



What is Dysphagia?

By, Cindy Lian, Ph.D.(Speech-Language Pathologist)

A swallowing disorder (difficulty, discomfort or pain when swallowing) is also known as dysphagia (dis-FAY-juh).

What causes dysphagia?

Dysphagia may be due to a

- i) congenital condition (existing at birth, e.g., cerebral palsy), or
- ii) acquired later due to:
 - o Sudden injury to the nervous system (e.g., stroke, spinal injury)
 - o Progressive neurologic diseases (e.g., Parkinson's, Multiple Sclerosis, Alzheimer's)
 - o Tumors (e.g., head/neck cancer)
 - o Medication induced (e.g. dry mouth).

What are the effects of dysphagia?

The effects of dysphagia include:

- o Poor nutrition or dehydration which can lead to weight loss and various complications associated with dehydration.
- o Placing a person at risk for aspiration (occurs when food or liquid enters the airway and sometimes into the lungs), which can lead to pneumonia and chronic lung disease.

Therefore, it is important to recognize the signs and symptoms of dysphagia.

What are the signs and symptoms of dysphagia?

The more apparent signs include:

- o Coughing and/or choking during or right after eating or drinking.
- o Talking with a wet or gurgly sounding voice during or after eating or drinking.
- o Fatigue or shortness of breath while eating.
- o Finding food getting stuck in the cheeks or under the tongue.
- o Liquid leaking from the mouth.

Less obvious signs and symptoms of dysphagia include:

- Having to make an extra effort or needing more time to chew or swallow.
- A temperature rise thirty minutes to one hour after eating.
- Recurring pneumonia.
- Chest congestion after eating.

How is dysphagia assessed and treated?

If a person presents with any combination of signs and symptoms of dysphagia, a doctor is likely to refer the person to a Speech-Language Pathologist (SLP) that has been trained to diagnose and treat dysphagia.

Assessments

Subjective Evaluation

In the initial assessment, the SLP will take a comprehensive history of the person's medical conditions and symptoms. To subjectively assess the efficiency of a person's eating and swallowing, the SLP will observe:

- The strength and movement of the muscles involved in swallowing.
- Feeding to see posture, behaviour, and oral movements during eating and drinking.

Objective Evaluation

If indicated, the SLP may request an objective assessment to determine the safety and efficiency of a person's swallowing.

- A **modified barium swallow** (MBS) involves videofluorographic imaging of the oral (mouth) stage and pharyngeal (neck) stage of swallowing. Using X-ray, the process of an individual eating or drinking food or liquid laced with barium is viewed and recorded. The moving X-ray of the person's swallow can be viewed repeatedly by the SLP and radiologist for interpretation.
- Another possible procedure is a **flexible fiberoptic examination of swallowing**, often referred to as FEES, whereby a lighted scope is inserted through the nose. The swallow can then be recorded and viewed repeatedly on a screen.

Treatments

Since no two persons are alike in their swallowing problems, an individual treatment plan will be developed depending on the cause, symptoms, and type of swallowing problem. The plan might include:

- Specific swallowing treatment (e.g., exercises to improve muscle coordination).
- Modifying positions (e.g., turning head to one side when swallowing).
- Strategies (e.g. alternating sips of water with bites of food, using a tongue to sweep the cheeks for leftover food) to help the individual swallow more effectively.
- Manipulating specific food and liquid textures that are easier and safer to swallow.

References

1) American Speech-Language-Hearing Association. *Swallowing disorders (dysphagia) in adults*. Retrieved August 7, 2009, from

<http://www.asha.org/public/speech/swallowing/SwallowingAdults.htm>

2) Logeman, J.A. (1998). *Evaluation and treatment of swallowing disorders*. (2nd ed.). Austin, TX: PRO-ED.