

# Understanding Dysphagia

Learn about signs and symptoms, evaluation and treatment options. By Amy Reintein, MS, CCC-SLP

## WHAT IS DYSPHAGIA?

Dysphagia is the medical term for difficulty swallowing, which can cause malnutrition, dehydration, aspiration, decrease in quality of life and cause aspiration pneumonia. Swallowing is a complex event that involves four phases and the timing and coordination of multiple systems. The four stages include oral preparatory, oral, pharyngeal and esophageal phases. A breakdown in any part of the phases or systems involved such as the brain, cranial nerves, oral or pharyngeal cavity or the esophagus can cause dysphagia.

## HOW DO I KNOW IF I HAVE DYSPHAGIA?

In most cases, dysphagia is diagnosed alongside a current medical condition. Most commonly stroke, other neurological diseases, respiratory conditions and head or neck cancer. Aging adults may also experience difficulty swallowing as a natural aging process.

## SIGNS AND SYMPTOMS OF DYSPHAGIA

- Coughing or choking before, during, or after swallowing
- Difficulty controlling food or saliva in your mouth
- Difficulty chewing
- Throat clearing during eating
- Gagging
- Wet/gurgly voice quality during meals/after swallowing
- Chest or back pain
- Change in breathing patterns
- Reoccurring pneumonia
- Unexplained weight loss

## WHAT DO I DO IF I THINK I HAVE DYSPHAGIA?

Dysphagia is a very individualized condition requiring specialized examination, which only a speech-language pathologist (SLP) can provide — as an SLP has intimate knowledge of the oral and pharyngeal structures required for swallowing. Seek out an SLP



for a full evaluation if you think you have a swallowing difficulty.

## WHAT DOES A SWALLOWING EVALUATION INVOLVE?

The SLP will first take a detailed account of your medical history. It's always helpful to come in prepared with a list of all current and past diagnoses and current medications. The SLP will then examine your lips, tongue, teeth and jaw by asking you to do simple movements with each. The last part of the physical exam entails swallowing various consistencies of food and liquids while the therapist lightly feels the movement of your larynx (Adam's apple) and asks you to say /ah/ once you've completed the swallow. The SLP is feeling for the strength of your swallow and listening for any change in vocal quality from before the swallow to after the swallow, which may indicate that the food swallowed may have "gone down the wrong pipe."

Should the SLP suspect dysphagia, they may order further testing such as a videofluoroscopy examination (modified barium swallow study) or a fiberoptic endoscopic evaluation of swallowing (FEES). The videofluoroscopy is a real-time X-ray of a patient

swallowing different foods with barium. FEES can be done in an office or at bedside and is becoming increasingly more popular with clinicians because of its price and flexibility.

## TREATMENT

Treatment recommendations should always be individualized; however, goals should always include maintaining adequate nutrition and hydration. This can be achieved in many different ways such as diet modifications, behavioral therapy, swallowing maneuvers or sensory modifications.

Modified diets include changing food consistencies to puree, mechanically soft or advanced, which may make it easier to chew/manipulate the food as well as increase safety. Liquids can also be altered in thickness to nectar, honey or pudding thicknesses. Thickening liquids may make it easier to swallow, but may not always be the safest solution. If you are drinking thickened liquids, it is imperative that you are keeping yourself hydrated by drinking enough. You can do that a number of ways, including: drinking plenty of the liquids, eating vegetables and fruits which are mostly made of water, and eating Jell-O and ices.

## SAFE EATING STRATEGIES

- Eat/drink in an upright, seated position
- Eat in small bites/small sips
- Alternate bite/sip
- Conduct aggressive oral care three times a day
- Only eat when alert/awake
- Do not tilt head back when drinking/eating
- Meals should be a peaceful and pleasurable experience/environment
- Do not speak while eating
- Eat slowly
- Clean any residue left in the oral cavity

Always follow the directions from your care provider.

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JEFFREY LEESE

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