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1 **Can tribology be a tool to help tailor food**
2 **for elderly population?**

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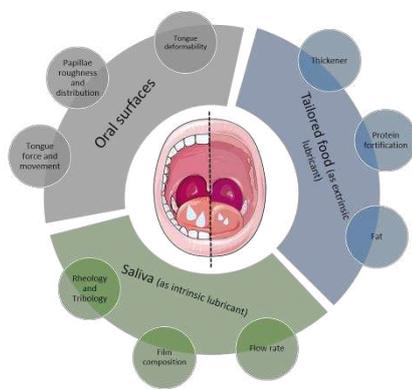
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22 Highlights

- 23 • Improving lubricity of food is important for designing food for older adults
- 24 • Current data on tribology of thickeners serves as a baseline for food design
- 25 • Lack of *in vivo* data from elder oral conditions limits surface design for tribology
- 26 • Influence of saliva in oral tribological studies is often overlooked
- 27 • Microgels serve as a promising template for formulating food for this demographics

28 Graphical Abstract



29

30 Abstract

31 The rapidly ageing population requires food products that meet their specific physiological
32 needs and have pleasurable sensory characteristics. Conventionally, rheology is used as a food
33 formulation design tool that allow food bolus to be swallowed safely. Nevertheless, in the last
34 few decades, there has been increased understanding of soft-tribology of thickeners and
35 fabrication of biologically-relevant tribological set-ups. We discuss how this knowledge can
36 offer a solid baseline to employ tribology as a design tool to tailor foods for the elderly
37 population with various oral insufficiencies. In depth characterization of oral conditions of the
38 elderly population is a necessary undertaking to fabricate tribology apparatus that better
39 emulate *in vivo* conditions, to allow rational design of food products for this growing
40 population.

41

42 **Keywords**

43 Lubrication; ageing; dysphagia; saliva; texture-modified; rheology

44 **Introduction**

45 People are generally living longer today than in the past and the elderly represent the world's
46 fastest growing demographic group. According to the World Health Organization (WHO), it is
47 estimated that by 2050 the proportion of the world's population aged over 60 years will nearly
48 double to 22% [1]. Recognising that the increase in the elderly population is a leading
49 demographic trend globally, the United Nations has declared 2020-2030 the “Decade of
50 Healthy Ageing” [1]. For the food industry, this demographic shift suggests that a special
51 taskforce is needed to design safe, pleasurable and nutritious food products that will nourish
52 this growing population and improve their quality of life. This represents a major technological
53 challenge, as ageing not only results in gradual impairment and/ or decline in repair functions
54 of physical, physiological, cognitive and cellular processes, but is also accompanied by the
55 occurrence of multiple life-threatening health conditions [2-4]. From a food ingestion
56 perspective, ageing involves issues with eating capability, salivation, oro-sensory perception,
57 swallowing and digesting, all affecting the overall nutrient intake [5, 6]. So far, the two most
58 commonly used food design strategies for older adults are 1) fortification of foods with calories
59 or bioactive compounds to improve nutrient intake [7-11] and 2) development of textured-
60 modified foods or thickened liquids [12-14] focusing mainly on *rheology* as a design tool to
61 cater the lack of dentition, hyposalivation and swallowing disorders (**Table 1**). Tackling
62 oropharyngeal dysphagia has also emerged as an important research theme, as swallowing
63 disorders are common conditions affecting the health of older adults [15-27].

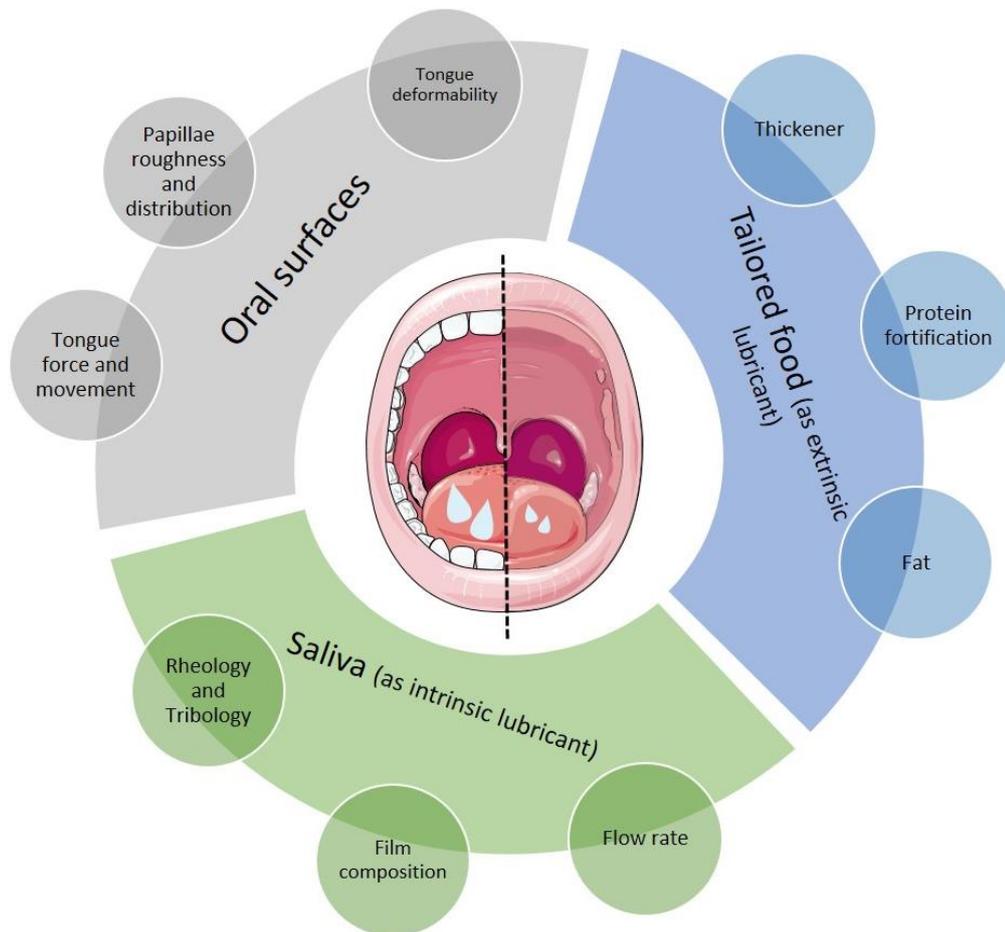
64 Oral processing of food is a complex dynamic process covering several length and time
65 scales where food is transformed dramatically from being rheology-dominant to tribology *i.e.*
66 friction and lubrication-dominant [28-30]. However, while the use of apparent viscosity

67 measurements has been extensively used to design relevant texture-modified foods with
68 ‘swallow-safe bolus’ performance, the use of tribology as a tool taking account of food-oral
69 surface interaction affecting mouthfeel and safe swallowing has not received much attention in
70 food design for older adults [14, 21, 23, 25, 27]. For example, “ease of swallowing”, a term
71 that is commonly used as an attribute in the sensory evaluation of food texture, has been
72 recently reported to be dependent on the degree of lubrication of the food bolus [31].
73 Additionally, “oral comfort” of a food when eating, obtained through developed and validated
74 questionnaires, has also been reported to be dependent on “easiness to humidify” among other
75 oral properties of food [32]. More precisely, on cereal products, such as sponge cake enriched
76 with protein or not, oral comfort was associated with the viscosity of the food bolus produced,
77 which was directly dependent on product salivary moistening and salivary flow of the elderly
78 subjects [33, 34].

79 Although general aspects of the lubrication mechanisms can be deduced from recent
80 published studies on food [35-39] and well-defined model food systems, such as emulsions and
81 dysphagia thickeners [39-48], fundamental understanding of tribological performance of the
82 bolus in age-customized oral surfaces appears to be a missing link when designing texture-
83 modified food with tailored mouthfeel properties for elderly population. In this mini-review,
84 we discuss the current understanding of soft tribology measurements in the context of texture-
85 modified foods bringing the current learning from model food to real foods. We consider food
86 as an extrinsic lubricant. We also examine how material property of saliva (an intrinsic
87 lubricant) is an important undertaking when designing tribological experiments for elderly
88 population who might have limiting salivary flow and/or quality. We finally examine the
89 adaptability of current tools and mechanisms to cater to the oral surfaces of elderly population.
90 Finally, we outline perspectives for future research for unlocking the full potential of tribology
91 as a test kit for tailoring foods for the aging population. **Figure 1** illustrates the scope of this

92 review. The areas of work involving fortification of food for nutritional enhancement without
93 any contribution to textural medication is out of scope for this review.

94



95
96 **Figure 1.** Factors that are expected to affect tribological properties of food designed for elderly
97 population.

98

99 **Using lubrication principles to design texture-modified food (extrinsic lubricants)**

100 While there has been much research that seeks to link rheology to sensory data, tribological
101 analysis to predict more complex sensory and swallowing sensations has been rarely
102 investigated (**Table 1**). From the rheological characterization perspective, it is worth noting
103 that there is no clear consensus about the shear rate value of the swallowing process, as
104 indicated by the American National Dysphagia Diet (NDD) Standard [49]. Nevertheless, most
105 research on texture modified foods and thickened fluids for elderly population and dysphagia
106 patients tend to study apparent viscosity at shear rates around 50 s^{-1} at $25 \text{ }^\circ\text{C}$ [16, 18, 21, 24,

107 26, 50]. The products are hence classified for their ‘ease of swallow’ based on the viscosity
 108 values at this specific shear rate and temperature. Classifying the safeness of products/ boli
 109 based on a unique shear rate is oversimplified. For instance, more complex undesirable surface-
 110 related sensations such as stickiness and graininess may associate with swallowing issues and
 111 risk of choking, which cannot be quantified using viscosity measurements at single shear rates.
 112 However, quantitative sensory studies when designing food for the ageing population and
 113 dysphagia population are also limited to date.

114

115 **Table 1.** Recent studies in food and model systems for elderly population and/or dysphagia patients
 116 where textural characterization is used.

Food / Model Food	Viscosity Shear rate (s⁻¹), Temp. (°C)	Tribology Surface, speed (mm/s), Normal force (N), Temp. (°C)	Sensory Test type, N (mean age, years old)	Reference
Elderly population				
Kefir (Fortification with coconut oil)	0 – 1000, 25	Glass / polydimethylsiloxane (PDMS), 0.01 – 1,000, 1.0, 37	Quantitative descriptive analysis (QDA®), 6 (60–70)	[14]
High protein yoghurt (Fortification with berry polyphenols, vitamins A, D, C, B9 and B12)	1 – 500, 23	-	Food comfortability questionnaire, 20 (78)	[9]
Canned mackerel pâté and frozen ready-made meal (salmon with spinach sauce) (Fortification with bioactive extracts from sea cucumber)	-	-	Ranking test and sensorial analysis based on quantitative scales according to standards UNE-ISO 8587:2010 and UNE-ISO 4121:2006, 10.	[8]
Dysphagia patients				
Cooked pork paste (Thickened with xanthan gum and guar gum)	0.1 – 200, 23	-	-	[15]

Thickened foams (Egg white, Foam Magic (maltodextrin, methylcellulose, and xanthan gum) and Methocel F50 (food-grade hydroxyl propyl methylcellulose) addition)	0.001 - 100	-	-	[17]
Pureed carrot (Thickened with starch, xanthan gum or starch-xanthan blends)	10, 37	Glass / PDMS, 10 ⁻⁵ – 1000, 3.0, 37	Temporal dominance of sensations (TDS), 16.	[21]
Model foods				
Orange-flavoured soy juice and skim milk (Thickened with flaxseed gum, xanthan gum and modified starch)	0 – 400, 25	Steel / PDMS, 40, 5.0, 25	-	[25]
Thickeners (gellan gum, modified starch and xanthan gum) solutions	0.01 – 1000, 37	PDMS / PDMS, 1 – 2000, 2.0, 37	-	[23]
Thickeners (flaxseed gum, modified starch and xanthan gum) solutions	0 – 400, 25	-	-	[24]
Thickeners (Resource Thickenup® clear™ (TUC) by Nestle; Thick-It Clear Advantage® (TIC) by Kent Precision Foods Group; Quik Thik (QT) by Dr. MacLeod's Medical food; Supercol™ (SP) by Supercol Australia; Purathick™ (PT) by Parapharma Tech) solutions	0.1–500, 25	-	-	[16]
Thickeners (Resource® (Nestle Health Science, Spain) and VISCO® instant (Smoothfood, Spain) solutions	50	-	Duo-Trio, ranking and sensory discriminant tests, 23 (45).	[18]

Thickeners (xanthan gum and locust bean gum solutions)	0.1 – 100, 25	Steel/steel, 10 ⁻³ – 1000, 0.3, 25	Visual analogue scale (VAS) for cohesiveness, spinnability and sliminess, 12 (32.3 ± 5.4)	[27]
Oil-in-water emulsions (Thickened with starch and xanthan gum)	1 – 200, 37	-	-	[50]
Model emulsion (thickened with carboxymethylated curdlan, konjac glucomannan and xanthan gum)	0.1 – 1, 000	-	-	[26]

117

118

119 Although tribological studies on foods tailored for older adults are currently limited (**Table 1**),
 120 significant progress has been made in understanding the lubrication properties of hydrocolloid
 121 solutions that are widely used to design texture-modified foods (**Table 2**). From these studies,
 122 it appears that hydrocolloids with high molecular weights and expanded chains such as λ -
 123 carrageenan (λ -C) and scleroglucan (SCL) show good lubrication performance [51]. In
 124 particular, in most studies friction data has been scaled to viscosity and demonstrate that
 125 viscous lubrication definitely serves as a key mechanism separating the tribo-contact surfaces
 126 for hydrocolloids, which is not surprising (**Table 2**).

127 Good lubrication performance, specifically friction-reducing property in the boundary
 128 regime where oral surfaces *i.e.* tongue and palate are in close contact, could be particularly
 129 important for older adults, as many older adults lack saliva, the key intrinsic lubricant [52]. For
 130 example, λ -C, SCL and pectin have been found to provide a bound hydration layer, which
 131 contributes significantly to the reduction of friction in the boundary regime (**Table 2**). Whether
 132 such improved boundary lubrication performance results in ‘ease of swallow’ remains to be
 133 elucidated, which is crucial for designing food and drinks for the elderly and for dysphagia
 134 management.

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Table 2. Literature on lubrication performance and sensory perception of thickeners.

Polysaccharide	Contribution to boundary lubrication	Contribution to fluid film lubrication (Friction scaled to viscosity)	Key sensory perception	References
Xanthan	×	✓	Slimy, Slippery	[23, 53-56]
Pectin	✓	✓	Slimy, Film forming, Sticky	[53, 54]
Locus bean gum	×	✓	Slimy, Film forming, Sticky	[53, 54, 57]
λ/κ Carragenan	✓	✓	-	[51, 53, 56, 58]
Gellan	×	✓	-	[23, 53]
Guar gum	×	×	-	[51, 55]
Starch	✓	✓	-	[58]
Arabic gum	✓	-	-	[56]
Scleroglucan	✓	✓	-	[51]

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Some desired sensations such as fattiness and creaminess, have also been correlated with reduced friction due to coalescence of fat globules forming a fatty layer between the contact surfaces [9]. However, reduction of fats, particularly from animal origin, which tend to have high levels of unsaturation, has to be a key part of the food formulation strategy for the elderly due to food-linked diseases such as obesity, coronary heart disease, among others.

144 Today, at the forefront of the low-fat colloidal strategies are microgels made of thermal-
145 sensitive hydrogels, starch, whey protein, as well as non-starch polysaccharides such as
146 alginate, agarose, and κ -carrageenan [47, 59-64]. These microgels, which are essentially
147 largely structured hydrogel particles, have gained significant popularity as fat replacers due to
148 their ultra-high lubricating performance attributed to their “surface separators” properties in a
149 possible combination with a roll bearing mechanism, the latter has not yet been fully quantified
150 and understood [65-67]. However, their use for formulation of textured-modified or thickened
151 liquids to target the elderly population or patients with dysphagia is a principally unexplored
152 research area, which needs future investigation. In summary, a significant body of literature on
153 model foods such as thickeners, emulsions and microgels offer a promising springboard to start
154 exploring possibilities to use this knowledge to design texture-modified food and compare the
155 tribological data with sensory attributes with older adults. However, in order to have
156 correlations, one should also question whether or not the tribological conditions emulate the
157 real *in vivo* mouth conditions of older adults, which is examined in the next section.

158

159 **Mimicking *in-mouth* conditions for bio-relevant tribological testing for elderly** 160 **population**

161 Having reviewed the tribological principles of foods and model foods, it is important to
162 highlight that the instrumentation and conditions used to perform the tribological testing suffer
163 from serious limitations. These need to be rectified if such knowledge is to be used for food
164 design for elderly population. For instance, a variety of surfaces such as glass, steel, PDMS
165 *etc.*, normal forces (1-3 N) and temperature conditions (25-37 °C) have been used to measure
166 tribological performance (**Table 1**), which makes it challenging to compare. Of more
167 importance, none of the aforementioned studies used bio-relevant surfaces, forces, oral speeds
168 and salivary composition that are tailored to ageing conditions. The first challenge in doing

169 bio-relevant oral tribological testing is scarcity of *in vivo* data from elder oral conditions such
170 as oral motor function, tongue topography, saliva composition etc. [68-71]. In the following
171 sections, we highlight some of the several challenges that need to be addressed to mimic more
172 closely the *in vivo* elderly physiological conditions, in order to consequently use the frictional
173 data for food design for elderly population.

174 **Tongue speed and force.** The choice of speeds and forces during tribological
175 measurements is expected to influence friction data for relating such outputs to desired sensory
176 properties of food. Classic food tribological studies tend to go to speeds up to 2,000 mm/s [14,
177 21, 23, 27, 36, 40, 48], which raises critical questions regarding the biological relevance to any
178 human oral condition. In fact, few tribological tests have been performed at relatively low
179 speeds between 0.01–270 mm/s which cover indeed the estimated speeds of the oral conditions
180 of an average adult (5–200 mm/s) [68]. Although, to the best of our knowledge, no literature
181 was found on the average oral speed for elderly people, a study on masticatory performance
182 observed a decreased speed of tongue movement and/or tongue muscle force for elderly as
183 compared to young adults ($\sim 6.3 \pm 0.9$ and 1.5 syllables/s, respectively) [68, 69]. This might
184 serve as an indicator that, to bring food tribology closer to the *in vivo* elderly conditions,
185 *bespoke* equipment [44] could be adapted in the future. Customised equipment has been
186 observed to work at speed ranges of 0.1 – 40 mm/s, with clear differentiation of the boundary
187 and mixed regimes [25, 37].

188 Tribological research for elderly could also greatly benefit by matching the contact
189 pressures more closely to the oral-palate contact of the elderly as it has been reported to be in
190 a lower range (19-36 kPa) as compared to younger adults (15-60 kPa) [69, 72]. Currently, using
191 PDMS surfaces [30], which is a generalised practice to perform tribological test at a normal
192 load of 2 N, the maximum contact pressure is ~ 200 -300 kPa [30], which is an order of
193 magnitude higher as compared to the oral-palate contact of healthy older adult [73, 74]. Besides

194 using materials with low elastic modulus to closely resemble real deformable oral surfaces, one
195 can also employ lower loads of ~ 0.1 N to reduce the contact pressure. To the best of our
196 knowledge, the lowest load reported in the literature has been of 0.3 N [27] (**Table 1**),
197 suggesting that tribological set-up conditions with biological relevance needs to be considered.

198 **Surface topography.** As frictional measurements are surface-dependent, the topography of the
199 adult human tongue has been extensively studied in the last 5 years and multiple synthetic
200 tongues have been developed to emulate the topography and viscoelastic properties of the
201 human tongue [36, 75-78] (**Table 3**). For example, silicone (Dragon Skin™ 10 Fast' Silicone
202 and EcoFlex 00-30™) synthetic tongues with papillae height and density closer to human
203 conditions have been recently developed [36, 77]. Furthermore, stiffness closer to the human
204 tongue (~ 50 kPa) has also been recently mimicked using polyvinyl alcohol (PVA) [76], whilst
205 hydrophilicity close to the human oral mucosa has also been achieved by changing the
206 wettability of PDMS surfaces by using surfactant (**Table 3**). These advancements in current
207 surface development offers a promising strategy to adapt the surfaces to resemble more closely
208 the aging conditions. The most recent study on the roughness of the elderly tongue performed
209 in 2012 [79], suggests that a surface with an increased roughness might have to be developed
210 to resemble the topographic characteristic of the elderly tongue. In the latter, the average tongue
211 roughness for the elderly was found to be significantly different compared to young adults (R_a :
212 94.1 ± 29 and 65.0 ± 36.4 μm , respectively), which might influence the lubrication behaviour
213 and sensory perception of food products. Positive significant correlation between roughness
214 and friction has been observed in various fluids and full-fat lubricated systems. This indicates
215 that highly textured surfaces with increased surface roughness might affect the formation and
216 thus the effectiveness of the lubricating film between the roughness peaks of the tongue and
217 the palate, specially at low speeds, which might sensorially appear dry and astringent,
218 presumably would be the case for elderly people [80, 81]. Nevertheless, the lack of *in vivo* data

219 and lack of recent studies on the topography and viscoelastic properties of the elderly oral
220 surfaces currently limits the future development of elderly-relevant tribological surfaces.

221 **Saliva (intrinsic lubricant).** Even though saliva has a key role in making food cohesive
222 to allow the bolus to be safely swallowed, the influence of saliva has been overlooked in the
223 current tribological studies of real and model food systems that have surfaced in the last five
224 years [42-44, 82], which can be an important direction for future tribology work. This is
225 particularly important for older adults who have limited salivary flow. In addition, the saliva
226 of older adults often lack the lubricious proteins due to them suffering from dry mouth
227 conditions due to polypharmacy and multiple comorbidities [52, 83]. Few studies on real food
228 and model food systems have determined the tribological properties when mixed with
229 simulated or *ex vivo* human saliva. For example, when emulsions are mixed with simulated
230 saliva, the friction coefficient is significantly lowered as saliva acts as a biolubricant [44].
231 However, in other studies involving saliva, it has been observed that the frictional behaviour
232 was dependent on the structure and properties of the system rather than the lubricating
233 properties of the saliva [42, 43].

234 Currently, it is known that, like many biological functions, aging affects the salivary
235 glands decreasing significantly the average salivary flow at both stimulated and resting
236 conditions (1.52 ± 0.73 (range 0.11-4.01) and 0.31 ± 0.19 (range 0.03-0.86) mL/min,
237 respectively) compared to younger adults (2.47 ± 1.06 (range 0.70-5.45) and 0.50 ± 0.23 (range
238 0.05-1.19) mL/min, respectively) [84]. Furthermore, mucin concentration has been observed
239 to decrease with aging, and an age-related increase in salivary viscoelasticity in relation to its
240 protein concentration has also been reported [83, 85-87]. However, no recent studies have
241 characterised the specific protein composition, rheological and lubrication behaviour of elderly
242 saliva, and will therefore be an important direction of future tribological work. The most recent
243 studies on elderly saliva focusing on specific composition are from Nagler and Hershkovich

244 [88, 89] and can be reviewed to extract relevant information such as salivary composition
245 (potassium, calcium, phosphorous, uric acid, amylase, IgA and secretory IgA), where mean
246 values were found to be significantly higher for older adults compared to young adults. More
247 recently, age-dependent analysis of the salivary proteome has identified proteins that varied
248 significantly between young adult and elderly and that are related to immune response, oral
249 cavity protection, buffering capacity and normal physiological processes. However, the
250 direction of change (increase or decrease) depends on the type of protein [90, 91]. Such
251 observation points towards the relevance of understanding the mechanism of elder saliva
252 lubrication, not only for the design of artificial saliva that mimics more closely *in vivo* elderly
253 conditions, but also for the design of products with good *in mouth* lubrication properties for
254 targeted populations with other conditions such as xerostomia, commonly found in geriatric
255 patients. Mixing food samples with fresh *ex vivo* elderly saliva might be an interesting starting
256 point to understand how saliva influence tribological performance, but remains to be studied.

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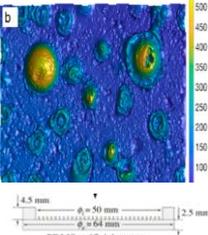
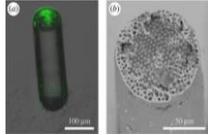
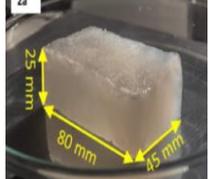
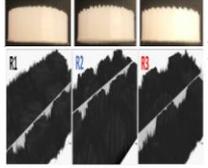
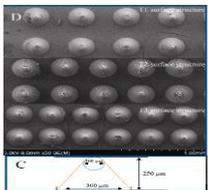
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Image of the surface	Materials	Young's Modulus (kPa)	Roughness (µm)	Density (cm ³)	Contact Angle (°)	References
	Ecoflex™ 00-30 Silicone	120 - 2,400	111-529	13.5 and 160 for fungiform and filiform	63.0 ± 0.2	[75]
	PDMS	800 ± 160	435 ± 7	10	-	[78]
	Polyvinyl alcohol (PVA)	50.17 ± 1.46 and 100.78 ± 2.12	425	-	-	[76]
	Dragon Skin™ 10 Fast' Silicone and Silicone Thinner™	83.02 ± 0.55 - 168.86 ± 1.46	200 and 600	9 and 16	104.8 ± 1.1 - 106.2 ± 0.7	[36]
	PDMS	820 ± 280	96.60 ± 0.68 - 103.52 ± 0.4	280 - 530	-	[77]

273 **Table 3.** Recently developed synthetic tongue-like surface for oral tribological experiments.

274

275

276 **Outlook and recommended considerations**

277 Oral tribology can serve as a unique tool to offer new correlations between friction coefficients
 278 and sensory properties of food designed for older adults and eventually can add a new
 279 dimension to safe swallowing. Although researchers have made great effort to mimic *in vivo*
 280 conditions, there are many aspects that could be taken into consideration to bring food tribology
 281 closer to the *in vivo* characteristics of the elderly oral conditions and make meaningful
 282 contributions for ration design of texture-modified foods. For example, customization of

283 surfaces closely resembling the deformability, wettability and roughness (papillae height and
284 density) of tongue surface of older adults could greatly benefit the tribological research. Further
285 avenues for improvement could lie in saliva incorporation. Either model or *ex vivo* saliva could
286 provide insights on the relevance of saliva-mediated lubrication, which is particularly crucial
287 to understand for older adults. This might lead to design of new foods that don't need saliva
288 incorporation, and thus can offer a new product line for dry mouth patients who suffer from
289 lack of saliva. Finally, we also recommend greater efforts to publish fundamental studies on
290 characterising oral surfaces of the elder population. With the advent of 3D printing, the
291 translation of *in vivo* knowledge into fabricating synthetic surfaces is expected to be much
292 faster. With these considerations in mind, we believe that the field of oral tribology will
293 undoubtedly enable rational design of tailored foods for ageing populations with/without age-
294 related health conditions. This should be possible whilst maintaining ease of eating and
295 swallowing and the sensory pleasure without being detrimental to nutritional qualities, which
296 is one of the key overlooked feature and needs to be addressed to increase nutrient intake and
297 tackle malnutrition issues in elderly population.

298

299

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309 Special interest (●) or Outstanding interest (●●)

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