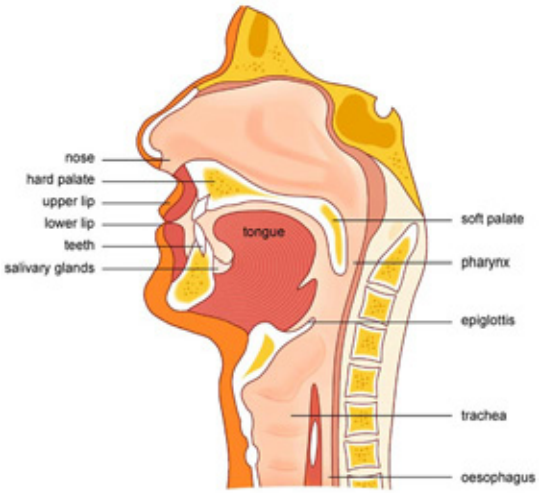
WHAT IS DYSPHAGIA?

Dysphagia, pronounced dis-FAH-juh, is the medical name for swallowing difficulties. This type of difficulty usually occurs due to an underlying condition including stroke, head injury, learning disabilities, Alzheimer's disease and head and neck cancer.

Swallowing becomes difficult because the muscles used for chewing and swallowing (lips, jaw, tongue, palate and throat muscles) become weak or uncoordinated. As a result food and drink can go into the lungs instead of the stomach, known more often as 'going down the wrong way'. This can cause serious chest infections and even pneumonia.

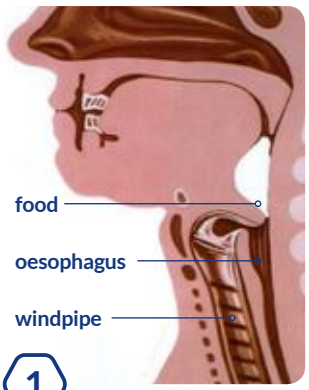
Some people with dysphagia will only have problems swallowing certain types of food or drink, others cannot swallow anything at all.



THE SWALLOWING PROCESS

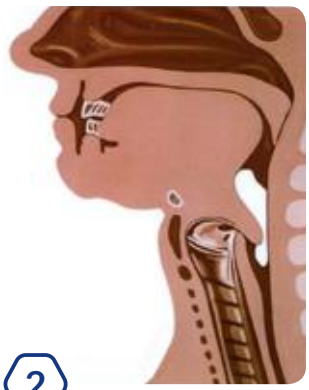
Swallowing is a complex process and involves the coordination of nerves and 50 different pairs of muscles in the face, neck, and oesophagus[1] - so it is easy to see why sometimes this process stops working as efficiently as it should.

STAGES OF SWALLOWING



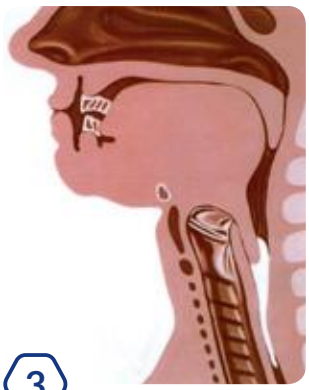
1

Food enters the mouth and is chewed until it forms a soft ball that can be swallowed



2

Food moves into the throat. At this point certain muscles close your airway to protect your lungs, allowing food to pass safely into the oesophagus (the tube leading to your stomach)



3

Food continues to move down the oesophagus into the stomach

WHAT IS DYSPHAGIA? (CONT.)

THE SWALLOWING PROCESS WITH DYSPHAGIA

With dysphagia, the muscles do not work properly to close off the windpipe to protect your lungs. Food and fluid can trickle through your vocal cords into the lungs.

THE SYMPTOMS OF DYSPHAGIA YOU MAY EXPERIENCE

Coughing or choking when eating or drinking

Recurrent chest infections

Voice sounding gurgly, bubbly or wet after eating or drinking

Food or drink coming out of your nose

Food or drink coming out of your mouth

Runny nose or eyes during or immediately after meals

Feeling that food or drink has 'gone down the wrong way'

Pain or discomfort when swallowing

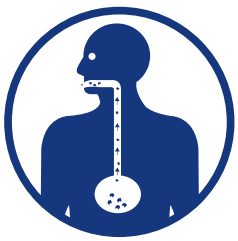
Feeling that food is stuck in your throat or chest

Unexplained weight loss

Pouching of food in the cheeks

Leftover food in the mouth after swallowing

Eating slower than usual or avoiding eating/drinking



Regurgitating of food

DIAGNOSIS AND MANAGEMENT OF DYSPHAGIA

GETTING DIAGNOSED WITH DYSPHAGIA

Your Speech & Language Therapist will assess what is making swallowing difficult for you and advise you on which types of food and drink are safe for you to have. They may also give you exercises or positions to help make swallowing safer and easier.

If you are losing weight unexpectedly, you may also have some support from a dietitian who will monitor your weight and help you to get the calories and nutrition that your body needs. Doctors and nurses may also be involved in your care to help you manage any symptoms of dysphagia.

During the swallow assessment your Speech & Language Therapist may conduct a bedside swallow test, this involves the following steps:

- Taking a detailed case history - gathering your medical history and observing each stage of your swallowing process
- Observing eating and drinking various consistencies of food and drink; the therapist will look for signs of difficulties at all stages of the swallowing process
- The Speech & Language Therapist will often feel the swallow function by placing a hand on the throat. Some therapists may use a stethoscope to listen to the swallow
- The therapist will be looking for any signs of food or drink entering the windpipe before, during and after swallowing

Following this type of assessment, the Speech & Language Therapist may be able to make recommendations on the safest diet and fluid consistencies that you are able to tolerate.

THE MANAGEMENT OF DYSPHAGIA

Your Speech & Language Therapist may advise you to change the consistencies of your food and drink to make swallowing safer. Thickened drinks and softer food may be safer to swallow because they are easier to control in your mouth; they also move more slowly down the throat, allowing your muscles time to protect your airway.

Your Speech & Language Therapist may advise on specific manoeuvres, and techniques. They may also give advice on positioning, posture and specific adapted equipment to help (dysphagia spoons, cups that limit volume of fluids to swallow at a time).

Your Speech & Language Therapist may also recommend exercises for you to do to help strengthen the muscles in your mouth used for chewing, biting and swallowing your food.

It is important that you follow the recommendation from your Speech & Language Therapist.

SAFE SWALLOWING

10 TOP TIPS FOR SAFER SWALLOWING

- Sit in an upright position for meals and drinks. Lying down when eating or drinking can make swallowing difficult and unsafe
- Remain sitting upright for at least 30 minutes after eating and drinking
- Reduce distractions around you while eating or drinking e.g. turn off the TV or radio
- Avoid talking when eating or drinking
- Give yourself plenty of time so that meals are not rushed
- Take small bites or sips of food and drink. Large mouthfuls can be difficult to swallow
- Pause between mouthfuls, making sure you have swallowed everything in your mouth before taking another bite or sip
- If you find eating tiring, it may be easier to have smaller meals more frequently
- Avoid high risk foods unless advised otherwise by your Speech & Language Therapist. Follow all recommendations made by your Speech & Language Therapist or dietitian- they have been made to ensure you eat and drink safely
- If you find eating tiring, it may be easier to have smaller meals more frequently
- For family/carers: ensure the person is fully alert before offering food or drink to someone with swallowing difficulties