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► To cite this version:

Mathilde Vandenberghe-Descamps, Claire Sulmont-Rossé, Chantal Septier, Aurélie Prot, Carole Tournier, et al.. Safe structural food bolus in elderly: the relevant parameters. Annual meeting of the Society for the Study of Ingestive Behavior (SSIB), Jul 2017, Montreal, Canada. , 1 p., 2017. hal-02789250

HAL Id: hal-02789250

<https://hal.inrae.fr/hal-02789250v1>

Submitted on 5 Jun 2020

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Safe structural food bolus in elderly: the relevant parameters

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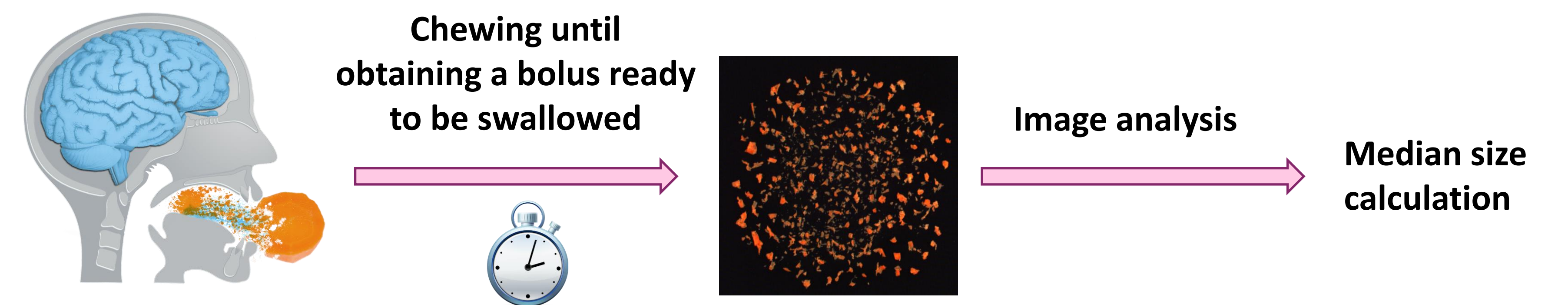
Introduction

The median particle size of the food bolus is commonly used to characterize food bolus structure, either expressed in weight, diameter or area using sieve or image analysis (Kreuler et al., 2012; Witter et al., 2013; Le Bleis et al., 2013; Tournier et al., 2015). However, the median particle size does not take into account bolus heterogeneity. Furthermore, the studies have investigated a fully dentate population. The aim of the present study is to evaluate the relevance of the median particle size to discriminate elderly carrot bolus properties and to identify relevant parameters of bolus' structure to differentiate safe to unsafe bolus among the elderly contrasting by their dental status.

Subjects

n	sex		mean age (yo)	Mean number of posterior dental occlusion	Mean resting salivary flow (ml/min)
	women	men			
93	56	37	72 ± 0.6	5.8 ± 0.3	0.3 ± 0.02

Protocol

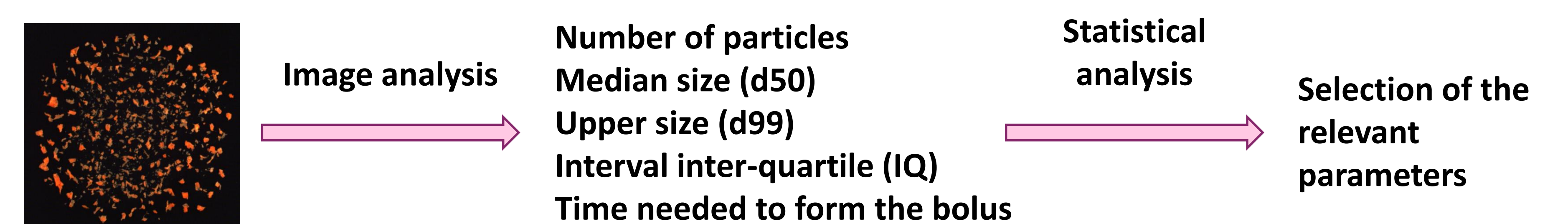


Limit of the median size parameter

	Subject #1	Subject #2	Subject 1	Subject 2
Number of particle			91	526
Mastication time (sec)			77	26
Median size (mm)			1.16	1.35

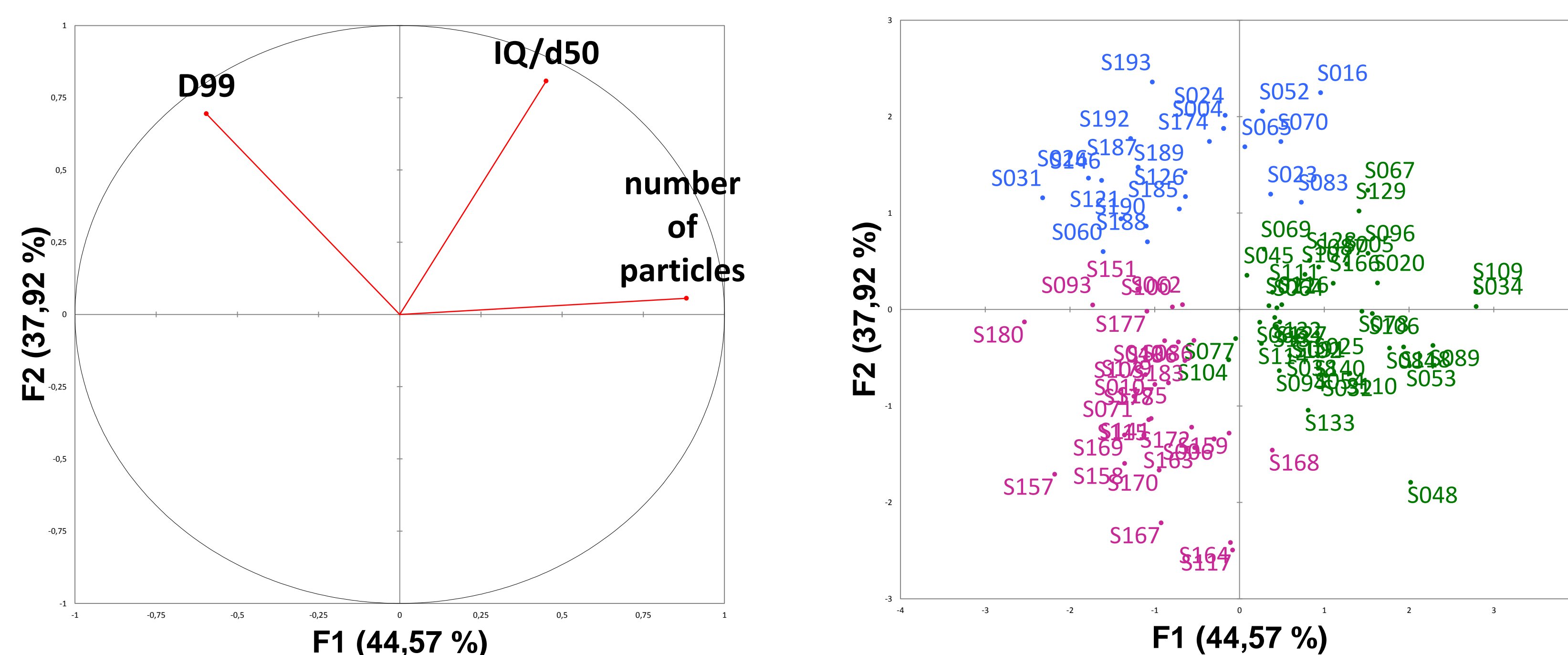
The two median particle size are very close to each other but the other characteristics are different

Sorting out other parameters



Results

Identification of relevant parameters



Categorization of the studied population using hierarchical clustering

	P-value	Group 1	Group 2	Group 3
N		41	30	22
Number of particle	***	498.5 (b)	288.3 (a)	324.8 (a)
Median particle size (mm)	***	1.5 (a)	2.4 (b)	1.7 (a)
D99 (mm)	***	7.4 (a)	8.4 (b)	10.6 (c)
Interval inter-quartile	***	2.3 (a)	2.7 (b)	2.9 (b)
Dentition status	***	7.3 (b)	4.3 (a)	5.3 (a)
Resting salivary flow	NS	0.29	0.30	0.37

Conclusion

Four parameters from the image analysis of carrot boluses were identified as relevant to discriminate the elderly population in terms of ability to form a food bolus. Based on these four parameters, three groups resulted from the hierarchical clustering. Group 1 seem to be able to form a food bolus safe to swallow. Groups 2 and 3 made a bolus with less and heterogeneous size of particles, these two groups also have less dental occlusion than group 1. As a perspective, it would be interesting to evaluate in what extent the heterogeneous food boluses can lead to swallowing disorders and/or a poor digestibility of food components in an elderly population.



Centre des Sciences
du Goût et de
l'Alimentation

This study is part of AlimaSSenS – Towards an adapted and healthy food offer for elderly people –
funded by the French National Research Agency
<https://www2.dijon.inra.fr/senior-et-sens/index.php>

25th annual meeting of the Society for the Study of Ingestive Behavior – Montreal, Canada – July 18-22 2017

