

TREATMENT

DIET MODIFICATION

This involves working out the best texture and liquid consistency that can be tolerated safely

MANOEUVRES

These are specific strategies that are used during the swallow to change the timing or strength of particular movements of swallowing

ORAL MOTOR EXERCISES

This could involve doing exercises to strengthen your lips, tongue, jaw, soft palate, pharynx, larynx, or respiratory muscles

PACING AND FEEDING STRATEGIES

The therapist might advise different strategies to make swallowing safer such as changing the amount of each mouthful, feeding slowly or using cues to help with feeding

POSTURAL/POSITION TECHNIQUES

These involve redirecting a bolus (mouthful of food or drink) during the swallow to increase safety. Examples of this are the chin tuck and head turn to weak side

SENSORY STIMULATION

This involves stimulating swallow receptors with either cold, flavoured or textured stimuli

OTHER

Other methods of treatment involve biofeedback, electrical stimulation, prosthetic appliances, medical management, or surgery

REACH US

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Swallowing (Dysphagia)

WHAT YOU NEED
TO KNOW

ENABLE SPEECH
PATHOLOGY

THE STATISTICS

- Around 1,000,000 Australians have a swallowing difficulty
- Swallow problems can occur at any age
- It is estimated that, within the neurogenic population, 400,000 to 800,000 individuals are affected each year
- Dysphagia may be as high as 22% in adults over 50 years of age
- 86% of people who have saliva (drooling) issues, will have swallowing problems, and daytime drooling is associated with silent aspiration (no coughing when things go the wrong way)
- 30% of elderly adults in hospital experience dysphagia
- 24-34% of individuals with multiple sclerosis will experience dysphagia
- Some 50 pairs of muscles are involved in swallowing
- One third of individuals with dysphagia will develop pneumonia
- 11-100% of patients with Parkinson's Disease will experience dysphagia, depending on stage of disease
- Up to 68% of individuals in long term care settings experience dysphagia
- 29-64% of individuals with stroke will experience dysphagia
- 60-86% of patients with Motor Neurone Disease will experience dysphagia at some stage during the course of their disease

SIGNS AND SYMPTOMS OF DYSPHAGIA

- Drooling and poor oral management
- Food or liquid remaining in the mouth after the swallow
- Inability to maintain lip closure, leading to food/drinks spilling from the oral cavity
- Food and/or liquids leaking from the nose
- Complaints of "food sticking"
- Globus sensation or complaint of a "fullness" in the neck
- Complaints of pain when swallowing
- Wet or gurgly sounding voice during or after eating or drinking
- Coughing during, or right after eating or drinking
- Difficulty coordinating breathing and swallowing
- Recurring aspiration pneumonia/respiratory infection and/or fever
- Extra effort or time needed to chew or swallow
- Changes in eating habits - specifically, avoidance of certain foods/drinks ; and
- Weight loss or dehydration from not being able to eat or drink enough

THE CAUSES

DYSPHAGIA CAN RESULT FROM NUMEROUS NEUROLOGICAL CAUSES

- Stroke
- Traumatic Brain Injury
- Spinal Cord Injury
- Dementia
- Parkinson's Disease
- Multiple Sclerosis
- MND (Motor Neurone Disease)/ALS
- Muscular Dystrophy
- Developmental Disabilities in adults (i.e. cerebral palsy)
- Post Polio Syndrome
- Myasthenia Gravis
- Huntington's Disease

DYSPHAGIA CAN BE RELATED TO MANY OTHER CONDITIONS

- Cancer in the oral cavity, pharynx, nasopharynx or oesophagus
- Chemoradiation for head and neck cancer treatment
- Trauma or surgery involving the head and neck
- Decayed or missing teeth
- Critical care that may have involved a tracheostomy or intubation
- Certain medications
- Certain metabolic disturbances
- Infectious diseases i.e AIDS
- Pulmonary diseases i.e. COPD
- GERD/GORD (reflux)
- Cardiothoracic surgery