



# DYSPHAGIA

## What is Dysphagia?

Dysphagia describes the problem of safely getting food from the mouth to the stomach. Chewing and swallowing are natural processes that – for most people – do not require conscious effort or cause problems.

When these processes are impaired, however, the patient has dysphagia. Adequate nutrition, protection of the airway, and the overall well being of a patient then become issues that require professional help.

## What causes dysphagia?

There are many causes of dysphagia. People of any age may experience a temporary or progressive problem. Causes of dysphagia include:

- Birth defects
- Neurologic disease
- Cancer
- Surgery in the mouth and throat
- Stroke
- Head injury
- Damage to the spinal cord and brainstem
- General weakness

## How is dysphagia diagnosed?

Dysphagia typically presents with one or more of the warning signs listed on the back. Physicians

or nurses who suspect a patient is at risk for dysphagia should call the speech-language pathologist for evaluation and treatment.

One type of evaluation is performed at the patient's bedside to determine oral motor function, mental alertness, and ability to participate. It also assesses eating and swallowing of various consistencies and textures of foods.

Another evaluation is known as the “cookie swallow study.” This is a videofluoroscopic procedure performed in a radiology department using very small amounts of barium. The barium allows the speech/language pathologist and radiologist to study oral function, the swallowing pattern, and movement of food past the airway.

## Who treats dysphagia?

A speech-language pathologist has earned at least a masters degree in preparation for treating some neurologic and anatomic impairments of the head and neck.

The speech-language pathologist works with the patient to practice:

- Chewing and swallowing without food.
- Using correct posture to protect the airway
- Using special position to compensate for weakened muscles.

Physicians, nurses, dietitians, and occupational therapists work with the speech-language pathologist to:

- Help tailor diets for special needs
- Safely move patients through diet changes appropriate to their status
- Increase patient understanding of dietary requirements and limitations

Families and support staff are trained in successful techniques and strategies.

The goal for every patient is to achieve the highest level of safe and effective oral intake for nutrition and hydration that is possible.

Recommendations are made for diet, positioning and therapeutic exercises. This can dramatically reduce the incidence of aspiration pneumonia, choking and enhance the enjoyment of eating.

When oral intake is not possible, the evaluation process can objectively document this and the need for alternative sources of nutrition and hydration.

**Warning signs for patients at risk:**

1. Reduced alertness
2. Food in the mouth after swallowing
3. Facial weakness or poor head control
4. Weak or no protective cough
5. Difficulty handling secretions evidenced by: excessive coughing or choking; copious secretions; wet, gurgly voice quality; drooling
6. Prolonged eating time; complaint of food "sticking"
7. Regurgitation or reflux of solids or liquids.