

Swallowing Awareness Day

May 9, 2011



Swallowing awareness for youth and adults

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Speak well
Hear well
Live well
May is Speech and Hearing Month

Facts for youth and adults on swallowing issues

Dysphagia is the medical term for any difficulty with feeding or swallowing. It includes the entire process of getting food/drinks/medications up to and into the mouth, managing these items in the mouth and swallowing them down safely. Challenges with saliva control can also be discussed.

Do you cough and sputter while eating or drinking? Have trouble getting your pills down? Do you avoid social gatherings where food is offered? Is it challenging to use utensils or to feed yourself? If you answered yes to any of these questions, you may want to access a speech-language pathologist.

Speech-language pathologists have expertise in the area of feeding and swallowing assessment and management. They may work independently or in the context of a multidisciplinary health team. Feeding and swallowing are activities that happen quite automatically in the average adult. However, they are complex activities that require efficient coordination between your brain and the muscles, cartilages and nerve endings of not only your mouth and throat but your entire torso. Breathing, staying upright, operating your arms and hands, balancing, talking and eating, and having interest in food, all play significant roles in mealtimes.

Dysphagia may occur for many reasons in the adult population. Persons with neurological changes may experience feeding or swallowing concerns. Examples of neurological changes include stroke, mini-strokes (transient ischemic attacks), traumatic brain injury, tumors and neurodegenerative diseases such as dementia, ALS, Huntington's disease, Parkinson's disease,



multiple sclerosis, etc. Persons with esophageal problems, head and neck cancer, respiratory or cardiac conditions, vision issues, arthritis or voice changes should also be watchful for signs of dysphagia. Some medications may cause swallowing problems, especially if they make your mouth dry. Age also seems to play a factor, as a significant number of seniors experience feeding or swallowing difficulties.

It is important to address signs of dysphagia sooner than later. Dysphagia can cause serious consequences which may include:

- Dehydration
- Malnutrition
- Social embarrassment and isolation
- Pneumonia
- Improper medication delivery
- Fear with meals and avoidance of certain foods or drinks
- Skin breakdown
- Decreased independence and quality of life

Following an assessment, a personalized management plan can be created with you and your speech-language pathologist.

Facts for youth and adults on swallowing issues (continued)

Before your assessment occurs, consider the following general strategies which have been found to be helpful with many adults:

Am I awake and ready for meals? Ensure you are awake, alert and that your full attention is on your meal.

What does my body look like? We recommend all intake occurs while you sit in a kitchen chair at a kitchen table. Ensure your upper body is straight up and down with your bottom all the way back in the chair and your feet flat on the floor.

What does my head look like? Make sure your head is not bent backwards for your meal. Some people have been helped by this simple fix: moving their roof-mounted television down to the counter or completely out of the kitchen.

What gives me problems and when? Start a log. Look for patterns. Do you have the most problems at lunch, breakfast, supper or does time of day make no difference? Are your problems caused by drinks or solids? If solids are the problem, do they fit into any of these categories: meats, breads, dry, crunchy, stringy, mixed consistency (e.g. broth soup with chunks of vegetables)? Do your problems occur every day? Weekly? Monthly?

What can I do about my pills? If your pills are large and you have trouble swallowing them, talk to your pharmacist to see if another size is available or if they can be cut (note that not all pills can be cut or crushed). If you take several pills, ask your pharmacist what their side effects are (e.g. dry mouth, coughing). Determine if other options are available.

What's going on with my breathing? If eating makes you out of breath, think about how much talk time you have during meals. Also think about choosing foods that take less effort to chew (e.g. lasagna vs. steak). If you haven't already, consider telling your doctor about shortness of breath, to rule out cardiac or respiratory issues.

What is my oral care routine? It is very important to have a clean mouth. Bacteria in saliva can go the "wrong way" and cause pneumonia just as a piece of food or your coffee. Try to brush your mouth (teeth or dentures, roof of mouth, inner cheeks and tongue) after every meal.

Speech-language pathologists have expertise in feeding and swallowing concerns. They work in collaboration with other rehabilitation team members, health professionals and physicians. To find a speech-language pathologist with a focus on swallowing in your area, go to <http://www.speechandhearing.ca/en/find-a-professional> or call 800-259-8519.

Be safe – do not hesitate to ask for help.



Checklist for swallowing liquids and solids in youth and adults

The ability to feed yourself and safely swallow drinks, solid food, medication and saliva are key factors in maintaining your physical and mental health. Difficulties with feeding or swallowing are known by the medical word *dysphagia*. The following statements may help you to identify a possible concern in yourself or someone you know:

- YES NO I cough/throat clear during meals or for a few minutes after meals.
- YES NO I feel like I have to squeeze my throat really hard or throw my head back to make my swallow happen.
- YES NO I have had choking episodes when drinking or eating.
- YES NO It is difficult for me to swallow my medication.
- YES NO My voice sometimes changes when I eat or drink (e.g. sounds wet, gurgly or hoarse).
- YES NO It feels as though food is stuck in my throat or behind my breastbone.
- YES NO It is hard for me to use utensils or drink from a cup/straw.
- YES NO I am embarrassed to eat in public and avoid social gatherings where food is offered.
- YES NO I am losing weight for no apparent reason.
- YES NO My appetite has decreased.
- YES NO I avoid certain foods or drinks because I know they will cause me difficulty.
- YES NO It is hard for me to chew my food.
- YES NO My mouth feels very dry.
- YES NO Food, drinks or saliva fall from my mouth during meals or when sitting quietly.
- YES NO Eating is no longer pleasurable.

If you answered yes to many of the above statements, consider contacting a local speech-language pathologist. Speech-language pathologists have expertise in feeding and swallowing concerns. They work in co-ordination with other rehabilitation team members, health professionals and physicians. To find a speech-language pathologist in your area with a focus on swallowing, go to <http://www.speechandhearing.ca/en/find-a-professional> or call 800-259-8519. **Be safe – do not hesitate to ask for help.**

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Lillian's friends are beginning to worry about her. For years they have gone out to dinner and a movie a couple of times a month. Now when her friends persuade her to come, Lillian finds an excuse not to go to dinner and doesn't eat any of the snacks during the movie. These were favourite parts for Lillian who always enjoyed her food and frequently purchased the biggest tub of popcorn.

Fred and his grown children are celebrating the fact that the doctor has given him a clean bill of health after chemo and radiation treatment for throat cancer. His daughter has made his favorite meal, ribs and Spanish rice. All of a sudden he starts to cough violently.

Kate goes into the nursing home every Saturday and Sunday to feed her mother her lunch. Her mother has a good appetite and never coughs when Kate is feeding her, but she has had three bouts of pneumonia this year already and Kate is concerned.

The common thread running through these stories is the presence of an undetected swallowing disorder (also known as dysphagia).

Swallowing disorders are far more prevalent than one would think. It is estimated that 35 per cent of the population will develop a swallowing problem, at least temporarily, over their lifespan. Approximately 55 to 65 per cent of people who have had strokes have difficulty swallowing, at least initially.

Untreated swallowing disorders can lead to malnutrition, aspiration, pneumonia, dehydration, and, in a worst case scenario, obstruction of the airway and death.

In Lillian's case, her embarrassment over her frequent coughing spells led her to cut herself off from enjoyable activities. In other cases, people with swallowing problems will become very selective about the foods they eat, avoiding anything with which they previously had a coughing spell.

It was found that a medication Lillian was taking dried her throat, making it more difficult to swallow dry crumbly foods or foods with skins. Once diagnosed, Lillian was advised to avoid certain foods. Now she is able to choose her foods more carefully, especially when she goes out to eat. Lillian can now enjoy the whole evening with her friends. She gets a pop instead of popcorn.

In Fred's case the radiation to his neck was the culprit. He had a sore throat during most of his treatment and had been eating soft, moist food. Once the sore throat had diminished and he was given a clear bill of health, he thought his problems were over. Radiation to the neck and chest frequently results in swallowing

difficulty and sore throat. At first the sore throat may be the only difficulty, however, after a few weeks of starting radiation, problems with swallowing usually occur. They may persist for a few weeks or even months after radiotherapy is completed. The reason for this is that radiation is used to kill off fast multiplying cells like tumor cells. But there are some normal tissues of the body, like the mucosa of the mouth and throat, which are also prone to more damage with radiation. The damaged cells cannot be replaced soon enough by the body and dryness or sores develop in the mouth and throat, leading to problems in swallowing.

Some common causes of swallowing problems are strokes, dementia, head injuries, reflux, medications, degenerative neuromuscular diseases such as Parkinson's disease, or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease).

In Kate's mother's case, she had suffered a small stroke. A video X-ray procedure, where the patient is given small amounts of different consistencies of barium to swallow, showed that Kate's mom had difficulty with thin liquids. She was a silent aspirator which means the liquid was entering her airway and going into her lungs and she wasn't coughing. In most individuals, as soon as any foreign body enters the airway we start to cough reflexively, but in Kate's mom's case, this reflex had been damaged by her stroke.

Not all people with swallowing disorders develop pneumonia; it is usually a combination of bacteria in the mouth, compromised lungs, low resistance due to other medical conditions (infection, falls, flu) or lack of activity in addition to aspiration that make people susceptible. Kate's mother was given thickened liquids and more care was taken to keep her teeth clean in order to prevent bacteria.

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