



## Frequently Asked Questions (FAQ) for Staff

### Who is this for?

This FAQ document is for Irish healthcare staff working with people with acute and chronic dysphagia or feeding, eating drinking and swallowing difficulties. It will support staff to implement the International Dysphagia Diet Standardisation Initiative (IDDSI) in Ireland.

### What patient/service user groups will be affected by IDDSI?

IDDSI will affect all people with dysphagia or feeding, eating drinking and swallowing difficulties i.e. children and adults.

### Who created this document?

This document was created by the Education and Training sub-group of the HSE Changes in Dysphagia Management working group. This group was set up to support the implementation of IDDSI in Ireland. The Education and Training sub-group includes representatives from acute and community dietetics, acute and community speech and language therapy, nursing and midwifery and catering management.

It was developed using the following resources:

- IASLT & INDI Comparison Document (May 2018): The International Dysphagia Diet Standardisation Initiative Framework and Irish Consistency Descriptors for Modified Fluids and Food Consensus Document (2009)
- FAQ documents on [www.iddsi.org](http://www.iddsi.org) [www.rcslt.org](http://www.rcslt.org) and [www.bda.uk.com](http://www.bda.uk.com)

### Key Messages

#### What is IDDSI?

The International Dysphagia Diet Standardisation Initiative (IDDSI) ([www.iddsi.org](http://www.iddsi.org)) has published international standardised terminology and definitions for texture modified diets (foods) and thickened liquids (drinks) for people with dysphagia. The framework consists of eight levels (0-7) and includes descriptors, testing methods and evidence for both liquids (drinks) thickness and diets (foods) texture levels.

#### When will IDDSI implementation start in Ireland?

IDDSI is endorsed by the HSE and it will be the framework used to describe modified diets (foods) and thickened liquids (drinks) in Ireland. IDDSI implementation in Ireland starts in September 2019. All settings should have moved to IDDSI by April 2020. The timing of IDDSI implementation within your setting will need to be agreed locally. From September 2019 all thickening products will have introduced IDDSI labels and by April 2020 products will only have IDDSI labels.

#### Are there any risks with moving to the IDDSI Framework?

Yes there are risks associated with the implementation of IDDSI. Risks have been assessed; awareness and education will reduce these risks. Please see the Summary of high level risks, controls and actions. Standardisation of the terminology and consistency of different food providers and thickening of drinks will ultimately reduce risks for people with dysphagia. Please see the Change to IDDSI Safety Notice.

#### How do I find out more information on IDDSI?



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To view IDDSI resources most relevant to the Irish context please use the resources available on this HSEland page. The website [www.iddsi.org](http://www.iddsi.org) also offers comprehensive information about IDDSI

### **Is temperature important when testing food and drinks using the IDDSI framework?**

Temperature can cause the thickness of food and drinks to change. Generally speaking, a thick drink that is served cold/chilled will be thicker than if it is served at room temperature, or heated. This is why it is critical to record the temperature when testing. Healthcare Staff need to audit thick fluids at the intended serving temperature. The IDDSI Flow Test can be used to accurately capture the change in thickness level as the drink cools.

\* From this point onwards, 'service users' will be the term used to refer to patients/people with dysphagia in this document.

### **The FAQ's are divided into sections as follows:**

1. General
2. Implementation
3. Food and Drink
4. Manufacturer and product labelling
5. Testing Methods
6. Medicines

#### **1. General FAQ**

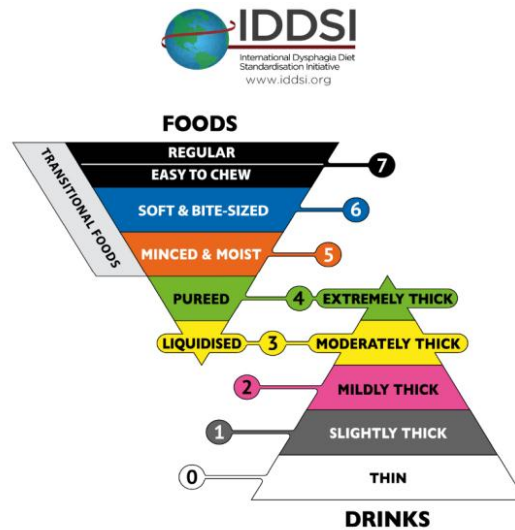
##### **1.1. What is IDDSI?**

The International **D**ysphagia **D**iet **S**tandardisation Initiative (IDDSI) has published international standardised terminology and definitions for texture modified diets (foods) and thickened liquids (drinks) for people with dysphagia. The framework consists of a continuum of eight levels (0-7) and includes descriptors, testing methods and evidence for both liquids (drinks) thickness and diets (foods) texture levels.

The framework aims to:

- Standardise the terminology and consistency of different food providers in order to reduce risk
- Improve clinical safety and efficiency by offering healthcare providers standardised terminology to assist in the development of international collaborative clinical research

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@ <https://iddsi.org/framework/>

### 1.2. How do I find out more about IDDSI?

To view IDDSI resources most relevant to the Irish context please go to [www.hseland.ie](http://www.hseland.ie). The website [www.iddsi.org](http://www.iddsi.org) also offers comprehensive information about IDDSI. There is an international Frequently Asked Questions (FAQ) document available on the IDDSI website, most of which is referenced here.

### 1.3. Are there any risks with implementing IDDSI in Ireland?

Yes, we have identified risks during the transition period however these risks will be removed or reduced following full implementation. Please see the Summary of high level risks, controls and actions.

During the transition period both the new tins of IDDSI compliant thickening products and the older tins will be available for purchase.

There are no identified risks if transitioning from a current Grade 1 to IDDSI Level 1 or a current Grade 4 to IDDSI Level 4. However, if moving from a Grade 2 to IDDSI Level 2 and a Grade 3 to IDDSI Level 3 the drink will be thinner. Service users are advised to seek immediate medical advice or immediately consult their speech and language therapist if they develop signs of aspiration following the transition.

If you decide to implement the IDDSI ahead of other services in your area or decide not to implement IDDSI this may become confusing for your service users and potentially put them at risk. This may also cause difficulty when service users move between care settings.

If any issues arise please escalate to your line manager and follow the HSE Incident Management Framework.



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### **1.4. Do I have to implement the IDDSI framework?**

Yes, the HSE strongly recommend implementing the IDDSI framework in your service. If you decide not to, or delay the implementation of the IDDSI framework this may cause confusion for your staff and potentially put service users at risk. This may also cause difficulty when service users move between care settings/teams.

### **1.5. When should I start implementation?**

IDDSI implementation in Ireland starts in September 2019. All settings should have moved to IDDSI by April 2020. The timing of IDDSI implementation within your setting will need to be agreed locally. From September 2019 all thickening products will have introduced IDDSI labels and by April 2020 products will only have IDDSI labels. Please refer to the HSE IDDSI Implementation Plan and the HSE IDDSI Implementation Checklist in the HSE IDDSI Implementation Pack to guide you in planning implementation.

### **1.6. Is there a timeframe for implementation?**

As answered in question 1.5 the HSE recommends the time period for changeover to commence from September 2019. It is hoped that all HSE healthcare settings in Ireland will have introduced IDDSI by April 2020. We estimate that it will take 6 months or longer to implement depending on the size of the care setting. From September 2019 all thickening products will have introduced IDDSI labels and by April 2020 the products will only have IDDSI labels.

### **1.7. Are the relevant professional bodies aware of IDDSI?**

Yes. The decision to adopt IDDSI came from the Irish Association of Speech and Language Therapists (IALST) and the Irish Nutrition and Dietetic Institute (INDI) working group, set up in 2017 that examined the IDDSI Framework and compared it to the previous 2009 consensus document on Irish consistency descriptors for modified fluids and foods. The other professional bodies including the Nursing & Midwifery Board of Ireland (NMBI), Catering Management Association Ireland, the Irish Medical Council and the Pharmaceutical Society of Ireland were then informed of the decision to adopt the IDDSI framework.

### **1.8. Do I need permission to use the IDDSI framework and resources?**

The IDDSI Framework and Descriptors are licensed under the Creative Commons Attribution--Sharealike 4.0 International License <https://creativecommons.org/licenses/by-sa/4.0/October 10, 2016>. A: IDDSI is licensed under the Creative Commons By Attribution Share Alike 4.0 International license (CC BY SA 4.0). You are very welcome to download the



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framework and all other resources on the website, and use it with the following attribution:

(c) The International Dysphagia Diet Standardisation Initiative 2016 @

<http://iddsi.org/framework/>. Attribution is NOT PERMITTED for derivative works

incorporating any alterations to the IDDSI Framework that extend beyond language translation.

Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for service users with dysphagia. Such errors have previously been associated with adverse events including choking and death.

## 2. Implementation

### 2.1. What support will I get to implement IDDSI?

Implementation of IDDSI should be rolled out in a planned and coordinated way. A 'HSE IDDSI Implementation Pack' is available on the Share Centre on HSELand. It contains the 'HSE IDDSI Implementation Plan' and 'HSE IDDSI Implementation Toolkit'. The 'Implementation Plan' guides management on how to implement IDDSI. The 'HSE IDDSI Implementation Toolkit' includes a HSE IDDSI Implementation Checklist which details actions that we suggest are put in place in order to implement IDDSI successfully. It also contains education and training resources (e.g. webinars) as well as practical resources (e.g. posters) to support frontline staff with implementation. These resources are available to all staff (including catering staff, nurses & midwives, dietitians, speech and language therapists and medical staff).

The commercial thickener companies/industry partners may also be producing appropriate literature to support the changes that are required for their products.

### 2.2. How do I implement IDDSI in my HSE funded healthcare setting?

The HSE IDDSI Implementation plan and checklist are available on the HSE IDDSI Implementation Pack in the Share Centre on [www.hseland.ie](http://www.hseland.ie). It is recommended that you follow this plan to implement IDDSI in your HSE funded healthcare setting.

Implementation of the IDDSI framework will require system change and it is therefore advisable for you to work with relevant senior and local managers and set up a multidisciplinary team that includes all relevant clinical and non-clinical healthcare professionals involved in dysphagia care within your establishment. The key to successful implementation is to set up a multidisciplinary implementation team. We suggest members of this team should include; Speech and Language Therapists, Dietitians, Nurses (Acute,



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Paediatrics, Older Persons, PHNs, Mental Health & Intellectual Disability), Health Care Assistants, Catering Staff, Chefs, Medical (hospital consultant, GP for Nursing home /residential care site) and Pharmacists. You may also want to consider having a service user representative on this group. The multidisciplinary team membership ensures that all relevant staff are included in the process of implementation and feel a part of it – it also shares the work load and lessens the impact on one particular profession. We advise that this team would meet with relevant senior and local managers also. Please refer to the IDDSI Implementation Checklist for further advice.

The other key to a successful change programme is communication with all relevant disciplines in your setting prior to, during and after the change.

It is advised that you contact your local food, drinks thickener and nutrition supplement suppliers to establish their timeframe for transition to the IDDSI framework and any support they may be able to offer. Similarly, you should consider the ongoing impact of transition to the IDDSI framework and develop documentation for service users and relevant carers.

### **2.3. What specific resources are available to help me implement IDDSI?**

Work has been done to produce the HSE IDDSI Implementation Pack to assist healthcare professionals to implement IDDSI in their care settings. As mentioned in 2.1 this is available on the Share Centre in HSEland. It includes:

- HSE IDDSI Implementation Checklist & Objectives
- Webinars to aid training including learning objectives
- Posters to inform staff and service users about the IDDSI framework
- FAQ for staff and patient/carer information leaflet
- Links to appropriate resources on the IDDSI website including:
  - The IDDSI framework
  - IDDSI food and drink testing videos
- Links to the Implementation Toolkit for the Food Nutrition, and Hydration Policy for Adult Patients in Acute hospitals
- Practical ideas for implementation

### **2.4. What are the barriers to change that I am likely to meet and how do I overcome them?**

The main barriers are likely to be - the time to train staff, change menus and produce documentation for local use. The educational and practical resources available in the Share Centre on HSEland will help support you with staff training, menu planning and with creating local documentation. The HSE IDDSI Implementation Plan and Checklist will guide you through the process of implementing IDDSI. Good communication between your



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multidisciplinary implementation team and all relevant healthcare staff in your local setting will help ensure the successful implementation of IDDSI for the benefit of all service users.

### **2.5. Can I set up IDDSI champions in my healthcare setting?**

Yes. We would encourage you to designate one or more individuals as IDDSI Champions. We would envisage that these Champions could act as key contact and information points during and after implementation. Care staff and service users can then ask the local Champion to clarify and advise on matters around IDDSI and dysphagia.

### **2.6. How will I make sure that the safety of my service users is maintained during the implementation process?**

You should utilise the same processes that you currently use to ensure the safety of your service users during the transition to the implementation stage. It is essential to ensure (through pertinent training and documentation) that all those responsible for the delivery of food, drinks and medication are aware of the prescribed modified food and drinks for each individual.

Seek an urgent medical review and contact their Speech and Language Therapist for a review if you notice any signs of difficulty swallowing in your service users such as:

- Coughing or throat clearing
- Choking
- 'Wet' sounding voice
- Eye-watering
- Unexplained increases in temperature
- Deterioration in chest status e.g. chest infection

If any issues arise, please escalate to your line manager and follow the HSE Incident Management Framework.

### **2.7. Evaluation: How will I evaluate the implementation?**

We encourage evaluation of IDDSI implementation at a local level within your setting. Please monitor [www.iddsi.org](http://www.iddsi.org) as they will share evaluation tool when developed.

### **2.8. Are there any useful lessons that have been internationally documented around IDDSI implementation?**

Sharing best practice and learning from each other is vital. If you take a look at the IDDSI website you will find case studies on the implementation of IDDSI in other countries around the world.





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### 3. Food and drink:

#### 3.1. Do I need to update my recipes for objective swallowing assessments such as Fiberoptic Endoscopic Evaluation of Swallowing (FEES)/Videofluoroscopy?

Yes. We would advise that you conduct syringe testing on the consistencies you use for all of your assessments to ensure uniformity between consistencies used during objective assessments and the food/drink consistencies recommended to service users.

#### 3.2. Are the levels of drinks in the IDDSI framework the same as our Irish grades?

The two frameworks use two different methods of testing viscosity, IDDSI is standardised and objective while the IASLT/INDI Irish national guideline is subjective and more descriptive-based. The Syringe Test developed by the IDDSI is a useful way to familiarise yourself with the new drink levels in the IDDSI framework.

With the IDDSI framework the thickness of drinks will change as follows:

- IDDSI level 2 drinks will be thinner than Grade 2 drinks
- IDDSI level 3 drinks will be thinner than Grade 3 drinks

People moving to IDDSI level 2 or 3 will need to be monitored for any difficulty swallowing. Please see our 'Mapping Change from Irish Descriptors to IDDSI Framework' poster and 'Change to IDDSI Safety Information' poster in the HSE IDDSI implementation toolkit comparing the levels and grades of drinks.

#### 3.3. Why do level 4 'pureed' diet and 'extremely thick' drinks and level 3 'liquidised' diet and 'moderately thick' drinks share the same number on the IDDSI framework?

Level 4 'pureed' diet and 'extremely thick' drinks have the same flow characteristics and level 3 'liquidised' diet and 'moderately thick' drinks have the same flow characteristics – as per the syringe test - and descriptions within the IDDSI framework.

Previously the Irish descriptors would have described food and drinks separately. The IDDSI committee noticed while testing that these levels share the same flow characteristics and descriptions and placed them on the same level in the framework.

#### 3.4. In my setting we do not use all IDDSI levels of food and drinks. Do we need to use all IDDSI food and drink levels?

All settings need to have the ability to provide the levels of food and drinks prescribed for their service users.

If your setting does not provide all 5 levels of food modification from level 7 Regular to level 3 Liquidised it is still recommended that you label/map your food using the IDDSI framework as it will be safer if the service users transfer to a different setting.





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### **3.5. Why is there a sub-category (Easy to Chew) in Level 7 Regular diet and how does this compare with Level 6 Soft and Bite-Sized?**

IDDSI received many inquiries from clinicians regarding the use of the IDDSI framework when working with service users who may need softer choices of a regular diet with no particle size restriction, hence IDDSI recently announced Level 7 Regular Easy to Chew. They state that this new subcategory of Level 7 is designed to meet the needs of service users who do not have dysphagia or increased choking risk but might benefit from softer choices. It is not a “new level” in the IDDSI framework but is considered a subcategory of Level 7. Foods should be soft and tender and can be cut or separated easily with the side of a fork or spoon. Foods do not need to be cut or presented in any specific particle size as opposed to Level 6 Soft and Bite-Sized, which specifies particle size restriction.

### **3.6. Do all foods at Level 6 Soft and Bite-Sized need to meet the particle size requirements?**

Yes, all foods (sandwiches included) need to meet the particle size requirements for Level 6 Soft & Bite-Sized:

- For adults the particle size is 1.5cm x 1.5cm
- For paediatrics the particle size is 8mm x 8mm

It cannot be assumed that nursing staff or carers will be able to chop food to the required size for swallow safety. IDDSI appreciates that provision of food like sandwiches is very difficult at this particle size and asks clinicians and carers to consider providing ‘soaked’ breads as an alternative. For example, finely chop bread and add equal amounts of water and butter (fat) to create a softened bread texture, re-shape and serve. The combination of water and fat content reduces stickiness and improves bolus cohesion. If the service user is able to chop their food into small pieces AND they do not need supervision AND they are not at risk of choking, consider advancing to a Level 7 Regular Diet, beginning with softer items from that level.

### **3.7. What are transitional foods?**

Transitional foods are foods that start as one texture but change into another texture when moisture like water or saliva is added or when a change in temperature occurs (for instance, when the food is heated).

For example, items such as ice cream wafers or some potato crisps are firm in their original state but when moisture (e.g. water or saliva) is added, they break down quickly and easily. Other examples of transitional foods include wafers, puffed savoury snacks, potato crisps and jelly.



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Ice chips are also transitional in that they are firm solids that are slippery and easy to swallow, however, they melt to water at body temperature. These foods are used therapeutically in the process of advancing towards more challenging textures or are used for therapeutic rehabilitation of chewing or swallowing due to their unique textural qualities.

### **3.8. What are Mixed/ Dual Consistency foods?**

Mixed or dual consistency foods by definition include both solids and liquids (*e.g.* vegetables in a soup broth). As a general rule, mixed' or 'dual consistency' foods are considered a regular food texture (Level 7) and are not permitted on other food levels.

### **3.9. Can sandwiches with moist, minced fillings be included in level 5 minced and moist?**

As a general rule, bread products are considered a regular food texture (Level 7 Easy to Chew) and are not permitted at Levels 6 (Soft & Bite-Sized) or 5 (Minced & Moist). If a piece of bread or sandwich is pre-cut to fall below the maximum size guideline of Level 6 (1.5cm for adults), then a clinician might decide to allow it for some service users on a case-by-case basis. Bread cannot be easily mashed or broken down into particles of 4mm (adults) or 2mm (paediatrics) or smaller, due to its fibrous nature and it is therefore not suitable for inclusion at Level 5 (Minced & Moist).

## **4. Product labelling**

### **4.1. When will manufacturers implement IDDSI?**

Manufacturers will be implementing IDDSI in Ireland from September 2019. However, it is likely to take until April 2020 for all the products and their labels to be changed over to the IDDSI descriptors. The changes will include amendments to labelling as well as changes to the products so as to ensure product alignment with the new IDDSI framework. It is recommended that you contact your local manufacturers for further information about the timing of the introduction of IDDSI compliant products and foods in your local care setting.

### **4.2. Will the Irish resources and nutritional products change labelling?**

Yes. As IDDSI is implemented internationally it is our understanding that all nutritional and related products will utilise the new framework.



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Old stock of thickening products will be used up and as the new products are introduced there will be new instructions and labels on the tins. It was decided not to have dual labelling as it is confusing and causes a reluctance to change.

### **4.3. What do I do during the transition period to avoid confusion when implementing IDDSI?**

It is important you work with all your stakeholders including suppliers of dysphagia products to discuss their estimated timelines for changing to IDDSI. Using this information you will agree your local IDDSI implementation changeover dates following the HSE IDDSI Implementation Plan available on HSELand.

Posters (Mapping Irish Modified Food and Drink Consistency Descriptors [2009] to IDDSI) comparing the two sets of diet descriptors (IDDSI vs. Irish 2009) will be available in the HSE IDDSI Implementation Toolkit. These posters will help staff during the transition period and will also help to prevent confusion amongst staff and therefore help ensure service user safety.

### **4.4 What do I do if I have difficulty implementing IDDSI in my setting?**

If you are unable to successfully implement IDDSI in your work setting you need to report this to your line manager.

## **5. Testing Methods**

### **5.1. IDDSI Testing Drinks: What type of syringe is used for drinks testing?**

The IDDSI Flow test uses a specific reference syringe with a measured length of 61.5mm from the zero line to the 10 mL line (BD™ syringes were used for the development of the tests). IDDSI is aware that there are some syringes that are labelled as 10mL, but in fact have a 12mL capacity. Results using a 12 mL syringe will be different to those from a true 10 mL syringe

([http://ftp.iddsi.org/Documents/FAQs\\_IDDSI\\_TESTING\\_DRINKS\\_slip%20tip\\_syringe\\_29\\_June\\_2018\\_rev.pdf](http://ftp.iddsi.org/Documents/FAQs_IDDSI_TESTING_DRINKS_slip%20tip_syringe_29_June_2018_rev.pdf)). Details for conducting the test can be found in the IDDSI Testing Methods document (<https://iddsi.org/Documents/IDDSIFramework-TestingMethods.pdf>) The IDDSI Flow Test can also be viewed at: <http://iddsi.org/framework/drink--testing--methods/>

### **5.2. Do I need to do the syringe test every time I make up a drink?**

No you don't have to do a syringe test every time. The syringe test offers a simple, user friendly gravity flow test to measure the flow of drinks. The IDDSI flow test has been



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developed to help categorise a wide range of drinks and to allow for quality checks and standardisation, it is not designed to be a bed side test. It can also be used as a tool to educate service users and family members /carers on the drink consistency recommended.

### **5.3. How do I keep a record of the testing?**

The IDDSI audit sheets are available to download from the IDDSI website under Resources - General Resources- Implementation. These will help you to keep a record of the testing as you undertake it.

### **5.4. Is temperature important when testing?**

The thickness of food and drinks changes depending on their temperature. Generally speaking, a thick drink that is served cold/chilled will be thicker than if it is served at room temperature, or heated. For example, a rich vegetable soup served warm behaves more like a liquid, but when it cools off, it becomes thicker. This is why it is critical to record the temperature when testing. Healthcare staff need to audit thick fluids at the intended serving temperature. The IDDSI Flow Test can be used to accurately capture the change in thickness level as the drink cools.

### **5.5. When I test the sample using the IDDSI Flow test I have exactly 8mL left in the syringe – is this Level 2 or Level 3?**

The sample is neither Level 2 nor Level 3. A sample that tests at exactly the IDDSI cut-off point of 8mL is exactly between levels 2 and 3. It needs to be adjusted to meet either the Level 2 Mildly Thick or Level 3 Liquidised or Moderately Thick requirements. The same is true of a sample that tests at exactly 4mL. It is neither a Level 1 nor a Level 2, but between levels. Likewise it would need recipe adjustment to allow it to test at either Level 1 Slightly thick or Level 2 Mildly thick as desired.

### **5.6. If there is no flow through the syringe on testing after ten seconds, is that automatically a level 4- pureed or extremely thick?**

No. If there is no flow (or only 1 or 2 drips) through the syringe after 10 seconds, then the sample is thicker than Level 3 – Liquidised or Moderately thick. The sample should then be tested using the Spoon Tilt test and the Fork Drip test to see if it meets the requirements for Level 4 Pureed or Extremely Thick. Follow the descriptors for Level 4 Pureed or Extremely Thick.

### **5.7. Will smoothies and soups clog the syringe on testing?**

The official IDDSI recommendation is that products in Levels 0-4 should be smooth and



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homogeneous, without particles or lumps. If you are blending a smoothie or a soup, then you must take care to ensure there are no lumps or seeds. If particles clog the syringe during the IDDSI Flow Test, then additional blending or passing through a sieve is recommended.

### 6. IDDSI and Medicines

#### 6.1. IDDSI Food: Pills, Capsules, Tablets

Ability to swallow tablets and capsules whole can be assessed on a case-by-case basis by members of the multidisciplinary team. Tablets and capsules come in different sizes and if a service user has dysphagia each individual medication should be reviewed. In the event that the person is not able to swallow their tablets or capsules whole, the person's doctor or pharmacist should be consulted for advice on alternative formulations. **Cutting or crushing of medication is NOT recommended**, and may have critical adverse effects (Wright, 2002), unless advised by a pharmacist or doctor. Always seek advice from a Doctor or Pharmacist before altering medication or changing formulations.