



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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