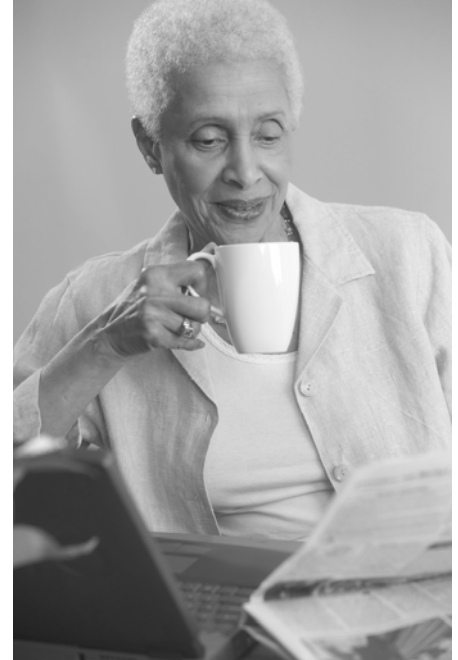


Dysphagia

We all swallow hundreds of times a day without thinking about it. Normal swallowing involves rapid, precise, complex muscle control. This process becomes a problem (Dysphagia) when an accident, stroke, tumor or disease reduces a person's ability to get adequate nutrition by mouth. Serious health complications, such as dehydration, increased secretions, or aspiration of foods into the open airway and into the lungs may also occur. Life-threatening illnesses and incidences CAN be prevented.

Studies estimate that 50% of nursing home patients have some degree of eating or swallowing difficulty. It has also been found that persons who eat independently have a significantly higher survival rate, six months after their injury, than those who require assistance. Speech-language pathologists are the professionals who evaluate and treat patients with dysphagia.



WHAT IS DYSPHAGIA?

Dysphagia is the difficulty or inability to swallow normally. Some of the more common causes of dysphagia are: stroke, generalized dementia, spinal cord injury, head and neck tumors, and progressive neurological disorder such as Alzheimer's, Parkinsons and MS.

Dysphagia may place people at risk for serious threats to their health and well being such as reflux, malnutrition, dehydration, decreased oral sensation, weight loss and aspiration pneumonia. It is important to continuously monitor patients for signs of mild, moderate or severe dysphagia.

↓ SIGNS OF DYSPHAGIA

Coughing	Holding food in mouth or food falling out of the mouth
Choking	Delayed swallowing or painful swallowing
Nasal regurgitation	Gurgling, drooling
Impaired chewing	Changes of eating habits
Slow eating	Decreased oral sensation

One of the most serious consequences of dysphagia is aspiration of food or liquids into the lungs. Any of the following symptoms should prompt a referral for an immediate medical consultation to determine the presence and extent of dysphagia.

↓ SIGNS OF ASPIRATION

Increased secretions	Crackly sounds from chest
Wet gurgly voice	Coughing, throat clearing
Spikes of fever	Watery eyes, runny nose

↓ SAFE SWALLOWING PRACTICES FOR ALL STAFF AND FAMILY

- ⌘ Obtain a list of appropriate dietary items and feeding precautions and read thoroughly.
- ⌘ Sit the person at 90 degrees, centered, preferably in a chair/wheelchair, not a bed
- ⌘ Tell the person what type of food they are eating; describe it enthusiastically
- ⌘ Choose a quiet room; do not require the person to talk/answer questions while eating
- ⌘ Feed the person slowly, provide small bites, wait for them to swallow before next bite
- ⌘ Stop feeding if distress occurs, i.e. coughing, choking, watery eyes
- ⌘ Listen for gurgly quality to voice, if you hear this sound, stop feeding
- ⌘ Alternate serving warm, then cold temperatures and liquid, then solid textures.

↓ THINGS YOU CAN DO TO HELP YOUR FAMILY MEMBER

- ⌘ Ask your physician for a swallowing screening or consult with a speech language pathologist
- ⌘ Observe and monitor bedside and/or group feeding patterns by staff members
- ⌘ Learn swallowing practice (re-education) exercises from staff; demonstrate and encourage your family member to use them
- ⌘ Check-in with the speech language pathologist, nursing staff and physician about appropriate diet consistencies and safe eating modifications; these may change over time
- ⌘ Learn compensatory techniques and precautions as well as recommendations for frequency and duration of meals
- ⌘ Learn maneuvers such as supraglottic, Mendelssohn, chin tuck precautions
- ⌘ Make sure your family member remains hydrated; THIS IS VITAL
- ⌘ Document changes that you see and share them with the doctor and staff

DEFINITIONS

Aspiration: Occurs when food/liquid enters the breathing tube (trachea) instead of the stomach during swallowing.

Aspiration pneumonia: Acute inflammation of the walls of the bronchial tubes resulting from the intrusion of foreign substance (food, liquid, vomit).

Modified barium swallow or video fluoroscopy: The process of using small amounts of contrast medium to define the specific anatomic and physiologic causes of swallowing deficits.

Reflux: Stomach contents which move up the esophagus. Aspiration can result from stomach secretions.

Silent aspiration: Aspiration without visible/audible signs such as coughing/choking, gurgle vocal quality; etc. 30-40% of aspiration is silent.

↓ RESOURCES:

American Rehabilitation Educational Network	412-67-AREN
American Dietetic Association	800-621-6469
Menu Magic	572-5888
North Coast Medical Inc.	821-9319
Dysphagia Journal	Springeronline.com

Please contact us at Peninsula Associates or check our website, www.paspeech.com