostalgia; enjoyment; sensory reconnection; gratitude; autonomy.

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Presented at:

Occupational Therapy Show
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