



**PRESS RELEASE**

**First Private Hospital in Hong Kong to Fully Implement the "International Dysphagia Diet Standard"  
Optimizing Menus to Enhance Patient Quality of Life**

(Hong Kong — February 11, 2025) For most people, eating is a simple task. However, for patients with swallowing difficulties, consuming food can pose significant challenges. A mistake during eating can lead to aspiration pneumonia, which can be fatal. Therefore, assisting patients with dysphagia in selecting the appropriate food texture is crucial.

Hong Kong Adventist Hospital – Stubbs Road (HKAH-SR-SR) is the first private hospital in Hong Kong to fully implement the “International Dysphagia Diet Standardisation Initiative “(IDDSI). Developed by the International Dysphagia Diet Standardisation Initiative, IDDSI provides clear guidelines for caregivers and healthcare professionals in preparing meals for dysphagia patients, enhancing their dietary safety. HKAH-SR has a multidisciplinary team that designs and provides a diverse range of safe swallowing menus, aiming to improve the eating safety and quality of life for these patients. Additionally, the hospital operates the Hong Kong Swallowing Therapy Clinic, offering comprehensive and one-stop swallowing assessments, treatments, and interventions for those in need.

**Dysphagia is No Small Matter**

Dr. Tsang Wah Tak Kenneth, a specialist in respiratory medicine at HKAH-SR, explains, "Dysphagia can be caused by physiological degeneration, medication effects, and various medical conditions. Local studies indicate that over 100,000 people in Hong Kong suffer from dysphagia, with about 60% being elderly residents in care homes and approximately 40% receiving day services. Considering undiagnosed 'silent patients,' the actual number could be even higher. Dysphagia patients often 'misplace' food when eating, increasing the risk of aspiration pneumonia, which can lead to respiratory failure and, in severe cases, be fatal. Dysphagia can also lead to dehydration, malnutrition, and emotional issues."

**High-Quality Clinical Swallowing Assessment Services are Vital**

Swallowing is a complex function involving multiple body parts, making accurate diagnosis of the severity of dysphagia, impaired abilities, and the creation of targeted treatment plans challenging. Diagnosis and treatment must be conducted by a professional healthcare team. Based on the assessment results and patient condition, speech therapists develop personalized swallowing treatment plans aimed at enhancing swallowing safety and quality of life.



Mr. Lai Chung Him Jason, a speech therapist at HKAH-SR, states, "HKAH-SR has a multidisciplinary team that provides timely, accurate, and high-quality clinical swallowing assessments and treatments, aiming to protect patients' quality of life. Typically, speech therapists conduct an initial clinical swallowing assessment for patients showing symptoms of dysphagia to diagnose the type and severity of swallowing difficulties, identify causes, and assess the risk of aspiration.

However, it is important to note that clinical swallowing assessments have limitations and may not accurately determine a patient's swallowing ability and risk of 'misplacing' food (e.g., potential aspiration, laryngeal structural and functional abnormalities), especially in patients with compromised bodily functions or critical conditions. Therefore, speech therapists may need to collaborate with specialists to perform a Fiberoptic Endoscopic Evaluation of Swallowing (FEES). During FEES, specialists and speech therapists guide patients to swallow various food and drink textures, while monitoring their safety throughout the evaluation."

Statistics show that over 80% of referred patients at HKAH-SR diagnosed with moderate to severe dysphagia after undergoing FEES, with more than 50% found to have potential/silent aspiration. This highlights the significant demand for swallowing assessment and treatment services. Early identification of potential/silent aspiration through FEES allows healthcare professionals to intervene promptly, reducing the risk of aspiration pneumonia. Conversely, improper management of dysphagia can lead to hospital admissions due to complications, severely affecting quality of life and endangering lives.

### **Case Study: Recurrent Hospitalization Due to Aspiration Pneumonia**

Dr. Tsang cites a case of a 69-year-old Hong Kong male patient who was hospitalized over six times in two years due to aspiration pneumonia, requiring feeding through a nasogastric tube. The patient had undergone chemotherapy and radiation for nasopharyngeal cancer and had a carotid artery stent placed due to stenosis. Upon referral to HKAH-SR, the hospital quickly arranged for the patient to undergo FEES, revealing that he experienced food residue in his throat due to side effects from treatment, leading to repeated aspiration pneumonia. The assessment also indicated weak laryngeal sensation and swallowing strength. Fortunately, with the hospital's assistance, a treatment plan was developed to enhance swallowing safety and prevent aspiration pneumonia, ultimately improving the patient's quality of life.

"This case reflects the importance of timely and accurate clinical swallowing assessment services, enabling healthcare teams and patients to identify the best treatment options as early as possible," Dr. Tsang remarked.



## **Full Implementation of IDDSI at Hong Kong's First Private Hospital**

Preventing dysphagia patients from 'misplacing' food is crucial, making it essential to provide them with suitable food textures. However, different institutions, countries, cultural backgrounds, and age groups may have varying interpretations of the terminology used to describe food textures and drink consistencies for dysphagia patients, leading to significant discrepancies in food preparation. In response, the International Dysphagia Diet Standardisation Initiative established the IDDSI.

Mr. Lai explains, "IDDSI is a globally recognized framework for defining food textures and liquid consistencies, allowing different stakeholders to use standardized names, descriptions, and testing methods to accurately describe food and drink textures. The standard comprises eight consecutive levels (0-7), differentiated by corresponding numbers, textual descriptions, and colors."

However, implementing IDDSI in a hospital setting is challenging. Ms. Chan Wing Kwan Esther, manager of the Rehabilitation Center at HKAH-SR, emphasizes, "The hospital must have a robust system, collaborate across departments, and provide interdisciplinary training for relevant healthcare personnel to successfully implement IDDSI throughout the hospital. Additionally, nutritionists, chefs, and their teams must continually experiment and innovate to prepare various food and beverage options at different levels. HKAH-SR has successfully overcome all these challenges, becoming the first private hospital in Hong Kong to fully implement IDDSI."

Ms. Chan further states that fully implementing IDDSI enhances service quality and risk management, reduces the risk of hospital-acquired aspiration pneumonia, and improves patients' dining experience during hospitalization, creating a win-win situation for both patients and the hospital. The multidisciplinary team also actively promotes collaboration between healthcare and community services to ensure that patients' swallowing safety continues after discharge to their homes or care facilities.

## **Establishment of the Hong Kong Swallowing Therapy Clinic**

In addition to fully implementing IDDSI to improve the dietary safety and quality for dysphagia patients, the hospital has established the Hong Kong Swallowing Therapy Clinic. Nurse-in-charge Ms. Lai Kit Ying Phoebe states, "The Hong Kong Swallowing Therapy Clinic offers one-stop high-quality swallowing assessment services, including clinical swallowing assessments, dysphagia screening services, instrumental swallowing assessments (FEES and VFSS), swallowing therapy, IDDSI consultation and referral services, IDDSI level testing services, medication swallowing assessment services, oral care consultation and training services, and palliative feeding consultation services. The clinic primarily serves high-risk dysphagia patients, including the elderly, Parkinson's and cognitive



impairment patients, cancer patients, sarcopenic or neurological disease patients, and stroke patients."

The hospital hopes that by establishing the Hong Kong Swallowing Therapy Clinic and fully implementing IDDSI, it can efficiently assist more patients in coping with dysphagia, allowing them to regain the joy of eating orally and enhance their quality of life.

### Caregiver's Experience

- The caregiver's mother, an 83-year-old Hong Kong Chinese woman, suffers from Parkinson's disease and sarcopenia. In 2024, she was hospitalized due to aspiration pneumonia.
- Upon admission, she had severe swallowing difficulties and was underweight (weighing 35 kg).
- After three days of treatment, she was discharged from the hospital.
- Following her discharge, she continued rehabilitation at the hospital, including weekly swallowing therapy and nutritional counseling every one to two months.
- During this period, she also engaged in systematic swallowing training at home.
- Approximately one month after discharge, her recovery progressed well, and the hospital performed a Fiberoptic Endoscopic Evaluation of Swallowing (FEES), confirming that the nasogastric tube could be removed, allowing her to eat orally again.
- About two months post-discharge, she was able to safely consume IDDSI Level 7 foods (close to regular meals) without the need for thickening agents and no longer required swallowing therapy.
- Seven months after discharge, her weight had returned to normal (45.2 kg), and she no longer needed nutritional counseling.
- With the assistance of the hospital's professional team, her swallowing ability, nutrition, weight, and quality of life showed significant improvement.

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### 新聞稿

## 全港首間私家醫院全面實行 「國際吞嚥障礙飲食標準」 優化飲食餐單 提升患者生活質素

(香港——2025年2月11日)對於一般人來說,「進食」是一件輕而易舉的事,但對於吞嚥障礙患者而言,要順利吞下食物則可能困難重重。若不慎在進食時出現食物「落錯格」,隨時可能導致吸入性肺炎,足以致命。因此,協助吞嚥障礙患者揀選合適質地的食物十分重要。

香港港安醫院-司徒拔道(香港港安)是全港首間全面實行「國際吞嚥障礙飲食標準」(IDDSI)的私家醫院。IDDSI由國際吞嚥障礙飲食標準化創辦組織制定,讓照顧者和醫護人員在為吞嚥障礙患者準備一日三餐時,提供清晰的指引可以跟從,提升吞嚥障礙患者的膳食安全。香港港安擁有跨專業團隊,為患者設計及提供多樣化安全吞嚥餐單,旨在提升患者進食安全及生活質素。此外,醫院設有香港吞嚥治療診所,為有需要人士和吞嚥障礙患者提供全面及一站式吞嚥評估、治療及介入服務,幫助他們儘量恢復正常飲食。

### 吞嚥障礙非「小事」

香港港安呼吸系統科專科醫生曾華德醫生解釋,「吞嚥障礙可由生理退化、藥物影響及各種醫療狀況而引起。有本地研究指出,本港患吞嚥障礙人數逾10萬人(按人口推算),當中約有60%為居於院舍的長者,另約有40%為接受日間服務的長者。加上未被診斷的「隱形患者」,相信真實數字比推算數字更多。吞嚥障礙患者進食時可能常『落錯格』,患吸入性肺炎風險增加,有機會出現呼吸衰竭,若情況嚴重,更隨時可致命。吞嚥障礙亦可能導致脫水、營養不良及衍生情緒問題。」

### 優質臨床吞嚥評估服務對吞嚥障礙患者至為重要

由於吞嚥是非常複雜的功能,牽涉多個身體部位,故準確診斷吞嚥障礙的嚴重程度、受損能力和制定相應針對性治療並不容易。吞嚥障礙的診斷及治療必須由專業醫護團隊進行。按評估結果和患者狀況,言語治療師會以高效提升患者吞嚥安全和生活質素為目標,為患者制定個人化吞嚥治療計劃,務求助患者得到安全而有尊嚴的飲食。

香港港安言語治療師黎頌謙先生表示,「香港港安設有跨專業團隊,可為患者提供及時、精準及優質的臨床吞嚥評估服務和診治,以守護患者生活質素為目標。一般來說,言語治療師會先為有吞嚥障礙症狀的患者進行初步的臨床吞嚥評估,以診斷吞嚥困難的種類和嚴重程度、找出病因和誤吸的風險來源。

但要留意,臨床吞嚥評估有其限制,並未能準確判斷患者的吞嚥能力和『落錯格』的風險(例



如：潛在性吸入、喉部結構和功能異常），尤其當患者身體機能較差、有危重病時。因此，言語治療師可能需要聯同專科醫生，為患者進行內視鏡吞嚥檢查（FEES）。進行 FEES 期間，專科醫生及言語治療師會將內視鏡從患者一邊鼻孔置入，並有系統地引導患者運用不同方式吞服不同份量、質地、稀稠度的含色素食物和飲料。內視鏡可隨時將患者未能安全吞下的食物立即抽吸清除。透過 FEES，專科醫生及言語治療師可找出患者吞嚥能力的弱項、誤吸的風險來源、有效的吞嚥補償策略，以及移除鼻胃管/胃造口/靜脈營養的適切性。更重要的是，香港港安的 FEES 受嚴格風險管理，醫護人員會在檢查進行期間全程監視患者血氧濃度及血壓等指標，適時將未能安全吞下的食物立即抽吸清除，讓患者可在安全的條件下，測試最多的食物和飲品種類，令評估結果更全面而準確。」

根據統計資料顯示，香港港安有逾 80% 被轉介的患者經內視鏡吞嚥檢查後，被診斷患有中度至嚴重程度吞嚥障礙，此外，亦有超過 50% 被發現有潛在性/靜默性吸入，數字反映吞嚥評估和治療服務的需求龐大及殷切。及早透過 FEES 辨識出有潛在性/靜默性吸入的患者，可助醫護人員為患者及早介入，減低患者出現吸入性肺炎風險，反之，若吞嚥障礙處理不當，患者有機會因不同併發症而入院，可嚴重影響生活質素，危及性命。」

### 有吞嚥障礙患者多次因吸入性肺炎住院

曾華德醫生引述其中一個吞嚥障礙案例指，曾有一名 69 歲香港亞裔男性患者，在兩年間因吸入性肺炎住院逾 6 次，並需要倚賴鼻胃管餵食（即不可用口進食）。該患者曾接受鼻咽癌化療及放射治療，亦曾因頸動脈狹窄而接受過外科手術置入頸動脈支架。患者輾轉被轉介至香港港安。當時，醫院儘快安排患者接受內視鏡吞嚥檢查，結果發現他在每次進食時，都因放射治療和手術治療的副作用而令喉部長期有食團在吞嚥後殘留，亦無法將殘留的食團咳出，導致他早前反覆出現吸入性肺炎。此外，檢查結果亦發現患者喉部感知/感應能力及吞嚥力度偏弱。此個案幸得醫院醫護團隊協助，並為患者制定治療計劃以提升吞嚥安全及預防吸入性肺炎，最終患者生活質素得以改善。

「此個案反映及時和精準的臨床吞嚥評估服務，可容許醫護團隊與患者儘早找出最佳治療方案。」曾華德醫生說。

### 全港首間私家醫院全面實行「國際吞嚥障礙飲食標準」(IDDSI)

要預防吞嚥障礙患者「落錯格」，讓他們進食合適質地的食物尤其重要。惟不同機構、國家、文化背景和不同年齡層的人士，對用於描述吞嚥障礙患者的食物質地和飲品稠度的用詞理解也有機會不同，使不同人士為同一吞嚥障礙患者準備食物時，在食物的濃稠程度上存在很大差異。有見及此，國際吞嚥障礙飲食標準化創辦組織於早年制定了「國際吞嚥障礙飲食標準」(IDDSI)。

言語治療師黎頌謙先生解釋，「IDDSI 是全球公認的食物質地及液體濃度定義，可讓不同人士使用國際標準化的名稱、描述及測試方法以準確描述食物質地和飲品稠度。此飲食標準共由八



個連續等級（0-7 級）組成，以相應的數位、文字描述和顏色逐一區分。」

但值得注意的是，要在醫院實行 IDDSI 並不容易，香港港安醫院 – 司徒拔道復康中心經理陳穎君女士指，「醫院必須擁有完善系統，並配合跨部門合作，以及為相關醫護人員提供跨專業培訓，才可順利在院內全面推行 IDDSI。此外，醫院營養師、主廚及其團隊亦需透過不斷嘗試及研發，才可為患者預備多款不同等級的食物及飲料。香港港安正正成功排除上述所有困難，成為全港首間全面實行 IDDSI 的私家醫院。」

陳穎君女士續指，全面實行 IDDSI 可提升院內服務質素和風險管理、降低院內感染性肺炎風險、提升患者住院期間的進食體驗，讓患者和醫院雙贏。跨專業團隊亦透過積極提升醫社合作，保障患者出院回家/安老院舍後的吞嚥安全得以延續。

### **醫院增設香港吞嚥治療診所 提供一站式優質吞嚥評估服務**

醫院除了全面實行 IDDSI 以提升吞嚥障礙患者的飲食安全及質素外，亦設有香港吞嚥治療診所。香港港安門診部護士長黎潔瑩姑娘表示，「香港吞嚥治療診所為患者提供一站式優質吞嚥評估服務，包括臨床吞嚥評估、吞嚥障礙篩檢服務、儀器吞嚥評估(FEES 及 VFSS)、吞嚥治療、IDDSI 諮詢及轉介服務、IDDSI 等級測試服務、藥物吞嚥評估服務、口腔護理諮詢和培訓服務，及寧養餵食諮詢服務。診所服務對象主要是患吞嚥障礙的高風險人士，包括長者、帕金森症及認知障礙症患者、癌症患者、肌少症或神經系統疾病患者，以及中風患者等。」

醫院期望透過增設香港吞嚥治療診所及在院內全面實行 IDDSI，在未來能以高效的方式幫助更多患者應對吞嚥障礙，讓他們重拾經口進食的樂趣，提升患者生活質素。

## 照顧者分享

- 照顧者母親（患者）為一名 83 歲香港亞裔女士，本身患有帕金森症及肌少症，2024 年因吸入性肺炎住院
- 患者入院時伴有嚴重吞嚥障礙及體重過輕問題（入院時體重：35kg），經治療 3 日後出院
- 出院後，患者在醫院門診繼續接受復康治療，包括每星期 1 次吞嚥治療及每一至兩個月 1 次營養輔導
- 期間，患者在家亦有進行系統性吞嚥家居訓練
- 出院約一個月後，患者康復進展良好，醫院為她進行 FEES，確定可移除鼻胃管並重新用口進食
- 出院約兩個月後，患者已經能安全進食 IDDSI 第 7 級食物（即貼近正餐），和無需使用凝固粉，並無需再繼續接受吞嚥治療
- 出院約七個月後，患者體重已回復正常（45.2kg），無需接受營養輔導
- 透過醫院專業團隊的幫助，患者的吞嚥能力、營養、體重及生活素質均有明顯改善

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