

DYSPHAGIA SPEECH PATHOLOGY

WHAT IS DYSPHAGIA?

Dysphagia is difficulty with swallowing

It may involve difficulty chewing, moving food around the mouth and/or in pushing food or liquid down towards the stomach. It may also mean difficulty managing saliva.

Dysphagia may lead to choking and can result in food, liquid or saliva passing into the lungs (aspiration) causing pneumonia.

Dysphagia is most often caused by:

- Damage to the brain leading to paralysis or incoordination of the muscles for swallowing
- Damage to the structures involved, eg a fractured jawbone or narrowing of the oesophagus
- Psychological causes

Normal swallowing can be divided into three stages:

Oral preparation (mouth): This involves movement of the lips, tongue and teeth which break down the food. Food is chewed and moved around the mouth to make it into a ball. The food ball or 'bolus' is pushed to the back of the tongue, which then triggers a swallow. After this stage the swallow is no longer under voluntary control.



HOW DO WE SWALLOW?

Pharyngeal phase (throat): The bolus leaves the back of the tongue to move down the throat (or pharynx). The larynx moves upwards and the airway is closed off to prevent food entering the lungs.

Oesophageal phase (towards the stomach):

This involves a series of wave-like muscle contractions to help propel food down into the stomach.

SYMPTOMS OF DYSPHAGIA

Dysphagia can result from difficulties at one or more of the stages of swallowing.

Common symptoms include:

- Coughing while eating or drinking
- Problems swallowing saliva or drooling
- Food getting stuck in the cheeks or throat
- Repeated unexplained chest infections
- Weak or no cough
- Gurgly voice

- Incoordinated movements of the muscles of the face, tongue or soft palate
- Weight loss
- Dehydration

WHAT CAN BE DONE?

Assessment: A Speech Pathologist is specially trained to assess and manage swallowing difficulties. Careful consideration of all aspects that contribute to safe swallowing requires a comprehensive team approach. Other team members may include the Medical Specialist, Dietitian, Physiotherapist, Nursing and Occupational Therapist.

Tracheostomy (tube in the neck for breathing): A tracheostomy may be inserted if a person cannot safely manage their saliva. With a tracheostomy in place, the assessment may involve dyeing the saliva or food, to determine if there is penetration into the airway. A person may be able to eat when they have a tracheostomy tube in place if they have been assessed to be safe to do so by a Speech Pathologist.

Modified Barium Swallow: This is a video x-ray which allows the Speech Pathologist to see what happens internally when swallowing different food and fluid consistencies. Modified Barium Swallows are requested at the discretion of the dysphagia team.

Feeding Tubes

Occasionally there is a need for tube feeding either through the nose or through the stomach. This is monitored by the Speech Pathologist and the Medical and treating specialist. Exercises may also be given to improve the swallowing action and/or special equipment recommended to make swallowing easier.

WHAT NEXT?

Following assessment, texture (or consistency) of food and drink may be modified. Drinks may need to be thickened as normal fluids are often the most difficult to control when swallowing. Solids may need to be minced or pureed when chewing is weak or the swallow is slow or incoordinated. Several reassessments may be required during the recovery time as well as modifying food and fluid consistency. The speech pathologist will recommend safe swallowing strategies that are tailored to the individual clients.

Maximising Safety: A system is in place at the Royal Rehabilitation Centre Sydney in which clients on a modified diet or fluid consistency are given a blue wrist band to wear. This is to ensure that staff and visitors are aware if a client requires a modified consistency and to maintain the clients' safety.

Dysphagia is a swallowing difficulty, which presents differently for each person. It can resolve in some people but this can vary from weeks to many months. Treatment approaches will be specifically tailored to each individual with the ultimate goal of maintaining client safety and quality of life.

For further information contact your Speech Pathologist at the Royal Rehabilitation Centre Sydney on 02 9807 1144