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São Paulo, December 18, 2025.

To the Brazilian Team of the International Dysphagia Diet Standardisation Initiative (IDDSI)

It is estimated that dysphagia affects approximately 8% of the global population (roughly 590 million individuals), potentially impacting newborns, children, adults, and older adults as a result of diverse etiologies. The management of individuals with dysphagia requires an interdisciplinary approach grounded in interprofessional collaboration, as well as the education of patients and their families regarding the recommended dietary modifications [1].

In particular, modifications to the consistency and viscosity of foods and liquids must be carefully prescribed with the objective of optimizing the safety and efficiency of the swallowing process. In this context, the standardization of food consistencies represents an essential strategy, offering several advantages, including: enhanced patient safety; improved communication within and across multidisciplinary teams, healthcare professionals, service providers, and patients; increased clarity regarding professional interventions; and strengthened evaluation of therapeutic outcomes [2–4].

The lack of standardized terminology to describe food and liquid consistencies constitutes a significant barrier to research in the field of dysphagia. Without clear and uniform definitions, it is not possible to generalize findings from studies assessing, for example, the effectiveness of

prescribing thickened liquids at the so-called “nectar” consistency, given that this term may not correspond to products or thickened liquids of equivalent consistency in other countries.

The International Dysphagia Diet Standardisation Initiative (IDDSI) serves as a fundamental framework for the standardization of food and liquid textures for individuals with dysphagia, including medications and nutritional supplements. The IDDSI framework comprises eight levels. For liquids: Level 0 – thin; Level 1 – slightly thick; Level 2 – mildly thick; Level 3 – moderately thick; Level 4 – extremely thick. For foods: Level 3 – liquidised; Level 4 – puréed; Level 5 – minced and moist; Level 6 – soft and bite-sized; Level 7 – easy to chew or regular. Levels 3 and 4 represent transitional stages between liquids and foods [1].

The framework is applicable to individuals across the lifespan and across cultural and geographic contexts, employing standardized flow and texture tests performed with utensils such as a 10-ml syringe, fork, spoon, chopsticks, and fingers, thereby ensuring objective, reproducible assessment.

The current literature does not yet provide robust evidence to establish the optimal classification system or terminology for food consistencies and viscosities. The coexistence of multiple systems may, nevertheless, compromise clinical decision-making, create scientific ambiguity, and adversely affect functional outcomes for individuals with dysphagia.

In recent years, the International Dysphagia Diet Standardisation Initiative (IDDSI) has achieved broad national and international dissemination, with increasing adoption in clinical and research environments. Considering the benefits associated with the standardization of food consistencies and the widespread global implementation of IDDSI, discussion regarding its adoption in Brazil becomes pertinent, especially in view of the country's regional, social, and cultural diversity, as well as disparities in access to healthcare services. Clinical implementation requires protocol adaptations, professional training, and assessment of operational feasibility, particularly in resource-constrained settings.

In light of these considerations, the Dysphagia Department of the Brazilian Society of Speech-Language Pathology and Audiology (SBFa) underscores the importance of employing standardized classifications for foods and liquids and recognizes IDDSI as a well-established, widely applicable framework for this purpose. Nonetheless, this position does not constitute exclusive endorsement of IDDSI, nor does it imply that IDDSI represents the sole feasible methodology for classifying food consistencies and viscosities.

We reaffirm our commitment to promoting swallowing safety and efficiency, as well as advancing high-quality clinical and scientific practices in the field of dysphagia. The Dysphagia Department remains available for dialogue, for the critical appraisal of proposals, and for contributing to the ongoing enhancement of care and research practices in Brazil.



We appreciate your attention and remain at your disposal for any further clarification.

Sincerely,

Dysphagia Department – Brazilian Society of Speech-Language Pathology and Audiology (Sociedade Brasileira de Fonoaudiologia - SBFa)

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